

SEXUAL HEALING AFTER SEXUAL VIOLENCE:  
TRANSCENDING LIMITATIONS AND CREATING SECURE ATTACHMENTS IN  
SPIRITUAL CARE

by

Allison Salvino

A Project Submitted to the Faculty of  
VANDERBILT UNIVERSITY DIVINITY SCHOOL

In Fulfillment of the  
Requirements for the Degree

DOCTOR OF MINISTRY

2024

First Faculty Reader: George Schmidt

Second Faculty Reader: Dr. Ellen Armour

Director of the DMin Program: Dr. Melissa Snarr

I would like to thank my children for their support and encouragement, and for being the reason that I have found strength to get through this project and so many things in life. I would like to thank my friends, Laurel Shiba and Andrew Chung, for bringing hope, meaning, and comedic relief into so many of my days. I would like to thank Amy Levinski for her support and friendship. I would like to thank my brother Mark Salvino for his ongoing support and encouragement. I would like to thank Dr. Melissa Snarr for her contagious excitement during classes that helped me to believe that I was on to something good. Finally, I would like to thank George Schmidt whose reliable intellect and refreshing sense of humor made the last class the best.

## Abstract

This project provides strategic clinical practices for spiritual counselors who work with adults who have experienced sexual violence. Licensed mental health professionals could benefit from this project to learn about clinical approaches for their religious and spiritual clients. Sexual violence can create traumas that negatively impact quality of life and the ability to engage in healthy sexual behaviors with oneself and/or with safe partners. This project identifies the biopsychosocial-religious/spiritual (biopsychosocial-R/S) approach to professional spiritual counseling. The concepts that will be discussed in this project are 1) the purpose and role of religion and spirituality, 2) evidenced-based practices (EBP), 3) professional leadership and challenges to spiritual care, 4) interdisciplinary networking, 5) integration of the arts into spiritual care sessions, 5) and care planning. The aim of this project is to help counselors make a positive impact in the lives of those who have experienced sexual violence (experiencer(s): E-SV)<sup>1</sup> with the practical outcome for E-SV being an increase in personal agency to reclaim one's sexuality and engage sex with comfort, satisfaction, and choice.

This is an introduction into one approach to integrative spiritual care. Additional training and education are required in order to understand EBP and properly implement principles in a way that is appropriate for spiritual counseling and professional standards. Always abide by the standards and codes of your institution and discipline/vocation in which you are considered to be a professional.

---

<sup>1</sup> Amy Levinski, D.Min Research Project Seminar II class conversation. August 29, 2023. Amy Levinski is a chaplain who suggested a new term into the conversation about the use of recipients vs. victims for who would previously have been classified as victims of sexual violence. Chaplain Levinski suggested that the term “experiencer” allowed the experiencer to define the traumatic event with a sense of empowerment. I agreed.

## Table of Contents

	Page
I. Introduction.....	1
II. Religious and Spiritual Leaders and Counselors: An Ethical Obligation.....	6
III. Biopsychosocial-Religious/Spiritual Model of Care.....	9
IV. The Counselor’s Role in Holding Biopsychosocial-Religious/Spiritual Space.....	40
V. Reclaiming Sexual Health after Sexual Violence and Transcending Limitations.....	44
VI. A Conversation for Religious and Spiritual Leaders and Counselors.....	53
VII. Conclusion.....	54
VIII. References.....	57
IX. Appendix	
A. A Response to “Holding the Bag”.....	61
B. Tips for Practice.....	63
C. Disclaimer .....	78

This project will focus on educating spiritual and religious leaders and counselors on evidence-based informed care to increase their ability to provide support for help-seeking adults who have experienced sexual violence (experiencer(s): E-SV).<sup>2</sup> This is an introduction into one approach to integrative spiritual care. Additional training and education are required in order to understand EBP and properly implement principles in a way that is appropriate for spiritual counseling and professional standards.<sup>3</sup> The aim of this project is to make clinical skills easy to understand and apply in spiritual counseling settings; equipping spiritual leaders who counsel and spiritual counselors to make a positive impact in the lives of E-SV. The indirect impact of this project is to support spiritual counselors in providing the kind of support that increases personal agency to reclaim one's sexuality and engage sexual intimacy with comfort, satisfaction, and choice for E-SV. The personal thoughts and behaviors that E-SV embody and express when experiencing the stated outcomes will define the elements required for each individual's sexual health. Approaches to religious/spiritual (R/S) care that builds up mind/body/spiritual/social awareness, supports emotional regulation, helps create safe attachments, and promotes personal empowerment and agency for help-seekers will be explored in this project.

The operating religious or spiritual belief system(s) (SBS) within E-SV will serve as a guidebook for creating meaning-making for healing from trauma. Examples from various sacred texts will be used to promote the reader's understanding of a stated process. Religions and spiritualities not mentioned in this paper do not reflect limitations or preferences for one

---

<sup>2</sup> Amy Levinski, D.Min Research Project Seminar II class conversation. August 29, 2023. Amy Levinski is a chaplain who suggested a new term into the conversation about the use of recipients vs. victims for who would previously have been classified as victims of sexual violence. Chaplain Levinski suggested that the term "experiencer" allowed the experiencer to define the traumatic event with a sense of empowerment. I agreed.

<sup>3</sup> Always abide by the standards and codes of your institution and discipline/vocation in which you are considered to be a professional.

SBS over another in any form, and the reader is expected to do the translating work of the presented principles into their own R/S systems. This author will reference the Christian faith more than others when providing examples throughout the paper, since that is the religion that is most familiar to her.

Religion and spirituality help us to navigate our worlds. It defines in some ways and contributes in other ways to how we understand and engage that which is inside and outside of ourselves. Our behaviors are influenced by our religious and spiritual beliefs, so being aware of our inner belief systems and the external expressions of those beliefs is important. Religion and spirituality can be a strong positive resource to help people rise above the noise of personal and social mayhem and find a path forward.

In this project, religion will be defined as the structure in which spirituality finds its place, and spirituality is the transcendent experience of satisfaction, connection, and freedom that one feels when choosing to live within and abide by the teachings of that structure. Religion includes sacred texts, the in-group norms of behavior, and any other structural guidance that influence one's behavior. Spirituality includes the sense of connection to oneself, others (i.e., both other-worldly and human), and to the world around us. Spirituality can be thought of as embodied religion – the wings of belief.

For those who do not identify with an organized religion, spirituality embodies the belief systems that inform spiritual practice. Sometimes people like to find ways to combine wisdom from many sources, and that compilation of information becomes the structure or scaffolding that their spirituality moves along – those resources functionally serve as an instructional source and reference guide.

The overarching role of spirituality is that it is a primary navigational system for understanding and managing life, and for engaging that which is of this world and beyond. We can think of this like we are the housing of a compass: spirituality is our true north – the constant strong inner pull that no matter what happens, points us in what we believe is the right direction. The roles that I am going to present to you (control, healing, flourishing) are the elements that give power and strength to the pull toward our true north. A finely tuned compass is sensitive and responsive to the magnetic pull. When the compass is negatively impacted by the environment, when we are injured by life, our housing (i.e., our minds and our bodies) need repair in order to sense the right direction again and trust that we can rely on the navigational system.

It has been the experience of this author that people do not usually completely deny that there is a spiritual system that exists after trauma. I find that people tend to deny the existence or validity of the system in the way that they had once believed it to exist in order to make sense of their traumatic event; they may see north as bad instead of good, rework the system to make it fit their needs, switch to another system with a different set of components altogether, or put the compass in a box in the attic because it is no longer useful anymore. In trauma, it is important to look at the system and figure out what happened.

I use the terms “religious” and “spiritual” in the following ways in this project:<sup>4</sup> 1)

Religious refers to individuals who adhere to a model of belief and practice about a spiritual

---

<sup>4</sup> Definitions regarding spirituality and religion are this author’s working definitions that she uses for this introductory integrative clinical approach to spiritual care, unless a definition is cited. For other definitions, please see resources that are located in the reference list such as in the Preface in the Oxford Textbook of Spirituality in Healthcare: “Spirituality is for many people a way of engaging with the purpose and meaning of human existence and provides a reliable perspective on their lived experience and an orientation to the world,” and in chapter 39, p.280, William West’s contribution that states: “...reflected in most dictionary definitions, that spirituality relates to personal beliefs and religion to the organized group of believers including places of worship, rituals, and creeds. However, not everyone, especially those of a religious nature, accepts these distinctions...”

other” within the context of an organized religion that includes sacred texts, and interpretations of sacred texts, that define how in-groups are to live regarding values, meaning, and purpose for personal flourishing and communal engagement. 2) Spiritual refers to individuals whose lives are not defined by an organized religion and who seek a personal experience of the “self” in relation to a spiritual other, or that which is sacred, for personal and communal meaning-making. Since religious and spiritual individuals seek a transcendent experience, connection to that which is beyond themselves, I will use the term interchangeably with the abbreviation “R/S” to identify those who are religious and/or spiritual. I will also use R/S when identifying religious and spiritual approaches in general.

