

Percentage of U.S. Adults Suffering from Religious Trauma: A Sociological Study

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***Abstract:** This sociological study aimed to ascertain the percentage of adults living in the United States who have experienced religious trauma (RT) and what percentage presently suffer from RT symptoms now. After compiling data from 1,581 adults living in the United States, this study concludes it is likely that around one-third (27–33%) of U.S. adults (conservatively) have experienced religious trauma at some point in their life. That number increases to 37% if those suffering from any three of the six major RT symptoms are included. It is also likely that around 10–15% of U.S. adults currently suffer from religious trauma if only the most conservative numbers are highlighted. Nonetheless, since 37% of the respondents personally know people who potentially suffer from RT, and 90% of those respondents know between one and ten people who likely suffer from RT, then it could be argued that as many as one-in-five (20%) U.S. adults presently suffer from major religious trauma symptoms.*

Keywords: Religious Trauma, Adverse Religious Experiences, Spiritual Abuse, Religious Abuse, Religious Trauma Syndrome

Introduction

Leading into the twenty-first century, physician Martin Rossman noticed a disturbing trend among his patients: many were suffering from the lifelong consequences of being raised in a toxic religious environment. He wrote, “A great number of people I see in my medical practice have been traumatized rather than uplifted by their early religious training. I think that

harmful religious training may be one of the great unrecognized causes of mental and physical illness in our culture.”¹ Although at the time he did not have a psychological or medical term for what he was witnessing, Rossman’s experiential assessment (and prediction) about the pervasiveness of what is now understood to be religious trauma would turn out to be quite accurate. After compiling data from 1,581 adults living in the United States (U.S.), this study confirmed what Rossman and thousands of other practitioners have observed for decades: religious trauma is, in fact, a society-wide phenomenon and spiritual abuse is a chronic problem within religious communities.²

Study Rationale and Research Question

One problem is that the label “religious trauma” (RT) has remained ambiguously defined in much of the peer-reviewed literature, making it difficult for clinicians to identify and treat patients presenting with RT symptoms.³ To make things more complicated, the literature simply assumes that so-called “religious trauma” exists with little or no supporting empirical data. Indeed, most discussions on religious trauma have relied on qualitative research that focuses almost solely on individual experiences through case-studies and interviews. Thus, this article intends to correct the gap in quantitative knowledge by presenting findings from the most exhaustive sociological study on religious trauma to date, which was funded and carried out by the Global Center for Religious Research (GCRR). The purpose of this study was to discover if RT was a society-wide occurrence or simply an affliction that only a few disaffiliated religionists have mentioned in therapy.

The research question for the study is as follows: “What percentage of adults living in the United States have experienced religious trauma at some point in their life and what percentage currently suffer from religious trauma symptoms?” The hypothesis is that about 15–20% of the adult population have suffered from RT while about 5–10% currently suffer from RT symptoms. Before summarizing the study’s collection and analysis methodology, it is important first to define the terms used in the study.

¹ Rossman, *Guided Imagery for Self-Healing*, 200–1.

² Despite the reckless (and uninformed) claim by Brad Wilcox and Riley Peterson that “few people suffer trauma from religion in childhood” (Wilcox and Peterson, “Perspective: Don’t Believe the Headlines”).

³ This article will use the term “religious trauma” and the abbreviation “RT” interchangeably as a simple method to variegate both the language and grammar of the essay.

Defining Religious Trauma

With the exception of a few vague or improvised characterizations today, most references to the term “religious trauma” in popular literature have received no official or clinically-justifiable definition, and the references often appear only in relation to religious fundamentalism.⁴ However, a psychological use of the term “religious trauma” has existed since at least 1952, as illustrated in Theodore Hoffman’s book review of *The Man Outside* by Wolfgang Borchert. Here, Hoffman described the protagonist character, Beckmann (from Borchert’s play, *Draußen vor der Tür*), who appears to suffer from post-traumatic stress disorder and wants to commit suicide. Instrumental to his play is the quest for healing when confronted with religion-induced despair and failed religious expectations. Hoffman’s review states,

The style used to present the action brilliantly illuminates the central question of Beckmann’s right to suicide, but with it comes a hazy religious trauma to which the play probably owes its success in Germany. Borchert’s constant preoccupation with exclusion, with being denied the world inside the door, leads him to metaphysical violence. God is reviled for His impotence, and indeed appears in the play as a feeble old man....The play ends in rhetorical nihilism, with Beckmann challenging God to exist.⁵

Though not intending to be a psychological commentary, Hoffman neatly characterized what would later be labeled “religious trauma” among clinicians.⁶ Only recently, from the 1990s onward, have specialists started using the term as a clinical descriptor for the powerful psychological complications that have

⁴ Cf. Fox, “Adverse Religious Experiences and LGBTQ+ Adults,” 10–11. The term “religious fundamentalism” is loosely defined here as a diverse and ever-changing federation of cobelligerents within different religious traditions that display militancy, sectarianism, and dogmatic absolutism as their most distinctive characteristics (See Slade, *The Logic of Intersubjectivity*, 13, 41–70).

⁵ Hoffman, book review of *The Man Outside*, 22.

