RELIGIOUS AND SPIRITUAL DIMENSIONS OF TRAUMATIC VIOLENCE

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Events of the past decade, including the terrorist attacks on September 11, clergy sexual abuse scandals, high-profile violence against women and minority groups, and ongoing combat in many areas of the world have focused attention on the prevalence and impact of traumatic violent events. Simultaneously, people's frequent "turn to religion" (Schuster et al., 2007) after such events has raised many questions about the place of spirituality and religion in relation to trauma. This chapter will explore (a) our working definition of trauma in the context of interpersonal violence and the impact of interpersonal trauma on psychological well-being; (b) spirituality and religion in the aftermath of trauma, including the place of spiritual and religious resources in trauma recovery and healing; and (c) the relationships between religious contexts and interpersonal violence, including the impact of religious abuse and the role of religious involvement in violence prevention. We will conclude with some recommendations for developing trauma-informed services and communities that reflect knowledge about religion, spirituality, violence, and trauma recovery.

INTERPERSONAL VIOLENCE AND TRAUMA: DEFINITION AND CONSEQUENCES

To understand the importance of spirituality and religion in the context of interpersonal violence, it is first necessary to define trauma and to describe some of its common consequences.

Definitional Issues

Although virtually all traumatic events are relevant to the discussion of the relation between trauma and religion or spirituality, we will focus on the often-devastating experience of violence. Interpersonal violence takes many forms and can occur in many contexts. In childhood and adolescence, physical, sexual, and emotional abuse are common as are experiences of bullying and peer and gang violence (Finkelhor, 2011). Community-based surveys report that many adults have experienced physical and sexual assaults (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Violence occurs in the home and family (including intimate partner violence); on the streets; in institutions, such as schools, faith communities, and jails; in human trafficking; in terrorism and torture; in refugee settings; and in combat. Violence may be embedded in historical trauma, such as that experienced over generations by African Americans, Native Americans, women, and other groups, including those identified primarily by their religious affiliation. People experience violence both directly and indirectly, as witnesses to violence perpetrated on others. Finally, violence may occur in a single incident or be repeated and prolonged.

Virtually all of these forms of violence constitute traumatic events. Whether or not they become "psychologically traumatic" depends on the impact they have on the individual. Definitions of psychological trauma therefore have often been two-sided, drawing on both "objective" and "subjective" indicators. For example, Calhoun and Tedeschi (2006) stated that traumatically stressful or "seismic" events have

the unique capacity to disrupt personal narratives, to divide one's experience into a "before and after" (pp. 8–9). For the purposes of this chapter, we will consider psychologically traumatic those experiences of violence that overwhelm a person's internal and external resources for positive coping. By placing additional weight on the individual's experience, this definition takes seriously the tremendous range of events that might be traumatizing (or retraumatizing) for a particular person, especially on the basis of their histories of previous exposure to adversity. Because people intentionally commit acts of interpersonal violence—in contrast to those potentially traumatic events that we think of as "natural"—violence frequently has unique contextual meanings. One example is "betrayal trauma," in which those who have relational or caretaking responsibilities use their power abusively (Freyd, 1998).

Consequences of Traumatic Events

Studies of the *negative* impact of psychological trauma have often centered on posttraumatic stress disorder (PTSD). The consequences of trauma, however, especially of repeated violent victimization, extend well beyond PTSD and its three hallmark symptoms of arousal, reexperiencing, and avoidance. The negative effects of exposure to trauma include depression, anger or hostility, generalized anxiety, interpersonal difficulties, substance abuse, and physical health problems. The Adverse Childhood Experiences Study has provided extensive documentation of the risks associated with childhood trauma: mental health problems (depression, suicidality, hallucinations), substance use (smoking, intravenous [IV] drug use, alcoholism), impaired work performance, physical health problems (liver disease, heart disease—after controlling for the usual predisposing factors), and mortality, among others (Felitti & Anda, 2010). The strength of these relationships is noteworthy. For example, population-attributable risk results indicate that 54% of current depression and 58% of suicide attempts in women can be attributed to adverse childhood experiences (Felitti & Anda, 2010). Although the PTSD literature has been very helpful in addressing single-incident traumas and their neurobiological and psychological impact, PTSD alone cannot adequately reflect

response to the kinds of multiple, repeated adversities to which many people, especially children, are exposed.

In spite of the challenges faced by those who are exposed to violence, trauma may ultimately lead to *positive* changes, such as those summarized as posttraumatic growth (PTG; Tedeschi & Calhoun, 1996). Calhoun and Tedeschi (2006) described several psychosocial domains that characterize their understanding of PTG. First, trauma survivors may develop a stronger sense of self, as those who have survived horrific events and simultaneously may acknowledge the strength it took to do so. Second, individuals may report that accompanying this renewed sense of self is an openness to new possibilities and new goals for the future. For example, many survivors describe a sense of mission, a plan to ensure others' safety and well-being that grows out of seeing clearly their own vulnerability and strength. In a related way, persons sometimes report that their exposure to trauma has left them with greater compassion for other people in general, especially for those who suffer. Enhanced empathy is one marker of stress-related growth.

Although it is important for researchers and practitioners to attend to processes of PTG or "growth following adversity" (Joseph & Linley, 2008), these concepts may have limited applicability to the experiences of some individuals and groups. For example, those who have been abused repeatedly in childhood may not have had the time to develop the coherent sense of self, with well-established assumptive worlds, presumed in most PTG studies (cf. Janoff-Bulman, 2006). Many survivors of childhood abuse and neglect face the primary challenge of forming a valued sense of self, with necessary personal and social skills, rather than transforming an already established self. PTG may be more useful in understanding responses to single traumatic events, such as a violent assault in youth or adulthood; concepts such as recovery and healing may be more helpful in understanding responses to repeated and prolonged exposure to violence (for a discussion of self-healing, see the section Spirituality in Interventions Designed to Facilitate Trauma Recovery and Growth later in this chapter). Though "recovery" does not necessarily entail a return to

pre-trauma levels of well-being or functioning, it does mean that the recovering person is assimilating and working through the trauma in a way that offers hope for a chosen and positive life course.

