

Religious/Spiritual Abuse and Trauma: A Systematic Review of the Empirical Literature

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Religion and spirituality (R/S) play an important role in the lives of many. Although R/S can be a resource when coping with stress, it can also be a source of stress or trauma. We sought to review the extant empirical research on R/S abuse and trauma. Our systematic review identified 25 studies that met the inclusion criteria. The empirical findings of the studies are organized into eight sections: (a) definitions of R/S abuse and trauma, (b) prevalence of R/S abuse and trauma, (c) entering/exiting abusive religious communities, (d) the intersection of R/S abuse and trauma and domestic violence, (e) the role of the R/S community in the abuse, (f) negative outcomes associated with R/S abuse and trauma, (g) identity changes associated with R/S abuse and trauma, and (h) prevention and clinical treatment of R/S abuse and trauma. We conclude by discussing limitations of the review, areas for future research, and implications for clinical practice.

Keywords: religion, spirituality, trauma, religious abuse, spiritual abuse

Religion provides a strong social identity and a coherent meaning system through which people make sense of the world. A majority of the world's population report being religious and/or spiritual (R/S). Across the world, eight out of 10 individuals endorse an R/S identity (Pew Research Center, 2012). Specifically, in America, 48% of the population identify as "religious and spiritual," with 27% identifying as "spiritual but not religious" (Pew Research Center, 2017). Because most individuals endorse an R/S identity, understanding how various R/S identities impact people in both positive and negative ways is imperative for providing holistic and culturally competent care.

Although there is still debate on how to define "religion" and "spirituality" (Oman, 2014),

Zinnbauer and Pargament (2005) defined spirituality as the "search for the sacred," (p. 35) and religiosity as the search for the sacred within communities and institutions with established ways of engaging the divine. Researchers have also begun to explore "relational spirituality," defined as the relational aspects of a person's relationship with their God or higher power, rather than focusing on traditional behaviors associated with religiosity (e.g., church attendance, financial giving; Tomlinson et al., 2016, p. 55). Over the past 30 years, considerable research has accumulated on R/S and health and mental health. Initial work in this field focused especially on R/S as a source of coping and resilience (Bonelli & Koenig, 2013). More recently, researchers have also explored ways that R/S may cause or amplify stress (Stone, 2013).

R/S Abuse and Trauma

A particularly damaging form of an R/S stressor involves R/S abuse or R/S trauma (Johnson & VanVonderen, 1991). Definitions of R/S abuse

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vary (a review of the variety of definitions follows in the results section), but Johnson and VanVonderen (1991) define R/S 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. 23). They elaborate that this kind of abuse can be through the abuse of one’s spiritual position or in requiring a certain “spiritual performance” (p. 23). Within an abusive R/S system, (a) leaders typically focus on making their power and position known, (b) there is a preoccupation with member performance and obedience/submission, (c) members must follow unspoken rules, (d) there is either extreme religious objectivism or extreme subjectivism, (e) the members must be loyal to the church over God, and (f) there is a sense of paranoia/secretiveness within the R/S community (Johnson & VanVonderen, 1991).

When defining R/S abuse and trauma, it is important to distinguish R/S abuse and trauma from other forms of abuse such as sexual abuse and physical abuse. For example, most cases of sexual abuse perpetrated by religious authority meet the criteria of R/S abuse, but many cases of R/S abuse or trauma do not involve sexual abuse. Also, child abuse linked to faith or belief likely meets the criteria of R/S abuse and can result in various forms of physical, sexual, and psychological trauma (Simon et al., 2012); however, R/S abuse can also be subtle and not readily recognized by mental health professionals if the abuse is not accompanied by other forms of abuse and trauma.

The effects of R/S abuse and trauma can include (a) distorting one’s image of God or a higher power, (b) distorting one’s spiritual self-identity, (c) barriers to accepting grace, (d) barriers to setting healthy boundaries, and (e) barriers to establishing trusting relationships in the future (Johnson & VanVonderen, 1991). Additionally, revictimization can often occur in the R/S community by misusing religious texts to keep people in abusive situations through teaching unhealthy submission, forgiveness, and forgetting of past wrongs (Johnson & VanVonderen, 1991).

The perpetrators of R/S abuse and trauma often have a sense of false authority, are image-focused, and misuse trust through lying, double-talk, and hypocrisy (Johnson & VanVonderen, 1991). Although many assume that only R/S leaders perpetrate R/S abuse and R/S adherents are victimized

by R/S abuse, it is important to understand that R/S abuse can also be perpetrated to leaders by other leaders and that one can be both abused and abuser (Johnson & VanVonderen, 1991). Additionally, R/S abuse and trauma may or may not be intentionally inflicted. There is much nuance and subtlety involved in R/S abuse and trauma, and although researchers have begun to explore this dark side of R/S through theoretical and theological writings (Johnson & VanVonderen, 1991), there is a need for more empirical research to more deeply explore this phenomenon.

Purpose of Review

The purpose of this literature review is to provide an overview of the extant empirical research that has been conducted on R/S abuse or trauma. After reviewing the key findings, we provide guidance and insight for future research and practical implications for clinical work with individuals who have experienced R/S abuse or trauma.

Method

Inclusion and Exclusion Criteria

In this literature review, we included all empirical studies that examined the constructs of R/S abuse or trauma. Theoretical papers and case studies were not included. Studies that did not qualitatively or quantitatively assess R/S abuse or trauma were excluded. To reduce the impact of publication bias, both published and unpublished studies (i.e., theses, dissertations) were included. Finally, studies not written in English were excluded from the review.

Literature Search

We followed the preferred reporting items for systematic reviews and meta-analyses (PRISMA) statement guidelines to identify, screen, and select studies reviewed in this systematic review (Page et al., 2021). The literature search included three main steps. First, we searched the following databases as of February 22, 2022: PsycINFO, ProQuest Dissertations and Theses Global, and Google Scholar. The searches included the key terms “religious abuse,” “religious trauma,” “spiritual abuse,” or “spiritual trauma.” Second, once the studies were

collected, the reference section for each study was reviewed to search for missing studies that should be included. Third, the corresponding authors for the included studies were contacted and asked to send any related research that might have been missed or may be unpublished.

To determine whether studies met inclusion criteria, the titles and abstracts of all identified studies were screened by the first author. Additionally, the first author independently coded all data from the studies that met inclusion criteria and organized this information in [Table 1](#). The coding of studies included citation, email of corresponding author, publication status, research design, sample size, demographic information of the participants, measurement of R/S abuse or trauma, and main findings.

Results

We identified 25 empirical studies that met the inclusion criteria. First, we reviewed the methods utilized by the included studies. Second, we reviewed the empirical findings reported by the included studies.