The primary target audience will be R/S leaders and counselors who provide spiritual counseling for adults who have identified as E-SV, and who are wanting to increase their ability to bring evidence-based practices into spiritual and clinical care. A secondary audience for this project includes licensed mental health (MH) professionals who are encouraged by the American Psychological Association to increase competence or refer out when working with spiritual or religious clients.<sup>5</sup> Integrative care can be very healing.

Healing from sexual violence requires a biopsychosocial-religious/spiritual (biopsychosocial-r/s) model of care. This approach is in line with patient-centered care and narrative medicine. Therefore, this model will be the approach from which this project is focused and the foundation from which I will offer suggestions for care. I recommend the work of Rabbi Stephen B. Roberts to learn about how to approach assessments, care planning, and communication.<sup>6</sup> Instruction on how to use spiritual assessments, different assessments to

---

<sup>5</sup> APA Ethics Office, “Ethical Principles of Psychologists and Code of Conduct,” American Psychological Association, February 16, 2023, <https://www.apa.org/ethics/code>.

<sup>6</sup> Stephen Roberts, *Professional Spiritual & Pastoral Care*, (Woodstock: SkyLight Paths Pub, 2012), Chapters 4-7.



use, and how to work on interdisciplinary teams can be found in the work of Cobb, Puchalski, and Rumbold.<sup>7</sup> Lastly, Carrie Doehring offers support for engaging in narrative spiritual care:

In paying attention to how formative stories point to core values, ultimate beliefs, and spiritual practices, pastoral caregivers balance their narrative knowledge of care seekers with theological knowledge about when beliefs, values, and coping are most likely to be life-giving or life-limiting. Such theological assessment, used alongside psychological, family systems, and organizational knowledge of religious coping and social oppression, is what makes this narrative intercultural approach to spiritual care distinct from psychological and medical care.<sup>8</sup>

Support for MH professionals, for using this model, can be found in an American

Psychological Association (APA) resource document:

The biopsychosocial model is one of the most widely-used approaches to conceptualizing a patient’s mental health and related treatment. However, this model has been criticized for failing to consider religion and spirituality in patients’ world perspectives and well-being. For this reason, some writers have advocated for the adoption of the bio-psycho-social-religious/spiritual model—where religion and spirituality constitute a fourth dimension—in order to provide additional context and move toward a more meaning-centered patient approach (Verhagen 2017). This newer model emphasizes the importance of integrating psychotherapeutic, pharmacotherapeutic, sociotherapeutic, and spiritual factors when taking a holistic approach to mental health care (René 2011).<sup>9</sup>

Religion and spirituality are optional for individuals. However, as a licensed mental health (MH) professional they are not optional areas of clinical care. In addition to that, the R/S preference of the S/R counselor or MH professional must be internally monitored for areas where personal bias may cause an interruption or rupture in the patient-centered care process. Self-monitoring and understanding how R/S function in patients, clients, and congregants can support creating helpful care plans for positive counseling outcomes.

---

<sup>7</sup> Mark Cobb, Christina M. Puchalski, and Bruce D. Rumbold, *Oxford Textbook of Spirituality in Healthcare* in *Oxford Textbook of Spirituality in Healthcare Oxford Textbooks in Public Health* (Oxford: Oxford University Press, 2012), chaps. 42 & 60.

<sup>8</sup> Carrie Doehring, *The Practice of Pastoral Care*, Revised and Expanded edition, (Louisville: Westminster John Knox Press, 2015), xxi.

<sup>9</sup> Charles Dike et al., “Resource Document on the Interface of Religion, Spirituality, and Psychiatric Practice” (American Psychological Association, October 2020), 3–4, [https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource\\_documents/Resource-Document-2020-Interface-Religion-Spirituality-Psychiatric-Practice.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/Resource-Document-2020-Interface-Religion-Spirituality-Psychiatric-Practice.pdf).

I am going to begin with a brief conversation on what I believe to be an ethical obligation of R/S leaders. I will discuss what the biopsychosocial-spiritual/religious approach to care is and how this approach contributes to healing from sexual violence; from trauma-related automatic responses to personal empowerment. I will then identify the value of attachment theory, Emotion Focused Therapy for Trauma (EFTT), Internal Family Systems (IFS), and continue the discussion toward the topic of evidence-based practices (EBPs) in counseling sessions. A brief conversation will lead to a summarization of the ideas presented in this paper with a conclusion to follow and resources in the Appendices.

### **R/S Leaders and Counselors: An Ethical Obligation**

Humans are complex. What R/S counselor or MH professional can possibly know enough on their own to fully understand the individual(s) in front of them? We attend institutions for “higher education”<sup>10</sup> to learn how to understand our world and others better, and for exposure to ideas that certainly helps us increase in understanding. Yet, there is something necessary about interacting with people that uniquely develops and matures the nuances of what we have learned and what we believe to be right and wrong. The application of what is learned in higher education, applied to real people in a clinical or pastoral setting, not only changes the lives of those who come for care - it changes the lives of the practitioner. I believe this to be what I will call living wisdom: an openness to voraciously seeking excellence in learning both intellectually and experientially as a way of living out a competent and ethical professional life.

It takes years to become an expert in one’s field of study, and the expert is skillful in feeling when he/she/they is approaching the line of competence and incompetence. For a

---

<sup>10</sup> Amy Levinski and I had personal conversation about terms for education: higher education communicates a learning experience that is potentially more rigorous than when using the term "schools." August 29, 2023.

counselor to cross the line into incompetent care, is to cross an ethical boundary. If you are reading this, you have taken the time to care about those who are in your care by exploring whether or not this author can teach you something that makes you a little better at what you likely already do quite well. This is the spirit of a life-long learner.

Professionals who represent themselves as counselors, spiritual or secular, are ethically obligated to being life-long learners. We can choose to be life-long learners who are aware of recent research studies, utilize the best evidence-based practices, and maintain an expert level status in our fields of study with the effort given to scholarly integrity. Why is this important?

In counseling sessions, we are engaging individuals whose complexities include biological components, varying levels of psychological flexibilities, social norm adherence or deviance, and R/S beliefs and practices that all intersect into what recipients of care think, say, and will commit to for healing from sexual trauma. Spiritual leaders are expected to be able to provide spiritual wisdom and counsel in every area of life, and we call that pastoral/spiritual care. However, pastors are trained in theology and not all students of religion have been trained to counsel individuals and groups. R/S leaders may mean well and try hard to live up to this very high expectation, but they may also truly not know how to counsel people – especially, those who suffer from mild to severe MH illnesses and complex trauma. A lack of counseling education and training can leave the untrained, and well-meaning, spiritual leader vulnerable to harming the very one(s) that he/she/they are hoping to help. It also leaves the unaware and trusting recipient vulnerable to harm. An example of this very thing follows:

When I graduated with my divinity degree, I interviewed with a megachurch for a job as a pastor. The interview panel consisted of around ten staff pastors and lay leaders. They

asked what I was passionate about, so I shared my passion for MH. I explained why I thought it was important to have a safe ministry for this vulnerable population. The room went uncomfortably quiet as everyone just looked at me without a comment. I looked back at them and suggested that I could help create a safe space for their congregants who suffered from MH challenges.

One person on the panel spoke up and said that they did not have anyone in the congregation who had MH challenges. I looked at the rest of the panel and I saw looks of disapproval for me and nods of agreement with the comment that the leader had voiced, from all except one – a female pastor. However, this female pastor did not say a word for or against the leader’s statement. I felt a slight indignation come over me, and I politely responded by stating that it was not possible that in a church of thousands there was no one with MH challenges. At that point, I knew that I was not getting the job. I was still feeling a sense of indignation for what I believed to be an injustice, and I was convinced that I needed to advocate for those who were obviously unseen in their own church. I continued to say what I thought about MH and the ethical responsibility of the church in general.

This church interaction represents the irresponsible and unethical behavior of spiritual leaders who are experts in theology and who fail to allow disciplines of study, beyond theology, a place within their church walls. How would a church like this help a E-SV heal from the many domains of impact that sexual violence touches, destroys, and overwhelms? How safe could a E-SV feel when his or her spiritual leader disregards the importance of existing or new trauma-related MH challenges?