RECIPROCAL RELATIONSHIPS: RELIGION AND SPIRITUALITY AFTER TRAUMA

Attempts to describe the complex biological, psychological, and interpersonal sequelae of trauma raise important questions about the relation of trauma to spirituality and religion. For example, van der Kolk (2005) has argued persuasively for the inclusion of "developmental trauma disorder" as a particularly needed diagnostic category. While acknowledging the resilience of many children exposed to chronic childhood abuse or neglect, he described the often broad-ranging impact of such maltreatment, including altered schemas of the world in general, increased skepticism and distrust of others, and a sense of lost recourse to social justice. In discussing the effects of such experiences on adults, Herman (1992) also outlined the need for an alternative descriptor, "complex PTSD." Among the frequent characteristic adaptations to prolonged coercive control and abuse in either childhood or adulthood, in addition to alterations in consciousness and changed perceptions of self and others, are "alterations in systems of meaning," including a "loss of sustaining faith" and a "sense of hopelessness and despair" (Herman, 1992, p. 121). In a similar way, Briere and Rickards (2007) reported that the impact of childhood emotional and sexual maltreatment may lead to disturbed "self-capacities," including problems with identity, interpersonal relationships, and affect regulation. Spirituality and religion have much to contribute to understanding this whole-person impact of trauma.

There are serious methodological flaws in much of the research examining the impact of trauma on religious or spiritual beliefs and behaviors. Many studies examining this issue are based on convenience sampling of specialized groups, and most have not controlled for background factors that might predispose individuals to abuse or to religiousness (Bierman, 2005). Two recent reviews, however, provide convincing evidence that the

experience of interpersonal trauma affects subsequent measures of religious beliefs and behaviors (Chen & Koenig, 2006; Walker, Reid, O'Neill, & Brown, 2009). In a review of 34 studies of child abuse and later measures of spirituality and religiosity, with a total of more than 19,000 participants, Walker et al. (2009) found that 14 studies showed a decline of religiousness, 12 showed a combination of growth and decline, and seven gave preliminary indications that religiousness or spirituality can moderate the development of posttraumatic symptoms. Similarly, in a review of 11 cross-sectional studies of the impact of trauma on religion and spirituality, Chen and Koenig (2006) found three studies reporting a negative relationship between trauma and religiousness, four reporting a positive relationship, and three reporting mixed associations. Some of this variability is almost certainly due to the use of different measures of religious and spiritual beliefs and behavior. The 11 studies reviewed by Chen and Koenig (2006) had 10 different operational definitions of spirituality and religion, including spiritual beliefs, well-being, and coping; religious faith, beliefs, and coping; beliefs in the afterlife and reincarnation; intrinsic religious orientation; and change in religious faith.

Trauma can affect religion or spirituality *negatively*, undermining the belief in a benevolent God or a meaningful universe, or limiting the individual's ability to "be intimate" with God (Bilich, Bonfiglio, & Carlson, 2000). Research indicates that trauma may affect an individual's image of God, their religious beliefs and faith, and their religious practice. Doehring (1993) found that trauma history in cases of severe trauma or complex PTSD was associated with negative images of God. Falsetti, Resick, and Davis (2003) reported a relationship between PTSD and a loss of religious beliefs following the first traumatic event. Fontana and Rosenheck (2004) found that in a group of war veterans in treatment for PTSD the experience of killing others and failing to prevent death weakened religious faith, both directly and as mediated by feelings of guilt. Elliott (1994) reported that religious practice decreased for conservative Christian women professionals after they were sexually abused (particularly after abuse within the immediate family); however, religious practice

increased for agnostics, atheists, and adherents of other faiths.

Gender also appears to play a role. Ganzevoort (2002) suggested that for sexually abused boys, aspects of masculine gender identity contribute to a negative or even dysfunctional posttraumatic spirituality. Gender may also interact with the perpetrator of the trauma because abuse by fathers but not by mothers has a negative impact on religiosity (Ganzevoort, 2006). Bierman (2005) suggested that this finding may reflect the Jewish and Christian traditions of explicitly viewing God as a "father," leading the victim to see all higher powers as potentially abusive.

In addition to trauma's negative effects on religion and spirituality, trauma recovery may in turn be adversely affected by specific religious or spiritual concerns. Certain *styles* of religious and spiritual believing, like experiencing "spiritual struggles" (Exline & Rose, 2005; see also Volume 1, Chapter 25, this handbook) and "negative religious coping" (e.g., Pargament, 1997) seem especially problematic. For example, Pargament Smith, Koenig, and Perez (1998) have described the ways in which negative religious coping (involving punishing or abandoning God (re)appraisals, spiritual and interpersonal religious discontent, and demonic reappraisals, among others) is related to more mental health problems following trauma exposure. Exline (2002) described several of the potential difficulties in the religious life, "stumbling blocks" that may interfere with the individual's achieving more positive outcomes. In a multisite study of women abuse survivors with co-occurring mental health and substance use problems, Fallot and Heckman (2005) found that negative religious coping was related to a number of trauma-related and other mental health symptoms. Using very different methods and a much broader sampling of the population, Newberg and Waldman (2009) reported that meditating on negative God images, including "ruminating" on God-related problems, has distinctive and possibly negative effects on the brain, resulting in a more reactive and often-irritable mood state. The picture is consistent: Coping with trauma in ways that focus on the difficulties one experiences with God or the sacred is associated with more problematic mental health outcomes.