Review of Methodology

Research Design

Of the 25 empirical studies reviewed, 12 were quantitative, 11 were qualitative, and two utilized a mixed-methods design. Twenty-two of the quantitative studies utilized cross-sectional research designs, two utilized experimental designs, and one utilized a nonexperimental longitudinal design. Each quantitative study utilized surveys measuring at least one aspect of R/S abuse and/or trauma. The qualitative studies utilized a variety of qualitative approaches, including phenomenological approaches ($n = 6$), thematic analysis ($n = 1$), grounded theory data analysis ($n = 1$), consensual qualitative research ($n = 1$), interpretive content analysis and thematic analysis ($n = 1$), and heuristic and interpretive phenomenological analysis ($n = 1$). Both mixed-method studies utilized a survey and qualitative analysis.

Participants

Most studies reported sample size (missing = 1). Of the 24 studies that reported sample size, the total number of participants included in this review was

5,300. Fifteen studies were conducted in the United States, four in the United Kingdom, two in Canada, two in Nigeria, one in Australia, and one study was an online survey distributed through the United States, Canada, Europe, Africa, South Africa, South America, and Australia.

All studies provided some basic demographic information for the participants. Twenty-three studies reported participants' gender with over half of the participants identifying as female (74%; 25% male, 1% other, <1% transgender). Twenty-two studies reported the age of the participants. Fifteen studies reported the average age of the sample, whereas seven studies reported frequencies of age ranges. The overall mean age for the 16 studies that provided average age was 43.27 years. The six studies reporting age range frequencies reported that 10% of participants were between the ages of 18–29; 11% were between 30 and 39 years; 13% were between 40 and 49 years; 17% were between 50 and 59 years; and 18% were 60+ years. Sixteen studies reported race/ethnicity with most participants identifying as White/European American (73%; 9% Black/African American, 6% Hispanic/Latinx, 6% other, 3% Indigenous/native persons, 1% Asian/Pacific Islander, <1% bi/multiracial). Fifteen studies reported religious affiliation, with most participants identifying as Christian (i.e., Roman Catholic and Protestant, 83%; 9% other, 4% agnostic, 3% Jewish, 3% not religious, 2% Spiritual, 2% atheist, 1% Buddhist, <1% Muslim, <1% Hindu). Five studies reported participants' sexual orientation with most participants identifying as heterosexual (70%), 17% lesbian/gay, 8% bisexual, 3% other, 1% questioning, 1% unknown, <1% queer.

Measures of R/S Abuse or Trauma

The 14 quantitative/mixed-method studies utilized various means of assessing aspects of R/S trauma and/or abuse. Seven studies utilized specific measures of R/S trauma and/or abuse, including the Religious/Spiritual Abuse and Neglect of Children Scale (RSANC; [Kvarfordt, 2010](#); [Kvarfordt & Herba, 2018](#); [Kvarfordt & Sheridan, 2007](#); $n = 3$), the 21-Item spiritual trauma measure ([Simmons, 2017](#); $n = 1$), the Spiritual Abuse Questionnaire (SAQ; [Lawson, 2016](#); $n = 1$), and the SAQ ([Keller, 2016](#); $n = 1$). The remaining seven quantitative studies utilized survey questions designed by the respective

Table 1
Religious/Spiritual Trauma and Abuse: Empirical Studies Included in Literature Review

Study	Research design	Sample	R/S trauma/abuse measure	Summary of findings
Adebayo and Egbuoma (2021)	Quantitative, experimental	<i>N</i> = 88 adults who were/had been married and participated on the WhatsApp application; 50% <i>F</i> , 50% <i>M</i> ; age <i>n/a</i>	Researchers created a pre/post-experiment survey questions to assess participants' knowledge/experience of R/S abuse and trauma.	Social media interventions resulted in significant increase in participants' understanding and awareness of domestic violence, including spiritual and emotional abuse, when compared to the control group that did not receive intervention.
Adekoya et al. (2019)	Quantitative, experimental	<i>N</i> = 88 adults who were/had been married and participated on the WhatsApp application; 50% <i>F</i> , 50% <i>M</i> ; age <i>n/a</i>	Researchers created a pre/post-experiment survey questions to assess participants' knowledge/experiences of R/S abuse and trauma.	Social media interventions resulted in significant increase in participants' understanding and awareness of domestic violence, including spiritual and emotional abuse, when compared to the control group that did not receive intervention.
Bagwell-Gray et al. (2021)	Quantitative, Cross-Sectional	<i>N</i> = 660 adult women endorsing experiences of domestic violence; 100% <i>F</i> , 0% <i>M</i> ; <i>M</i> age = 37	Researchers created a single item to assess religious abuse.	135 of the 660 participants endorsed experiencing religious abuse (20.5%). Women who experienced religious abuse were 4.13 times more likely to experience reproductive coercion.
Bent-Goodley and Fowler (2006)	Qualitative, thematic analysis	<i>N</i> = 122 African American adults who believe in a higher power; 62% <i>F</i> , 38% <i>M</i> ; age range: 18 to 60+	Qualitative interview	(a) Participants voiced concern about defining spiritual abuse, (b) Spiritual abuse can be perpetuated in a variety of ways that impact meaning-making and coping in cases of domestic violence, (c) Clergy often either ignored or perpetuated domestic violence, and (d) Faith-based communities should address how abuse impacts the spirituality of survivors of domestic violence.
Berry (2010)	Mixed-method, quantitative survey, spiritual abuse curriculum, and qualitative interview	<i>N</i> = 23 protestant leaders and seminary students; 61% <i>F</i> , 29% <i>M</i> ; <i>M</i> age = 37	Researchers created a survey to assess participants' knowledge/experiences of R/S abuse and trauma prior to exposure to the spiritual abuse curriculum	(a) In the pretest, students reported increased knowledge and experiences of spiritual abuse than protestant leaders (students: 59% knowledge; 30% experience; leaders: 17% knowledge; 0% experience). (b) Exposure to the spiritual abuse curriculum resulted in self-reported increased understanding and awareness of spiritual abuse.
Bilsky (2013)	Qualitative, grounded theory data analysis	<i>N</i> = 17 adults endorsing experiences of religious/spiritual abuse; 53% <i>F</i> , 46.9% <i>M</i> , 0.1% other/unknown; <i>M</i> age = 45	Qualitative interview	(a) Participants reported initially they perceived their religious group where abuse of religious authority (ARA) was perpetrated positively, (b) these initial positive perceptions resulted in increased engagement in the religious community, (c) eventually participants began having more negative than positive experiences, (d) the negative experiences resulted in eventual disengagement from the religious group, (e) leaving the religious group resulted in a variety of impacts and consequences over time

(table continues)

Table 1 (continued)