There is no perfect church or spiritual group, because to be human is to be imperfect. We do not always get things right, even with the best of intentions. However, leaders hold a

particular position of power and are expected to have an above average or leader-level of knowledge in their field. With power comes responsibility. As we begin to explore the biopsychosocial-religious/spiritual model of care when working with E-SV, in order increase our knowledge and to be able to use positional power well, we can keep Dr. Graham Reside's wisdom and caution for professionals close to our hearts and minds:

Well, one way that we often inadvertently abuse our client, is by our own incompetence. Now, in other domains there's nothing criminal about incompetence, but a professional is not accused of simply incompetence when they fail to apply the knowledge that they should have, they are accused of malpractice, and there is liability with malpractice. As there should be.<sup>11</sup>

### **Biopsychosocial-Religious/Spiritual (Biopsychosocial-R/S) Model of Care**

This project is going to focus on a biopsychosocial-r/s approach to care. The purpose is to help readers understand what might be going on within the E-SV. The more we understand as counselors, the less we are confused, the less likely we are to react out of fear, and the more we can feel confident to provide the necessary support. This section is broken up in the order of the term, not in the order of importance, so the first section will begin with a look at biology.

#### **Biology**

This section will take a look into the way that human biology impacts E-SV during the assault and afterwards. When this section is completed, the reader will better understand the body's reaction to sexual violence and how this knowledge can be helpful for supporting the healing process of E-SV. When listening to the individual's trauma story, it is best a best practice to believe what is being said and look for ways to comfort and affirm rather than put on a detective hat and search for truth or lies. Believing is the starting point.

---

<sup>11</sup> Graham Reside, "Profession, Vocation, Ethics," 44:11.

Biologically, the body's physical reaction to immediate threat causes automatic reflex responses that can create challenges when narrating one's traumatic sexual experience. Kimberly A. Lonsway presented at a conference on how trauma impacted "behavior and memory."<sup>12</sup> She suggested a shift from thinking about trauma in terms of the traditional fight, flight, and freeze to "reflex and habit responses."<sup>13</sup> Lonsway explained these categories in the following ways: 1) Possible Reflex Responses: brief freeze response, tonic immobility, collapsed immobility, and dissociation.<sup>14</sup> 2) Habit Responses: social conditioning and learned responses.<sup>15</sup> These responses can cause confusion in the E-SV as she/he/they tries to understand their own behaviors during the attack. For example, there can be confusion as to why they became stiff and did not move when being raped (tonic immobility) or why she "let" her perpetrator toss her around without resisting while being raped and beaten (collapsed immobility). She may not understand why she was talking with the perpetrator about not getting into trouble and how he could lose his girlfriend if she found out (social conditioning). The E-SV might not understand why he did as he was told just like when his uncle assaulted him when he was a little boy (learned response).

During a sexual violence experience, the E-SV's attention is held to "horrible sensations that are bombarding ...."<sup>16</sup> The intensely bombarded brain "involuntarily"<sup>17</sup> responds and decides what needs to be paid the most attention to for survival. Jim Hopper

---

<sup>12</sup> Kimberly A. Lonsway, "Understanding Trauma Impacts on Behavior and Memory: Implications for Victim Interviewing." Note: Lonsway provided presentation material, and that material will be referenced in this project with page numbers. Lonsway's work, Jim Hooper's work, and Bessel Van der Kolk's work on trauma are the best that I have read, and I can only hope that I have honored and represented their dedication and hard work adequately in this project.

<sup>13</sup> Kimberly A. Lonsway, 13.

<sup>14</sup> Kimberly A. Lonsway, 14.

<sup>15</sup> Kimberly A. Lonsway, 18.

<sup>16</sup> Jim Hopper, "Sexual Assault: Brain, Experience, Behavior & Memory. Part 2," loc. 10:43.

<sup>17</sup> Jim Hopper, loc. 10:45.

calls this “bottom-up attention,”<sup>18</sup> which he explained could be when a gun is drawn in the violent attack and the victim only sees that weapon and very little of anything else. The things that the victim’s brain decides to pay attention to will impact the victim’s behavior in the moment.<sup>19</sup>

The brain’s focus of attention may add another layer of challenge when the E-SV narrates the experience, because it may be confusing for the listener to understand why more helpful and descriptive details are not being shared by the E-SV. Lonsway provided an example of what the impact of trauma on memory and recall might look like in “simplistic language:”<sup>20</sup>

...I was told to look at the piano and then walk further and look at the market that was going on at the left...I looked around the gift shop and then on the shelf at the back left...not the very last one, but the second or third last, was a cookie jar or a ceramic figure of a , uh, large chef with a hat and an apron, both white, holding a cake...<sup>21</sup>

If that were not confusing enough, memories of the experience may come out choppy at best – especially if the E-SV was intoxicated. Lonsway’s research indicates that alcohol can impact what is stored in memory, especially at high levels of intoxication, and therefore “prevent storage of most or all details of experience,”<sup>22</sup> and that “...central details that do get into long-term memory storage can be very accurate.”<sup>23</sup> The combination of a lack of coding for memory recall and information that did get coded for recall may not tell the whole story, and the choppy narrative can be confusing for E-SV, investigators, counselors, family, and friends.

---

<sup>18</sup> Jim Hopper, loc. 9:15.

<sup>19</sup> Jim Hopper, loc. 11:08.

<sup>20</sup> Kimberly A. Lonsway, “Understanding Trauma Impacts on Behavior and Memory: Implications for Victim Interviewing,” 27.

<sup>21</sup> Lonsway, 42.

<sup>22</sup> Lonsway, 23.

<sup>23</sup> Lonsway, 23.

The complexity of what E-SV experience in their bodies and the potential shame related to the event is crucial for counselors to witness, through hearing and professional presence, when shared. Counselors can learn to understand these reflexes and habit responses, and how memory, behavior, and language are impacted during and after the traumatic event. Neuroscience can help the counselor understand what is going on biologically and support a trauma informed approach to care.

I would now like to turn the focus of attention on how neuroscience can help the counselor engage religious behavior. I hope that doing so will facilitate confidence and competence in R/S diversity and difference in the clinical setting.

#### *Neuroscience and R/S*

Wathey's neuroscience research led him to write on "mental modules,"<sup>24</sup> where he suggested a neurological reason for the connection between adaptation and evolution within one's experience of the presence of God – especially in challenging situations. Sexual violence experiences certainly qualifies as a challenging situation, but how can the science of adaptation and evolution possibly help professionals in a patient or congregant counseling setting?

According to Wathey, neural networks are engaged in "aspects of religious belief and behavior."<sup>25</sup> He provided a biological connection for the spiritual experience whether the origin of the experience is believed to be spiritual or not by the counselor.<sup>26</sup> For example, Wathey suggested that religious emotion and behavior had an adaptive and evolutionary

---

<sup>24</sup> Wathey, *The Illusion of God's Presence* (Amherst: Prometheus Books, 2016) 49.

<sup>25</sup> Wathey, 50.

<sup>26</sup> Wathey, 25. While Wathey's research offers scientific evidence to disprove the experience of a supernatural God through neural networks, or at minimum the need for a supernatural God to explain spiritual experiences, it also provides an integrative neurological and social understanding for the phenomena of spiritual experience.



basis,<sup>27</sup> and that raising one's hands in prayer was like a child who reached for a parent.<sup>28</sup>

Biologically, a child innately behaves in ways that will alert caregivers of a need that has to be met – usually for survival. In prayer, the adult is likely activating that neural system that reaches out for help.<sup>29</sup>

At first glance, Wathey may offend the R/S senses and turn away this audience from his work. R/S speaking, the religious one's transcendent spiritual experience is beyond the limitation of the human body's neural networks. Right? That said, and regarded with respect, there is actually no need for a sense of threat to the R/S person from Wathey's research. The transcendent experience is, at least at some level, experienced and recorded in the body and engaged through various behaviors. Can a R/S person activate adaptive neural networks in prayer that were designed to activate behaviors that were meant to get important needs met? I see no reason why this part of neurobiology and R/S cannot shake hands at this intersection of experience. If this concept can be accepted, the counselor can help their R/S patients or clients regardless of their own personal beliefs. An example, for clarity, follows.

Let's further this discussion with an example. If a traumatized E-SV feels so much emotional and spiritual pain that it triggers a deep pain from the loss of her mother, she may say that all she wants is a long loving hug from her mother again. As she grieves in the counselor's office, she talks about how God is all that she has left and that she wouldn't know what to do without him – and then, she weeps. The counselor could use Wathey's adaptive understanding of these crisis moments and offer understanding: You miss your mother very much. It sounds like you reached for God, and since then you have been receiving spiritual

---

<sup>27</sup> Wathey, 17–18, 25, 118.

<sup>28</sup> Wathey, 64.