In contrast to these deleterious effects of trauma on religion or spirituality, for decades, trauma survivors have also spoken eloquently about the *positive* ways in which their trauma experiences have helped them to gain spiritual wisdom and strength. The literature on posttraumatic growth explicitly addresses this possibility: "It is in the realm of existential and, for some persons, spiritual and religious matters, that the most significant PTG may be experienced" (Calhoun & Tedeschi, 2006, p. 6). Research suggests that even severe forms of interpersonal trauma may strengthen people's religious beliefs and practices. Başoğlu et al. (2005) found that compared with controls, people who had survived war in the former Yugoslavia (with at least one war-related stressor) had stronger faith in God. Similarly, survivors of torture had more posttraumatic growth and practiced their religion more than survivors of "general trauma" (Kira et al., 2006). In some cases, trauma may lead people to separate themselves from formal religious practices while maintaining a "sense of the mystical" in their lives and turning to a more personal form of spirituality (Bierman, 2005). Calhoun and Tedeschi (2006) noted that PTG frequently involves a "changed philosophy of life" (p. 6), including enhanced appreciation for life in general and a reordering of particular life priorities (e.g., devoting more time to family and less to work). Survivors frequently frame such changes in spiritual or religious language. In a long-term follow-up (average of 16 years postassault) study of women sexual assault survivors, 56% reported a greater appreciation of life and 47% noted increased spiritual well-being (Frazier & Berman, 2008). Kennedy, Davis, and Taylor (1998) found that 60% of the women sampled 9 to 24 months after a sexual assault reported increased spirituality, whereas 20% reported decreased spirituality. Positive changes in one's spiritual life are thus not uncommon among survivors of violence.

Just as trauma can have positive effects on one's spiritual well-being, a significant body of evidence supports the potentially reciprocal value of spirituality and religion in trauma recovery. For example, positive religious coping (including spiritual support-seeking, collaborating with God in dealing with the stressor, and benevolent religious reappraisal) has

been related to more sanguine mental health outcomes (Pargament, 2010; see also Volume 1, Chapter 19, this handbook). Newberg and Waldman (2009) summarized their own research and a wide range of other projects in the book *How God Changes Your Brain*. Drawing on studies of transcendental meditation, prayer, and other spiritual activities, they reported that thinking about a loving and caring God while in a meditative state facilitates a calm, peaceful, and attentive state of mind. Although believing more strongly in a particular meditative content may deepen this effect, Newberg and Waldman (2009) found very similar patterns of brain responses in Christian contemplatives and Buddhist practitioners. They concluded that the "ritual techniques of breathing, staying relaxed, and focusing one's attention upon a concept that evokes comfort, compassion, or a spiritual sense of peace" (Newberg & Waldman, 2009, p. 48) is key to achieving this sense of calm.

Specific coping strategies people use after a traumatic experience may affect the impact of trauma on religion and spirituality and help to account for this mixed pattern of positive and negative consequences. Furthermore, these distinct ways of responding to trauma may help to explain the positive and negative roles of spirituality and religion in trauma recovery. As Pargament et al. (1998) have demonstrated, positive and negative religious coping are both common responses to traumatic events and have quite different impacts on the aftermath of trauma (Pargament et al., 1998; Pargament, Desai, & McConnell, 2006). Krumrei, Mahoney, and Pargament (2009) described three different spiritual responses to divorce: Appraising the event as a sacred loss and desecration, engaging in adaptive spiritual coping, and experiencing spiritual struggles. J. I. Harris et al. (2008) noted two similar coping responses in a sample of church-going self-identified trauma survivors: seeking spiritual support and religious strain. Trauma that is malicious and intentional (as in sexual abuse) may be far more devastating to an individual's sense of a benevolent universe than an unintended tragedy, and may directly affect the choice of religious coping strategy, the resultant change in religious or spiritual beliefs or behaviors, and spirituality's place in trauma recovery.

Some authors have suggested that the complicated relationship between trauma and religion or spirituality is directly attributable to the meaning-making process over time. Trauma may initially destroy existing structures of meaning, including religious beliefs, but later attempts to reconstruct a sense of meaning may actually spur the individual to higher levels of faith or spiritual development (Bierman, 2005). In a review of 23 studies, Schaefer, Blazer, and Koenig (2008) found preliminary indications that the impact of trauma on religion or spirituality changes depending on time after the event, suggesting that people go through a process of interpreting and reinterpreting their experience and its relationship to their religious beliefs. Religious beliefs may provide a framework and tools for reappraising circumstances and events, restoring a sense of well-being, or even catalyzing a process of PTG (see Shaw, Joseph, & Linley, 2005; see also Volume 1, Chapters 8 and 19, this handbook).

SPIRITUALITY IN INTERVENTIONS DESIGNED TO FACILITATE TRAUMA RECOVERY AND GROWTH

The relationship between religion and traumatic stress is thus a complicated one; the literature sometimes appears to support the value of spiritual responses to trauma and at other times reports that religion or spirituality undermines recovery. The broad question (i.e., Does religion or spirituality assist or impede trauma recovery?) is better reframed in more specific terms: For whom, drawing on what particular expressions of religion or spirituality, at what point in the recovery process, is religion or spirituality more likely to be helpful or harmful, on the basis of what outcomes? Although the early stages of research in this area, characterized largely by cross-sectional and correlational studies with a plethora of measures, do not permit clear answers to these questions, clinicians and researchers have begun to describe ways to maximize the positive role spirituality and religion may play in healing from trauma.