⁶ From the 1960s through the 1980s (with sporadic instances in the 1990s and early 2000s), the phrase “religious trauma” was mostly used in relation to the overarching social, political, and economic upheaval that occurred from European contact with Islam and the violence of the Protestant Reformation (see for example, Oldfield, *The Problem of Tolerance and Social Existence*, 33). The term was likewise used as a substitute for people’s life-altering religious conversion experiences or a more general societal religious fervor (see for example, Noon, “Frederic Dan Huntington,” 85 and Boylan, “The Role of Conversion in Nineteenth-Century Sunday Schools,” 43, 45).

damaging, stress-related effects on people's mental and physical health. For instance, clinical psychologist, Paul Foxman, wrote in 1996,

Paradoxically, I find that some anxiety patients who were raised with religion have difficulty attaining spirituality and coming to terms with God. It appears that some religious background experiences, such as harsh discipline in religious school, boring church services, empty religious rituals, and moral teachings based on fear and threat, are traumatic for children....As a result, spiritual awakening in adulthood can be hindered, and some people may require healing from religious trauma before a spiritual attitude or personal relationship with God is possible.⁷

Likewise, David Derezotes, Director of the Bridge Training Clinic and Chair of Practice and Mental Health, wrote in 2000,

Underidentification reactions occur when the worker so dislikes what he sees in the client that the worker cannot feel empathy for the client or accept the client's spiritual path. Often, this reaction is associated with spiritual and religious trauma in the worker's own past. There are many social workers who are quite angry at adults in their family or church who were spiritually abusive or neglectful. These adults may have used religion to rationalize physical or sexual abuse, they may have tried to stop their children from developing their own spiritual beliefs, or they may have taught their children to feel toxic shame about themselves or unnecessary fear of the world.⁸

In 1992, one of the first attempts to provide an actual definition for RT research appeared in the work of Annie Imbens and Ineke Jonker, who succinctly explained that it is "the negative consequences of an oppressive religious ideology" where religious and theological symbols, texts, and rituals can activate someone's trauma responses. They defined it further,

A religious trauma is the interpretation of all relational experiences on the basis of fear of and anger toward a God by whom one feels rejected,

⁷ Foxman, *Dancing with Fear*, 363. At this point in the literature, the term "religious trauma" also appears to be used as a synonym for general cognitive dissonance or religious uncomfortability, desecration, and sacrilege (see for example, Idema III, *Freud, Religion, and the Roaring Twenties*, 93 and US Senate, *Native American Grave and Burial Protection Act*, 402).

⁸ Derezotes, *Advanced Generalist Social Work Practice*, 133.

deceived, and punished; one also feels this anger toward a church community by which one feels cast out, threatened, and deceived. One may experience the community as an obstacle on the road to God.⁹

By the early 2000s, it became apparent to many clinicians that a psychological form of religious trauma not only existed, but it needed to be discerned in clients as a potential mental health factor. In 2003, Deana Morrow recognized that oppressive religious doctrines can and do cause psychological damage to lesbian women, including generating lifelong feelings of guilt, shame, low self-esteem, “internalized homophobia,” depression, and suicidal ideations.¹⁰ In 2005, Maureen Kitchur included the term “religious trauma” as part of a list of EMDR questions to help identify developmental interruptive experiences.¹¹ In a subsequent volume, Martha Jacobi identified alienation, guilt, anger, grief, and shame as lasting effects of “religiously based trauma” that arise from a religion’s failure to provide support for and/or a violation of someone’s emotional, physical, or financial boundaries.¹²

It was not until 2011 when Marlene Winell first coined the expression “religious trauma syndrome” in the magazine, *Cognitive Behaviour Therapy Today*, that psychologists as a whole had a change in perspective, linking abusive religious environments to a mental health disorder.¹³ According to Winell, “Religious Trauma Syndrome is the condition experienced by people who are struggling with leaving an authoritarian, dogmatic religion and coping with the damage of indoctrination.”¹⁴ Winell’s work has been instrumental in bringing international awareness to the study of RT. However, because of recent advances in the mental health sciences, many clinicians and researchers now believe the term “syndrome” is an outdated tag line that can be more detrimental than helpful. This move away from the term “syndrome” is for the simple reason that it manufactures arbitrary parameters on people’s lived experiences, thereby excluding them from treatment options or alienating them with feelings of being diseased or abnormal. As such, the common misuse of “syndrome” has become problematic for many academics and practitioners because trauma occurs on an individualized spectrum and does not consistently present with the same cluster

⁹ Imbens and Jonker, *Christianity and Incest*, 166; italics in original.

¹⁰ Morrow, “Cast into the Wilderness,” 119–20.

¹¹ Kitchur, “The Strategic Developmental Model for EMDR,” 20.

¹² Jacobi, “Using EMDR with Religious and Spiritually Attuned Clients,” esp. 474–90.

¹³ Winell, “Religious Trauma Syndrome,” 16–18.

¹⁴ Winell, “Religious Trauma Syndrome,” <https://www.journeyfree.org/rts/>.

of symptoms, as would be required for a bona fide “syndrome” diagnosis.¹⁵ Indeed, it is best to recognize trauma as something that happens *to* a person, which then causes a disruption to their central nervous system, as opposed to something commonly associated with genetic abnormalities or diseases.

