JASR 39.1 (2026) 109–133 *JASR* ISSN 2047-704X (print)
https://doi.org/10.1558/jasr.34314 *JASR* ISSN 2047-7058 (online)

Submitted: 2025-11-04 Accepted: 2026-06-24

Mapping the Impact of Religious Harm: Results from a Large-Scale Qualitative Study

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Abstract

Religious harm is a rapidly emerging area of inquiry that challenges the assumption that religious involvement is universally beneficial. This study presents findings from a large-scale qualitative analysis of 333 individuals who completed a survey asking about experiences of religious or spiritual harm. The research identified nine overarching themes: a profound sense of emotional distress; experiences of delayed development and destabilised sense of self; mental and physical health damage; relational damage; pervasive impacts on faith/spirituality; material and financial costs; the chronic and pervasive nature of impacts; having the impacts compounded by misunderstandings; and personal growth and resilience. The study highlights the need for more research within therapeutic and religious settings, and calls

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for greater recognition of religious harm in clinical practice and community discourse. This research contributes to a growing body of literature seeking to address religious harm as a serious and complex phenomenon.

Keywords

religious harm; religious abuse; religion; religious trauma

Introduction

Religious involvement is often associated with positive outcomes for mental health, community belonging, and wellbeing (Borges et al. 2021; Chen et al. 2020). However, recent research suggests that these outcomes are not universal. While many people experience benefits from engaging with religion, it can also have a detrimental impact (Prati 2025), and growing attention is being paid to the shadow side of religious experience (Crocker 2021; Slade et al. 2023). Scholarly attention is increasingly seeking to understand instances where religious communities, teachings, or practices cause lasting psychological, emotional, relational, or spiritual harm.

While instances of harm within religious settings have garnered widespread public attention—see for example Shorter (2023) and Simpson and McPhillips (2025)—there remains limited empirical exploration into the impacts such harms have. As Downie (2022: 1) contends, 'though the scholarship is sparse, religiously traumatising experiences are not'.

This article presents findings from a large-scale qualitative study on the impacts of religious harm. We begin by exploring the contested nature of definitions and conceptual frameworks of religious harm, followed by research findings and implications for religious communities, clinicians, and individuals who have experienced harm.

Defining Religious Harm

Contested definitions of religious harm reflect both its conceptual infancy and its interdisciplinary scope. Furthermore, as Zaeske et al. (2024) demonstrate, the majority of research is restricted to white, Protestant perspectives; consequently, existing definitions do not yet adequately capture the necessary diversity of experiences. Related terms such as religious abuse, religious trauma, and religious violence are often used interchangeably, resulting in an array of partially overlapping constructs

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that differ in emphasis, severity, and disciplinary insights (Zaeske et al. 2024).

Those who adopt the term *religious abuse* often highlight coercive or manipulative behaviours within pastoral or relational contexts. Cashwell and Swindle (2018: 183), for example, assert: 'religious abuse includes mental, physical, sexual, and/or emotional abuse that occurs within a religious context or setting'. On the other hand, the framing of *religious trauma* tends to foreground the psychological aftermath of harmful religious experiences, sometimes aligning with therapeutic (often clinical or diagnostic) models of Post-Traumatic Stress Disorder (PTSD) or complex trauma (Downie 2022; Hollier et al. 2022). *Religious violence*, meanwhile, is more frequently used in sociological discourse to describe the use of religious ideology to justify oppression, marginalisation, hermeneutical injustice, or control (Panchuk 2020).

Complicating matters, the terms *religious* and *spiritual* are equally contested. Though often treated synonymously, the rise in people identifying as 'spiritual but not religious' reflects the distinction of *spiritual* as personal and private with a focus on meaning-making, and *religious* as corporate and organised, with a focus on doctrinal adherence and practice (Dudley 2016; Hollier 2025).

Although these varied terms often denote distinct phenomena, there is substantial overlap between them, such that in both common and scholarly parlance they are often used interchangeably without distinction. As a result, it is not uncommon for people to use both spiritual trauma and religious harm, for example, to denote the same experience (Zaeske et al. 2024). This conceptual fluidity reflects the complexity of religious harm as a phenomenon that can operate at interpersonal, institutional, and ideological levels. As Zaeske et al. (2024) state, as the research evolves, there is an increasing need for clarity regarding terminology.

Within the study of religious harm, it is important to also acknowledge emerging understandings of *spiritual abuse*—a related, though distinct phenomenon. As Koch and Edstrom (2022: 477) contend, religious abuse can be distinguished from other forms of abuse, 'by its common inclusion of specifically religious elements, like the quoting of scripture or the giving of a "divine rationale" for mistreatment'. Oakley and Kinmond (2013: 25) list a (non-exhaustive) range of potential examples of spiritual abuse, including:

> manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to

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> conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context.