Individual Psychotherapies
In the past decade, several comprehensive models for integrating spirituality and religion into psychotherapy

have been developed (Richards & Bergin, 2005; Pargament, 2007; Plante, 2009). Practitioners interested in the application of these approaches to individual work with trauma survivors are encouraged to familiarize themselves with the many options available for appropriately bringing discussions of spirituality and religion into the therapy relationship. Pargament (2007) provided an especially rich array of examples that involve potentially traumatic events and the many ways people have found to cope with them spiritually or religiously. Recognizing the possible negative as well as positive outcomes related to the use of spiritual coping techniques, he has offered a thoughtful way to assess spirituality (implicitly and explicitly) early in the relationship.

Because there is much overlap between such "integrative" psychotherapies in general and those that may be helpful to trauma survivors, we will ~~focus on~~ two themes in individual work that are especially salient for trauma recovery: narrative and self-healing. The first theme focuses on narrative approaches to understanding and (re)forming a sense of self. Many theologians, psychologists and physicians have placed central importance on the stories that give shape and structure to individual lives. Narrative approaches are particularly appropriate for efforts to grapple with the complexities of religion, spirituality, and trauma responses. Spiritual and religious elements frequently play a significant part in both larger individual life stories ("macronarratives") and smaller life episodes ("micronarratives"; Neimeyer, 2004). In addition, they constitute key elements of most *cultural* understandings and thus remind us of the importance of the cultural contexts in which violent trauma is experienced and interpreted. These cultural and subcultural narratives, and their religious or spiritual expressions, then may offer significant resources for, and obstacles to, recovery and healing. Cultural narratives provide guidelines for constructing meaningful, coherent, and self-strengthening personal stories, and these cultural parameters are likely to be as diverse as the societies and historical eras that they reflect (Pals & McAdams, 2004).

For example, "being delivered" emerged as a key theme in one grounded theory study of the

responses of men and women survivors of sexual violence (Knapik, Martsolf, & Drucker, 2008). The concept of "being delivered" refers to survivors' sense of being "rescued, saved, or set free from the effects of sexual violence by a spiritual being or power" (Knapik et al., 2008, p. 335); it draws heavily on liberation and freedom motifs in U.S. culture and Jewish and Christian religious history. Similarly, in another study, women survivors of sexual abuse reported that their sense of God as a companion or friend offered them a needed resource for recovery:

> One [woman] talked about the necessity of having a "working relationship" with God. In contrast to some other relationships, she noted that she had always felt capable of standing up to God. "God had to prove to *me* He was real. I wasn't going to confess without proof." Another woman described her prayer conversations with God in this way: "I make a joke with God. I fuss with Him if it doesn't work out—like Job." (Fallot, 1997, p. 344)

The friend- or companion-God was discussed alongside the all-powerful God in these women's stories; distinctive God images existed comfortably with each other and had complementary roles to play in support of recovery.

The first lessons to be drawn from a narrative approach are to listen carefully to the spontaneous stories that survivors tell about their experiences, and to put them in historical and sociocultural context. Neimeyer (2004) described three distinct kinds of "narrative disruptions" especially likely to emerge in response to trauma: disorganized narratives flooded with overwhelming images; dissociated narratives that are compartmentalized both internally and interpersonally; and dominant narratives that prescribe an individual's identity and are enforced socially, politically, or culturally. It is not difficult to weave spiritual and religious resources into Neimeyer's account of how these narratives can be reconstructed in therapeutic relationships. Disorganized narratives may respond well to meditation or guided imagery (Newberg & Waldman, 2009), both of

which may be supplemented with spiritual content that is meaningful to the survivor. Dissociated narratives may be particularly responsive to a faith community that is accepting and affirming of all parts of the individual's story. A woman abuse survivor, for example, reported the incredible impact of finding herself actively valued by church members even though her substance abuse and other ways of coping with the violence in her life had distanced her from friends and family (Fallot, 1997). Dominant narratives that require challenging (e.g., "real men are never victims") can be engaged by exploring alternative stories (e.g., of religious figures who persevered in spite of the violence done to them). All of these alternative narratives must be rooted in, and accessible to, the experience of the individual survivor and her or his culture. Images of potentially life-transforming events, especially those in which positive changes occur in spite of rather than because of the event, are part of most Western religious traditions. By attending to the content, style, tone, and emphases of the stories of trauma survivors, the therapist may gain greater access to implicit or explicit spiritual resources to facilitate healing.

The second main theme for clinicians to consider in working with trauma survivors is the possibility of "self-healing" (Mollica, 2006). Drawing on his extensive experience with refugees around the world, Mollica focused repeatedly on what he considers a fundamental capacity of human beings: "After violence occurs, a self-healing process is immediately activated, transforming, through physical and mental responses, the damage that has occurred to the psychological and social self" (2006, p. 94). Consistent with many narrative concepts, a primary path to recovery is through the telling of the trauma story to a listener who is able to be helpful, not through interpretations or advice, but though empathic engagement with the experienced reality of the storyteller. Mollica's fully told "trauma story" has four parts: (a) a factual recounting of what happened; (b) the cultural meaning of the trauma; (c) an opportunity to "look behind the curtain," or gain perspective, including appropriate distance from the intensity of the trauma and wisdom; and (d) a telling of the story to an enthusiastically immersed listener who is willing to learn from the storyteller.

