



## DEVELOPING A RESOURCE

for Survivors of Sexual Abuse by  
Religious & Institutional  
Authorities following Media  
Reporting of New Cases

*Environmental Scan & Gap Analysis  
Final Report*

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## Report Author

Amie Myrick, MS, LCPC

## Report Editors

Katie Cashman, Executive Director  
Frank Schindler, PhD  
Susan Hansell, Nonprofit leader & mentor  
Jillian Henry, Change the Conversation  
Robin Grove, Director of the Child  
Advocacy Center of Frederick County  
Heather McQuay, LCSW-C  
Betsy Schindler, LCSW-C

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# Acknowledgements

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# Introduction

*Sexual abuse by religious and institutional authorities (SARIA) has been defined as “the inappropriate use of power and authority, including the potential to harm a child’s well-being and development, regardless of setting” (Wolfe et al., 2003, p. 181).*

SARIA includes abuse by religious authorities, sports coaches and professionals, educators and school staff, and staff or leaders in youth-serving groups or organizations.

Research suggests that SARIA is common and impacts not only the individual survivor but those in the survivor’s support network as well. Some resources currently exist for

- survivors of SARIA in the aftermath of their abuse or decision to disclose/report abuse;
- general resources for journalists and media professionals regarding trauma-informed journalism and news reporting; and
- general guidance on viewing media coverage related to traumatic events (U.S. Department of Veterans Affairs, 2022).

Yet, there are few resources specifically written to provide support, guidance, and resources to survivors after they learn of new cases at the local, state, or national level. Presumably, after a mass traumatic event, survivors need a greater level of support and guidance than the public or those who do not have personal experience with SARIA.

# Change the Conversation (CTC)

applied for funding through the Victims of Crime Act (VOCA) to develop a resource to support Marylanders impacted by SARIA.

The intent of the product is to provide survivors of SARIA with valuable information about trauma and its impacts, validate their experiences, and provide hopeful messaging that includes tangible steps to care for themselves and others in the aftermath of news related to SARIA.

To understand the unique needs of those who may access a resource developed uniquely for this subset of survivors of childhood sexual abuse, CTC conducted a multi-pronged environmental scan and focus groups to enhance its understanding of the prevalence of SARIA, unique needs of survivors, resources available to survivors who reside in Maryland, and current media practices that are helpful or harmful to survivors.



**CTC's goal is to develop a resource that is accessible, trauma-informed, & up-to-date.**



**Methods**

# Environmental Scan

Four specific research questions centered the environmental scan.



What is the scope of SARIA?

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What resources are available for Maryland survivors of SARIA?

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What are the unique needs of survivors of SARIA across cultural, demographic, & geographic groups?

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What safe messaging guidelines exist & for what topics?

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# Environmental Scan

The CTC SARIA Project Advisory Group developed search criteria and terms (Appendix: Search Terms & Keywords).

## Inclusion Criteria

- Research on prevalence (nationally and locally, if available)
- Impacts of SARIA
- Current online and print resources available to survivors of SARIA
- Current treatment services available to Maryland survivors of SARIA
- Media coverage and the impacts of media coverage following trauma
- Safe messaging media guidelines
- Children who reside at home and experience institutional abuse

## Document Types

- Publications between the years of 2013 - 2023
- Peer-reviewed literature related to prevalence and impact of SARIA, resources available to survivors of SARIA, media coverage and impacts, and safe messaging media guidelines
- Grey literature (e.g., working papers, reports, government documents, practice papers)
- Website and/or print articles and content from established organizations, licensed professionals, or those with lived experience

## Exclusion Criteria

- Other types of childhood adversity (e.g., physical abuse, emotional abuse, household challenges, experiencing natural disasters, war, and serious accidents, medical issues, community violence, neglect)
- Other types of childhood sexual abuse (e.g., intrafamilial, stranger, adult known to the child but not one in the position of religious or institutional authority, trafficking)
- Abuse that occurred while children resided in institutions (e.g., residential treatment, juvenile detention)
- Books and book chapters

# Focus Groups



- What triggers survivors when they see or hear of something in the media?
- What is most helpful to survivors when a new case is shared in the media? Least helpful?
- Who are survivors' supports and where have they looked for help?
- What will be of most value to survivors from a resource like this?

The Project Advisory Group developed a focus group guide centered around the questions above and conducted targeted outreach to individuals who might be interested in participating in the focus groups. This included professional partners and therapists who were recipients of CTC counseling grants. Professionals were encouraged to forward the invitation to any survivors who might be interested in participating in the focus groups and/or share it amongst their networks. Interested individuals completed a brief form which indicated which focus groups they would be most appropriate for (i.e., survivor or professional) and availability for participation in the focus groups. Selection was largely based on participants' availability; those who expressed interest but were not available for the chosen date/time were offered the opportunity to speak to the project lead individually.

# Key Findings



SURVIVORS OF SARIA FOLLOWING MEDIA REPORTING  
CTC ENVIRONMENTAL SCAN & GAP ANALYSIS 2024

# Environmental Scan Documents

## STEP 1

CTC conducted online searches using the list of search terms and phrases. Search terms were organized into four categories. Each search consisted of at least one term from categories A and B.