When recruiting for this research, participants were simply asked 'have you experienced religious or spiritual harm?' For the purposes of this research then, we could define religious harm as 'any experience which led participants to believe they were eligible to take part in this study'.

Current Understandings of the Impact of Religious Harm

While there is still significant work to be done in understanding the typologies of religious and spiritual harm, the present research seeks to understand the *impact* such experiences have. This is a significant gap in the literature, particularly given our rising understanding that such impacts can be highly significant (Oakley et al. 2018). Most research to date on this topic has consisted of small-scale qualitative studies (Bilsky 2013; Farrell 2024).

In a study of eight Millennial individuals, Farrell (2024) identified four overarching themes: altered health outcomes, loss of spirituality, subjugation of self, and loss of community/disenfranchisement. Altered physical health outcomes verified Ward's (2011) study which demonstrated physiological impacts, including chronic disorders, caused by heightened stress responses. Strikingly, Stevens et al. (2019: 292) found that 'students alleging sexual abuse by religious authorities were as symptomatic (depressed and anxious) as students abused by parents'. These emerging themes resonate with similar studies examining marginalised communities such as those from the LGBTQIA+ community (Hollier 2023; Jones et al. 2022).

To measure religious harm, Koch and Estrom (2022) developed the Spiritual Harm and Abuse Scale. To date, this is the only scale published in a peer-reviewed journal. While this is a significant step forward in understanding impacts, according to Koch and Edstrom themselves, this scale 'was developed on a largely white and Protestant/former Protestant population' (Koch and Edstrom 2022: 495).

Regarding the prevalence of religious harm, the National Anglican Family Violence Project, which contained spiritual abuse as a subset scale (limited to five questions within the larger survey), concluded that 'Some 10% of both the general public and Anglican samples reported having experienced spiritual abuse at some point in their adult life' (Pepper and Powell 2021). Amongst 'church attending Anglicans' this

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figure was 25 per cent. The study did not, however, measure the impact such abuse could have.

Aim

In their systematic review of empirical research into R/S (religious and spiritual) abuse, Ellis et al. found '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' (Ellis et al. 2022: 228). Laying out a wide range of potential lines of research, they claim that 'more research on all levels of R/S abuse and trauma prevention and treatment is needed'. This study aimed to develop an understanding of the impacts of religious harm.

Methodology

This study employed a qualitative framework analysis (explored below) of responses collected through an anonymous online survey exploring experiences of religious harm. Participants were recruited through social media platforms (Facebook, LinkedIn, and X), community networks, and relevant support forums, with the aim of reaching individuals with lived experience of religious harm. Alongside quantitative results reported elsewhere (Hollier 2024), the survey asked participants to answer the question 'In your own words, what impact has religious or spiritual harm had in your life?' Responses to this question form the basis of this study.

Of the 445 people who completed the survey, 333 provided answers to the open-ended question. Responses ranged from a small number of single word answers ($n=2$) to multiple paragraphs exceeding 500 words (mean=71 words), providing a substantial dataset for qualitative analysis.

Framework analysis was chosen due to its suitability for large, structured datasets and its ability to balance inductive and deductive coding (Gale et al. 2013; Smith and Firth 2011). Initial themes were developed through close reading of a representative sample of responses and refined as further data was reviewed. Codes were organised into higher-order categories capturing key domains of harm, while remaining attentive to emergent themes. Microsoft Excel was used to assist with data management and thematic organisation. Reflexivity and transparency were maintained throughout, with regular debriefing and memo-writing to ensure analytical rigour and responsiveness to data. After completing

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the coding process, we utilised an approved AI tool (The University of Sydney's *Cogniti*) to provide further understanding. This process confirmed our coding and provided a small tweak to the terminology used.

Ethics oversight was provided by the University of Sydney's Human Research Ethics Committee (HREC Approval No. 2024/HE0043).

Results

Qualitative responses were provided by 333 survey participants. The demographic breakdown was as follows:

Age	Count	Gender	Count	Tradition	Count
18–24	20	Female	231	Christianity	308
25–34	98	Male	78	Islam	9
35–44	92	Non-binary/third gender	18	Hinduism	5
45–54	55	Undisclosed/other term	6	Buddhism	4
55–64	42			Judaism	4
65+	20			Other	21

Country of Residence	Participants
Australia	175
United States of America	89
Canada	19
United Kingdom of Great Britain and Northern Ireland	19
New Zealand	8
Ireland	3
Germany	3
Armenia	2
Netherlands	2
South Africa	2
Denmark	1
Mongolia	1
France	1
Peru	1
Philippines	1
Argentina	1
Iran	1
Hungary	1
India	1

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Additionally, 125 participants identified as having a disability and 172 identified as LGBTQIA+.