Most important for the purposes of this chapter is Mollica's (2006) conviction that spirituality, along with altruism and work, are key factors in healing from violent trauma. He described vividly some of the ways in which spiritual activities, on both a personal and community level, can facilitate the self-healing process. For example, the commitment to pursuing a spiritual "discipline," such as prayer, meditation, or reading holy writings, engages the individual's capacity to control often-uncontrolled affective states and to make meaning of the violent events. Preserving adaptive spiritual resources or finding new relationships to previously held spiritual beliefs and activities may both be part of trauma healing. Mollica's work focuses on the place of culture as the bearer of spiritual and religious beliefs and rituals and on the capacity of people to discover unknown strengths within themselves, other people, and the divine or sacred in coming to terms with horrifically destructive life events. The model of "therapist as listener and learner" is a helpful reminder of the value of this stance and of the importance of validating the survivor's story of recovery.

Group Therapies

Group therapies for responding to trauma have proliferated in recent years and several explicitly encourage the exploration or use of spiritual and religious recovery resources. Pargament (2007) has compiled a list of manualized spiritually integrative therapies, most of which are primarily offered in-group settings. Only one of these, "Solace for the Soul" (Murray-Swank & Pargament, 2005) has a primary goal of facilitating recovery from violence, in this case, sexual abuse (see Chapter 17 in this volume). Several of the group interventions, however, address populations that have been traumatized or that are likely to have extensive trauma histories. For example, one addresses the needs of women with HIV and another focuses on addiction and HIV risk behavior; both of these groups have very high rates of trauma exposure.

Bowland's (2008; Bowland, Edmond, & Fallot, 2012) recent research provides an instructive example of the potential effectiveness of this kind of group approach to spirituality. She conducted a

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small (N = 43) randomized controlled trial of a manualized 11-session group model designed to

> address the ways in which participants' religious or spiritual experiences have been, and may be, related to trauma and recovery. It does not prescribe a particular spiritual path nor does it require a specific set of practices. Rather, it invites group members to reflect on their own spiritual journeys, to examine common trauma-related concerns, and to consider ways in which spirituality may offer them strength for coping with the impact of trauma. (Fallot & the Spirituality Workgroup, 2001–2004, p. 2)

Each of the sessions has a specific topic, goals, questions for discussion, and an experiential exercise. The session topics include, among others, "What It Means To Be Spiritual," "Spiritual Gifts," "Spiritual Coping Strategies," "Anger," Shame and Guilt," "Forgiveness and Letting Go," and "Hope and Vision."

Bowland's study (2008) included women (55 and older) who had histories of interpersonal trauma (childhood physical or sexual abuse, intimate partner violence, or sexual assault). Postgroup interviews revealed that the spirituality group participants had significantly lower depressive symptoms, anxiety, and physical symptoms and higher spiritual well-being than a group of wait-list controls. Posttraumatic stress symptoms and spiritual distress also dropped significantly in the spirituality group. These gains were sustained at 3-month follow-up.

These findings need to be contextualized by returning to the questions of "for whom?" and "at what point in recovery?" such interventions may be helpful. The participants were all women who, in spite of their histories of trauma exposure, were not currently in crisis nor were they participating in psychotherapy of another sort. They were all part of the Christian tradition; all had at least mild trauma-related symptoms and self-reported spiritual struggles related to their abuse experiences; and all indicated that they might benefit from participating in a "group discussing

religious and spiritual issues in recovery." In short, the women participants were selected appropriately—that is, they "fit" well with the stated goals of the group, including motivation to join. One of the key lessons for practitioners is that a careful assessment of potential group members' backgrounds (psychological and spiritual or religious), current functioning (e.g., level of support needed), and current situations (e.g., dangerous relationships) is essential to constituting an effective group.

The voices of survivors in Bowland's study provide a glimpse of the ways in which group discussions may be helpful. "Vicki" had experienced domestic violence and had also been raped by a man in her workplace. She said, "I still need to forgive myself for not struggling when I was raped at gunpoint. My early religious understanding of the virgin saints was that they died rather than suffer violation." Her work on minimizing self-blame and on forgiving herself may plausibly be related to her very significant decrease in depressive symptoms. Women who made the greatest improvements generated more positive responses to the group in their postsession journals (Bowland, Evearitt, Sharma & Linfield, 2010). These qualitative reports included comments indicating social support ("It is a great group and [I] want to talk more with them and share with each other.") and spiritual support ("It is becoming a resource, but I am having to create my own version of God that is very different from my childhood version."). In addition, participants reported the value of self-efficacy, hopeful recognition of problems, and receiving helpful information ("Interesting speculation on 'original sin.' I thought about a book I read on original blessing and like the idea of a loving and gracious God.")

We have described the findings of this group study in greater detail not because of its uniqueness but because we have found such comments characteristic of discussions that frequently occur among survivors of interpersonal violence. Telling and retelling the trauma story—frequently, in small, manageable bits and pieces, and in the presence of supportive others—can enable survivors to conserve, rework, and discover spiritual and religious resources that facilitate healing.

TRAUMA AND INSTITUTIONAL POWER: THE IMPACT OF RELIGIOUS ABUSE

No chapter on trauma and religion or spirituality can ignore the issue of abuse of power within organized religious communities. Since 1983, when allegations of child sexual abuse were filed in Louisiana against a local Catholic priest (Frawley-O'Dea, 2007), repeated sexual abuse scandals have rocked institutional religion in the United States and around the globe. In addition to the Catholic church, sexual abuse of minors has been reported in the Australian Anglican church (Parkinson et al., 2009) and among Protestant ministers, Jewish rabbis, Islamic clerics, Buddhist monks, and Hare Krishna officials (Fogler, Shipard, Rowe, Jensen, & Clarke, 2008; Frawley-O'Dea, 2007). Unwanted sexual advances of religious leaders toward women congregants are also common across religious traditions (Chaves & Garland, 2009).