CHILD  
SEXUAL  
ABUSE



RELIGIOUS &  
INSTITUTIONAL  
AUTHORITIES



IMPACT &  
PREVALENCE



MEDIA  
COVERAGE  
& RESOURCES

Following a review of abstracts and executive summaries, these results were further narrowed down to 154 peer-reviewed and grey literature documents. Top reasons for document exclusion included:

## STEP 2

Initial research yielded over 27,000 results which were culled to



**586**

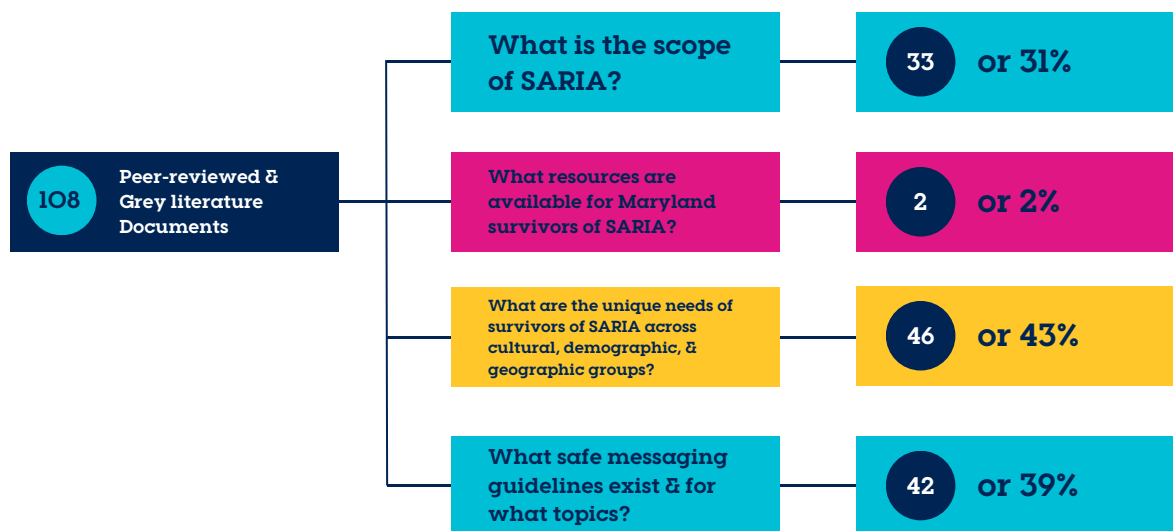
Possible Results

- Resource was a book or a chapter (n = 92)
- Document did not cover childhood sexual abuse (n = 91)
- Document covered childhood sexual abuse that was not considered SARIA (n = 91)
- Document focused on prevention efforts (n = 51)

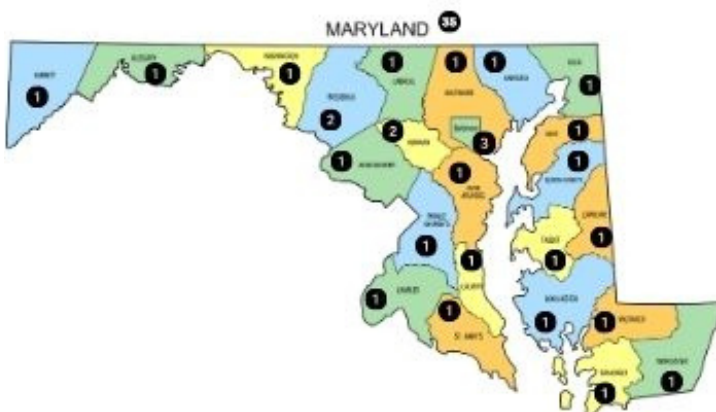
# Environmental Scan Documents

Coding of the 108 documents included categories related to type, impact, prevalence of SARIA, media messaging, and reactions to media. Four key findings emerged.

How many coded documents answered our research questions?



An additional 57 resources for survivors in Maryland were also coded, totaling 165 coded documents and resources.



- 13 offered county-specific services
- 35 offered Maryland-specific services
- 23 offered National or International services
- 13 were specific for survivors of SARIA

1

**Studies reported rates of SARIA ranging from less than 1% - 52% in samples from North America, Europe, Asia, Africa, and Australia.**

**These studies found that** children experience sexual abuse by sports administrators, religious authorities, educators and school staff, and staff in youth-serving organizations. With respect to type of institution or authority figures, religious authorities were discussed most frequently, followed by sports authorities, educators, and medical professionals, respectively. Many of the documents considered abuse within the Catholic Church, and authors often noted the disparity of information available about other religious communities. Sports articles mostly looked at sexual abuse in gymnastics and football/soccer but also considered judo, martial arts, track and field, and hockey.

2

**Survivors experience a range of psychological, mental, physical, occupational, & social impacts following SARIA that are more complex than non-SARIA CSA.**

**Most included documents** considered impacts reported by primary survivors. Fewer studies examined secondary survivors, but the limited research available suggests they, too, experience many negative impacts following SARIA. Much of this information was available via qualitative data (i.e., focus groups, individual interviews, listening sessions, open-ended survey questions, victim impact statements). A few studies did use self-report symptom measures. Several studies compared symptoms among survivors of SARIA and non-SARIA childhood sexual abuse, finding that PTSD symptoms were higher for survivors of SARIA than survivors of non-SARIA.