Recognizing that RT is nothing more than a standard clinical understanding of *trauma*,¹⁶ except that it derives from within a religious context, Alyson Stone rightly expanded on Winell’s work to acknowledge that RT often occurs outside of authoritarian, restrictive, and dogmatic fundamentalism. Stone provided a preliminary definition in 2013, which would later serve as a basis for the fuller definition created by the North American Committee on Religious Trauma Research (NACRTR), a subdivision within GCRR. Stone characterized this mental health problem as “pervasive psychological damage resulting from religious messages, beliefs, and experiences.”¹⁷

Years later, in 2020, Michelle Panchuk characterized RT as “putative experiences of the divine being, religious practice, religious dogma, or religious community that transform an individual in a way that diminishes their capacity for participation in religious life.”¹⁸ Building on her work, Cheryl Johnston defined the term as “a spectrum of conditions resulting from a traumatic experience perceived by the survivor to be caused by religious practices, religious communities, religious teachings, symbols, and/or the divine being to the extent that the survivor’s ability to participate in religious life” has been disrupted.¹⁹ As a result of these experiences, a person’s sense of religious self or worldview is devastated, from which deconversion then ensues.²⁰ While greatly enhancing the clinical understanding of religious trauma, the problem with these definitions is that they focus too much on a person’s inability to participate in a faith community or to develop some sense of spirituality. Nonetheless, deconversion (or a lack of religiosity) are not characteristic of

¹⁵ See Powell, “Religious Trauma Syndrome.”

¹⁶ Maria Root helpfully characterizes the standard clinical understanding of “trauma” as “a destruction of basic organizing principles by which we come to know self, others and the environment; traumas wound deeply in a way that challenges the meaning of life” (Root, “Reconstructing the Impact of Trauma on Personality,” 229). For a historical and psychological overview of what “trauma” is and how it can be caused, see Petersen, *Religious Trauma*, 9–21 and Karris, *The Diabolical Trinity*, 3–8.

¹⁷ Stone, “Thou Shalt Not,” 324.

¹⁸ Panchuk, “Distorting Concepts, Obscured Experiences,” 608. Elsewhere, Panchuk illustratively described religious trauma as “people who have come to God asking for bread, but who seem to have received stones and serpents in its place” (Panchuk, “The Shattered Spiritual Self,” 506).

¹⁹ Johnston, “The Predictive Relationship of Religious Trauma,” 10–11.

²⁰ Cockayne, Efirid, and Warman, “Shattered Faith,” 120–21.

everyone suffering from RT, and many people still find therapeutic healing from within a faith-based community.²¹ Indeed, the sometimes-positive benefits of religiosity or spirituality on mental health is why it is important for the academic study of religious trauma to be as neutral as possible, as opposed to being overtly anti- or pro-religion. Furthermore, Winell, Panchu, and Johnston appear to exclude the possibility for someone to suffer from RT despite having no direct contact with a religious institution. Countless examples exist of non-religiously-affiliated persons suffering from secondary and vicarious trauma simply for witnessing the injury caused by some religionists.²²

Thus, when considering the shortcomings of previous definitions, as well as the need to integrate direct, indirect, and insidious forms of trauma,²³ the North American Committee on Religious Trauma Research publicly issued a more clinically-justifiable definition on November 8, 2020:

Religious trauma results from an event, series of events, relationships, or circumstances within or connected to religious beliefs, practices, or structures that is experienced by an individual as overwhelming or disruptive and has lasting adverse effects on a person's physical, mental, social, emotional, or spiritual well-being.²⁴

This definition has since been adopted by other researchers and practitioners, including (among others) Alex Fox, Rebekah Drumsta, Tas Kronby, Carmen Rumbaut, the Satya Wellness Collective, and advisory board members for the Center for Congregational Ethics.²⁵ It is this definition from NACRTR that was

²¹ Petersen, *Religious Trauma*, 5. See also, the relevant literature review in Bryant-Davis et al., "Religiosity, Spirituality, and Trauma Recovery," 306–14 and Koch and Edstrom, "Development of the Spiritual Harm and Abuse Scale," 476–506.

²² Gubi and Jacobs, "Exploring the Impact on Counsellors," 191–204.

²³ For details, see Root, "Reconstructing the Impact of Trauma," 229–65.

²⁴ With deepest appreciation, this definition of religious trauma was thoughtfully and carefully created in partnership with the following trauma experts and researchers: Laura Anderson, LP, LMFT; Kathryn Keller, PHD, LPC-S; Brian Peck, LCSW; Alyson M. Stone, PhD, CGP; Suandria Hall, LPCC, Life Coach; Elizabeth Wilson, LPC, LAC; and Maggie Parker.

²⁵ Fox, "Adverse Religious Experiences and LGBTQ+ Adults," 10–11; Drumsta, "Spiritual Abuse and Seven Other Terms Defined"; Kronby, "Religious Trauma & Autism"; Rumbaut, "Healing Religious Trauma Through Art"; Satya Wellness Collective, "Religious Trauma Counseling"; Center for Congregational Ethics, "The Right, The Good."

employed in GCRR’s sociological survey, which also acted as a foundation for other related terms.²⁶

Defining Related Terms

Because of the overlap in characteristics and definitions, Megan Thomas’s 2023 study used the terms “religious abuse,” “religious trauma,” and “religious trauma syndrome” interchangeably throughout her text.²⁷ Nevertheless, it is important to make a distinction between religious *trauma* and other terms that are frequently used in the literature, such as everyday religious *stressors*, moral injury, and religious or spiritual *abuse*, the latter of which is a source of (but not equivalent to) later religious trauma.²⁸

For the purposes of this study, terms such as religious abuse²⁹ and spiritual abuse³⁰ fall under the umbrella term of “**Adverse Religious Experiences**” (AREs), which was defined in this study as:

Any experience of a religious belief, practice, or structure that undermines an individual’s sense of safety or autonomy and/or negatively impacts their physical, social, emotional, relational, sexual, or psychological well-being.³¹

In other words, AREs are the incidents that can (and often do) *cause* religious trauma, but AREs are not the same as religious trauma itself. Moreover, the study defines “**RT participants**” as those who self-identify as having had religious trauma at some point in their life (based on GCRR’s definition above).