Study	Research design	Sample	R/S trauma/abuse measure	Summary of findings
Crocker (2021)	Qualitative, consensual qualitative research	<i>N</i> = 10 adults endorsing past religious experiences related to their sexual orientation or sexual identity; 30% <i>F</i> , 70% <i>M</i> ; age range: 18–39	Qualitative interview	(a) Participants endorsed negative impacts on their psychological health (e.g., anxiety, depression, trauma symptoms), physical health (e.g., sleep, risky behaviors), and spiritual well-being (e.g., more distant from God or increased closeness to him) due to their past religious abuse. (b) Participants identified that they did experience some positive impacts including stronger faith, increased empathy and value of social support, and greater involvement in advocacy due to their religious abuse. (c) Participants identified social support, educational resources, changes in theological beliefs, religious attitudes and beliefs, spiritual practices, and value-driven behaviors as factors that maintained their faith after the religious abuse.
Davis and Johnson (2021)	Qualitative, interpretive content analysis and thematic analysis	<i>N</i> = 13 African American clergy members; 69% <i>F</i> , 31% <i>M</i> ; <i>M</i> age = 55	Qualitative interview	(a) Participants considered R/S abuse to be a spiritual problem or sin, primarily characterized by misinterpretation of religious texts. (b) Participants highlighted the importance for victims to understand religious texts, and (c) the need for clergy to be trained on R/S abuse. (d) Participants reported increased difficulty addressing R/S abuse when perpetrated by a fellow clergy member. 16 themes were identified describing the lived experience of the participants beginning with their experiences prior to joining the cult (e.g., precult vulnerability), factors that maintained cult membership (e.g., fears and phobias instilled by group or leader), and their experience leaving the group (e.g., coping with painful aftermath). 13 themes were identified describing the impact of interpersonal trauma being perpetrated and/or denied by church communities. Results suggest denial of the trauma results in isolation and marginalization resulting in secondary traumatization.
Glasscock (2019)	Qualitative, phenomenological analysis	<i>N</i> = 7 adults who are ex-cult members; 71% <i>F</i> , 28% <i>M</i> ; age range: 30 to 60+	Qualitative interview	
Gomez (2004)	Qualitative, phenomenological analysis	<i>N</i> = 7 Christian adults endorsing experiences of interpersonal trauma either perpetrated by the church or invalidated/unsupported by the church following their trauma: 86% <i>F</i> , 14% <i>M</i> ; <i>M</i> age = 40	Qualitative interview	

(table continues)

Table 1 (continued)

Study	Research design	Sample	R/S trauma/abuse measure	Summary of findings
Gubi and Jacobs (2009)	Qualitative, heuristic and interpretative phenomenological analysis	N = 5 adult counselors endorsing experience of working with spiritually abused children; 100% F, 0% M; age range: 30 to 60+	Qualitative interview	(a) Participants described the spiritual abuse as involving manipulation, control, and power (b) endorsed feelings of anger toward the church and a desire to justify their own spirituality, (c) reported feeling personally impacted by working with spiritually abused clients as impacting their mood and emotions, and (d) described very limited training and mixed experiences utilizing supervision in working with religious/spiritual trauma/abuse.
Johnston (2021)	Quantitative, cross-sectional	N = 69 adults endorsing past traumatic religious experiences; gender identities N/A; M age: N/A	Spiritual abuse: the Religious and Spirituals Struggle Scale (Exline et al., 2014) Religious trauma: the composite score of the structured trauma-related experiences and symptoms screener for adults (Grasso et al., 2019), The Attitudes Toward God Scale (Wood et al., 2010), and the Measures of Betrayal, Powerlessness and Stigma Scale (Gibson & Leitenberg, 2001) SAQ (Lawson, 2016)	(a) Religious trauma was positively correlated with the presence of meaning and the search for meaning. (b) Spiritual abuse was also associated with the presence of meaning but not the search for meaning. (c) Both religious trauma and spiritual abuse were positively associated with depression. (d) Neither religious trauma nor spiritual abuse was associated with meaning-making or trust.
Kamminga (2018)	Quantitative, cross-sectional	N = 33 adults; 73% F, 27% M; M age = 33	SAQ (Lawson, 2016)	Endorsement of spiritual abuse was positively correlated with opioid usage.
Keller (2016)	Quantitative, cross-sectional, exploratory factor analysis	Study 1: N = 535 adults endorsing experiences with a Christian or Bible-based church group for at least 1 year; 81% F, 19% M, <1% transgender/other; M age = 42 Study 2: N = 271 adults endorsing experiences with a Christian or Bible-based church group for at least 1 year; 78% F, 22% M, <1% transgender/other; M age = 40	SAQ (Keller, 2016)	Outlines the development of and provides psychometric support for the 17-item SAQ. Two underlying factors of the measure are power-based affective wounding and conditionality.

(table continues)

Table 1 (continued)

Study	Research design	Sample	R/S trauma/abuse measure	Summary of findings
Krueger (2018)	Qualitative, phenomenological analysis	<i>N</i> = 148 adults endorsing experiences of nonsexual clergy misconduct; 84% <i>F</i> , 16% <i>M</i> ; age range: 18 to 60+	Qualitative interview	Results are presented by (a) core dimensions of nonsexual clergy misconduct (e.g., abuse of power, harmful boundary violations), (b) church congregations' involvement in nonsexual clergy misconduct (e.g., shifting blame, remaining loyal to clergy), and (c) impact of nonsexual clergy misconduct on those who experience it (e.g., hurt, anger, betrayal, powerlessness). Participants reported somewhat frequent encounters with religious and spiritual abuse/neglect. The three most frequently observed types of abuse and neglect that were "sometimes" or "often" seen by at least 65% of respondents were youth's spiritual health being impacted by experiencing or witness violence, lack of religious or spiritual guidance, and aspects of modern culture that are detrimental to youth's spiritual development.
Kvarfordt and Herba (2018)	Quantitative, cross-sectional	<i>N</i> = 307 registered members of the Ontario college of social workers and social service workers who work with children and/or adolescents; <i>M</i> age = 44	Religious/spiritual abuse and neglect of children (Kvarfordt & Sheridan, 2007)	65–82% of social work practitioners reported that they "sometimes" or "often" encounter seven of the 10 listed examples of spiritual abuse or neglect in their clinical work with youth with the two most common being (a) aspects of modern culture being detrimental to youth's spiritual/religious development and (b) the misuse of religious teachings that scare, frighten, or place unrealistic demands on youth.
Kvarfordt (2010)	Quantitative, cross-sectional	<i>N</i> = 283 adult board certified diplomates of the American board of examiners in clinical social work who work with children and/or adolescents; 65% <i>F</i> , 35% <i>M</i> ; <i>M</i> age = 56	Religious/spiritual abuse and neglect of children (Kvarfordt & Sheridan, 2007)	In addition to 65% of participants reporting they either "sometimes" or "often" saw 7/10 of the listed examples of spiritual abuse or neglect in their clinical work, they also identified rigid adherence to religious/spiritual beliefs (e.g., forced religious observance, not allowing youths to question religious teachings) and excessive lack of attention or sensitivity to youth's spiritual health (e.g., caregiver criticizing a child's spiritual journey, a child not being provided any spiritual guidance).
Kvarfordt and Sheridan (2007)	Quantitative, cross-sectional	<i>N</i> = 283 adult board certified diplomates of the American board of examiners in clinical social work who work with children and/or adolescents; 65% <i>F</i> , 35% <i>M</i> ; <i>M</i> age = 56	Religious/spiritual abuse and neglect of children (Kvarfordt & Sheridan, 2007) and an open-ended question prompting participants to list any additional types of religious/spiritual abuse observed in their clinical work	