The most common negative impacts included emotions (i.e., anger and rage, betrayal, confusion, guilt and shame, mistrust), identity, self-worth, educational and occupational success, relationships, physical symptoms, spirituality, and mental health symptoms (anxiety and panic, depression, dissociation, eating disorders, posttraumatic stress disorder [PTSD] substance use, and suicidality). Several documents discussed the unique impact of SARIA on spirituality and suggested that posttraumatic symptoms were better reflected in the diagnosis of complex PTSD. Further, one study conducted a meta-analysis of studies that compared PTSD levels of survivors of SARIA to non-abused and other clinical (McGraw et al., 2019). The most common positive impacts included feelings of empowerment, resilience, and choosing to engage in advocacy for others or make a difference in other ways.

*Complex PTSD describes the complex & multifaceted symptoms of those who have experienced long-term traumas (e.g., prisoners of war, long-term domestic violence). In addition to symptoms commonly seen in PTSD (e.g., re-experiencing, hyperarousal, intrusive & avoidance symptoms), those with complex PTSD may also experience difficulties with emotion regulation, memory and consciousness, self-perception, relationships, & despair.*

3

**Many media reports of sexual violence focus on episodic, sensationalized stories, despite safe reporting guidelines suggesting otherwise.**

**Documents were coded for** (1) helpful and safe messaging/reporting; (2) unhelpful and unsafe messaging/reporting; (3) reactions to media; and (4) impact of media. The most helpful and safe messaging and reporting included accurate details, content warnings, institutional accountability, resources, and a framing which looked at societal contributors and solutions. The most unhelpful messaging and reporting included sensationalized and glamorized stories, focusing

on the details of an individual case and the accused perpetrator, providing graphic details or images, referring to disclosures as “scandals”, and contributing to emotional contagion by overstating the prevalence of SARIA. Many of the documents noted that while some reporting practices are improving, sexual violence is still largely reported on using more unhelpful than helpful messaging and reporting strategies.

Survivors and public reactions of media stories included emotions such as anger, disgust, and supportive/feeling supported, as well as social media posts and actions such as blaming institutions, calling for change, fundraising for survivors, and trying to repair community image (e.g., Penn State in 2010, following the Jerry Sandusky case).

No documents specifically provided safe messaging guidelines for reporting on SARIA. Several documents included clear and consistent guidelines available for the safe reporting of suicide. One resource shared similar reporting recommendations for reporting child abuse and neglect (National Center for Injury Prevention and Control, 2016). Another provided suggestions for reporting on mental health promotion (Up, 2023). Finally, one provided tips for reporting on sexual harassment (Watch, 2023). Recommendations included using person-first language, prioritizing transparency and meaningful engagement and support of survivors, considering appropriate placement of stories (i.e., not on the front page, not to open a news segment), protecting privacy, looking at societal themes that contribute to SARIA, and providing resources and hope.

4

**Current available resources for Maryland survivors of SARIA are limited and include support groups, self-help materials, mental health treatment, and legal services.**

**Resources included** treatment for both primary and secondary survivors, support groups, legal services, and self-help resources (e.g., videos, books, podcasts, mental health and physical exercises, educational materials, family



activities). At least one resource was identified in each of Maryland's counties; the majority of these were the county's child advocacy center.

Of the 57 resources identified and coded, less than 1/3 (n = 12; 22.8%) were specifically designed to meet survivor of SARIA's needs. Most of these specific resources offered support groups for primary survivors (33%) and/or self-care resources (33%). One quarter of services offered treatment for primary survivors. Legal services and support groups for secondary survivors were offered in 25% and 17% of resources, respectively. Only one SARIA-specific resource offered treatment to secondary survivors, and none of the 12 resources advertised helping survivors meet other needs (e.g., house, financial, education, occupation). Further, it was not clear how often resources were being utilized or how positive or negative survivor experiences were with the resources.



# Focus Groups

In February 2024, three focus groups and one individual conversation were held with a total of 13 participants (three survivors and 10 professionals). One survivor was unable to attend the focus group but requested to meet with the project lead individually.



Qualitative analysis was conducted on the transcripts to distill key findings and themes, resulting in four key findings.

**Survivors of SARIA experience a range of emotional responses related to the unique dynamics of SARIA, resource seeking, and media coverage of SARIA cases.**

Survivors must navigate a range of complex emotional landscapes shaped by the dynamics of SARIA, resource seeking difficulties, and media portrayal. Focus group participants spoke of power imbalances, community reactions, feelings of guilt and shame, and identity issues. Additionally, survivors face challenges in seeking appropriate resources tailored to their experiences, which can evoke feelings of frustration and vulnerability. Media coverage of SARIA cases further adds to survivors' emotional experiences, providing everything from validation to retraumatization.

# Focus Groups

Specialized, accessible, and beneficial resources are limited and can be challenging to find for survivors of SARIA in Maryland.