Any consideration of the role of religion and spirituality in trauma healing must begin with the recognition that some religious leaders are perpetrators and some religious structures may be seen as enabling abuse. Religious abuse has unique characteristics that deserve discussion, and any attempt to position religious and spiritual authorities as healers must reflect awareness of the potential for retraumatization for those who have experienced religious abuse.

Nature and Extent of the Problem

On the basis of data from the John Jay College of Criminal Justice (2004), it is estimated that between 1950 and 2004, at least 5,214 Roman Catholic priests were credibly accused of sexually abusing a minor—4.75% of the priesthood in the United States. These numbers are probably low for several reasons, including the reluctance of victims to report abuse: Studies indicate that up to a third of female victims and a higher percentage of males never disclose. In fact, Roman Catholic church experts estimate that 6–12% of the 50,000 priests in the United States have engaged in illegal sex with children under the age of 16 (Leyden-Rubenstein, 2002). Rates of abuse within the Catholic church are similar nationwide, with little variation between geographic regions or between urban and rural

dioceses. Although the rate of sexual abuse in other faith traditions has not been as thoroughly researched as in the Catholic church, initial research suggests that Protestant churches are receiving equivalent numbers of child sexual abuse allegations (Clayton, 2002) and that Protestant and Catholic churches have similar rates of child sexual abuse among clergy (Jenkins, 1996). The lack of accountability within the church hierarchy has also been problematic. Frawley-O'Dea cited a report in 2002 that two thirds of all presiding Bishops had allowed accused priests to continue working in ministry and noted that "the cover up is the scandal" (p. 10).

Clergy sexual abuse is similar in many ways to sexual abuse of minors by coaches, scoutmasters, teachers, and other youth leaders. It is opportunistic, exploiting access to vulnerable and impressionable youth, and it is based on the misuse of authority and influence. Clergy abuse, however, also involves a misuse of spiritual power, and it involves fear, awe, and respect for clergy on the basis of religious faith and training—a factor that has been referred to as "religious duress." Religious duress can seriously impede a person's ability to perceive and evaluate abusive actions, and can lead to confusion, numbness, and inability to take action (Benkert & Doyle, 2009). In many ways, clergy abuse resembles incest—the betrayal of a trusted authority figure who is generally presumed to be loving and to have the youth's best interests at heart. Clinical observations suggest that the victim may also experience a crisis of faith, feeling that his or her actions have betrayed God (Gartner, 2004).

Consequences of Clergy Abuse

These dynamics can cause serious relational problems, including a distrust of authority figures, a tendency to see relationships in hierarchical, exploitative terms, distancing and isolation, and a general fear of forming relationships (Gartner, 2004). In addition, the lack of accountability for authorities in faith communities can create a sense of powerlessness and lack of worth—as if the community values clergy and institutional survival above the victims—and a sensitivity to all forms of impunity. Clergy sexual abuse can also have a profound impact on the relationship between the faith community and both the victim and the perpetrator.

Often, religious communities deny the abuse, attempt to cover it up, or blame the victim. As Fogler et al. (2008) pointed out, "It is certainly easier to condemn a single "deviant"/outgroup member than to question the goodness of the clergyman who represents the entire religious community" (pp. 317–318). Attitudes toward abusive clergy on the part of the religious community may be profoundly ambivalent and polarized, ranging from outright denial of the abuse to extreme demands for punishment of the clergy. Finally, people who have experienced religious-related abuse or exploitation or who have challenged the authoritarian structures of their religion may be shunned or scapegoated. Shunning may serve the faith community by strengthening the boundaries between internal conformity to norms and external behavior, but it can have devastating effects on the individual (Stark & Bainbridge, 1996.)

Other Forms of Religious Trauma

The hierarchical and authoritarian structure of many organized religions represents a potential source of structural domination and oppression that may contribute to complex PTSD (Herman, 1992). Several authors have commented on theological constructs that can be distorted to become abusive. For example, the concept of "surrender" to God or a higher power can become mindless submission to destructive authority, forgiveness can be used to overlook or excuse abuse, and in some Christian traditions, suffering itself can be "valorized" (Frawley-O'Dea, 2007).

There is also much speculation about whether specific religious theologies can contribute to domestic violence and child abuse. Empirically speaking, according to research done on national or community samples, men and women who frequently attend religious services are about half as likely as nonattenders to perpetrate physical aggression against intimate partners, according to both partners (see review by Mahoney, 2010). Likewise, more frequent attenders also report less often being a victim of partner aggression in marital, cohabiting, or dating relationships. Furthermore, higher parental religious attendance substantially decreases the occurrence or potential of physical abuse (Mahoney, 2010). Thus, higher religious attendance appears to lower the risk of the occurrence of intimate violence

in the general population (Mahoney, 2010). Yet scarce research exists on the role of religion within at-risk or dysfunctional families where intervention is needed because family violence has occurred or is very likely to occur (Mahoney, 2010). Qualitative research with female survivors indicates that some abusers use religious grounds to rationalize their abuse. Others may act without consequences because they are part of a fundamentalist religious group that endorses their position of power (Ganzevoort, 2006). Some victims may be consumed by a "sacred silence" on the issue or encouraged to remain in abusive situations to "save the family" (Nason-Clark, 2004).

Bottoms, Nielsen, Murray, and Filipas (2003) examined the long-term outcomes of child abuse justified in religious terms, using a retrospective design and a convenience sample of college students. They concluded that religion-related abuse has significantly more negative implications for victims' long-term psychological well-being than abuse that is not religion-related (Bottoms et al., 2003). Like other forms of abuse, the severity of the impact of abuse perpetrated under the guise of religion increases with the number and combination of abuse experiences (Goodman, Bottoms, Redlich, Shaver, & Diviak, 1998).