Finally, “**RT symptoms**” are the six major lasting adverse effects on a person’s well-being, generally as a direct result of AREs. The six manifestations

²⁶ A slight variation of GCRR’s definition also appears on the Religious Trauma Institute’s website, which adopted over 67% of GCRR’s exact verbiage, changing only the first fifteen words (Religious Trauma Institute, “What is Religious Trauma?”).

²⁷ Thomas, “Church Hurt,” 13.

²⁸ Oakley, Kinmond, and Humphreys, “Spiritual Abuse in Christian Faith Settings,” 144–54.

²⁹ For a definition of “religious abuse,” see Swindle, “A Twisting of the Sacred,” 18 and Koch and Edstrom, “Development of the Spiritual Harm and Abuse Scale,” 477.

³⁰ For an overview of what constitutes “spiritual abuse,” see Koch and Edstrom, “Development of the Spiritual Harm and Abuse Scale,” 476–506, as well as Oakley, Kinmond, and Humphreys, “Spiritual Abuse in Christian Faith Settings” 144–54.

³¹ The one distinction between this definition and others is its incorporation of a person’s *sexual* well-being. Cf. Religious Trauma Institute, “Adverse Religious Experiences Survey” and Slade, “Adverse Religious Experiences (AREs) vs. Religious Trauma (RT).”

are: anxiety, stress, fear, depression, shame, and nightmares. While these six are not an exhaustive list, they do encompass the majority of what clinicians and patients have identified as chronic problems associated with religious trauma, such as interpersonal, emotional, and cognitive difficulties, as well as symptoms concomitant with Post Traumatic Stress Disorder (PTSD) and Complex-PTSD.³² Moreover, based on anecdotal discussions with clinicians and members of the NACRTR, these specific symptoms are also the easiest for patients to self-identify as experiencing for themselves, as opposed to other symptoms like hyper-vigilance, dissociation, and decreased self-worth.

Research Question and Methodology

GCCR partnered with Springtide Research Institute’s Custom Research Division in order to develop a comprehensive sociological survey designed to explore if and how religious trauma is happening among American adults.³³ This sociological survey used a combination of existing and original, customized questions to gather data relating to RT, including experiences that cause the trauma and the types of contexts in which the trauma occurs. In addition to general well-being measures and contextual variables, sociology experts at Springtide focused specifically on comparative measures by incorporating numerous questions from the “Survey of Adverse Religious Experiences” study conducted in 2020 by the Religious Trauma Institute.³⁴

Dimensions of RT variables included symptoms of an anxiety disorder, clinical depression, and PTSD as a direct result of religion. Likewise, religious trauma experiences and religious trauma context variables included circumstances such as internal conflict with congregational leadership and feelings of alienation or fear. Additionally, the study assessed experiences with AREs, general emotional wellness, the use of coping mechanisms, and demographic characteristics.

³² Koch and Edstrom, “Development of the Spiritual Harm and Abuse Scale,” 477–48; Jones, Power, and Jones, “Religious Trauma and Moral Injury,” 115040; Petersen, *Religious Trauma*, 4–5; Stone, “Thou Shalt Not,” 323–37; Karris, *The Diabolical Trinity*, 15–17, 51–59.

³³ As an independent research institute, GCCR implemented its own in-house institutional review board (IRB) to ensure the research practices and survey questions follow standard ethical and federal regulations for the protection of human subjects. This in-house IRB met monthly throughout the second-half of 2020 and then again in early 2022 under NACRTR leadership, which (in addition to the names listed in n24 above) also included Gill Harvey, DPsych; Janyne McConaughy, PhD; and Rebekah Drumsta, MA, CPLC.

³⁴ Religious Trauma Institute, “Adverse Religious Experiences Survey.”

The data was collected using Alchemer panel services, formerly known as SurveyGizmo.³⁵ The survey was launched on 24 August 2021 and closed on 7 September 2021. A total of 1,669 completed responses were collected through this panel.³⁶ As a result, this sample is large enough to be generalizable for the total U.S. adult population. Although findings discussing the nuances of religious trauma experienced by specific groups (e.g., RT respondents currently suffering from RT symptoms and the demographics of RT respondents) are directional as opposed to representational since the study cannot guarantee these more nuanced groups are representative of the entire U.S. population. The only screening criteria was geographic location where survey participants were required to be living in the United States. During both the data collection and analysis phase, GCRR specialists employed stringent parameters on what would qualify as RT in order to ensure that the final numbers would not be an exaggeration of real-world factuality. The result is that this study's conclusions are purposely conservative in order to avoid unrestrained sensationalism.

Results

The survey was launched in August 2021 with 1,581 participants ranging from 18–100 years old and with a demographic makeup that is representative of the total U.S. adult population. For example, 51% of the respondents identified as white, 25% as black, and 10% as Hispanic or Latino. Likewise, 81% of participants identified as heterosexual and roughly 16% as non-heterosexual (*Figure 1*).