In Maryland, survivors of SARIA encounter significant challenges in accessing specialized and beneficial resources tailored to their experiences. Survivors and participants spoke of a need for resources including trauma-informed therapy, support groups, and advocacy services specifically designed to address the unique dynamics of SARIA cases. Survivors face barriers in finding such resources, including a scarcity of trained professionals and organizations equipped to handle religious trauma and systemic power dynamics inherent in SARIA contexts. Additionally, the training of professionals in Maryland may be inadequate in addressing the complex needs of survivors, further limiting the availability of appropriate support. As a result, survivors may experience difficulties in finding accessible and effective resources to aid in their healing and recovery journey.

Those with lived and living experience see a need for unique resources to support survivors of SARIA, particularly as it pertains to supporting them before, during, and after media coverage of cases.

Both survivor and professional focus groups emphasized the importance of and need for specialized resources tailored to support survivors throughout the various stages of media coverage. This includes the need for resources that provide support and empowerment before cases are covered in the media, guidance and advocacy during media exposure, and ongoing assistance

and healing support after media attention has waned. Further, survivors need support when they learn of other cases of SARIA. A comprehensive and responsive resource ideally needs to address the unique challenges faced by survivors who hear about familiar or unfamiliar cases at all stages of their healing journey, including those who may have experienced abuse but do not identify as a survivor of SARIA.

## Those with lived and living experience of SARIA see a need for guidance and training of media outlets in appropriate messaging strategies.

Focus group participants emphasized the necessity of providing guidance and training to media outlets on appropriate messaging strategies when covering cases of abuse within religious or institutional settings. This included educating journalists and reporters on trauma-informed reporting practices, ethical considerations, and sensitivity towards survivors' experiences. Participants seemed hopeful that enhancing media literacy and awareness of the impact of media coverage on survivors might result in more responsible and supportive reporting, less risk of revictimization, greater understanding, and increased empathy towards survivors of SARIA's experiences.



# Unique Dynamics of Sexual Abuse by Religious & Institutional Authorities

Unique aspects of SARIA were summarized into themes related to trust and power dynamics, impact on faith and identity, community response and ostracization, and challenges related to access to specialized support.

## Trust & Power Dynamics

Participants spoke about the betrayal of trust in a context where the abuser holds a significant power advantage, often as a respected authority figure within a religious or institutional setting or community. This was discussed, not only as an aspect of the initial child sexual abuse, but also the reactions from the institution in its response to abuse which can complicate survivors' paths to healing and justice. Participants spoke of institutions denial, minimization, and cover-ups to protect the abuser and the institution's reputation.

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## Impact on Faith & Identity

For survivors of religious abuse, participants talked about the potential for profound impact on spiritual beliefs and identity. Survivors experience a crisis that questions their beliefs, the role of the divine in their suffering, and their place within their religious community.

# Unique Dynamics of Sexual Abuse by Religious & Institutional Authorities

## Community Response & Ostracization

Survivors and professional participants both spoke about ostracization or disbelief by communities who may side with abuser due to their positions of authority or trust they have garnered. This can lead to additional trauma, isolation, and feelings of loneliness for the survivor.



When it comes out, not only are [survivors] victimized by the abuser, but then they're kind of shunned by the community. That is part of their identity and, you know, immediately they lose access to all of their support systems, their friends... So I've heard that...that was one of the really difficult things is like... 'Not only did this happen but now no one believes me, no one supports me. I have no one to talk to. I have nowhere to turn'...that's why a resource like this I think would be especially important.



## Access to Specialized Support

Participants spoke about how challenging it can be to find appropriate support, especially support that understands the intersection of sexual abuse with religious and institutional dynamics and can provide the space and expertise to assist with topics such as loss of religious identity and navigating complex feelings towards the institution. One survivor spoke about the challenges they faced finding supports for religious trauma that were not specific to Catholicism.

## Emotional Responses to Trauma

Focus group participants discussed a range of emotions that survivors commonly experience, including anxiety, fear, anger, sadness, betrayal, guilt, and shame, as well as connectedness when discussing resources. Feelings of anxiety and fear were often implicit in discussions about survivors' experiences, including their reactions to triggers, navigating the healing process, and dealing with public exposure. Anger was frequently discussed as a reaction to injustice and the handling of abuse cases by authorities or institutions. Sadness was mentioned in the context of personal losses and the long-term impact of trauma.



Multiple individuals directly or indirectly shared survivors' feelings of helplessness, powerlessness, isolation, and abandonment, often in the context of the sexual abuse experience itself, seeking help, or coping with systemic failures to protect them or hold perpetrators accountable. Participants also spoke openly about feelings of betrayal, especially when trusted individuals or systems failed to protect them or support them.

Discussions highlighted the challenges faced by survivors in

- complex emotions tied to disclosing abuse, especially when not believed or supported by those they chose to reach out to,
- encounters with systems and institutions that exacerbated feelings of isolation and abandonment, and
- navigating trauma therapy, where interventions sometimes led to feelings of being revictimized.
- With respect to navigating trauma therapy, one participant went so far as to say, "...and I don't say this lightly: I have been traumatized by my trauma therapy, by well-meaning people."