Overall, the participant cohort is not representative of the general religious population, which necessitates caution when generalising these findings. The overrepresentation of specific demographics, namely Australian and US participants, women, people living with a disability, and LGBTQIA+ individuals, reflects a combination of researcher network bias and a heightened, self-selecting interest in the study topic from these populations. Our research team live in Australia and are connected to LGBTQI+ and disability populations. More significantly, certain cohorts are inherently more vulnerable to marginalisation and structural harm within religious contexts. Women are frequently excluded from institutional positions of power (Homan and Burdette 2021). LGBTQIA+ people are often stigmatised by heteronormative dogmas (Hollier et al. 2022). For people living with a disability, theological trauma is frequently compounded by pervasive ableist theology and triumphalist doctrines that overemphasise miraculous physical restoration, thereby framing impairment as a spiritual or moral failing (Clifton 2020). These populations are, thus, more likely to respond to a survey on religious harm. Consequently, while this study incorporates diverse perspectives, the findings primarily illuminate experiences within Western, and predominantly Australian, Christian traditions. Nine overarching themes emerged: *relational damage; a profound sense of emotional distress; experiences of delayed development and destabilised sense of self; mental and physical health damage; pervasive impacts on faith/spirituality; material and financial costs; the chronic and pervasive nature of impacts; having the impact compounded by misunderstandings; and personal growth and resilience*. Each of these are demonstrated below, with subthemes explored.

Relational Damage

Relational damage was the single largest theme to emerge in responses to the research question. Thirty-four per cent ($n=111$) of people mentioned damage to relationships, ranging from experiences of excommunication, through to a profound inability to trust other individuals. Relational damage spanned colleagues and acquaintances, through to family and spouses. For example:

> I have been able to live my life pretty well with the exception of normal family relationships. I was shunned by many of my family after I left the religion and there were some close family members that are still (it is almost 60 years since I left) completely broken. It is a toxic belief system

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> that is extremely destructive. (male, 65+ years old, Canada, Christian tradition)

Furthermore, the religious environment not only resulted in people being 'shunned' but also led to a mindset in which it was encouraged to push certain people away. For example:

> Church also taught me to be hyper critical of other people. There was always a running tally of how 'good' someone was in my head. For a faith that preaches love for everyone, the rhetoric didn't hold up to their actions. (female, 25–34 years old, Canada, Christian tradition)

Finally, after leaving a religious environment, some participants reported feeling uncomfortable or unsafe when forming new social connections. In some cases, these concerns were directed specifically toward individuals perceived to hold worldviews similar to those of their former religion:

> If a person claims to be religious, I will actively avoid interactions with them, as I know I will not be dealing with someone who is in charge of their own life and accepts responsibility for their actions. (trans woman, 35–54 years old, Australia, Christian tradition)

In other instances, the effects of relational harm were so pervasive that they affected individuals' overall capacity to form and sustain relationships:

> [Religious harm] also seems to have permanently damaged my faith in people, I trust virtually no one. (female, 55–64 years old, Hungary, Christian tradition)

Profound Emotional Distress

Profound emotional distress caused by religious harm was described in a range of ways including grief and loss; shame and guilt; and fear and hypervigilance. Twenty-two respondents (9%) spoke about facing grief, loss, and emotional distress as they moved through their religious harm experience. For example,

> There is a sense that I lost some of my life to religion when I would have liked to have been out as queer and living my life without those regulations and fears of death and sin. (female, 25–34 years old, Christian tradition)

> I have a deep sense of grief for the people and life I loved and lost even though thinking about the experience makes me feel anxious. (female, 25–34 years old, Australia Christian tradition)

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Forty-two respondents (13%) spoke about the shame and guilt that they experienced as a result of religious harm:

> [Religion] has made me feel so much shame about normal things like having feelings—especially around anger and sexuality and feel that I'm a bad person, even though I have (for all intents and purposes) been very well-behaved in most aspects of my life. It … taught me no healthy ways of dealing with anger. (female, 45–54 years old, Canada, Christian tradition)

> The foundational programming of my self-concept from early childhood was established through the lens of sinfulness… To this day I feel unworthy of love, consistently ashamed and find that my brain will find a way to make any conflict my fault. (female, 45–54 years old, Australia, Christian tradition)