³⁵ Springtide only works with suppliers with a proven track record of high data quality. Respondents who are either reported as providing a careless session, or fail an automated attention/competency check in the survey are reported back to the suppliers. Suppliers with a low-quality score are subsequently removed from their network. ReCAPTCHAs, red herrings, and survey timers are all automated methods they use on the survey level to catch respondents who rush their session.

³⁶ After data collection, using IBM SPSS Statistics 28.0, GCRR removed all respondents who were under the age of 18 (n=88). Hence, this report's conclusions are based on a total of 1,581 survey responses.

Figure 1

“What is your age?”		
	FREQUENCY	PERCENT (%)
18–29	412	26.1
30–49	603	38.1
50–69	428	27.1
70–99	137	8.7
100+	1	0.1
TOTAL	1,581	100.00
“Which race do you most identify with?”		
	FREQUENCY	PERCENT (%)
WHITE	799	50.5
BLACK	393	24.9
HISPANIC or LATINO	158	10.0
ASIAN	123	7.8
AMERICAN INDIAN or ALASKA NATIVE	36	2.3
NATIVE HAWAIIAN or PACIFIC ISLANDER	12	0.8
OTHER	60	3.8
TOTAL	1,581	100.00
“Which gender do you most identify with?”		
	FREQUENCY	PERCENT (%)
FEMALE or TRANSGENDER FEMALE	730	46.2
MALE or TRANSGENDER MALE	709	44.8
NON-BINARY	142	9.0
TOTAL	1,581	100.00

“What is your sexual orientation?”		
	FREQUENCY	PERCENT (%)
HETEROSEXUAL	1,277	80.8
BISEXUAL	112	7.1
HOMOSEXUAL	45	2.8
ASEXUAL	32	2.0
LESBIAN	28	1.8
PANSEXUAL	18	1.1
QUEER	8	0.5
SAME-GENDER LOVING	6	0.4
OTHER	9	0.6
QUESTIONING or UNSURE	10	0.6
PREFER NOT TO SAY	36	2.3
TOTAL	1,581	100.00

When provided with the NACRTR definition of religious trauma, a total of 438 respondents (27.7%) self-identified as having experienced RT at some point in their life (*Figure 2*).

Figure 2

“Do you believe you have experienced religious trauma (based on the definition above)?”		
	FREQUENCY	PERCENT (%)
YES	438	27.7
NO	1,143	72.3
TOTAL	1,581	100.00

Of those who self-identified as having experienced religious trauma, about one-half (52%) were young adults (between 18 and 34), with another 23% of RT participants being between 35 and 44. Moreover, RT participants identified primarily as White (44%) or Black (31%), followed by Hispanic or Latino

(11%) and Asian (8%). The sexual orientation of most RT participants was heterosexual (70%) and bisexual (12%).³⁷

Almost two-thirds of respondents believe that people suffer from religious trauma (65.1%). Over one-third of the total respondents (37.3%) stated that they personally know someone who likely suffers from RT, wherein two-thirds (66.4%) of that 37% claimed to know between one and four people, and one-third (33.5%) indicated they know five or more people who potentially suffer from RT (*Figure 3*).

Figure 3

“Do you think people suffer from religious trauma (based on the definition above)?”		
	FREQUENCY	PERCENT (%)
YES	1,029	65.1
NO	522	34.9
TOTAL	1,581	100.0
“Do you know people who potentially suffer from religious trauma (based on the definition above)?”		
	FREQUENCY	PERCENT (%)
YES	590	37.3
NO	991	62.7
TOTAL	1,581	100.0

³⁷ Note that because of the directional nature of this study, it would be incorrect to infer from this statement alone that a significant percentage of the LGBTQ+ community do not suffer from religious trauma. See the “Limitations and Future Research” section below for details.

“How many people do you think you know who potentially suffer from religious trauma (based on the definition above)?”		
NO. OF PEOPLE	FREQUENCY	PERCENT (%)
1	111	18.8
2	111	18.8
3	100	16.9
4	70	11.9
5	58	9.8
6	29	4.9
7	12	2.0
8	11	1.9
9	3	0.5
10	25	4.2
11+	60	10.2
TOTAL	590	100.0

Interestingly, twenty of the ‘yes’ respondents indicated that they know 100 or more people who potentially suffer from RT.

The survey also examined six major symptoms associated with trauma and their correlation to religious contexts. Of the 1,581 participants, 17% and 16% suffer from anxiety and stress (respectively) specifically because of religion. Moreover, 15% are negatively impacted by fear and depression due to religion, whereas 13% suffer from religion-induced shame and more than one-in-ten suffer from religion-induced nightmares (*Figure 4*).

Figure 4

“To what extent do the following negatively impact your life because of religion?”		
	FREQUENCY	PERCENT (%)
ANXIETY		
<i>Quite a bit</i>	149	9.4
<i>Very much so</i>	115	7.3
TOTAL	264	16.7
STRESS		
<i>Quite a bit</i>	151	9.6
<i>Very much so</i>	99	6.3
TOTAL	276	14.9
FEAR		
<i>Quite a bit</i>	150	9.5
<i>Very much so</i>	86	5.4
TOTAL	236	14.9
DEPRESSION		
<i>Quite a bit</i>	126	8.0
<i>Very much so</i>	103	6.5
TOTAL	229	14.5
SHAME		
<i>Quite a bit</i>	127	8.0
<i>Very much so</i>	90	5.7
TOTAL	217	13.7
NIGHTMARES		
<i>Quite a bit</i>	101	6.4
<i>Very much so</i>	82	5.2
TOTAL	183	11.6

These six symptoms are reasonable when considering that nearly 22% (341) of respondents do not think they live up to the expectations of their religion and almost 13% (202) have been accused of this very thing by others. Additionally, 11% and 12% of participants feel at least one of the six symptoms because religious leaders or religious family members (respectively) do not accept them for who they are. Almost one-in-ten (9.2%) experience trauma symptoms because they have to hide their true selves in religious settings (*Figure 5*).