In contrast, for some victims and survivors, spirituality can sustain, heal, and even empower them to leave their abusers. In other cases, religious involvement may play a role in reducing the risk of violence. For example, religious perpetrators are more likely to stop battering when they attend programs with religious involvement and are more likely to complete batterers' programs when they are referred by clergy rather than by a judge (Nason-Clark, 2004). Ellison, Bartkowski, and Anderson (1999) found that regular attenders at religious services are less likely to be abusive to their partners. The mutual accountability of individual members of the faith community, in contrast to the ignoring of leaders' perpetration, may be one factor in this protective pattern (Nason-Clark, 2004).

IMPLICATIONS FOR CLINICAL PRACTICE

Psychologists interested in working at the interface of spirituality, religion, and trauma recovery may

need to expand their awareness of the roles clergy and faith communities often play in response to interpersonal violence. As Weaver, Koenig, and Ochberg (1996) noted nearly 15 years ago, there is a clear need for collaboration among mental health and religious professionals, not least because of the fact that clergy are often among the first to respond in the aftermath of trauma (see also Chapter 26 in this volume). In addition, although research on the role of religious involvement in healing and preventing family violence is in its infancy, it is worth further exploration. Currently, as Nason-Clark (2004) pointed out, the "religious contours" of family violence often create a gap between "steeple" and "shelter," with secular professionals urging victims to leave the situation—and their faith—behind, and faith leaders reluctant to refer parishioners to outside help. More cooperation between these sectors could be fruitful.

Clinicians should also assume that they may see victims of religious trauma in their practices, whether or not they identify the trauma as such. Most forms of religious abuse have several things in common that the clinician needs to be alert to, including attributions of divine or absolute authority, a formal or informal hierarchy that reinforces the power of the perpetrator, theological justification for surrender, overt and subtle forms of retribution and control, and a cloak of secrecy. In addition to people who have themselves experienced religious abuse, members of victim's families, church communities, and the general public may experience vicarious trauma through the media and through the disruption of normal church functioning.

The primary responsibility of a therapist working with trauma survivors is to be trauma-informed, and in particular, to be aware of any aspect of the therapeutic environment that could potentially "trigger" (i.e., cause potentially overwhelming responses based on the original trauma for) survivors' self-protective responses. Because the therapeutic relationship can be seen as mirroring the pastoral relationship, with the therapist holding both knowledge and authority not available to the client, it is critical that practitioners be familiar with the specific ways in which religious authority has been

misused, the steps taken (or not taken) by institutional religion to address these abuses, and the implications for trauma healing.

The implications for the clinical setting are clear. Individuals often view religious and spiritual leaders as holding the key to salvation, imbued with divine authority. In many cases, therapists have replaced clergy as "confessors" and transference of authority issues are likely.

Retraumatization of clients can occur from two different sources. First, the structure of the clinical relationship, the organized clinical setting, or the profession of psychology itself can potentially replicate conditions of the original abuse. For example, any trappings or invocation of authority (e.g., calling the therapist "Doctor") or accouterments of power (e.g., wearing a white coat or having a diploma on the wall) can echo the organized hierarchical structure of religion, as can references to knowledge that is inaccessible to the "layperson" or allegiance to an "inner circle" with more power than those on the outside. Similarly, any instance of professional misconduct, regardless of how close or distant from the specific clinical setting, holds the potential to be retraumatizing. Minimizing accounts of misconduct, maintaining uncritical professional loyalty, or projecting blame onto others can trigger memories of clerical misconduct and impunity. An individual who has been abused and silenced by an authority figure can misconstrue as secrecy even the rules of confidentiality that apply to the therapeutic context, if the rules are applied in a rigid way.

Explicit introduction of religious or spiritual material into the clinical environment is also, of course, fraught with potential for retraumatization. The use of sacred texts, practices, symbols, or theological constructs may trigger survivors of religious abuse, as may working directly with clergy or spiritual leaders or being in an environment with incense, candles, stained glass windows, or organ music. Clinicians who seek to build a religious or spiritual component into their practice must be vigilant in examining both environment and behavior to avoid retraumatizing individuals who have been affected by abuse involving religion or spirituality—or, indeed, any abuse of power within an organized institutional setting.

Psychologists have devoted most of their clinical and research efforts at understanding the reality of trauma at an individual or family level. Increasing evidence, however, points to the necessity of interrupting the cycle of violence at larger social and political levels as well (Bloom & Reichert, 1998). Consequently, a commitment to social justice is a necessary and ethical response to interpersonal violence.

Mollica's (2006) work with refugees highlights a similar theme. He has reduced his trauma story model to four questions that can be asked of anyone recovering from traumatic violence:

> (a) What traumatic events have happened? (b) How are your body and mind repairing the injuries sustained from these events? (c) What have you done in your daily life to help yourself recover? (d) What *justice* do you require *from your society* [emphasis added] to support your personal healing? (2006, p. 243)

Questions that place individual concerns in this larger context of justice-seeking are distinctly different from the kinds of questions most practitioners routinely ask of the people they see in therapy. As a trauma-informed intervention, they invite the survivor to allocate responsibility for their situation in a realistic way. Given most survivors' tendencies toward shame, humiliation, and self-blame, this is a helpful and ultimately empowering way to frame the issue of accountability. Although these questions are posed to individuals, they also point beyond the individual to the social and political realities that lie behind violence. Because social justice is a central value and goal of many religious traditions, seeking justice is a spiritual as well as a moral or ethical injunction for believers in these faith communities. As Rye and Pargament (2002) found in a study of spiritual and secular models of forgiveness, it is often difficult to separate these worlds into neat compartments of religious and nonreligious. In a similar way, individuals disposed to see justice as an inherently social as well as a religious or spiritual concern will bring that understanding to their recovery. The challenge for psychotherapists working with these individuals is to understand empathically not only their spiritual orientation but also the

larger social connections such an expansive spirituality entails.