Many people reported profound emotional distress, noting experiences such as chronic fear and hypervigilance. This emotional distress was most often tied to themes of hell, judgment, and the apocalypse. Emotional distress was a recurring theme, highlighted by 24 respondents (7%), with one stating:

> I do not feel safe anywhere I can't trust anyone and because of the indoctrination about the apocalypse live in constant hypervigilance that the end is here at which point I will enter into unimaginable suffering forever. This chronic terror had negatively impacted my body and mind. I will never reach my full potential. (female, 35–44 years old, Australia, Christian tradition)

In other settings, chronic fear was less doctrinally based, and more communally driven:

> I've also heard, particularly from other women, who are constantly fearing for their jobs, their careers, their ability to put food on the table, if they've spoken too loudly, or called out something, or stood up for injustice. (female, 25–34 years old, Australia, Christian tradition)

Profound emotional distress provided a basis for understanding many respondents' experiences of harm. Building on this, respondents recounted how their experiences impacted their personal development.

Delayed Development and Destabilised Sense of Self

A 'destabilised sense of self' from religious harm refers to a deep disruption in a person's understanding of who they are—their identity, worth, beliefs, and place in the world. Twenty-three per cent of respondents

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($n=77$) spoke about their experience of harm in these terms, for example:

> These beliefs mean that I can never have a genuine or impactful relationship with my family, and I have C-PTSD (Complex Post-Traumatic Stress Disorder) as a direct result of being raised in that environment. I was made to feel like I was worse than nothing, that my only value was dependent on living up to an impossible ideal, one that I would inevitably fail to meet, and there was no love in any of it. (transgender man, 18–24 years old, UK, Christian tradition)

While it is important not to draw strong parallels or comparisons between experiences of trauma, it is interesting to note that one respondent who had experienced a variety of traumatic phenomena stated:

> My experience of abuse covered sexual, physical, psychological, and spiritual. However, the most profoundly damaging was spiritual abuse. It attacked the very core of who I was. (female, 65+ years old, New Zealand, Christian tradition)

For this individual, the sexual, physical, and psychological abuse was less impactful than the spiritual, because of the profoundly destabilising nature of the harm on her sense of self. Reflecting on just how damaging this type of harm can be, one trans person shared:

> I hated myself for my entire childhood and young adult years because I was convinced that I was irreparably broken. I had no hope. I was dangerously depressed and suicidal for over 15 years. My religious upbringing destroyed my sense of self for decades. (transgender female, 25–34 years old, USA, Christian tradition)

Building on this theme, distorted understandings of sexuality, gender, and intimate relationships were significantly represented, with 57 respondents (17%) discussing this dynamic. The trans woman above, continued to share, for example:

> As an adult, they don't associate with me because I'm 'living in sin' just for existing as a trans woman. My parents kicked me out and cut me off when I first came out, which left me homeless for over a year. I also had to drop out of school because of it. (transgender female, 25–34 years old, USA, Christian tradition)

Another gay man shared:

> The situation worsened when I was forced into secret gay conversion therapy during my formation. This experience devastated my relationship

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> with God, plunging me into a deep, dark abyss where I felt nothing. (male, 25–34 years old, Australia, Christian tradition)

Other respondents referred to the impact of 'purity' doctrines and expectations for women to submit, sharing:

> It's more than ten years since I left my old church, and the abusive relationship with a man who believed I should submit to his authority. I'm still trying to unravel the impacts, even though I'm married to a kind, feminist non-Christian man. (female, 25–34 years old, Australia Christian tradition)

> The teachings had a negative impact on my self-image, my confidence, my ability to see myself as a sexual person in a positive way. I am still struggling to relate to my body and to open myself in intimate situations with a partner. (female, 35–44 years old, Germany, Christian tradition)

Finally, 13 per cent ($n=43$) discussed ways in which their involvement in religion led to delayed identity and personal development:

> I feel like a teen mother, learning basics in my 40s that healthy people learn in their teens. (female, 45–54 years old, Australia, Christian tradition)

> Where I came from was a very Islamic country, most of our subjects at school was Islamic. I graduated high school back home but I don't know a lot of basic knowledge people know here. Nothing about: Space, the world wars, ancient history or even dinosaurs! (female, 25–34 years old, Australia, Islamic tradition)

> I am going to University now for the first time and I am in my mid-thirties. I am far behind what my trajectory should have been and I'll likely die younger as a result from the gaslighting and abuse and impacts that the religion bestowed on me. They literally stole decades from my life… (female, 35–44 years old, Canada, Christian tradition)