Figure 5

“I feel shame, fear, stress, anxiety, etc. because religious leaders have not accepted me for who I am / have tried to change who I am.”		
	FREQUENCY	PERCENT (%)
UNCHECKED	1,400	88.6
CHECKED	181	11.4
TOTAL	1,581	100.00
“I feel shame, fear, stress, anxiety, etc. because religious family members have not accepted me for who I am / have tried to change who I am.”		
	FREQUENCY	PERCENT (%)
UNCHECKED	1,391	88.0
CHECKED	190	12.0
TOTAL	1,581	100.00
“I feel shame, fear, stress, anxiety, etc. because I feel like I have to hide who I truly am in religious settings.”		
	FREQUENCY	PERCENT (%)
UNCHECKED	1,536	90.8
CHECKED	145	9.2
TOTAL	1,581	100.00

These adverse religious experiences seemingly lead to religious trauma, as 66.0% of those who disclosed facing an ARE also self-identified as having experienced RT. Of the 438 people who self-identified as having experienced RT, 53 (12.1%) reported suffering from all six symptoms (*Figure 6*).

Figure 6

Number of Participants who self-identified as having experienced RT and currently suffer from:				
	Any 3 out of 6 RT Symptoms	Any 4 out of 6 RT Symptoms	Any 5 out of 6 RT Symptoms	All Six RT Symptoms
Percent (%)	29.9	22.6	17.8	12.1
No. (out of 438)	131	99	78	53

Related to the topic of symptoms is the rationale behind tabulating those who suffer from any three or more of the six major symptoms, as opposed to constructing a hierarchy of indicators where, for example, nightmares might be listed as more severe than shame. The NACRTR decided that a hierarchy of severity is person-relative and, thus, would be artificially imposed on people's lived experiences. For one RT sufferer, feelings of depression may be more inimical to their daily living than experiencing nightmares. For another sufferer, their nightmares may be so intense that this particular symptom overshadows all others. The point is that trauma survivors experience the intensity of their symptoms differently, making it unnecessarily restrictive to require that someone suffer from "worse" symptoms in order to be considered a RT sufferer.

Finally, participants who categorize themselves as having experienced religious trauma typically had:

- a high school diploma (25%),
- some college (27%),
- a bachelor or graduate degree (39%).

Likewise, just over one-fifth (21%) of those who self-identified as having had RT have been convicted of a crime. Generally, the RT participants were:

- married or in a domestic partnership (42%)
- single, never married (40%),
- divorced or separated (14%).

Almost two-thirds of RT participants (65%) said they were at least financially stable if not living comfortably and had a household income that they described as average or higher (66%) relative to others.

Significantly, there were some participants who contradicted themselves by indicating that they currently suffer from three or more trauma symptoms specifically due to religion, but they did *not* self-identify as having experienced RT at some point in the past. In other words, because these participants currently suffer from multiple RT symptoms simultaneously, these respondents should have marked 'yes' when asked, "Do you believe you have experienced religious trauma" (*Figure 7*).

Figure 7

Number of Participants who did <i>not</i> self-identify as having experienced RT but currently suffer from:				
	Any 3 out of 6 RT Symptoms	Any 4 out of 6 RT Symptoms	Any 5 out of 6 RT Symptoms	6 out of 6 RT Symptoms
Percent (%)	9.2	5.2	3.9	1.9
No. (out of 1,143)	105	59	45	22

Forty-five out of the 1,143 ‘no’ respondents (3.94%) said they currently suffer from five out of the six major symptoms of RT because of religion. Moreover, fifty-nine ‘no’ respondents (5.16%) suffer from four of the six symptoms because of religion. Of the total 1,581 participants, 14.9% currently suffer from three of the six RT symptoms, and 10% suffer from four of the six (*Figure 8*).

Figure 8

People Who Currently Suffer from Religious Trauma Symptoms				
	Any 3 out of 6 RT Symptoms	Any 4 out of 6 RT Symptoms	Any 5 out of 6 RT Symptoms	6 out of 6 RT Symptoms
Percent (%)	14.9	10.0	7.8	4.7
No. (out of 1,581)	236	158	123	75

In summation, the following rounded data are of particular importance:

1. 28% self-identify as having experienced RT at some point in their life;
2. Of those who say they do not suffer from RT, 5.2% currently suffer from four of the six major RT symptoms;
3. Of the total sample (n=1,581), 15% say they currently suffer from at least three of the six RT symptoms;
4. Of the total sample (n=1,581), 37.3% say they personally know someone who likely suffers from RT;
5. Of those who personally know someone, 90% claimed to know between one and ten people who likely suffer from RT;
6. Of those who disclosed having had an ARE, 66% also self-identified as having experienced RT;