# Emotional Responses to Trauma



There were discussions about challenges faced by survivors of SARIA in reconciling their experiences with their sense of self, especially when those experiences intersect with cultural, ethnic, religious, and sexual identities. Participants shared that survivors whose abuse occurred within religious settings often faced profound confusion and conflict about their faith.

Survivors from Black, Indigenous, and Other People of Color (BIPOC) communities face unique challenges related to cultural norms and expectations that may discourage disclosure or further speaking out about abuse. Specifically, the fear of being perceived as disloyal or dishonoring their family or community can significantly impact willingness to seek support following abuse.

— “ —  
...Black survivors who've been in the Black Church who are born and raised in that experience...[it is] difficult for them to talk about their experiences leaving [the Church] and finding their identity...  
— ” —

Discussions also touched on the intersectionality of identities, including how race, ethnicity, and religion play a role in the experiences of survivors. Participants acknowledged that navigating the complexities of multiple, marginalized identities, including that of survivors of SARIA, can complicate the process of healing and recovery.



# Emotional Responses to Trauma



...[A]s a young person, I was taught to perpetuate those ideas and reinforce them to other people. So I carry a lot of guilt and shame that I was experiencing abuse but then potentially continuing those structures for my peers who were also experiencing abuse.



Survivors in the focus group discussed guilt and shame extensively, particularly in the context of understanding and coming to terms with their experiences of SARIA. They mentioned the moment of realization, which was prompted by movements like #MeToo, as both enlightening but also filled with guilt and shame. For some, understanding that what had happened to them was abuse came much later in

life, leading to a reevaluation of their experiences and the societal and cultural frameworks that enabled such abuse. One participant discussed feeling guilty not only for being a victim of abuse but also for potentially perpetuating the structures of abuse within their peer group, based on the beliefs and behaviors they were taught at a young age.

The role of institutions and cultural norms in shaping the experience of guilt and shame was evident. Survivors pointed out how religious, educational, and familial structures contributed to the silencing of victims and the internalization of guilt and shame.

Discussions also touched on the shame associated with the symptoms and behaviors stemming from SARIA. In these cases, participants shared that recognizing these symptoms as reactions to trauma, rather than characterological flaws, was a critical step in destigmatizing their experiences and encouraging them to seek help.

# Emotional Responses to Trauma

## Grief

Grief was intertwined within the broader emotional experiences of survivors, particularly in relation to media coverage of SARIA cases and the process of healing. One professional highlighted the dual process survivors often go through when they encounter media stories about SARIA. They shared, "...[there is] relief...for a survivor to see some sort of accountability and the grief of not having had it themselves." Similarly, a survivor shared feeling ambivalent when they see justice and closure in media stories about SARIA. Their experience was a mix of empathy and personal longing for closure. On the one hand, they found it helpful to see someone else possibly achieve justice and closure but recognized the contrast their own unresolved case.

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## Connectedness

The discussions around feeling connected primarily focused on the significance of community and support networks for individuals who have experienced harm within their religious institutions. Participants highlighted how being ostracized and not believed by their communities intensified their isolation and underscored the necessity of finding alternative communities where they feel heard, understood, and supported. Such supportive communities provided a sense of belonging and support, allowed a space for individuals to navigate identity crises and confusion, and assisted survivors in reclaiming a sense of agency and power. One professional spoke specifically to the value of online groups for therapists who work with survivors of religious trauma and the growing number of support groups across the country addressing SARIA.

# Impact of Media Stories on Survivors

Participants expressed a range of emotional responses to media stories of abuse, highlighting a mixture of validation, retraumatization, and the impact of journalistic practices.

## Exposure

The feeling of being exposed was primarily discussed in relationship to the negative impact of media and social media coverage on survivors of SARIA. Participants expressed concern over how public attention to certain cases could be harmful to both survivors and their families. Their perspective was that the publicity of such cases, even when survivors names' are not directly mentioned, can lead to complex reactions. These reactions are further compounded by the presence of comments sections on social media and newspapers, where survivors can be subjected to a barrage of unsolicited opinions.

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## Finding Other Victims

Despite the critiques, one positive aspect of media coverage mentioned was its potential to bring other victims forward, offering a sense of community and solidarity among survivors.

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## Validation & Inclusivity

Some survivors felt validated by media stories that accurately represented their experiences. The discussions pointed out that media often focuses on the physical aspects of abuse, neglecting emotional, psychological, and systemic dimensions which are as equally damaging as the abuse itself. Participants emphasized the importance of inclusive media narratives that go beyond physical or sexual abuse.

# Impact of Media Stories on Survivors

## Retraumatization

Participants noted that journalistic practices have a long way to go in being trauma informed. The potential for revictimization through media coverage, especially when it sensationalizes or exploits survivors' stories for "clicks" and viewership, was a significant concern among both survivors and professionals. Participants were critical of the media's desensitization to victims and tendency to sensationalize abuse stories. Participants discussed the way in which media coverage of abuse can trigger and retraumatize survivors, exacerbating feelings of grief. The sensational nature of some reports, as opposed to focuses on healing and justice, have deepened survivors' sense of loss – loss of safety, trust, normalcy, the innocence that was taken from them, and the ongoing impact of trauma on their present lives.