Mental and Physical Health Damage

Eighteen per cent ($n=61$) of respondents identified clinically diagnosable mental disorders as an impact of their experiences with religious harm. These included depression, anxiety, PTSD and C-PTSD, Borderline Personality Disorder, suicidal ideation and attempts, and addiction:

> I have sustained C-PTSD from my involvement in Anglicanism, and it led to chronic depression and mental health conditions that have rewired my brain in an irreversible way. (female, 25–34 years old, Australia, Christian tradition)

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> I have suffered suicidal ideation and PTSD as a consequence of my dealings with the church. I live with the impact of these conditions. I have spent a small fortune in therapy in addressing these issues. I did not live with any of these conditions BEFORE I worked for the church, I now live with them as a consequence of working for the church. (female, 45–54 years old, Australia, Christian tradition)

While less frequently presented in the data ($n=20$), physical health impacts were also mentioned. One participant, for example, shared:

> The trauma and psychological injury I've endured and lived with has had an immense impact on my functioning. Particularly my disability, which I deal with daily, and the exacerbation of these unsafe environments has caused me to be hospitalised on multiple occasions due to the impact on my heart condition. (female, 25–34 years old, Australia, Christian tradition)

In another instance, religious practices resulted in extreme physical injury:

> I have been left with physical disabilities that result in being a full-time wheelchair user, TBI (traumatic brain injury) and dissociative disorder due to extreme beliefs forced on me as a child. (female, 18–24 years old, Australia, Christian tradition)

Finally, physical safety was also raised as a concern by two respondents, with one sharing:

> My life is still at risk due to security concerns by my ex and the pastor I tried to report without success. I move around without being able to work after all my electronics were compromised to the point I had to leave my location and my new business. My adult children have no idea where I live. I use a pseudonym. (female, 55–64 years old, USA, Christian)

Having one's 'life at risk' is an extreme experience of physical and psychological threat, caused, in this case, by a religious leader.

Pervasive Impacts on Faith/Spirituality

A significant portion of respondents (21%, $n=68$) spoke about the impact religious harm had on their personal spirituality and religious involvement. For some, it was as simple as 'I will never attend church again'. For others, the response was nuanced:

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> I no longer trust nor know how to relate to God. I no longer identify as Christian. I don't know if I, or my spirit, will ever recover from this experience. (female, 65+ years old, New Zealand, Christian tradition)

Some participants retained a sense of faith, spirituality, and/or religious involvement, though it had undergone a change because of their experience of religious harm. In some instances, their experiences made it difficult to engage in organised religion in a way that was meaningful for them, as the following quotes show:

> Religious harm has impacted the way I see religion and spirituality—while I believe in God, I feel that my beliefs are fundamentally different from every Christian from any denomination I know of. (female, 35–44 years old, Australia, Christian tradition)

> It has made me hate the church. Yet, I stay. Trauma bonded forever. (female, 45–54 years old, Canada, Christian tradition)

Finaly, for some respondents, their experience of religious harm distorted their perception of God/gods:

> This spiritual abuse led me to view my faith as a form of penitential obligation. I believed that God was in heaven, I was on earth, and I had to make sacrifices and endure self-inflicted harm to feel connected to Him. (male, 25–34 years old, Australia, Christian tradition)

Similarly, another respondent shared how the harm resulted in a destabilisation of what they had thought was 'true', sharing:

> I don't know what is 'true' in so many situations. I feel unsure of what to believe about God, faith, sexuality, parenting… pretty much everything I was taught about life feels false and dangerous… (female, 35–44 years old, USA, Christian tradition)

Material and Financial Costs

Eighteen respondents (5%) described financial and material costs associated with their experiences of religious harm. These costs were often significant, with one participant sharing:

> It feels like we invested everything we had and then after we started asking questions and then were ex-communicated from the faith community, we were left homeless and bankrupt. But, it wasn't money, it was everything… our community, our sense of belonging, our expression of faith, etc. (female, 25–34 years old, Canada, Christian tradition)

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Other respondents spoke about the costs associated with lost income due to their experience of religious harm. For clergy, this was particularly pertinent as their employment was tied up with the religious institution:

> My career and housing were all tied up with church. I lost my career and housing when I couldn't handle the sexism anymore. (female, 35–44 years old, USA, Christian tradition)

> The biggest impact for me is 20 years of career investment and theological training, experience and study that is just a source of frustration and loss because there is no avenue for employment/involvement in that field in the place I live. (female, 35–44 years old, Australia, Christian tradition)

Finally, some respondents spoke of significant costs associated with paying for therapy:

> I have spent years and money and energy healing from harm done, resources that could've been given to building a thriving life but instead are just helping me cope. So much has been lost. (female, 35–44 years old, USA, Christian tradition)

Chronic and Pervasive Impacts

The impact of religious harm was described by respondents as *chronic* ($n=56$) and *pervasive* ($n=17$). 'Chronic' refers here to the long-lasting effects of the harm. Time frames ranged from a couple of years through to 40+ years. 'Pervasive' refers to the ways in which the harm impacted every area of a person's life. Often these themes were discussed together, with more pervasive harm having a longer impact. The pervasive nature of harm was described as all-encompassing. For example:

> It impacts me every day, in every interaction I have with every person I encounter. (female, 25–34 years old, USA, Christian tradition)

> Religious and spiritual harm feel like the defining story arc of my life. It's impossible to capture the depth of sadness that has come about because of it. (male, 25–34 years old, Australia, Christian tradition)

> The hurt I have experienced is currently affecting every part of my life. I am not functioning well enough to hold a job. I am struggling to be fully present with my family. (male, 35–44 years old, Australia, Christian tradition)

For some, there has been a sense of healing that has emerged over the years. However, for others, a resignation emerged that indicated

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a belief that there would never be an end to the healing process. For example:

> It's been years since I've participated in any religious observances and my nervous system still reacts violently to any perceived threats coming from any spiritual community. I deeply regret my time spent in the church and will spend the rest of my life trying to find freedom from god. (female, 35–44 years old, USA, Christian tradition)

These quotes capture the depth of impact that religious harm entails. Descriptions of lasting trauma provide deeper understandings of just how damaging this phenomenon can be.

Compounded by Misunderstanding

While the above themes collectively form a typology of religious harm impacts, the theme of *compounded by misunderstanding* captures the reality that healing was, for some respondents, hampered by a lack of knowledge and recognition, both within society and therapeutic spaces, of religious harm. Seventeen responses (5%) raised this as a factor.

Capturing the lack of understanding in broader community contexts, respondents shared:

> It's very convoluted. Easy to dismiss because 'you should have advocated for yourself' or 'you should have left', but the initial love bombing and fear mongering about the outside world made it hard to feel like you could do so safely. (female, 25–34 years old, USA, Christian tradition)

For some respondents, their harm was compounded by the ambiguous nature of the harm, such that they struggled to articulate (both to others, and to themselves) the impact. For example:

> I've spent years trying to understand teaching that made me a target for an abuser, the lack of a paradigm and vocabulary to recognise what I was experiencing, and the incredible cost of choosing to leave though it cost me almost everything. (female, 55–64 years old, USA, Christian tradition)

Mirroring this lack of understanding and language within society, there were respondents who struggled to find therapists who could navigate this space. For example:

> It's also been difficult to find a therapist who understands how fundamentally this stuff is ingrained in my being and why cognitive-based therapies haven't really made deep impact. (female, 25–34 years old, USA, Christian tradition)

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> Many psychologists have no reference point/training for religious trauma. (female, 45–54 years old, Australia, Christian tradition)

Bringing both therapeutic incompetence and societal misunderstandings together, one respondent wrote:

> Due to real Islamophobia that Muslims often face, it is difficult to talk about the religion in a critical manner. Despite this, it should not be forgotten that the religion has teachings that are deeply harmful, especially to women and queer people. I have been struggling to find a therapist that I can talk to about these issues… (female, 18–24 years old, Australia, Islamic tradition)

The chronic, pervasive nature of religious harm explored above warrants sustained, deep understanding which, for these respondents, is currently lacking.

Positive Growth and Resilience

Finally, when asked to share what impact religious harm had had on them, 21 respondents (6%) reported experiencing positive growth as a result of their experiences. For some, this demonstrated a deep resilience in the face of adversity, which they now draw upon to support others undergoing similar experiences. For example:

> It taught me a lot about myself and gave me a lot of skills, but now I use those skills to help others claw their way out from similar situations. (female, 25–34 years old, Australia, Christian tradition)

> I have since found healing and know how to use my church experience for peace and strength. I can also better spot when someone is teaching harmful teachings and know that I now have a voice. (female, 45–55 years old, Australia, Christian tradition)

Others spoke about the process of deconstruction and reconstruction, discovering a different faith tradition, or having their 'eyes opened' to new ways of seeing. For example:

> As we've healed, it's opened our eyes to see a bigger spirituality than the narrow path we were taught. I don't regret that part at all. (female, 35–44 years old, USA, Christian tradition)

> I would not have changed my religion (Christianity to Judaism) if it had not been for the abuse that happened within Christianity and I would not be as happy and content as I am if it had not been for that abuse. So in

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> a way it all worked out (after years of intensive counselling). (female, 55–64 years old, Australia, Christian tradition)

It is difficult to ascertain if these positive outcomes could, or would have occurred, outside the context of religious harm, but it is nonetheless noteworthy that respondents reported them. For some, this may be a form of post-traumatic growth, a developing area that warrants further research (Perry 2024).