<sup>29</sup> Wathey, 69.

hugs - you really need that comfort right now. I am sorry that you miss your mother so much that the pain really hurts. Your sense of God's presence seems to help you cope with the different losses that you have experienced, and God is really getting you through this difficult time. Would it help you to hug a stuffed animal or a pillow while you are praying, and while thinking about your mom in prayer, so that you can feel their love and support in a deeper way? Would that help you?

Meaning-making happens as we engage ourselves and the world around us through the intersectionality of belief and experience, with understanding and compassion. A spiritually and religiously integrated, emotionally adaptive, and biologically adaptive approach to crisis situations is a gift to care, because it provides an integrative framework for meaning-making, understanding needs, and for imagining a safer and more secure future.

#### Psychological

Psychologically, the way that we think about, interpret, and respond to the world around us is important for moving forward after trauma. Salter wrote that people who “held positive illusions about themselves scored better on standardized tests of mental health than their more negative peers.”<sup>30</sup> When sexual violence occurs, this positive illusion can get shattered and leave E-SV uncertain about the safety of the world around them. A negative outlook replaces a positive illusion for a happy and safe life. The key to healing is to have a “flexible use of positive illusions”<sup>31</sup> that does not deny that the world around us could be “dangerous.”<sup>32</sup> Salter wrote that: “Normal, healthy people distort reality to create a kinder, gentler world than actually exists. Such distortions work in our favor most of the time...”<sup>33</sup>

---

<sup>30</sup> Anna C Salter, *Predators* (New York: Basic Books, 2004), 176.

<sup>31</sup> Salter, 190.

<sup>32</sup> Salter, 190.

<sup>33</sup> Salter, 177.

Learning to hope again in the structures that once brought safety and confidence in oneself and others will need to be reevaluated again in order to engage values, needs, and desires after the mayhem of sexual trauma.<sup>34</sup> Salter encouraged optimism, and wrote: “There is no harm in believing that the future holds more than the past, or that life is basically good, or that good triumphs over evil – in the afterlife if not always here on earth.”<sup>35</sup> When recipients of care adhere to a religious or spiritual framework for engaging their world, a religious component to care will be essential in helping E-SV create meaning, identify a path forward, and gain healing inner strength to engage their external worlds. Learning to love and trust oneself and others requires reframing and engaging the present moment with the truth of the now that is less unencumbered by the past. In this way, new experiences can be created and new life-giving hopeful narratives developed.

#### *Religiously Integrated Cognitive Behavioral Therapy (RCBT)*

Dr. Michelle Pierce wrote an article on RCBT, “Why Religion Needs a Seat at Psychotherapy’s Table,”<sup>36</sup> that introduced the concept of why religion was important in psychotherapy sessions. In her article, she discussed the importance of psychological care that included religious competencies. She provided research that supported greater positive results when treating depression in clients who were religious when RCBT was used in the clinical setting.<sup>37</sup> Given the positive results for RCBT and depression among R/S clients, this approach can be used by counselors to help with depression that follows sexual trauma. The integration of R/S systems of belief and cognitive therapies can assist help-seekers in dealing

---

<sup>34</sup> Yara Gonzáles-Justiniano, “Models of Hope” (Video Lecture, Vanderbilt University), 18:00-24:00, accessed February 17, 2023, <https://vanderbilt.app.box.com/s/h19whkd8mtl63y7mgghdsnbdb810ajutn/file/1134052896173>.

<sup>35</sup> Salter, *Predators*, 190.

<sup>36</sup> Michelle J. Pearce, “Why Religion Needs a Seat at Psychotherapy’s Table.”

<sup>37</sup> Pearce.

with the impact of trauma in a way that reframes maladaptive thoughts and is grounded in core meaning-making values and actions. R/S counselors can utilize this resource to foster interdisciplinary conversations and referrals in the community.

*Emotion Focused Therapy for Trauma (EFTT) & Attachment Theory*

Emotion-focused support that includes attachment theory can be particularly helpful in counseling E-SV. Understanding the source of secure and insecure attachments that may be impacting E-SV's ability to engage their intimate partners in intimate ways will help counselors and recipients of care explore maladaptive thoughts and patterns.<sup>38</sup> Understanding primary, secondary, and global emotions and how the therapeutic alliance sets the stage for bringing empathic engagement into spiritual care will be the clinical contribution of EFTT into pastoral care settings.<sup>39</sup> Getting at deeper core emotions, identifying maladaptive thoughts, and creating new experiences are very important for healing and are at the core of emotion-focused counseling for trauma. I will provide an example.

In a session that I had with an E-SV, her primary coping strategy was to become very calm when she shared her trauma narrative. I realized that she had not shown any anger, so I asked her if she had ever gotten angry about being raped. She had not. I helped her process her emotions through her own sense of justice and injustice, and I encouraged her to use raw language without socially conditioned censorship edits. The therapeutic alliance was strong, and for the first time in her life she spoke about how that “motherfucker didn't have the right” to touch her. I repeated back her words, with affirmation: “You're right. That motherfucker didn't have the right to touch you.” After she laughed a little about saying words like that to a

---

<sup>38</sup> Sue Johnson, *Hold Me Tight Workbook* (New York: Little Brown Spark, 2022), 12.

<sup>39</sup> Paivio and Pascual-Leone, *Emotion-Focused Therapy for Complex Trauma*, 2<sup>nd</sup> ed. (Washington: American Psychological Association, 2023), 1–65.

chaplain, she went a little further and connected a little more with anger. She realized that her insecure attachment to her abusive parents carried a similar negative message of self-worth resulting in a stuck point of “I don’t need anyone.” She began to process her emotions and regain that part of herself that she had shut down, which functioned to keep her safe (be quiet and don’t need anyone). She had a profound moment where she realized that she was able to get angry for injustices that were done to other people, just not for herself. The maladaptive thoughts around taking abuse, not needing anyone, and being responsible for her rape - her should have and could have thoughts, that led to self-blame and victim-blaming contributed to suppressing her deeper feelings around the violation. Once the thoughts were exposed and processed in a safe setting, she had a new corrective healing experience.

*Cognitive Guidance: Acceptance and Commitment Therapy (ACT)*

In ACT, there is a behavioral and cognitive therapy approach that also includes the importance of emotional awareness, mindfulness, values identification, and committed actions, which easily lends itself to the integration of any spiritual or religious framework that the recipient holds as a guide in life.<sup>40</sup> The ACT “Control and Avoidance Cycle”<sup>41</sup> can help spiritual counselors understand and bring awareness to avoidance cycles and behaviors that may be impeding the integration of trauma and that are facilitating distancing behaviors that are contrary to life goals. The ACT “Acceptance and Commitment Cycle”<sup>42</sup> can serve as a counselor’s guide much like markers on a path, and it can also be used as a reference for whether or not a clinical approach is working to facilitate healing in the care recipient.

---

<sup>40</sup> Hayes and Smith, *Get out of Your Mind & into Your Life* (Oakland: New Harbinger Publications, 2005), 1–7.

<sup>41</sup> Hayes and Smith, 196.

<sup>42</sup> Hayes and Smith, 196.

It can be very difficult for someone to find the willingness deep within to face and feel really uncomfortable thoughts and feelings. Unfortunately, avoidance does the opposite of what we try to squeeze out of it – a magical disappearance. Instead, the harder one tries to avoid thinking or feeling an emotion, the more it is thought and felt. Hayes has an example of this where he referenced the increase in people’s thinking about a yellow Jeep after being told not to think about a yellow Jeep<sup>43</sup>. As a result of a sexual violence experience, I have found that the following is not an uncommon avoidance experience: A male heterosexual E-SV intentionally avoided thinking about being raped by a man – he put the experience in a specially marked box in his head, and he “always knew where that box was” in order to avoid bumping into it. He felt successful at containing something that he could not do anything about, and he felt a sense of control because he had put the experience somewhere that was least likely to cause him pain. Yet, even in his most successful times of practicing avoidance he always knew that he could not, ever, open the top of that box. He realized that somehow the box had to do with why his relationships always failed, but the content in that box was too big of a problem to think about and too big of an experience to feel.

In the safety of the counselor’s presence, and with a biopsychosocial-religious/spiritual approach to spiritual care, the individual can eventually find the courage to open the box. And, in this case he did. What a sacred space to share! The counselor can use the ACT approach to help the survivor accept what he is feeling (i.e., this feels too big – anxiety), accept the situation in the context that it occurred (e.g., I was with someone who built up trust with me and who abused that trust), engage in steps to create some emotional distance (i.e., my thoughts are not automatically true even if they feel intense – “defusion”<sup>44</sup>), choose an

---

<sup>43</sup> Hayes and Smith, 24–25.