## Symptomatology

In the survivor focus group, participants shared powerful experiences related to the complex symptoms associated with SARIA.



[I]t was actually really powerful for me to be diagnosed with CPTSD because it made my life make sense...It always had been like 'Oh, you're just sensitive,' or 'Oh, you're just like all of these different, other things'. But I was able to say, 'No, I really feel like I experience the world like emotionally differently from other people, and it's not a fault or flaw of my own.



Another survivor spoke about the ups and downs of managing their symptoms following an attempt to share their story with a journalist.



I was in a good place when a reporter reached out to me...and I thought, 'Oh, I can do this'...and I sat down and told the whole story thinking, 'I'm SO, I've got this,'...and just very quickly [went back] into full blown dissociation...It's like a Pandora's box...you're off on a roller coaster.



## Barriers to Resources

Participants discussed several barriers to accessing services for survivors of abuse that highlighted both systemic and interpersonal challenges. An overarching barrier and need that was noted was the need for more education and awareness about SARIA, its symptoms, and effects. This includes the need for resources that help survivors recognize their experiences as abuse and understand the impacts of such experiences on their lives.

### Insurance & Financial Constraints

Participants identified insurance limitations as a significant barrier to accessing therapy and support services. Specifically, they noted the difficulty in finding highly skilled professionals who accept insurance, particularly Medicaid.

...the more I've been in this field, the more I notice that highly skilled people tend to not take insurance or be very selective about insurance, and it's tricky to find...[there is] a lot of turnover and...not highly skilled, entry level people. Then they burn out...which is why I love Change the Conversation and support the grants. So, ideally, finding the people who have the training and the skills. But it's so hard with those limitations.

# Barriers to Resources

## Systemic Issues in Therapy Access

Participants acknowledge that it can be challenging to find therapists or clinicians who understand the specific needs of survivors of trauma and, more specifically, SARIA. Participants discussed the mismatch between the need for trauma-informed care and the availability of trained professionals. Navigating services that may not be trauma-informed or might inadvertently retraumatize survivors is a reality for many seeking services. Professionals indicated the clinicians who work with survivors of SARIA must be skilled in navigating the complexities of trauma work, including emotion regulation and case management.

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## Cultural & Community Dynamics

One professional spoke to the fact that cultural norms, expectations, and stigma within BIPOC communities can inhibit seeking support. Lack of representation in the therapeutic community and potential language barriers (including lack of bilingual counselors and therapists) were further discussed as significant obstacles.



## Facilitators to Resources

Participants identified several strategies and resources that facilitate survivors access and ability to receive support. In each focus group, Reclamation Collective was mentioned as a resource to help survivors find providers trained in handling complex trauma and SARIA.

### Word of Mouth & Community Resources

Many professionals and survivors indicated that they have found services through word of mouth, highlighting the importance of building a strong, supportive community around survivors of SARIA. Professionals discussed networking with each other and referring clients based on their positive experiences. Having a strong online presence, including a well-optimized website using keywords such as “religious trauma” and “sexual abuse”, was noted to help survivors find appropriate services through their internet searches.

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### Collaboration & Multidisciplinary Teams

Collaboration among professionals from different disciplines, such as case management, counseling, and access to a range of resources that would match the range of complex needs for survivors was seen as crucial for comprehensive support. Professionals felt very strongly about the need for a team-based approach.

“ I want to reiterate for me the importance of team-based work. It’s been a little bit more work to build that in private practice...having a strong background in case management, knowing community resources, [including] what the process is for utilizing them, how to meet somebody where they are in order to connect them with the appropriate resources.



## Specific Resources Mentioned

Participants mentioned several specific resources aimed at supporting survivors of SARIA and those seeking trauma-informed care.



### Reclamation Collection

provides a network of providers specifically trained in trauma therapy and religious trauma, support groups, and educational resources for survivors and professionals



### Facebook group for religious trauma therapists

provides a community space for therapists working with clients who have experienced religious trauma and offers support and resources



### Survivors Network of Those Abused by Priests (SNAP)

supports survivors of SARIA by providing lists of support groups and educational resources; advocates for legislative change



## Specific Resources Mentioned



### Springboard Community Services

provides trauma-informed care to survivors and is a therapy partner with local Child Advocacy Centers in Harford and Howard counties



### Religious Trauma Institute

provides discussions, training, and resources related to religious trauma



### 12 Step Programs for Spiritual Abuse

that address the intersection of spiritual abuse or religious trauma with other issues; one survivor also mentioned benefit from attending Survivors of Incest Anonymous (SIA)

# Unique Needs of Survivors related to Media Coverage

Professionals and survivors highlighted several significant challenges survivors face when encountering media coverage of SARIA, including retraumatization and emotional impact, desensitization and sensationalism, privacy concerns, victim blaming, and impact on healing and recovery.

## Revictimization & Emotional Impact

There were frequent mentions of retraumatization by graphic details or sensationalized reporting of SARIA in the media. Participants also discussed included media's disregard for language, accountability, and support for survivors.

“I think it's hard because when there's... news stories about this, [they] can come out at any time, like very suddenly or abruptly...it can be retriggering of trauma...as someone that lives with CPTSD, it's like at any moment, something could come up.”