Discussion

This study contributes to a growing body of scholarship which recognises that religion, while often associated with positive wellbeing outcomes, can also be a source of profound psychological, relational, and spiritual harm (Jones et al. 2022; Oakley and Kinmond 2013; Zaeske et al. 2024). By drawing on a large qualitative dataset, the findings demonstrate both the breadth and depth of religious harm, ranging from emotional distress and identity disruption to chronic health difficulties and profound social dislocation. These findings have important implications for clinicians, religious leaders, and survivors themselves to engage more seriously with the realities of religious harm, and to develop informed, contextually sensitive responses.

Implications for Clinical Practitioners

Drawing on counselling accreditation codes, Cashwell and Swindle argue, 'it is incumbent on the therapist to understand and honor the beliefs and experiences of each client' (Cashwell and Swindle 2018: 182). Historically, the helping professions have been reticent to engage in discussions regarding spirituality in any meaningful way (Gardner 2020). Despite its substantial impact on lived realities and meaning-making, providers of therapeutic interventions are often ill-equipped to meaningfully engage with the spiritual world of their clients (Gilligan 2005). Given that extant literature largely focuses on religion and spirituality as a coping factor, it is likely that therapists are even less equipped to navigate instances of religious harm.

The significant mental health impact of religious harm demonstrated in this study corroborates Winell's (2011) coining of the diagnostic label religious trauma syndrome (RTS). Though not a formally recognised diagnostic label, the psychological sequelae described here are clinically significant and demand attention. At the risk of pathologising

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social realities, it is important for clinicians to be aware of this emergent framing and potential 'symptomology' when working with their clients. This imperative is highlighted in contexts of so-called 'cults' and New Religious Movements (NRMs) (Sessions and Doherty 2021). In these settings, both social policy shifts and better equipped practitioners are required (Simpson and McPhillips 2025). It is beyond the scope of this article to adequately nuance the complex impacts that high-control religious environments can potentially have, and further research is required.

In their scoping review of psychotherapeutic approaches to addressing harm from adverse religious/spiritual experiences, Zaeske et al. (2024) found an array of interventions being discussed, but no overarching framework. They concluded that 'there is no seminal work or theory guiding the current understanding of this emerging field' (Zaeske et al. 2024: 11). This is noteworthy, given the findings here that respondents struggled to find a therapist who understood the complexities of their presentations. As one respondent said, thrapists tend to have 'no reference point/training for religious trauma'. By developing an understanding of the forms and extents of harm that negative religious experiences can entail, this research can equip therapists to better recognise complex responses, and name this form of harm for what it is. Clinical practitioners have a responsibility to integrate religious and spiritual literacy into their practice, recognising that these domains can be sources of both healing and harm.

Implications for Religious Communities and Leadership

Findings from this study will, no doubt, be of interest to religious institutions, communities, and leadership. With clergy misconduct increasingly being brought to light (see, for example, Australia's Royal Commission into Institutional Responses to Child Abuse), the imperative for change is mounting. The findings here demonstrate the impact of harms currently taking place, and highlight the urgency with which change is required (McPhillips 2018).

The challenge for religious institutions is that harms are not just a product of the aberrant behaviour of individuals. Much of the trauma identified in our study emerges from doctrines and practices that are often considered central to the faith: hierarchical relations between men and women; LGBTQI+ identities as being inherently sinful, shameful, and abhorred by God; disability as being a consequence of sin; the shunning or excluding of members judged unfaithful, and so forth. While

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many churches have grappled with these issues and changed their doctrinal and ethical positions—recognising that religions have always shifted and adapted to changing cultural conditions and expectations—many conservative religions refuse to do so, confident in their divine imprimatur. Whether such organisations can minimise harm is an open question, even if many within their ranks wish to do so.

Concurrent debates regarding religious freedom bring further complexity. Policy discussions are attempting to balance the question 'what constitutes valid religious belief, and what constitutes abuse?' Religious denominations in Australia are at odds with human rights groups, particularly around conservative LGBTQIA+ teachings (Hardy 2023; Jones et al. 2022).