<sup>44</sup> Hayes and Smith, 74–75.

action (e.g., I can move closer to the box in my head and not open it), and engage the present moment to create a new experience and a new narrative – one that reconnects him to a more empowered sense of self. Facing his fears and challenges helped this individual begin to become present to himself and his past in the present moment. He began to gain confidence that he could handle feeling uncomfortable and anxious and choose his path forward with actions plans that were realistic and able to be accomplished.

*Attachment Theory: Psychology and Social Systems*

Humans are social beings whose ability to get needs met by to just a few important people can create a secure sense of identity that helps to inform all of life. Secure attachments enables creativity, resiliency, healthy interpersonal connection, and contributes to a more stable emotional state. While caregiver attachment styles impact the child’s attachment development, it is important to note that there are neurodivergent challenges that can also impact the caregiver-child relationship and ability to meet needs, such as early childhood behaviors and communication limitations between autistic children and their caregivers.<sup>45</sup> Wathey referenced the classic attachment study called *Strange Situation* and the associations between parental and infant behavior.<sup>46</sup> He also wrote that “patterns of attachment behavior... have enduring effects on the rest of a person’s life, including their own responsiveness and sensitivity as parents.”<sup>47</sup> Individual and couples counselors may find insight into help-seeker’s present day troubles by exploring childhood experiences and adult experiences, and how attachment styles formed in light of those experiences. Teaching individuals and couples how to identify unhelpful attachment behaviors that are rooted in the past, and learn helpful tools

---

<sup>45</sup> Jock Gordon, “Autism and Attachment Theory: Can Autism Influence Attachment and How?” The Attachment Project, Accessed March 15, 2024. <https://www.attachmentproject.com/blog/autism-and-attachment/>.

<sup>46</sup> Wathey, *The Illusion of God’s Presence*, 108-109.

<sup>47</sup> Wathey, 109.

to support the change that they want so that they can begin to heal their relationships, is important for well-being.<sup>48</sup> This is especially true with E-SV when the non-offending partner, or other persons, is being responded to like one's user of sexual violence from the past.

The most hopeful part about understanding attachment theory, in my opinion, is knowing that an early childhood attachment style can be modified if the adult has found a partner with an attachment style that creates a safe space and place for healing.<sup>49</sup> If the adult does not have a partner, the counselor can provide the safe clinical setting for creating new experiences that challenge an existing insecure attachment style and that invites the client into a secure attachment experience.<sup>50 51</sup> Opportunities for new experiences and building more adaptive functioning in the emotions<sup>52</sup> can be created in different ways such as through “imaginary confrontation procedure (IC),”<sup>53</sup> as long as retraumatization is not a risk,<sup>54</sup> and role playing.

Creating a secure attachment is foundational for making positive changes in life and for having relationships that are life-giving. Secure attachments are important for everyone, and counselors have the honor of supporting E-SV reach secure attachment goals that they might not otherwise reach without the help of a skillful counselor. Modeling safety is a powerful tool for supporting change.

In addition to partners and therapists helping with positive changes in attachment, there is an additional contributor(s) to the healing process who can help an individual create

---

<sup>48</sup> Johnson, *Hold Me Tight Workbook*, 3–92.

<sup>49</sup> David J. Wallin, *Attachment in Psychotherapy*, Read by Bob Souer. Tantor Audio, 2017. Audible audio ed., 15 hr., 25min. chap. 7: 2:00-3:00.

<sup>50</sup> David J. Wallin, chap. 5: 44:00-46:10; 6: 00:00-2:00.

<sup>51</sup> Paivio and Pascual-Leone, *Emotion-Focused Therapy for Complex Trauma*, Chapter 4.

<sup>52</sup> Paivio and Pascual-Leone, 58–59.

<sup>53</sup> Paivio and Pascual-Leone, 125.

<sup>54</sup> Paivio and Pascual-Leone, 146.



and benefit from a secure attachment. The main character(s) of this approach are those with whom one's religious or spiritual connection is anchored in, and whose values are adhered to, for navigating life and its challenges. I am suggesting that any positive and supportive “spiritual other” can provide the necessary elements for the development of secure attachments in a spiritual care counseling setting. Who brings spiritual protection, provision, care, and safety for the help-seeker in front of you? You can build on that positive resource for reframing complex and traumatic events, and for reimagining new experiences. For example, one may experience life as volatile while still remaining securely attached to God and reliant on God for a sense of belonging, purpose, protection, provision, for the meeting of all needs, and for wisdom to know what to think and how to behave.

#### *Internal Family Systems (IFS)*

We are often surprised at how differently we react to various situations... We also can react to the same situation in different ways, depending on recent events that have occurred in our mental or physical state. In the Buddhist tradition these states are called mental formations or habit patterns. Piaget and the cognitive behaviorist refer to them as schemas. Psychosynthesis refers to them as subpersonalities and psychodynamic psychologists refer to them as ego states. We will call them “parts.”<sup>55</sup>

IFS provides language for how the experience(s) of trauma impacted the E-SV's psychological state and the ensuing self-protective process that developed as a result of the injured parts of oneself. IFS uses three categories: 1) Exiles, who “maintain the painful emotions experienced by someone.”<sup>56</sup> 2) Managers, who are “highly protective, strategic, and interested in controlling the environment to keep things safe.”<sup>57</sup> 3) Firefighters, who tend to “react strongly and automatically when exiles escape from prison and are emotionally

---

<sup>55</sup> Holmes, Holmes, and Eckstein, *Parts Work* ( Kalamazoo: Winged Heart Press, 2007), 5.

<sup>56</sup> Ryan Holliman and Ryan D. Foster, “The Way We Play in the Sand: A Meta-Analytic Investigation of Sand Therapy, Its Formats, and Presenting Problems.” Located online under the section titled “Parts of a client”

<sup>57</sup> Holliman and Foster. Located online under the section titled “Parts of a client”

overwhelming the system.”<sup>58</sup> It is also important to note that each person has another part: “The ‘Self’ has the clarity of perspective and other qualities, allowing it to lead the parts effectively.”<sup>59</sup> In a general sense, the goal of IFS is to heal the exiled parts of ourselves and integrate all parts into the core and stable self by “allowing clients to internally visualize, feel, and think about the role and story of each part”<sup>60</sup> while also creating and moving forward with new goals – new experiences. Block and Fodor’s<sup>61</sup> work on type identity (relationship of mind and body) and psychological states (i.e., occurrent and dispositional states<sup>62</sup>) offers an intelligent discussion on different views regarding this topic for further scholarly learning.

The counseling benefit for E-SV is that IFS allows empathy and understanding to enter the conversations while encouraging leading life from one’s centered and more confident self, and IFS does not diagnose or pathologize. IFS can be used in the counseling setting, with caution as to not retraumatize, and the E-SV can learn how to share “parts language” with loved ones in order to help them find common language and understand how to provide helpful support. Partners can relate in a way where neither is the problem, troubled one, or patient in the relationship.

I often share with recipients of care who feel as though they don’t know who they are anymore and that they do not know if they will ever be the person they used to be again – carrying the fear of being a shadow of a self that they can barely recall – that the most inspiring thing that makes me awe-struck and passionate about healing is that I have not met someone whose core self no longer existed. I have not yet met anyone in my professional

---

<sup>58</sup> Holliman and Foster. Located online under the section titled “Parts of a client”

<sup>59</sup> Holliman and Foster. Located online under the section titled “The self”

<sup>60</sup> Holliman and Foster. Located online under the section titled “IFS and sandtray integration”

<sup>61</sup> Block and Fodor, “What Psychological States Are Not.”

<sup>62</sup> Block and Fodor, 168.

work, who could not find and reengage that part of themselves that they missed being present. I am hoping to find throughout the course of my entire career that this is a truth uncovered in practice, even in our most traumatized persons. Van der Kolk stated something similar:

The self does not need to be cultivated or developed. Beneath the surface of the protective parts of trauma survivors, there exists an undamaged essence – a self that is confident, curious and calm. A self that has been sheltered from destruction by the various protectors that have emerged in their efforts to ensure survival.<sup>63</sup>

Religious and spiritual people can find examples of how IFS could work through their system of belief and informative texts. For example, the Holy Trinity can explain how we can be one person and three parts. I will provide a professional IFS example from a modified story. A woman who was raped by her father may struggle with feeling fearful of, or repulsed by, men who have beards like her dad. Her exiled little girl part of herself is still very hurt and afraid and her manager part has kept her from dating men with beards. However, she had met a really great guy who now wants to grow his beard out and her firefighter is finding every reason to break up and minimize this felt threat. The attachment alarms of needing safety and being met with harm instead of care are going off and causing visceral reactions, and she is having trouble feeling her stable core sense of self. How could you help this woman and this couple now that you understand where her reaction might be coming from? A first step can be to educate her and normalize how she can feel different emotions that are confusing and scary: There is a part of who you are that tries to reason with the idea to help you feel safe with this man you love, and there is a part of you that feels very scared as though he is going to hurt you instead of love you like your dad, and there is a part of you who wants to run out the door or throw up when you see the stubble on his face. Counselors can provide education

---

<sup>63</sup> Bessel Van der Kolk, *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma*, read by Sean Pratt (Penguin Audio Whispersync for Voice-ready, 2014), Audible audio ed., 16hr., 15min., Chapter 17, 19:37.

on attachment theory and the biological processes of trauma to help her/them learn about what is going on and limit misunderstandings. Then, you can use the spirit of EBPs and her S/R framework to help her work through her past and engage the present in the present moment.