“We have become so desensitized to victims in the media that it's almost the cool thing to report on awful stories. And that's how media gets clicks, that's how they get subscribers, and that's how they views...no one cares about who those words are actually hurting.”

## Desensitization & Sensationalism

There was discussion about media's tendency to desensitize the public to abuse cases or sensationalize them to increase viewership, even when it has significant impacts on the survivors.

# Unique Needs of Survivors related to Media Coverage

## Privacy Concerns & Victim Blaming

Participants expressed concern about the media's handling of victims' identities and the potential for victim-blaming narratives. This was specifically discussed for survivors of the cases that are about to be released in the news. Related to this, there was discussion about the delicate balance that is difficult to strike between finding additional victims and respecting the privacy of those already affected.

“

We don't go to media content anymore. It comes to [us].

”

## Challenges in Navigating Media Exposure

Both survivors and professionals acknowledged the feeling that survivors don't always have a choice in whether to expose themselves to media coverage of SARIA. The group went on to discuss how difficult it can be to tell survivors to stay off social media, when so many of them are consuming a lot of their content on such platforms.

# Suggestions & Ideas for Resources Related to Media Coverage

Participants shared several suggestions for the development of a resource for survivors of SARIA when new cases are shared in the media. These needs are largely centered around navigating potential triggers and retraumatization, as well as assessing current levels of support and seeking out additional resources.



...[T]alking about these stories through the news media [is] very different than if we [are] talking about it in therapy or with a support group or with [other] survivors.



## Vetting Media Content

Participants believed that survivors would benefit from having tools, questions, considerations, or guidelines to make informed decisions about engaging with media content, including how to assess

whether a media article or report is likely to be sensitive to their experiences or sensationalize and potentially harmful.

## Preparation for Public & Community Reactions

Professionals highlighted that survivors need better preparation for the range of public and community reactions that can follow media coverage of their stories, including backlash, disbelief, or support.



# Suggestions & Ideas for Resources Related to Media Coverage

## Practical Support & Local Resources

Survivors emphasized the value of resources that are practical and highlighted the importance of local support: “I think the emphasis on local is important too. Like, this is where I can get help from a real live human being that understands and is near where I am.” They also suggested the grounding or coping mechanisms that survivors can use on their own, as well as normalization of any feelings or reactions that come up.

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## Identification & Symptoms

Another recommendation was for the resource to highlight symptoms or reactions survivors may experience when a story is released in the media, including a way to help individuals assess whether they are being negatively impacted by the story or experiencing symptoms. One idea was to frame this such that a person could use this guidance regardless of whether they currently identify as a survivor.

“Survivors who are unaware that they were abused or are still experiencing all of the symptoms of having been abused and it’s disconnected. They don’t see the linkage...so people are reading about it and putting things together... there’s often a lot of shame about all of those behaviors and symptoms too, so destigmatizing them so that people can understand where they’re at and where [the symptoms] may be coming from...”

# Suggestions & Ideas for Resources Related to Media Coverage

## Interview Questions for Therapists

Directories such as the Reclamation Collective were mentioned as valuable for finding providers trained in trauma therapy. Participants suggested including questions that survivors could ask potential therapists could be a valuable inclusion in the resource: "I do think it would be helpful to give people questions they could ask based on what was important to them to interview their therapist." One survivor also suggested including questions that survivors could ask themselves about their current supports: "...[I]n addition to the questions to ask a new therapist might be some questions to ask yourself if you think [current therapy] might not be going well..."

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## Best Practices for Media Coverage

Although perhaps outside of the scope of this survivor-based resource, the need for best practices for media coverage and guidance on trauma-informed reporting came up frequently across focus groups. This included discussions about more respectful approaches to covering stories, including avoiding unnecessary details that could trigger survivors, prioritizing privacy and seeking consent from survivors to share their stories, and focusing on accountability, hope, and support for survivors, rather than sensationalism.





# Gaps & Limitations

Several challenges can affect the thoroughness and accuracy of the results of a rapid environmental scan. These include limits to the examination of the subject due to time constraints, the potential biases of a researcher and team, and the swift nature of the scan which can influence which information is selected and how it's interpreted.

The focus group discussions, while immensely beneficial, also had several limitations. Due to the short timeline of the project, the focus groups scheduling was limited to a couple of weeks, potentially restricting the availability of participants. There was a limited response from survivors and a lack of representation from some sectors or groups relevant to SARIA experiences, limiting the generalizability of findings and the comprehensiveness of perspectives shared. The sessions were only 60 minutes long, which may have constrained the depth of exploration into complex topics related to SARIA and survivor experiences. While questions were carefully tailored to minimize the risk of revictimization, this approach may have inadvertently limited the scope of discussions and the ability to uncover additional insights. These limitations highlight areas for improvement in future research and engagement efforts.



# Implications for Resource Development



Several key considerations emerge from the analyzed documents, resources, and focus group discussions that are highly relevant for the development of a resource for survivors of SARIA when a new case breaks in the media.

## Comprehensive Validation & Support



It's vital to create resources that recognize the profound impacts of abuse, covering psychological, physical, and social aspects. Resources should affirm survivors' experiences, offering broad support that addresses both immediate and long-term recovery needs.