While conceptual frameworks for understanding religious harm are evolving, key theorists agree that harm occurs 'within a climate of rigid boundaries, absolute judgments, and an atmosphere of condemnation' (Downie 2022: 925). Religious leaders have considerable sway within their communities and have a responsibility to ensure safety. Themes emerging from this study may act as 'red flags' that can indicate to religious leadership that harm is taking place in the context of their communities.

Ongoing professional development for religious leaders should contain training which develops robust understandings of the impacts of religious harm. This includes recognising the signs of religious harm, and developing localised strategies to combat its prevalence. Encouragingly, many denominations require safe ministry training (National Council of Churches Australia 2024); however there are, to date, no empirical studies examining the efficacy of this training nor a standardised framework to ensure they are sufficiently rigorous.

These findings also highlight the need for religious leaders to be cognisant of their own positionality, as collaborators (willing or unwilling) in systems that have caused harm. Given the extent of harm expressed throughout this study, religious leaders have a responsibility to proactively work for change. Religious leaders (presumably) do not enter their vocation with an intent to cause harm, and yet this is where many find themselves, complicit in organisations and communities that have perpetrated and perpetuated harmful practices. Research shows this dynamic can lead to a form of moral injury, 'a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs' (Brock and Lettini 2012: xiv). Support is therefore required for religious leaders as they grapple with their own place in causing/reducing harm.

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Implications for People Who Have Experienced Harm

This research demonstrates the intensity of impact that religious harm can have. Participants' stories are both harrowing and insightful. For those who have experienced harm, these findings can act as a form of validation, providing conceptual categories to further understand their own experiences.

When one respondent articulated 'the lack of a paradigm and vocabulary to recognise what I was experiencing', they echoed the concept of hermeneutical injustice (Fricker 2007; Panchuk 2020). Hermeneutical injustice is experienced when an individual is deprived of knowledge (either deliberately, or by happenstance), resulting in an inability to conceive of an alternative, positive explanation for their reality. For example, without access to different ways of explaining a situation (often when the situation is tightly controlled by the religious organisation), it is impossible to frame religious abuse as *abuse*. In these instances, domestic violence may be framed as 'male headship', or sexual or gender orientation change efforts may be justified as 'God's will'. Until a person is exposed to alternative ways of framing these experiences, they may not be able to identify them as abusive, or even harmful.

The growing body of literature within which this research is situated is beginning to rectify this injustice; however, there is still substantial work to be done before a critical mass is equipped with the language and understanding needed to recognise and name religious harm. Harm in the context of faith spaces is often misunderstood, as evidenced in this study. Providing language for a phenomenon can assist those going through it to know they are not alone.

It is also important for people who have experienced harm to hear stories of resilience and growth (whether post-traumatic growth, or other forms of growth). This study draws out some of these narratives, and future research should continue to explore this theme.

Limitations

This study has several notable limitations. Firstly, while the survey was designed to capture diverse religious experiences, the majority of participants (92%) identified with the Christian tradition. Disaggregation by tradition was therefore not appropriate. While this is a sizeable dataset, the study overall is relatively small, with sampling likely skewed by the researchers' networks. As noted earlier, the participants were heavily weighted toward women, LGBTQI+ individuals, and people with

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disabilities. This influences the findings and leaves open questions about experiences of religious harm beyond these particular groups.

The wording of the question asked what 'impact' religious harm had had. The term 'impact' itself was perceived to be neutral; however, given the context of the survey, it is possible people leaned toward negative impact, while a proportion also expressed growth. Future research should more thoroughly explore perceived positive outcomes identified in relation to religious harm.

Reliance on individual responses alone results in comparatively thin data. Extended interviews are required to explore deeper phenomena and unanswered questions. For example, what effect does length of time within a religious community have on religious harm impact? How do factors such as gender, sexuality, race, and disability function? Does age matter? The relatively thin nature of the data increases the risk of misinterpreting quotations and precludes opportunities for deeper exploration. However, this is offset by the large number of responses, which enabled thematic triangulation.

Conclusion

This study explores the often-overlooked reality of religious harm and its deep, lasting impact on individuals. It highlights how religious environments can foster emotional, psychological, relational, and spiritual harm. These harms are not isolated incidents but often systemic, shaping identities and life trajectories in profound ways. The lack of clinical recognition and societal understanding further compounds the suffering of those affected.

Yet, within these narratives of pain, there is also resilience. Many individuals find ways to rebuild meaning and reclaim autonomy after leaving harmful religious contexts. Their stories call for greater awareness and accountability within both therapeutic and faith-based institutions. By naming and validating these experiences, this research lays the groundwork for more compassionate responses and inclusive support systems, and paves the way for future lines of research.

Funding

This research was funded by the Australian Research Theology Foundation Inc.

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