(table continues)

Table 1 (continued)

Study	Research design	Sample	R/S trauma/abuse measure	Summary of findings
Landers et al. (2021)	Quantitative, cross-sectional	N = 230 American Indian and White adult participants who experienced foster care and/or adoption during childhood; 82% F, 18% M; M age = 49	Experiences of adopted and fostered individuals project survey	49.5% of Native American children in foster care reported experiences of spiritual abuse, higher rates than their white counterparts. Native Americans were more likely to be victims of polyvictimization (spiritual, sexual, emotional abuse).
Oakley (2009)	Qualitative, phenomenological analysis	N = 10 adults endorsing experiences of spiritual abuse; 80% F, 20% M; age N/A	Qualitative interview	Two primary themes were identified: (a) The first primary theme of power was identified with subthemes capturing aspects or elements of power abused in the religious setting such as coercion/control and divine position being leveraged to abuse others. (c) The second primary theme was “spiritual abuse as abuse,” meaning participants felt their experiences should be validated as a true form of abuse and described that it had felt like the core of who they were was attacked.
Oakley and Kimmond (2014)	Quantitative, cross-sectional	N = 502 adults; 62% F, 38% M; age N/A	Church experiences survey	(a) Only 50% of participants felt able to raise questions and issues with their churches, and over 70% of participants endorsed feeling manipulated at their current church and 84% at a prior church. (b) 45% of participants endorsed that scripture was used to control behavior and 56% of participants endorsed distrust of the church, but only 15% endorsed no longer trusting God. 74% of participants endorsed feeling damaged by a church experience. (c) 63% of participants endorsed they had heard of spiritual abuse prior to participation in the study, and 105 participants provided definitions of spiritual abuse with key factors being manipulation, use of scripture, misuse of power by church leadership, and control. (d) Only 34% reported knowing where to go for help and support if they were to experience spiritual abuse.
Oakley et al. (2018).	Mixed-method, descriptive statistics and inductive thematic and content analysis	N = 1,298 adults endorsing prior knowledge of the term spiritual abuse and who are a member or attend a Christian religious organization; 69% F, 31% M, age range: 18 to 60+	Survey designed to assess understanding of spiritual abuse and safeguarding practices against spiritual abuse	(a) Participants provided their own definitions of spiritual abuse characterized by religious or spiritual beliefs being a central component to the abuse, coercion/control, manipulation, using religious texts to control, and “divine rationale.” (b) Participants also endorsed a need for policy changes to protect individuals from spiritual abuse, describing the impact of spiritual abuse as damaging and harmful and highlighted the need for greater awareness.

(table continues)

Table 1 (continued)

Study	Research design	Sample	R/S trauma/abuse measure	Summary of findings
Simmons (2017)	Quantitative, cross-sectional	<i>N</i> = 278 adults who were a current or former member of The Church of Jesus Christ of Latter-Day Saints, and identifying as LGBTQ+; 39% <i>F</i> , 45% <i>M</i> , 15% transgender/other; <i>M</i> age = 33	21-item spiritual trauma measure (Simmons, 2017)	95% of participants endorsed experiencing at least one instance of spiritual abuse, with 86% of participants likely meeting criteria for PTSD relating to their religious experiences. When controlling for intrinsic, social extrinsic, and quest orientation, spiritual trauma had a significant effect on PTSD. Spiritual trauma explained approximately 18% of the variance in PTSD scores.
Swindle (2017)	Qualitative, phenomenological analysis	<i>N</i> = 7 adults endorsing experiences of religious abuse; 100% <i>F</i> , 0% <i>M</i> , <i>M</i> age = 40	Qualitative interview	10 themes were identified describing participants' experiences of religious abuse: (a) emotional trauma, (b) betrayal, (c) rules prioritized over people/devalued, (d) abuse of power/use of the sacred to control or manipulate, (e) spiritual transformation, (f) isolation, (g) healing, (h) gender bias/discrimination, (i) stigma, and (j) victim blaming.
Ward (2011)	Qualitative, interpretive phenomenological analysis	<i>N</i> = 6 adults endorsing experiences of spiritual abuse in Bible-based Christian settings; 67% <i>F</i> , 33% <i>M</i> , <i>M</i> age = 56	Qualitative interview	6 themes were identified describing participants' experiences of spiritual abuse: (a) leadership representing God/powerful symbolic authority, (b) spiritual bullying/manipulative behavior of the leadership, (c) acceptance via performance/approval based on obedience, (d) spiritual neglect/detrimental acts of omission by the leadership, (e) expanding external/internal tension/dissidence between one's inner and outer worlds, and (f) manifestation of internal states/bio/psycho/spiritual repercussions of the abuse

Note. SAQ = Spiritual Abuse Questionnaire; PTSD = posttraumatic stress disorder; LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or questioning.

author(s) to assess R/S abuse (e.g., “Did you experience spiritual abuse in any foster home?” Landers et al., 2021; “Has your partner used religious teachings or traditions as a reason to control your daily activities?” Bagwell-Gray et al., 2021).

The SAQ (Lawson, 2016) is a 78-item dichotomous survey assessing the following domains: (a) Church or Religious Group’s Leaders; (b) Your Group and its Teachings; (c) Your Group or Church’s Policies; (d) Your Group’s Literature and Multimedia; (e) Morals and Ethics, (f) Health and Conscience; (g) Making Personal Choices, (h) Registered Sex-Offenders being Allowed around Children; Finances; and (i) a domain titled “A Few More Questions” which asks about social experiences within the religious setting. No research on the psychometric properties of this measure was able to be located for this review.

Included in the current review is a study on the development of a different SAQ (Keller, 2016). Keller (2016) developed a 17-item measure in which participants are asked to reflect on their current/past experiences in a Christian or Bible-based religious setting and respond to questions based on a two-factor structure: (a) Power-based affective wounding and (b) Conditionality. Power-based affective wounding examines the power dynamics and negative emotional impact experienced in spiritual abuse. Questions on this factor include, “At times, I was scolded by my leader and made to feel ashamed and helpless” and “I now feel cynical about church/religious groups.” Conditionality refers to performance-based, transactional nature of relationships when spiritual abuse is occurring. Questions on this factor include, “I believed I could be totally surrendered to God if I did everything perfectly according to the church/group’s instructions,” and “I believed God would punish me if I didn’t do what my church/group encouraged me to do.” The SAQ demonstrated evidence of convergent and divergent validity, and a Cronbach’s α of .98 (Keller, 2016).