When accounting for those six data points, it is likely that around one-third (27–33%) of U.S. adults (conservatively) have experienced religious trauma at some point in their life (based on the definition above). That number increases to 37% if those suffering from any *three* of the six major RT symptoms are included. It is also likely that around 10–15% of U.S. adults currently suffer from religious trauma if only the most conservative numbers are highlighted. Nonetheless, since 37% of the respondents personally know people who potentially suffer from RT, and 90% of those respondents know between one and ten people who likely suffer from RT, then it could be argued that as many as one-in-five (20%) U.S. adults presently suffer from major religious trauma symptoms.³⁸

Discussion

Overall, the number of religious trauma survivors and sufferers found in this study correlates well with a recent spiritual abuse survey by Daniel Koch and Leihua Edstrom where one-half of their 3,222 respondents were told that they risked eternal damnation at least once or twice if they ever left their particular religious group. Likewise, four-in-ten had been pressured into forgiving an abuser while the abuse was still ongoing, and 71% reported that young children were being taught graphic portrayals of Hell, Satan, or demons at least once or twice, with 34% reporting that these developmentally-inappropriate descriptions were being taught very often. Moreover, 56% reported observing religious leadership protect, as well as aggrandize, abusers within their congregation at least once or twice. Over one-half (52%) reported having been the target of intentional victim-blaming for their own abuse. One-half of all the respondents have occasionally witnessed their religious leader publicly shame other congregants; 54% reported being the victim of similar public shaming (14% reported being publicly shamed often or all the time by religious leaders or other congregants). Finally, 65% of their respondents reported occasionally “being made to feel shame over naturally occurring sexual desires (not actions)” while 22% reported being made to feel shame all the time.³⁹ Seeing as how GCR’s study found that 66% of those with an ARE also self-identified as having experienced religious trauma, it becomes more

³⁸ For data outputs, visit: <https://www.gcr.org/religioustrauma>.

³⁹ Koch and Edstrom, “Development of the Spiritual Harm and Abuse Scale,” 476–506. Cf. other studies with similar results in Nobakht and Dale, “The Importance of Religious/Ritual Abuse,” 3575–88 and Oakley and Kinmond, “Developing Safeguarding Policy and Practice for Spiritual Abuse,” 87–95.

evident that RT is likely an even greater chronic problem for many religious institutions than what is recognized by clinicians and other religionists.

Perhaps the most unique factor with GCRR's study is the number of respondents (as many as 11%) who did not identify as having experienced religious trauma despite currently suffering from multiple RT symptoms. There are a number of reasonable explanations for this discrepancy, including a general reluctance to admit being a trauma sufferer, a misconception about trauma, or simple human error when selecting survey answers.

For many people, there may be an inherent stigma around the notion of suffering from RT and the scapegoating that can accompany it. Those admitting to religious trauma may also feel the added pressure of needing to protect their religious community and avoid being seen as a dissident or apostate.⁴⁰ Indeed, there is a tendency for many religious communities to disparage mental health services.⁴¹ In the Koch and Edstrom survey, 50% of the respondents said they had been deterred from seeking medication or other mental health treatment at least once or twice.⁴² As Paula Swindle neatly summarizes,

This potential for victim blaming also may contribute to a pressure for the victim to keep the abuse secret. There may be added pressure to protect the church family from losing a beloved leader or protecting the very public image of a church leader when the leader is the abuser. Knowing the scandal it could cause and the scrutiny the victim is likely to experience may act as a deterrent to exposing the abuse. The fear of ostracism from an important community also may contribute to the secrecy.⁴³

Moreover, the word "trauma" is often only associated with maximally acute and sometimes rare adverse occurrences, such as wartime combat and sexual assault. In this case, some people may assume that they need to have PTSD or have survived a major life-and-death situation in order to qualify as having been traumatized.⁴⁴ Because some religious environments frequently do not prioritize mental health, often expressing criticism or skepticism about the subject matter entirely, some individuals may have learned to dissociate from their emotions

⁴⁰ Swindle, "A Twisting of the Sacred," 10–11, 46–51.

⁴¹ Lehmann, "Christianity and Mental Illness Stigma," 1–24; Mathison, "Mental Health Stigma in Religious Communities."

⁴² Koch and Edstrom, "Development of the Spiritual Harm and Abuse Scale," 484, 489.

⁴³ Swindle, "A Twisting of the Sacred," 48–49.

⁴⁴ Cf. Petersen, *Religious Trauma*, 9–21.

in order to follow spiritual expectations.⁴⁵ As a result, it is reasonable to conclude that some respondents may actually suffer from religious trauma without realizing it themselves.

Limitations and Future Research

It is important to recognize that the individual demographic groups identified in GCRR's survey are directional as opposed to representational. As such, the survey as a whole (with its 1,581 participants) is an accurate representation of the total U.S. adult population. However, the survey cannot be used to identify the percentage of religious trauma sufferers within individual demographics because GCRR did not ensure the study had census matches with race, gender, region, etc. Therefore, cross-tabulations with those variables are not generalizable. For example, of the total participants, only eighteen self-identified as pansexual. This is far too small a sample size and cannot be construed as representing adult pansexuals living in the United States. Thus, readers cannot discern percentage numbers for these more nuanced segments of the population, but they can use this survey to extrapolate for the entire U.S. as a whole. Future research should focus specifically on more differentiated segments in order to determine the percentage of RT sufferers within those demographic groupings.