TRAUMA-INFORMED FAITH COMMUNITIES

Researchers and practitioners have begun to broaden conceptualizations of how trauma survivors may experience recovery, growth, and healing. "Trauma-specific" interventions directly focus on an individual's experience of trauma and are designed to facilitate recovery and healing. Individual therapies (e.g., prolonged exposure, cognitive processing therapy) and group interventions (Trauma Recovery and Empowerment Model, Beyond Trauma, Seeking Safety, ATRIUM, TARGET) are in this sense "trauma-specific" interventions. By contrast, any human service—or any larger community—can be "trauma-informed" when it develops a culture of understanding trauma, its impact, and diverse paths to recovery (M. Harris & Fallot, 2001). A trauma-informed culture becomes more hospitable and engaging for trauma survivors; prevents further (re) traumatization, and builds on such core values as safety, trustworthiness, choice, collaboration, and empowerment (Fallot & Harris, 2008). Trauma-informed care may be thought of as a "values-based" approach similar to a recovery orientation (Farkas, Gagne, Anthony, & Chamberlin, 2005), offering a context supportive of trauma-specific, evidence-based practices. But, because of its expansive purview, trauma-informed care may readily engage larger communities, including faith communities (Day, Vermilyea, Wilkerson, & Giller, 2006). Discussion of the relationships between spirituality and religion and trauma needs to take into account this broader perspective.

The idea of "trauma-informed" faith communities is of particular importance, not only to creating safe and healing environments for survivors but also to preventing abuse in religious contexts. Many of the same factors that make religious trauma so pernicious also make religious healing powerful. Clergy, chaplains, and pastoral counselors may offer "trauma-specific" counseling that explicitly employs the metaphors, rituals, music, art, and other spiritual resources of their traditions. For

example, Sigmund (2003) described some ways in which chaplains have worked in collaboration with mental health professionals in a Veterans Administration (VA) hospital serving veterans with PTSD (see also Chapter 29 in this volume). Some religious and faith leaders have begun to harness their own tools to promote trauma healing. Keepin, Brix, and Dwyer (2007) reported on a program of reconciliation between women and men designed to confront gender injustice and abuse and to promote new forms of healing and intimacy between the sexes. The intervention, which is a direct application of spiritual practices from a spectrum of religious traditions, has been used throughout the United States as well as in India and South Africa (Keepin et al., 2007).

The basic trauma-informed values of safety, trustworthiness, choice, collaboration, and empowerment represent antidotes to the toxic effects of violence in people's lives. Faith communities, as fully as mental health and substance abuse services, schools, shelters, and other human service settings, may find creative ways to maximize the expression of such values in every activity, relationship, and physical environment sponsored by the community. For example, establishing a safe and trustworthy context, a true "sanctuary," for all of those involved in the community has emerged as a clear priority in the aftermath of clergy sexual abuse scandals.

One promising model for such an approach is found in *Risking Connection in Faith Communities*, a curriculum for developing trauma-sensitive relationships in religious settings (Day et al., 2006). Reflecting its theistic roots, this paradigm is interfaith in its language, images, and examples. Although weighted toward the Jewish and Christian traditions, it nonetheless reflects an invitation to people of all faiths to participate in strengthening communities of care for trauma survivors. The training manual adapts an earlier and more general *Risking Connection* curriculum that was based solidly in constructivist self-development theory and a thorough understanding of trauma's complexities (Saakvitne, Gamble, Pearlman, & Lev, 2000). A growing awareness of the challenges and opportunities in responding helpfully to trauma survivors makes this approach to training leaders of faith communities in the key relational dynamics of traumatic abuse an especially

valuable resource. Under headings like, "Trauma Can Lead to Spiritual Distress," "Spirituality Can Promote Healing," and "Recovery From Trauma Can Lead to Spiritual Growth," this work brings numerous rich examples of the ways in which faith leaders may develop a fuller understanding of trauma's psychological and spiritual impact and facilitate healing among those they serve. The closing section on Healing Communities is particularly salient in terms of creating a welcoming, safe, and hospitable setting for trauma survivors to engage or reengage with religious beliefs and practices. "How Faith Communities Can Promote Healing" includes discussions of the community as a "secure base" in which self-capacities and beliefs can be healed.

SUMMARY AND RECOMMENDATIONS

The complexities of this field raise questions that do not lend themselves to easy answers. It is clear that interpersonal abuse and violent victimization have tremendously negative consequences in most people's lives. It is also true, however, that as people come to terms with the violence in their lives, healing and recovery are possible and the posttraumatic process may even be described as growthful. The extent to which such "growth" is related to traditional measures of mental health (e.g., fewer "symptoms") is not clear. Therefore, in terms of implications for therapy, close attention to *individual* understandings of interpersonal violence, in their *cultural context*, is extremely important. Both personal and cultural narratives frequently involve spiritual and religious elements in coping with trauma. Yet these same spiritual and religious factors may either facilitate or undermine the healing and recovery process. There is some evidence that providing a safe group setting in which individuals can explore their spiritual resources for recovery is effective in alleviating both psychological and spiritual distress. In addition, the larger contexts, including faith communities, that shape people's responses to trauma need to be "trauma-informed."

Since 2001, both federal and state governments have made a commitment to establishing and supporting linkages with faith-based organizations, demonstrating recognition of the potentially mutually

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