Additionally, Simmons (2017) developed the 21-item spiritual trauma measure to assess spiritual trauma regarding the experiences of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) individuals within the Church of Jesus Christ of Latter-Day Saints (LDS) assessing the domains of (a) Ecclesiastical Spiritual Trauma and (b) Punitive or Traumatic Teaching and Beliefs. Ecclesiastical Spiritual Trauma refers to experiences such as being advised to not openly share one’s sexual and/or gender identity or being

threatened due to one’s sexual and/or gender identity. Questions assessing this domain include, “How often did LDS leaders associate your sexual or gender identity with pedophilia” and “How often did LDS leaders encourage you to seek professional treatment to change your sexual or gender identity?” In this measure, Punitive or Traumatic Teaching and Beliefs refer to experiences such as labeling homosexuality a sin or teaching that one will be punished by God due to their sexual attractions. Questions assessing this domain include “God would punish me for my sexual attractions,” and “I would be eternally separated from my family for my same-sex sexual behaviors.” The 21-Item spiritual trauma measure yielded a Cronbach’s α of .95 (Simmons, 2017).

Three studies utilized the Religious/Spiritual Abuse and Neglect of Children (RSANC; Kvarfordt & Sheridan, 2007), which consists of 22 items designed to assess practitioners’ frequency of encounters with various types of spiritual and religious abuse that may be reported in clinical work with children/adolescents. The RSANC yielded a Cronbach’s α of .94 (Kvarfordt & Herba, 2018).

Finally, Johnston (2021) utilized the Religious and Spiritual Struggles Scale (RSS Scale; Exline et al., 2014) to assess spiritual abuse and the composite scores of The Structured Trauma-Related Experiences and Symptoms Screener for Adults (Grasso et al., 2019), the Attitudes Toward God Scale (Wood et al., 2010), and the Measures of Betrayal, Powerlessness and Stigma Scale (Gibson & Leitenberg, 2001) to assess religious abuse. Although these scales can provide helpful information, they are not designed to specifically assess the R/S abuse and trauma. The RSS Scale is designed to assess the six domains of spiritual struggle such as “divine struggle” (e.g., negative emotions toward God or one’s relationship with God) and “moral struggle” (e.g., worries about one’s moral offenses, concern regarding following moral principles). Although experiences of R/S abuse and trauma could potentially be associated with R/S struggles, the RSS Scale was not designed to specifically assess spiritual abuse. Additionally, utilizing the composite of several scales to assess religious abuse has not been empirically tested and may not be a reliable measure of religious abuse as the measures were not intended to be utilized in that manner.

From the review of measures used to assess R/S abuse and trauma, it is clear that work on developing psychometrically sound measures is in the beginning stages. Most of the studies in the review

used measures of R/S abuse and trauma that were created for the present study. Thus, there is a little evidence of reliability and validity for these measures in diverse populations, and more work is needed to develop and test assessment instruments.

Review of Empirical Findings

Overall, 25 studies were included in the review (see Table 1). The empirical findings of the studies are organized into eight sections: (a) definitions of R/S abuse and trauma, (b) prevalence of R/S abuse and trauma, (c) entering/exiting abusive religious communities, (d) intersection of R/S abuse/trauma and domestic violence, (e) the role of the religious community in the abuse, (f) negative outcomes associated with R/S abuse and trauma, (g) identity changes associated with R/S abuse and trauma, and (h) prevention and clinical treatment of R/S abuse and trauma.

Definitions of R/S Abuse/Trauma

R/S abuse and trauma was defined in a variety of ways across the studies reviewed. However, three core elements in defining R/S abuse and trauma emerged from the studies.

Misuse of Power. Several studies suggested that R/S abuse and trauma involves a misuse or abuse of power occurring within a relationship. For example, Kamminga (2018) stated that R/S abuse involves a misuse of power or using a God or higher power to control or induce fear in others. Oakley (2009) explained that in R/S abuse, “the abuser uses power to control others . . .” (p. 193). This misuse or abuse of power is typically defined as having the goal of coercing, controlling, or exploiting another person. Simmons (2017) noted that R/S abuse could be either intentional or unintentional. Most of the studies examined the relationship between R/S leaders and their followers, but several studies specifically examined how spouses/romantic partners can leverage R/S teachings in an abusive manner. Additionally, when qualitatively exploring how victims described R/S abuse and trauma, a primary theme of abuse of power was present across studies (Krueger, 2018; Oakley, 2009; Oakley et al., 2018; Swindle, 2017; Ward, 2011).

Psychological Harm. In addition to the misuse or abuse of power, many definitions of R/S abuse and trauma included negative psychological impacts. Glasscock (2019) cited Childers’ (2012, p. 3) definition, including that R/S abuse results in a

“diminishing sense of self.” Ward (2011) also described R/S abuse as negatively “influencing one’s inner and outer worlds” (p. 913). Swindle (2017) applied Finkelhor’s (1987) traumagenic dynamic, applying a model of childhood sexual abuse to R/S abuse, defining it as “an experience that alters . . . cognitive or emotional orientation to the world and causes trauma by distorting . . . self-concept, worldview, or affective capacities” (p. 354). Additionally, Oakley (2009) noted that R/S abuse is often experienced as “an attack on self” (p. 193).

Spiritual Harm. Finally, many of the definitions also acknowledged the negative impact on one’s spiritual health. For example, three studies utilized Johnson and VanVonderen’s (1991) definition of R/S abuse, noting that it involves “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. 23). Kvarfordt (2010) also noted that R/S abuse of children/adolescents involves a “detrimental impact on youth’s spiritual development, which can include adverse effects in multiple areas generally addressed by spirituality (meaning, purpose, connection/belonging, faith, moral or ethical guidelines)” (pp. 144–145).

Prevalence of R/S Abuse/Trauma

Six studies assessed the prevalence of R/S abuse and trauma. Overall, these studies suggest a high prevalence rate of R/S abuse and trauma. Oakley and Kinmond (2014) reported that over 70% of their participants, adults in the United Kingdom, reported feeling manipulated at their current church, and 84% endorsed feeling manipulated at a prior church. Additionally, 45% of their participants endorsed that scripture was used to control behavior, and 56% of participants endorsed distrust of the church. However, only 15% endorsed no longer trusting God. Only 34% of participants reported knowing where they could receive help and support if they were to experience R/S abuse.