Furthermore, the idea that around one-third of the U.S. adult population *has* experienced religious trauma at some point in their life, while only as little as one-in-ten *currently* suffer from it, should not be viewed as a discrepancy in the survey results or participant self-reporting. Instead, it is important to recognize that not all survivors who have experienced the lasting adverse effects of trauma continue to do so throughout their entire lifetime. This fact is due to a number of possibilities that might involve the person receiving professional therapeutic treatment or having developed the necessary coping skills to relieve the symptoms themselves. What was not studied in this survey and should, therefore, be a focus of future research is the duration that people had to endure religious trauma before recovering from most or all of its symptoms.

Another component to consider is sexual dysfunction and its potential correlation to religious trauma as an additional RT symptom. Since both sexual shame and sexual suppression are known to occur within religious belief systems, it is likely that many religious trauma sufferers will also present with

⁴⁵ Cf. Dorahy and Lewis, "The Relationship Between Dissociation and Religiosity," 315–22.

some type of sexual dysfunction, such as an inability to reach orgasm, physical pain during sex, a feeling of being abnormal, flawed, or immoral for engaging in sex acts, and an overall denial of sexual urges and desires. These types of symptoms can not only disturb a person's core identity, but they can also cause a lifelong disruption of meaningful interpersonal relationships.⁴⁶ Thus, it is important for future research to explore sexual dysfunction as a potential major symptom of religious trauma.

Conclusion

The purpose of this study was to discover if religious trauma was a society-wide phenomenon or simply an affliction of only a small few. As predicted by numerous clinicians, the survey found that religious trauma is a chronic problem within the U.S. adult population. In fact, NACRTR's original hypothesis under-estimated the total numbers by as much as 10–15%. After compiling data from 1,581 adults living in the United States, this sociological study found that it is likely around one-third (27–33%) of U.S. adults (conservatively) have experienced religious trauma at some point in their life (based on the definition above). That number increases to 37% if those suffering from any *three* of the six major RT symptoms are included. It is also likely that around 10–15% of U.S. adults currently suffer from religious trauma if only the most conservative numbers are highlighted. Nonetheless, since 37% of the respondents personally know people who potentially suffer from RT, and 90% of those respondents know between one and ten people who likely suffer from RT, then it could be argued that as many as one-in-five (20%) U.S. adults presently suffer from major religious trauma symptoms.

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⁴⁶ Cf. Crocker, "Persevering Faith," 26 and Fox, "Adverse Religious Experiences and LGBTQ+ Adults," 142–49.

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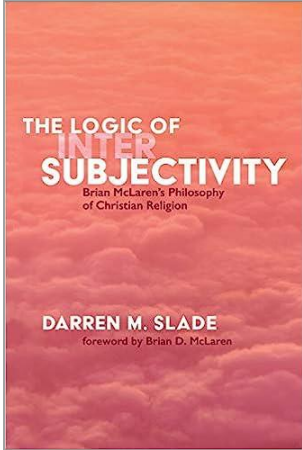
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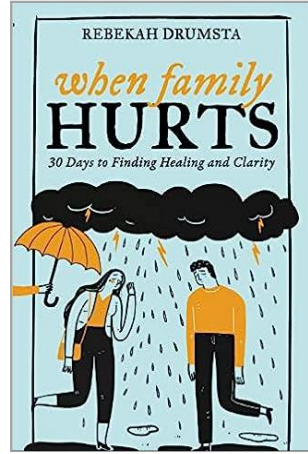
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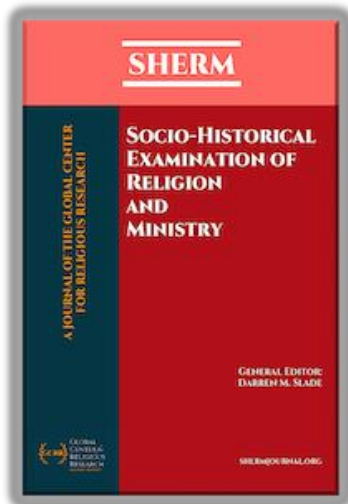
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FOR THE FIRST TIME, SOMEONE WAS ABLE TO IDENTIFY WHAT WAS REALLY GOING ON

in the depths of my mind and nervous system
and how to actually help me.

I was raised from birth to believe I am a sinner
and that the only way to achieve fulfillment and
joy in this life and the next is to follow the
doctrines of my faith.

I was taught you're either all in or all out, so
when I found that my questioning led to an
inability to be all in, I could't see any other way
but to leave behind everything.

This led to a very long and lonely period of
rebuilding my entire worldview from scratch,
while trying to pretend to my family that
everything was fine because I didn't want them
to worry about my eternal salvation.



I WENT THROUGH FIVE MENTAL HEALTH PROFESSIONALS

before finally finding one who was educated on
the causes, manifestations and treatment
options for Religious Trauma. When I first heard
of Religious Trauma, I imagined extreme
situations like physical violation or radical cult
indoctrination.

But I soon came to realize that it very closely
describes my experience, and it explains the
numerous trauma responses I carry with me,
including chronic mental health issues and
physical health issues related to an overwhelmed
nervous system.

I always regarded my faith as very positive - I felt
loved, secure and safe. It was a source of
strength in my life. But what my therapist helped
me realize is that my crippling emotional and
mental health challenges actually stem from my
own seemingly innocent faith upbringing and the
religious teachings of my faith that had taken a
foothold deep in my psyche and created a toxic
environment of fear and shame.

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