## Filling the Gaps in Resources



The current lack of specialized, accessible resources tailored for survivors highlights the need for materials that are specifically designed to meet their needs, including trauma-informed approaches to media coverage to minimize retraumatization.

## Addressing Media Impacts



Given the dual role of media in potentially retraumatizing survivors or providing validation and support, it is crucial to guide and train media outlets in trauma-informed reporting. It is the job of the media to respect survivors' dignity and avoid contributing to harming their audiences.

## Navigating Community & Identity Challenges



Resources should help survivors deal with issues around community response and identity crises, particularly in religious contexts. This means supporting survivors in finding supportive communities and navigating identity conflicts in the aftermath of abuse.

## Creating Survivor-Centric Resources



There's a clear need for resources that are multifaceted, culturally sensitive, and tailored to the unique experiences of survivors. These should offer practical support, coping strategies, and advice on dealing with media exposure, ensuring they're directly relevant and helpful to survivors.

## Promoting Collaborative Efforts



Effective response to abuse requires cooperation across survivors, professionals, organizations, and media. Developing resources informed by survivor experiences and professional expertise is crucial, alongside advocating for systemic changes to improve accountability and prevent future abuse.

These considerations underscore the importance of developing trauma-informed, survivor-focused resources that effectively support individuals affected by media coverage of abuse cases, addressing both immediate needs and the longer journey towards healing and empowerment.

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# Appendices

# Environmental Scan

## Search Terms & Keywords

### Child Sexual Abuse

- Child sexual abuse
- Preschool sexual abuse
- School-aged child sexual abuse
- Adolescent sexual abuse
- Child sexual assault
- Rape/survivor of rape
- Child sexual maltreatment

### Religious & Institutional Authorities

#### Clergy

- Priest
- Church leader
- Elder
- Nun/Sister
- Rabbi
- Imam
- Lay leader
- Secular employee
- Pastor
- Minister

#### Scout Leader

- Boy Scout
- Girl Scout
- Cub Scout
- Troop Leader
- Other volunteer

#### Coach

- Sports Coach
- Athletic trainer

#### School Staff

- Teacher
- Administrator
- Other staff members
- Custodian
- Substitute teacher
- Teacher aide

#### Medical Professional

- Doctor
- Nurse Practitioner
- Nurse/RN/LPN/NA
- Resident/Intern
- Physician
- Physician Assistant

## Impact & Prevalence

### Impact

- Reactions
- Symptoms
- Outcomes
- Trauma
- Triggers
- Ostracized
- Outcast

### Prevalence

#### Location & Environment

- Urban
- Inner city
- Suburban
- Rural
- Coastal/Shoreline
- Urban-suburban
- Maryland
- National/United States

#### Demographics

- Socioeconomic status
- American Indian/Alaska(n) Native
  - Afro-Indigenous
  - AI/AN
  - Indigenous peoples and/or communities
  - Native American
  - Native Hawaiian
- Asian American and Pacific Islander (AAPI)
  - AAPI
- Black
  - African American
  - African descent

- Black, Indigenous, and People of Color (BIPOC)
- Culturally diverse
- Diverse racial and ethnic groups/communities
- Immigrant
  - Unaccompanied migrant minor
  - Undocumented
- Indigenous
- Latinx\*
  - Afro-Latinx\*
  - Chicano/a
  - Hispanic
  - Latino/a/x/e
- LGBTQ+
  - Sexual minority
  - Transgender
  - Lesbian
  - Gay
  - Bisexual
  - Asexual
  - Queer
- Refugee
- Youth
  - Adolescent
  - Children (0-5)
  - Children (6-12)
- Family
  - Single parent(s)
  - Grandparent(s)
  - Caregiver(s)
  - Kin
  - Household

## Media Coverage & Resources

- Interventions
- Programs
- Treatment
- Approach
- Peer-Led
- Lived Experience
- Person-centered
- Person-directed
- Prevention
- Initiative(s)
- Programming
- Resources
- Trauma-Informed
- Sensitive
- Responsive
- Media coverage
- Media responses
- Safe messaging
- Unsafe messaging
- Moral responsibility
- Newspapers
- Television
- Internet/online
- Social media
- Stories
- Survivor led



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# Focus Group Participants

To protect the privacy of the survivors of SARIA who so generously shared their time and stories with us, survivor participants' information is not shared here. The participants of the two professional focus groups are listed below.

## Focus Group #1: 5 participants

- Crimson Barocca, Center for Hope
- Jonathan Carrington, Atone Therapy
- Katie Cashman, Change the Conversation
- Jillian Henry, Change the Conversation
- Veto Mentzell, Harford County Sheriff's Office

## Focus Group #2: 5 participants

- Kristen Dunn, Frederick County Department of Social Services
- Krista Verrastro, Clinician in Private Practice
- Andrea Castelhana, Baltimore Therapy Group
- Mollie Kotis, Somerset County Department of Social Services
- Melinda Maule, Clinician in Private Practice

## **Change the Conversation**

1925 Old Valley Road, Suite 3

P.O. Box 158

Stevenson, MD 21153

[changetheconversation.org](http://changetheconversation.org)