Within specific populations, these rates may be even higher. For example, Simmons (2017) found that 95% of participants, adults who were a current or former member of The Church of Jesus Christ of LDS and identifying as LGBTQ+, endorsed experiencing at least one instance of R/S abuse, and 86% likely met criteria for posttraumatic

stress disorder (PTSD) relating to their religious experiences.

Additionally, Landers et al. (2021) found that 49.5% of Native American children in foster care reported experiences of R/S abuse—rates higher than their White counterparts. Additionally, Native Americans were more likely to experience polyvictimization, or multiple forms of abuse (Landers et al., 2021).

When examining on the prevalence of R/S abuse and trauma as a presenting concern in children/adolescent clinical populations, Kvarfordt and Herba (2018), Kvarfordt (2010), and Kvarfordt and Sheridan (2007) reported that 65%–82% of surveyed social workers reported that they “sometimes” or “often” encounter seven of the 10 examples of R/S abuse or neglect in their clinical work with children/adolescents. The three most frequently observed types of abuse and neglect were youth’s spiritual well-being shaken by experiencing or witnessing violence, lack of R/S guidance, and aspects of modern culture (e.g., materialism, technology, messages from media) that were detrimental to children’s and youth’s spiritual and religious development. These studies highlight the relevance of research on R/S abuse and trauma and the increased risk in vulnerable populations for experiencing this type of abuse and trauma.

Entering/Exiting Abusive Religious Communities

Two studies examined participants’ experiences of entering or exiting R/S abusive religious communities. First, Bilsky (2013) qualitatively explored the transition into and out of abusive religious communities. Bilsky found that participants initially perceived their religious groups in a positive light, resulting in increased engagement and commitment to the religious community. However, participants reported eventually encountering more negative than positive experiences within the community, leading to disengagement and ultimately, leaving the group (Bilsky, 2013). Second, Glasscock (2019) qualitatively explored the experiences of ex-cult members and found that participants were typically vulnerable prior to joining the cult, but upon joining maintained their membership due to scare tactics and fear. The participants in both studies endorsed negative consequences and impacts upon leaving the religious community or cult.

Intersection of R/S Abuse/Trauma and Domestic Violence

Five studies highlighted the need to consider the role of R/S abuse and trauma within the context of domestic violence. For example, Bagwell-Gray et al. (2021) reported that 135 of their 660 participants (20.5%), adult women who reported experiences of domestic violence, also reported experiences of R/S abuse and were 4.13 times more likely to have experienced reproductive coercion.

Additionally, Bent-Goodley and Fowler (2006) found in their qualitative analysis of African American adults who believe in a higher power that R/S methods of abuse were present in domestic violence through means such as manipulating victims to remain in the abusive relationship due to R/S beliefs or by denying the victim the ability to be a part of their R/S community. They also found that the church often serves as a mechanism for revictimization of victims of domestic abuse when met with sexism or maladaptive sex role perceptions (Bent-Goodley & Fowler, 2006). These studies highlight the intersection of R/S abuse and trauma and domestic violence.

The Role of the Religious Community in the Abuse

Four studies specifically highlighted the role of the members of the religious community in the abuse, with the primary theme being victim blaming and minimization of the abuse, as well as isolation and marginalization resulting in secondary traumatization. For example, Krueger (2018) found that church congregations often play a role in the abuse by shifting blame from the R/S leader to the victim or remaining loyal to the R/S leader despite the perpetrated abuse. Similarly, Swindle (2017) noted that victim blaming, isolation from the community, and gender bias and discrimination were key themes reported by participants. Davis and Johnson (2021) reported that clergy members interviewed in their study reported increased difficulty addressing R/S abuse and trauma when it is being perpetrated by a fellow clergy member.

Negative Outcomes Associated With R/S Abuse and Trauma

Ten studies described significant, negative emotional and psychological impacts of R/S trauma.

Qualitatively, Oakley (2009) found that participants highlighted R/S trauma as a true form of abuse, indicating that it felt like an attack on their core self. Participants also described feeling blame, distrust, and fear (Oakley, 2009). Swindle (2017) noted that participants identified R/S abuse as a form of emotional trauma and betrayal. Additionally, Crocker (2021) explored participants' symptomatology in relation to R/S trauma and reported that 60% of participants endorsed a mental health diagnosis they believe was connected to or exacerbated by their R/S trauma, with participants endorsing symptoms of depression, anxiety, and trauma-related symptoms. Additionally, participants endorsed forms of negative coping with the R/S trauma such as risky sexual behavior, disordered eating, self-conforming behaviors, or self-injurious behaviors (Crocker, 2021).

Quantitatively, Johnston (2021) found that R/S abuse and trauma were positively associated with symptoms of depression, and Kamminga (2018) found that the endorsement of R/S abuse was positively associated with opioid usage. Endorsement of fear and abuse of power within an R/S setting and secrecy were significant factors in the positive correlation between R/S abuse and opioid usage (Kamminga, 2018).

In addition to psychological effects, Crocker's (2021) participants reported effects to their physical health and spiritual well-being due to R/S abuse/trauma. Physical effects included disordered eating, engaging in risky behaviors, and changes in sleep. Spiritual effects included feeling more distant from God, skeptical of religion, and distrustful of religious communities.

Identity Changes Associated With R/S Abuse and Trauma

Other work noted survivors' resilience following R/S abuse. Two studies highlighted the potential identity changes associated with R/S abuse and trauma. Crocker (2021) noted that some participants experienced identity-related changes, such as taking personal ownership of their faith and or later reporting a stronger relationship with God, increased empathy and open-mindedness, created belonging and vulnerability with others, increased identity development, increased advocacy and education for LGBTQ+ community and making positive life choices such as what school to attend or career to pursue. Swindle (2017) reported participants' descriptions of their

experiences of healing and "spiritual transformation" after their traumatic R/S experiences (p. 94). For some, this spiritual transformation involved adopting a completely new R/S identity (e.g., identifying as atheist now instead of Catholic), although for others, it involved reconciling their traumatic experiences with their desire to maintain their R/S identity, sometimes leaning into their R/S identity as a source of strength and resilience (Swindle, 2017). For example, one participant described their view of God during the healing process stating,

He's bigger than ever. I really don't think I would have made it without Him. I refuse, and I guess this is the stubborn woman they hate, I refuse to let the devil take away the only real Father I ever had. (Swindle, 2017, p. 97)

Future work could explore how people make sense of their traumatic experiences of R/S abuse.

Prevention and Treatment of R/S Abuse and Trauma

Regarding prevention of R/S abuse and trauma, two studies experimentally tested a social media intervention for increasing knowledge of R/S abuse within the context of domestic violence by providing information on the WhatsApp application (Adekoya et al., 2019; Adebayo & Evbuoma, 2021). Additionally, one study utilized an R/S abuse curriculum with Christian leaders and seminary students, qualitatively assessing whether the curriculum impacted their awareness of R/S abuse (Berry, 2010).