### Social

Systems theory provides a way of understanding how all kinds of external influencers contribute to how people think about and engage the world around them. This is important to understand when someone experiences sexual violence, because religious and secular social norms that are biased, violated, or unclear can contribute to negative emotions of moral shame for the E-SV. And, that can cause obstacles for reporting, seeking support, and personal healing for all genders.

Societal norms and status quo contribute to whether one reports sexual violence and seeks help, and whether the community is ready to provide resources for support. Hayley Johnson stated that sexual assaults on men are “less talked about,” barriers are “higher” for men than women when it comes to reporting, and that: “Rape myths and feelings of shame, guilt, embarrassment, and fear of not being believed deter men from reporting.”<sup>64</sup> One common barrier for women are the examples of women who have reported sexual violence and have been viewed negatively in society for speaking up.<sup>65</sup> Sexual violence is a local and global problem for humanity, and with an interconnected world this is an important matter. The World Health Organization (WHO) addressed violence among women, which included intimate partner violence (IPV) and sexual abuse, in an online news release:

Violence against women is endemic in every country and culture, causing harm to millions of women and their families, and has been exacerbated by the COVID-19 pandemic,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “But unlike COVID-19, violence against women cannot be stopped with a vaccine. We can

---

<sup>64</sup> Hayley Johnson, “Key Gender Differences After Experiencing Sexual Violence.”

<sup>65</sup> Hayley Johnson.

only fight it with deep-rooted and sustained efforts – by governments, communities and individuals – to change harmful attitudes, improve access to opportunities and services for women and girls, and foster healthy and mutually respectful relationships.<sup>66</sup>

Reports<sup>67</sup> show that more women experience sexual assaults than men.<sup>68</sup> Underreporting is not limited to women, so increasing one’s awareness of how men and women differ in their expressions of emotional symptoms, that include socialized gender norms, will be helpful in a religious or clinical setting. The following information by Veterans Affairs offers insight regarding male and female dynamics in the United States of America (USA):

At least 1 out of every 10 (or 10%) of men in our country have suffered from trauma as a result of sexual assault. Like women, men who experience sexual assault may suffer from depression, posttraumatic stress disorder (PTSD), and other emotional problems as a result. However, because men and women have different life experiences due to their different gender roles, emotional symptoms following trauma can look different in men than they do in women.<sup>69</sup>

Lew wrote about cultural differences between men and women who were sexually abused as children in the United States (US): “A boy’s crying or trembling is even more likely to provoke a violent response. The behavior is considered weak and unmasculine, and becomes justification for the adult’s brutality.”<sup>70</sup> In a situation like this, the child has no support for understanding and expressing his emotions; messages about anger, violence, and masculinity begin to form and contribute to the development of his identity. Lew highlights this challenge:

He draws the logical conclusion that to be powerful, he must be angry. If only the powerful are allowed to be angry, he reasons, only the angry can be powerful...In an attempt to counteract feelings of vulnerability and impaired masculinity, the male

---

<sup>66</sup> World Health Organization, “Devastatingly Persuasive: 1 in 3 Women Globally Experience Violence.”

<sup>67</sup> Amy Levinski, Personal conversation about terms for education. September 29, 2023. Statistics vs. reporting and accuracy. We decided that using “reports” allowed for an accurate regard for statistics, while allowing space for underreporting.

<sup>68</sup> Centers for Disease Control and Prevention, “Violence Prevention.”

<sup>69</sup> Veterans Affairs, “Sexual Assault: Males,” Accessed January 29, 2023, [https://www.ptsd.va.gov/understand/types/sexual\\_trauma\\_male.asp](https://www.ptsd.va.gov/understand/types/sexual_trauma_male.asp).

<sup>70</sup> Lew, *Victims No Longer*, New York: Quill, 2004, 50.

survivor can end up feeling that his only protection lies in intimidating the world with a theatrical display of anger... This dramatization seldomly represents a pure emotion. It is more likely to be a protective mask, hiding what lies behind it (usually fear or sorrow.)<sup>71</sup>

When this view of masculinity combines with a religious view that supports the male role of dominance, it may be difficult for the individual to reorient his understanding and use of power from a power-over model to a more shared-power model. For example, a male whose anger functions to get him what he wants may use anger in relationships to power over others in order to reach his goal or objective. He may, or may not, realize that he is harming his loved one(s) during his misuse of power. At some point, if he would like to pursue change, he will need to understand how anger is being used and how it is hurting his relationships. He will need to be willing to explore and become aware of how his anger is being driven by other emotions, experiences, and various systems of belief. Anger is a strong emotion that serves the immediate need of the one using it, and that can help one feel in control when he begins to feel vulnerable. The use of anger can intimidate others to conform to requests, demands, and needs. Helping E-SV understand how their anger is functioning in their life and exploring whether or not that anger is serving them well now or not, can be a good place to start with Socratic Questioning and the “Spirit of Motivational Interviewing.”<sup>72</sup>

I know of one situation where a man’s anger was so tied to a fear of rejection and abandonment that he frequently yelled at his wife for hours until she finally got angry back at him. His ability to provoke her to anger communicated to him that she loved him – that he was safe. When he experienced rare times of sorrow after using forms of extreme anger and control, he would talk of ending his life – gaining assurance from his wife that she would not

---

<sup>71</sup> Lew, 50.

<sup>72</sup> Miller and Rollnick, *Motivational Interviewing* (New York, NY: Guilford Press, 2013). 14.

reject or abandon him after using the power of anger over her. Helping this man understand his how past traumas informed the function of anger in his life can be a helpful starting place for personal healing, relationship repair, and social health as a married couple.

When sexual abuse happens in a religious group such as a Christian church, and especially by a religious leader, anger can be oriented toward God, other religious leaders, and the church. The religious system that was supposed to protect, failed. If God, God's representative, and God's church cannot be depended on for safety, as suggested in sacred texts, then who else could he/she/they depend on for protection? What values will replace spiritual values that no longer have a firm foundation and serve as a guide and anchor for life? It is a deeply grievous reality that sexual abuse and protecting users of sexual violence is no stranger to the religious world. When this becomes known, religious institutions must do what they can repair the damage as much as possible for the one(s) abused, their local religious communities, and society as a whole.

Earlier this year, an SBC [Southern Baptist Convention] sex abuse task force released a blistering 288-page report from outside consultant, Guidepost Solutions. The firm's seven-month independent investigation found disturbing details about how denominational leaders mishandled sex abuse claims and mistreated victims. The report focused specifically on how the SBC's Executive Committee responded to abuse cases, revealing that it had secretly maintained a list of clergy and other church workers accused of abuse. The committee later apologized and released the list, which had hundreds of accused workers on it.<sup>73</sup>

Sexual violence knows no boundaries. It greatly impacts the development of societies,<sup>74</sup> and it is costly.<sup>75</sup> While this paper focuses on individual healing from sexual violence, this author recognizes that it is important for societies to make necessary changes

---

<sup>73</sup> Holly Meyer and David Crary, "AP News." August 12, 2022. <https://apnews.com/article/southern-baptists-say-denomination-faces-doj-investigation-6d17cb1bc0a6256cabd7d24150c808bd>.

<sup>74</sup> World Health Organization, "Devastatingly Persuasive: 1 in 3 Women Globally Experience Violence."

<sup>75</sup> Centers for Disease Control and Prevention, "Violence Prevention."

that will prevent the violence in the first place. Education, and other strategies for change locally and globally can make for a great start.

The education of religious leaders regarding sexual violence is crucial because religious and spiritual beliefs impact not just families, but also societies – locally and globally. Don S. Browning et al. referenced “points of convergence”<sup>76</sup> among six world religions in their book titled: “Judaism, Christianity, Islam, Hinduism, Buddhism and Confucianism.”<sup>77</sup> A couple areas of convergence were marriage and marital rites, which had a direct connection to society.<sup>78</sup> Violence in marriages works against the kind of vitality that promotes altruism, connects the family unit through healthy bonds, and serves as a societal strength. Browning et al. stated: “First, each of these religious traditions confirms marriage as a vital and valuable institution and practice that lies at the heart of the family and at the foundation of broader society.”<sup>79</sup>

William Nash referenced the work of ethicist Margaret Urban Walker when he said that “moral repair has to be the responsibility of moral communities.”<sup>80</sup> Societies differ in what is considered appropriate norms or standards of behaviors. These standards make up the social moral compass that is imperative for social order. When morals are not upheld a community, effort to repair the distress or injury can not only repair the individual but also trust in the social order as a whole. When that system breaks and harm has been incurred, the system can contribute to healing as it identifies the breach and closes that gap to eliminate

---

<sup>76</sup> Browning, Green, and Witte, *Sex, Marriage, and Family in World Religions* ( New York: Columbia University Press, 2006), xxii.

<sup>77</sup> Browning, Green, and Witte, xx.

<sup>78</sup> Browning, Green, and Witte, xxii–xxvii.

<sup>79</sup> Browning, Green, and Witte, xxii.

<sup>80</sup> William Nash, “2.6.2 Moral Injury Part 2: Understanding Moral Injury,” Video Lecture, Vanderbilt University. 43.04., Accessed March 15, 2024. 2.6.2: Moral Injury Part [https://www.youtube.com/watch?v=69\\_L5YXl6fw](https://www.youtube.com/watch?v=69_L5YXl6fw) 2 - YouTube.15:40.



future harm, which then restores the harmed individual's faith in the system to once again nourish and protect. R/S counselors can provide support and advocacy.

When sexual violence occurs within one's religious community, it can be devastating. Religion provides a sense of belonging in this world and in all that is beyond. Responsibility for the way that we have harmed someone, the effects of the harm, and the systemic ripple-effect of the negative impact might make the user of sexual violence (U-SV) feel vulnerable and want to self-protect, but owning the risks that come with consequences can free everyone. Consequences can be owned and paid, and restoration for the U-SV and E-SV can heal – creating positive individual and systemic ripple effects of healing.

Nash referenced the work of ethicist Margaret Walker again when he said:

There are things society can do to try to restore the balance of good and evil and do justice by punishing the perpetrator, or whatever, but what can they do about the victim? The victim is left holding the bag...How often as a victim of someone else violating your rights, such as a rape, such as sexual assault in the military, how often are you going to get any kind of apology.<sup>81</sup>

Nash's reference was set in the military context, and yet it echoes truth beyond the military experience. In the sessions that I have had up to this point, when working with people who had experienced sexual violence, I have not yet heard of one intimate partner, parent, sibling, friend, military personnel, member of clergy, members of churches, or unknown users of violence who had apologized for the sexual violence or continuing effects of trauma that they contributed to in any given setting. The U-SV's lack of acknowledgement of harm, responsibility, and apology truly does leave the E-SV "holding the bag."<sup>82</sup> Maybe our society needs more examples of how risking on responsibility-taking can restore the mind, body, and spirit and can bring deep healing – normalizing values-based risk-taking that outweighs the

---

<sup>81</sup> William Nash, 15:05.

<sup>82</sup> William Nash, "2.6.2 Moral Injury Part 2: Understanding Moral Injury." 15:00

fear of personal consequence. If R/S texts support responsibility taking, they can be used to inform and direct followers on how to be healers of the world.

Let me note that just because I am yet to work with individuals whose U-SV have offered apologies does not mean that apologies and responsibility-taking never happens. In fact, a friend and colleague of mine shared the most amazing story of healing that deserves a spot in this project. Please see Appendix A for a heartwarming and inspiring story of what can happen in a family when responsibility-taking occurs and stops the generational wounds that secrets perpetuate. Stories like this one unfold and create new corrective experiences in safe settings where the listener holds space for big feelings.

### *Spiritual and Religious*

Religious communities teach and promote norms from which in-groups are expected to live within the greater social context. Religious texts that contribute to establishing religious norms around sex and gender roles can complicate what an E-SV believes is a viable option for emotional and spiritual safety, and it can also contribute to whether one speaks about the traumatic experience to medical professionals, spiritual leaders, and the greater spiritual and religious community. The inner conflict that an E-SV experiences can be confusing to understand. S/R counselors can help provide clarity, direction, and emotional and spiritual safety when they encourage help-seekers to identify how sacred texts support altruistic social norms, personal flourishing, and accountability-taking for the repair of social ruptures.

Dr. Ellen Armour, at Vanderbilt University, presented two kinds of theologies in a lecture: 1) Everyday Theology – knowledge that people in the pews have about religion and 2) Academic Theology – knowledge that religious scholars have for understanding religious

texts and application.<sup>83</sup> Within that same lecture, Dr. Armour spoke about chaplains as being mediators between the two theologies for people in their clinical care who were experiencing conflict.<sup>84</sup> The idea is that the academic scholar in religious studies can provide the context and boundaries of the sacred text, whether there be a need for more restrictive or expansive boundary setting, which can then inform individuals' everyday theology for practical application in daily life situations. This approach can help E-SV make sense of their experience, find comfort in their beliefs, and choose their behaviors going forward from a place personal empowerment.

For example, a young single Christian woman who had gotten dressed up to go out with friends on a Friday night might anticipate shame through victim-blaming since she wore less-than-modest modern attire and "adorned" herself with jewelry to feel and look pretty on the night that she was gang raped. The beliefs within her religious community, formed from the Holy Bible's 1 Timothy 2: 8-10 verses, may contribute to the stigma that comes with the myth that women are raped because of what they are wearing. Myths create an obstacle to reporting<sup>85</sup> which interferes with getting the support that victims need for healing. If the religious leader can assure the victim that the text that spoke of godliness was not a text that condoned rape or was ever to be used for victim-blaming, the young woman may feel supported and safe to engage in healing conversations; everyday theology is refined through the sharing of academic theology. Furthermore, if the religious community was taught the same thing there might be less fear of becoming an outsider when considering whether to share.

---

<sup>83</sup> Ellen Armour, "Beyond the Binary? Theology, Gender, Sexuality." VDS Doctor of Ministry Program, December 2, 2021, <https://vanderbilt.app.box.com/s/08twm1a9386pvd3e10nscd06jjrmkfmh/file/891606640138>.

<sup>84</sup> Ellen Armour.

<sup>85</sup> Hayley Johnson, "Key Gender Differences After Experiencing Sexual Violence."

An example from my spiritual care sessions with E-SV who were also Christian married women, included how female recipients of sexual violence understood the text that stated how their bodies were their husband's and not their own (1 Cor 7:4). This can be particularly confusing to E-SV when that thinking is combined with other verses that she believes reinforces the idea that she has no power or voice in sexual matters. For example, when sacred texts are taught by religious leaders in a way that encourages a woman to submit to her husband as to the Lord without a question, and that idea trumps the verses that require submission to one another, for husbands to love their wives as they love their own bodies, and for husbands to love their wives as Christ loved the church sacrificially, a woman can feel quite trapped and unable to leave an abusive situation. Ephesians 5: 21-31 provides such a text:

<sup>21</sup> Submit to one another out of reverence for Christ. <sup>22</sup> Wives, submit yourselves to your own husbands as you do to the Lord. <sup>23</sup> For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Savior. <sup>24</sup> Now as the church submits to Christ, so also wives should submit to their husbands in everything. <sup>25</sup> Husbands, love your wives, just as Christ loved the church and gave himself up for her <sup>26</sup> to make her holy, cleansing<sup>[b]</sup> her by the washing with water through the word, <sup>27</sup> and to present her to himself as a radiant church, without stain or wrinkle or any other blemish, but holy and blameless. <sup>28</sup> In this same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself. <sup>29</sup> After all, no one ever hated their own body, but they feed and care for their body, just as Christ does the church— <sup>30</sup> for we are members of his body. <sup>31</sup> <sup>86</sup>

Academic theology can mediate everyday theology by showing how texts taken out of contexts can be harmful and misleading. Texts about how God hates oppression and delivers people from those who oppress can be supportive verses that liberate the E-SV of sexual violence. If recipients of care do not know what their own religious texts dictate about relationships, marriage, sex, and abuse it can be a very helpful process for the counselor to

---

<sup>86</sup> H Johnson, "Key Gender Differences after Experiencing Sexual Violence."

patiently guide toward topics for study. A balance between guiding and directing the conversation can be useful to help the recipient of care explore her texts and take ownership in what she believes. Personal conviction and inner strength for change may then clear up ambivalence and foster movement toward a healthy change process.