In all three studies, the researchers found significant increases in knowledge and understanding of R/S abuse following the interventions. Adebayo and Evbuoma (2021) and Adekoya et al. (2019) noted that the increase in knowledge regarding R/S abuse within the context of domestic violence was associated with a decrease in R/S abusive behaviors exhibited by men in the experimental group, but the women in the experimental group did not demonstrate a decrease in R/S abuse behaviors. However, Berry (2010) found that participants endorsed increased awareness but not a change in behaviors. This could be in part to the social media intervention primarily portraying men as the perpetrator of R/S abuse within the context of domestic violence, and the Christian leaders and seminary students not perceiving themselves as perpetrating R/S abuse. In addition, Oakley et al. (2018) found that participants endorsed a need for policy changes to assist in

protecting individuals from R/S abuse, alongside raising awareness of the prevalence of R/S abuse.

Regarding the treatment of R/S abuse and trauma, Swindle (2017) noted that participants identified counseling as a helpful factor in promoting healing following R/S abuse, and Crocker (2021) found that factors that helped victims of R/S abuse and trauma maintain their faith included social support, educational resources, changes in theological beliefs, religious attitudes and beliefs, spiritual practices, and value-driven behaviors.

Additionally, one study specifically explored the impact that addressing R/S abuse and trauma within the counseling context has on clinicians (Gubi & Jacobs, 2009). Clinicians reported that their own R/S identity was impacted by their secondary exposure to R/S abuse and trauma. Specifically, the participants endorsed feelings of anger toward the church and a desire to justify their own R/S beliefs. Additionally, they noted their mood and emotions were affected by their exposure to the abuse and trauma (e.g., irritability, needing space to “ground” themselves after sessions). Participants also reported receiving little or no training in working with clients who endorse R/S abuse and trauma and mixed experiences when seeking supervision for these clients, sometimes finding supervisors helpful and willing to engage and other times having negative supervisory experiences.

Discussion

Several important findings emerged in the literature review. First, there is some consensus across studies in defining R/S abuse and trauma. Although researchers highlighted variations in how R/S abuse and trauma has been conceptualized and defined, three primary factors appear to be consistent across studies: (a) misuse of power, (b) psychological harm, and (c) spiritual harm. Understanding these themes, one can define R/S abuse and trauma as a misuse of power in an R/S setting resulting in psychological and spiritual harm.

Second, few researchers have utilized psychometrically supported approaches to quantitatively measure R/S abuse and trauma. Although primarily addressed in a theoretical or qualitative manner, researchers have made progress in measuring R/S abuse and trauma more objectively, such as with Keller's (2016) SAQ.

Third, R/S abuse and trauma is highly prevalent and is often affected by one's intersection of identities, such as being a member of the LGBTQ + community and holding an R/S identity. Thus, when thinking about R/S abuse and trauma, it is important to assess and respect cultural factors present in the lives of clients. Although R/S are recognized by the American Psychological Association as important diversity factors for clinicians and researchers to attend to (Vieten & Lukoff, 2022), understanding that the intersection of R/S identities and other sociocultural identities could potentially leave a client more at risk for R/S abuse and trauma is important for better attending to clients' needs and holistically providing care for individuals.

Fourth, individuals who enter into abusive R/S settings may either initially be vulnerable and/or perceive the R/S setting as positive. Upon realizing the negative aspects of the R/S setting, they may begin to feel more disengaged or desire to depart from the group. To compound their stress, leaving the group can be difficult due to the use of scare tactics or perceived consequences. Better understanding the process of entering and the consequences of exiting abusive R/S settings, and how to maximize client safety and well-being, is important for understanding how to protect individuals from R/S abuse and trauma, perhaps by providing education and healthier forms of coping and support. Additionally, R/S abuse/trauma and domestic violence may often co-occur, with either the spouse using R/S means to manipulate and abuse their partner or religious leaders using their R/S power to encourage individuals to remain in R/S abusive situations. Recognizing the comorbidity that can occur between these types of abuse, it is important to thoroughly assess for R/S abuse and trauma when working with individuals who have experienced domestic violence.

Fifth, the religious community often inflicts retraumatization following R/S abuse and trauma by siding with the perpetrator of the abuse and isolating the victim apart from the religious community. Although it may be tempting to focus primarily on the primary perpetrator of the R/S abuse and trauma, the religious community that witnesses the abuse is also often at fault for causing secondary R/S abuse and trauma through victim blaming, isolating the victim, or siding with the primary abuser over the victim. R/S abuse involves an entire system; therefore, it is

important to take a systemic approach to conceptualizing, treating, and preventing R/S abuse and trauma in the future.

Sixth, R/S abuse and trauma can result in a variety of negative outcomes, including emotional, psychological, physical, and spiritual harm (e.g., increased risk for opioid use and increased symptoms of depression, anxiety, and trauma-related symptoms). Some participants also reported identity-related changes following R/S abuse/trauma, including spiritual transformation, a stronger faith following the abuse, and healing. These outcomes are consistent with a review of the literature that examined the relationship between childhood abuse and religion/spirituality—the majority of those studies indicated a decline in religiousness/spirituality or a combination of decline and growth (Walker et al., 2009). The resilient outcomes could potentially be understood as posttraumatic growth. Posttraumatic growth occurs when individuals report increased functioning following a traumatic event (Tedeschi & Calhoun, 2004). However, such work may be examining a subset of individuals who were able to demonstrate resilience amid difficulty; more work is needed to explore identity-related changes following R/S abuse.

Finally, interventions to educate individuals on R/S abuse and trauma are promising methods for helping increase awareness and potentially prevent R/S abuse and trauma from being perpetrated. These interventions could potentially be utilized to target larger populations of individuals or within therapy groups and individual sessions.

Limitations

The results of the literature review should be interpreted in the context of the limitations of the included studies. The research designs implemented in the reviewed studies have some important limitations, such as a lack of comprehensive/varying methodologies and diverse participant samples. Most of the quantitative studies utilized cross-sectional designs, so causal conclusions should not be made. Additionally, increased diversity regarding age, race/ethnicity, gender identity, sexual orientation, and R/S identities are needed. The majority of participants included in the samples were White female adult Christians, which decreases the generalizability of the findings to non-Christians and racial/ethnicity minorities. Also, the majority of participants

were from the United States and Western Europe, which decreases the generalizability of the findings to individuals from other parts of the world.

The methods of measuring R/S abuse and trauma also have some limitations. The measures included in the reviewed studies utilized Likert scales, which may be prone to response bias (Leak & Parsons, 2001; Paulhus, 1991). Additionally, many of the studies utilized questions created by the respective researchers to assess R/S abuse/trauma without existing evidence about the reliability and validity of those methods. Even the studies that attempted to use a more formal means of assessing R/S abuse and trauma need more research to assess the psychometric properties of those measures and explore how varying methods of measurement may impact prevalence rates. For example, in the RSANC scale (Kvarfordt & Sheridan, 2007), social workers were asked to identify which types of R/S abuse they had seen in their clinical work, and the most frequently endorsed type of spiritual abuse witnessed was “Aspects of modern culture (e.g., materialism, technology, messages from media) that are detrimental to children’s and youth’s spiritual and religious development” (p. 156). While this item may potentially tap into a domain of R/S abuse, it could be argued that it represents a relatively low bar to be considered R/S abuse.

Areas for Future Research

Due to the limited number of studies that quantitatively or qualitatively assessed R/S abuse and trauma, there are many possible directions for future research. First, researchers should work to improve measures of R/S abuse and trauma. The current measures assessing R/S abuse and trauma need further validation and replication. Additionally, it would be beneficial to develop alternative methods other than self-report measures for assessing R/S abuse and trauma, such as a structured interview.

Second, researchers should explore potential factors that may be associated with R/S abuse and trauma (e.g., attachment to God, religious coping). There are many questions that need to be addressed. For example, are there specific protective or risk factors that result in an individual being more/less likely to experience R/S abuse and trauma? If there are associated protective factors, how might we foster those to better protect people from R/S abuse and trauma?

What outcomes emerge when experiences of R/S abuse and trauma serve as a risk factor? Furthermore, more work is needed to explore individual, relational, and contextual factors that may facilitate the process of R/S abuse and trauma. For example, are certain types of R/S leaders more prone to perpetrate R/S abuse and trauma? Are certain types of relationships more susceptible to R/S abuse and trauma? Are there societal and contextual factors that make R/S abuse and trauma more likely to occur? As more studies accumulate, it will be important to explore the variability in the effects of R/S abuse and trauma, as well as potential moderator variables. Furthermore, as studies with similar measures accumulate, meta-analyses could help to address questions about variability and moderators with more precision.

Third, researchers should explore the intersection of R/S trauma and other various forms of abuse. Although five of the reviewed studies explored R/S abuse in relationship to domestic violence, and sexual abuse perpetuated by religious leaders has received attention, it is important to continue expanding the scope of investigations to consider the intersections between R/S abuse and trauma with other forms of trauma and abuse and how a network of experienced abuse might impact individuals.

Fourth, additional research on the differences between those who experience R/S abuse and trauma and choose to retain their R/S identity and those who choose to denounce their R/S identity is needed. Previous work has examined reasons why people deidentify from religion, including religious trauma (McLaughlin et al., 2020). However, despite leaving religion, such individuals may continue to think and act in ways that are decidedly religious—exhibiting a *religious residue* (Van Tongeren et al., 2021). Similar work could be examined here. For example, do those who choose to retain versus denounce their R/S identity have similar psychological outcomes? Are there differences in resilience or perceived posttraumatic growth between those who choose to retain or denounce their R/S identity?

Finally, more research on all levels of R/S abuse and trauma prevention and treatment is needed. How can R/S abuse or trauma be prevented altogether? How can psychologists attend to those at a higher risk of experiencing R/S abuse and trauma? What treatment options are available for those who are currently or have in the past

experienced R/S abuse and trauma? There are many directions for future exploration of R/S abuse and trauma that will hopefully provide guidance on engaging in this necessary field of research.

Clinical Implications

Better understanding R/S abuse and trauma can assist clinicians in working to educate their community on R/S abuse and trauma to increase awareness and prevent perpetration of R/S abuse. Providing resources to the community via online information or informative workshops could be ways that psychologists could practice social justice in preventing R/S abuse, specifically attending to those whose intersecting identities may make them more at risk for experiencing R/S abuse. Utilizing available resources such as the Religious Trauma Institute (<https://www.religioustraumainstitute.com>) and collaborating with religious leaders in the community to discuss the signs and symptoms of R/S abuse are important steps that clinicians can take to attend to their community's spiritual health.

Additionally, understanding the nature and impact of R/S abuse and trauma will assist clinicians in better assessing when clients are experiencing or are at risk for R/S abuse. Supporting clients and helping them recognize the signs of healthy versus unhealthy religious communities is one way that clinicians can serve their clients. In navigating these issues, it is important to remember that what is “healthy” or desirable for one client in regard to their religious community may not be what is “healthy” or desirable for another. However, assisting clients in recognizing when power is being abused or creating space for them to identify negative psychological or spiritual effects they may be experiencing is an important function of therapy.

If clients do label their experience(s) as R/S abuse or trauma, it is important for clinicians to validate their experience, supporting the client as they process the pain and hurt, and potentially reassess their spirituality or find meaning from their past experience. Ultimately, clinicians should work to empower clients to find R/S healing, whether that be adopting a new R/S identity or reconciling their faith with their past negative experiences in a healthy way.

When working with clients experiencing other forms of abuse or trauma, it is important to also

assess for the potential presence of R/S abuse. For example, in working with a survivor of domestic violence, it may be beneficial to also explore their R/S identities, the R/S identities of their perpetrator, and how those R/S beliefs impacted them within the context of domestic violence, their R/S communities, and in the present. Additionally, if R/S abuse and trauma is present, clinicians should take a systemic approach, recognizing that although the abuse may have been primarily perpetrated by one individual, there is likely additional R/S abuse and trauma caused by the religious congregation in the wake of the primary R/S abuse.

In the process of clinically attending to R/S abuse and trauma, it is important for clinicians to be aware of their own R/S experiences and potential reactions that may occur in therapy. For example, some clinicians who hold an R/S identity may be pulled to defend their faith or tempted to change their clients' religious/spiritual identification. Others may feel conflict in their own R/S identities and wrestle with consolidating their client's abuse with their own beliefs. Some clinicians may have experienced R/S abuse themselves and feel especially sensitive to this area, while others may not hold an R/S identity and feel their client should abandon their R/S identity to avoid future R/S abuse and trauma. These are many ways a clinician's R/S identity and experiences could interact with their client's R/S identity and experiences. It is important for clinicians to engage in self-reflection and seek supervision in processing their reactions to these clients in therapy.

Conclusion

The purpose of this article was to provide a systematic review of the existing empirical research on R/S abuse and trauma. The reviewed studies suggest that R/S abuse and trauma typically involve misuse or abuse of power which results in psychological and spiritual harm. Survivors of R/S abuse described the psychological and spiritual impacts of their trauma, noting that it feels like an attack on the self. This form of abuse has a high prevalence rate and can co-occur with other forms of trauma and abuse, such as domestic violence. Future research should work to improve assessment of R/S abuse and trauma, identify potential factors associated with R/S abuse and trauma, explore the intersection of R/S abuse and

trauma with other forms of abuse and trauma, identify differences between survivors of R/S abuse and trauma who retain their R/S identity versus those who reject their R/S identity and develop prevention and treatment efforts for R/S abuse and trauma.

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