Sacred texts can liberate E-SV from negative moral emotions such as shame and guilt, so it is important to stay within the context of the care recipient's system of belief when supporting E-SV during counseling sessions. A counselor does not have to know the ins-and-outs of all religions to help a religious care recipient. Skillful listening and engagement with appropriate use of evidence-based practices (EBPs) can guide the recipient to search their sacred texts and apply the content of their findings for healing. Here is an example:

I worked with a heterosexual man in the past who identified with The Church of Latter-Day Saints. He had been raped by a man and had acted out sexually as a result of his trauma - trying to prove to himself that he was not gay. He also engaged in substance use to numb his feelings from the trauma. This individual was afraid to go to his religious leader about the rape for fear of rejection. After working with him and encouraging him to find texts about oppression and deliverance from oppression, he began to stop believing that the sexual violence was his fault. He gained the courage to go to his spiritual leader for religion-specific support that was beyond my scope of practice. The concern of his spiritual leader was that the victim of rape had violated their religious code due to having sex out of wedlock with multiple women and using illicit substances. The E-SV's situation was elevated to go before the bishop for the types of sins that he had committed, and he later went through repentance and restoration rituals as was appropriate for the process of reconciliation to the church. The local leadership and bishop were not concerned about the rape, and they did not address it

with the victim, so I addressed that part of this man's trauma for healing during our spiritual care sessions. The individual was able to be reconnected to the church, which was meaningful to him, and I was able to help him heal from the wounds of sexual trauma.

I would like to highlight that if the counselor does not know what IPV or sexual violence is, then misuse of sacred and spiritual texts may be misinterpreted and weaponized for violence. And, if the one using sexual violence (U-SV) is the R/S leader, those who follow him/her/they may be at risk for misusing texts in the same way that the U-SV may have taught. This could look like teaching ownership over a spouse's body. For example, a religious leader who had used anger and control to get what he wanted in family relationships was convinced that exerting control was part of "leading" in his family and marriage. This man used sacred texts such as "your body is not your own" to remind his wife that she needed to have sex with him regardless of whether she was agreeable. He believed that he had religious support for using the text that way, and he did not see it as coercion. He was convinced that he was not being abusive toward her: "That term should be saved for people who are really being abused." To him, abuse was reserved for users of physical violence.

How could he preach about marriage, family, and intimate relationships in a way that promoted safety when his own family was not safe at home? Religious and spiritual leaders and counselors can hold each other accountable and come alongside a misguided leader in ways that are corrective. For example, this R/S leader would benefit from spiritual and psychological counseling in order to explore the emotions that gave power to his anger and to learn less violent ways to get his needs met. He would benefit from attachment and identity work around what it meant to be a spiritual man, where his views of masculinity came from, how past trauma played a part in using anger for control, and how his religious beliefs

contributed to staying in a cycle of anger and violence. Furthermore, the emotional and spiritual injuries that this man's wife suffered would also need to be addressed to restore this social unit, if that were desired by the couple. R/S counselors could use their position of power and voice, and ACT, to help bring the wife comfort, a sense of justice, and the opportunity for spiritual reconciliation and values-based healing.

Injuries to the spirit of a person brings us into a conversation regarding moral injury (MI) and Post Traumatic Stress Disorder (PTSD). MI is a spiritual counselor's wheelhouse, because it is located within the core of where values and experience intersect for creating meaning and purpose. It is a subject that I believe is a bridge for spiritual leaders and MH professionals, because where values and experience intersect is precisely where the overlap between psychology and spirituality and religion exists. This is where the psychology and S/R disciplines appropriately share lanes for integrated care and trauma healing. When Post Traumatic Stress Disorder (PTSD) is part of the E-SV's experience, each discipline will utilize specialized assessments and EBPs for treatment planning. Where one discipline's scope of practice ends the other can take it from there, and where appropriate lane-sharing occurs intentional working together can offer integrative care for optimal treatment outcomes.

For example, a woman who had suffered severe sexual abuse from her father from early childhood, into young adulthood, came to see me at a church for spiritual healing. During my spiritual assessment I asked if she had been in the care of a MH professional and if she were taking medications that might be helpful for me to know about. This woman said that she had been under psychiatric care for over 25 years for Dissociative Identity Disorder (DID). I provided affirmation and validation for the impact of her trauma in her life, and I let her know that I did not feel that I could properly care for her safely without first speaking

with her psychiatrist about integrative care. She was appreciative and thankful that I was concerned for her safety, and she called her psychiatrist who was willing to meet with the both of us together. When I arrived for this session, I informed the psychiatrist that I wanted to understand the E-SV's triggers and boundaries so that I did not cause further harm in spiritual care. The psychiatrist was appreciative of that concern and asked me to lead a spiritual care session together in her office, right then. I began the session based on the E-SV's spiritual values system and the psychiatrist joined me. The outcome was remarkable. There was an integration of one dissociative part of the E-SV, and two other parts were in conversation about integration. I worked with this individual for a year, and she continued to experience integration of parts with somatic changes such as the alleviation of migraines and body aches that she had suffered for many years. I am an advocate for integrative counseling, even with difficult MH diagnoses such as DID, and I believe it to be the best form of care: "The religious faith and spirituality of patients suffering from dissociative disorders has a vital though often undervalued role to play in the treatment process."<sup>87</sup>

Let us explore integrative work around PTSD and MI. Johnathan Shay spoke of moral injury as occurring "when there has been a betrayal of what's right by someone who holds legitimate authority in a high stake situation," and that it is a "betrayal of what is right perpetrated by the morally injured person in a high stake situation."<sup>88</sup> . Brett Litz presented a chart in a lecture called the "Continuum of Moral Harms and Outcomes" that visually showed how the "event frequency" and "degree of possible mental, social, biological, and spiritual harm and functional impairment" corresponded to one another and was set in relation to

---

<sup>87</sup> Rosik, "Utilizing Religious Resources in the Treatment of Dissociative Trauma Symptoms," *Journal of Trauma & Dissociation* 1, no. 1 (January 1, 2000): 69–89. [https://doi.org/10.1300/J229v01n01\\_05](https://doi.org/10.1300/J229v01n01_05). 1.

<sup>88</sup> Johnathan Shay and Kent Drescher, "Moral Injury Part 1" (Video Lecture, 1:10:37, VDS Doctor of Ministry Program, n.d.), <https://www.youtube.com/watch?v=0kVoAQ3uLhY>. 25-29:00.



“population prevalence.”<sup>89</sup> Kent Drescher spoke of moral emotions and how they could be associated negatively and contribute to mental health challenges or positively and offer support for recovery.<sup>90</sup>

A practical way to think of MI is to realize that it is a violation to the individual’s morals or codes of engagement that one holds, and those morals and codes are connected to our values and emotions. High stakes violations to those morals and codes causes injury to our minds and souls in a way that is expressed through maladaptive thinking and behaviors that produce negative life outcomes. The individual who has moral injury can be the offender of her moral code, the recipient of someone violating her code, or she could have witnessed the high stakes traumatic situation that crossed her code.

Moral injury and PTSD can share similar behaviors and thoughts, especially regarding negative cognitions such as shame. When PTSD and moral injury are combined, it can be very difficult to tell the difference between which is causing avoidance, depression, isolation, problems concentrating and other consequences of the injurious event. The S/R counselor and the MH professional can work from their disciplines and communicate discipline-specific language for integrative care. For example, a MH professional will look at the DSM-5<sup>91</sup> and find that Criterion A for PTSD includes:<sup>92</sup>

---

<sup>89</sup> Brett Litz, “Moral Injury: An Overview of Conceptual, Definitional, Assessment, and Treatment Issues,” Video presented at the MIRECC Presents 32, n.d. Accessed February 2023. [https://va-eerc-ees.adobeconnect.com/\\_a1089657440/pbp0xw4n5lvm/?launcher=false](https://va-eerc-ees.adobeconnect.com/_a1089657440/pbp0xw4n5lvm/?launcher=false) 15:43.

<sup>90</sup> Johnathan Shay and Kent Drescher, “Moral Injury Part 1,” 20:20-20:40.

<sup>91</sup> American Psychiatric Association, ed. *Desk Reference to the Diagnostic Criteria from DSM-5* (Washington: American Psychiatric Publishing, 2013). 143-148.

<sup>92</sup> Kyle Bewsey (Psychologist), in a conversation with this author on September 11, 2023, explained the updated DSM-5 PTSD criterion A to me that includes experiencing a traumatic event(s), witnessing a traumatic event, learning about the traumatic event as it occurred to a close family member or friend, and experiencing repeated or extreme exposure to aversive details of the traumatic event(s) via employment. His explanation extended into a discussion on moral injury. He noted how important the relationship was in meeting diagnostic criteria in situations where one learns about the original traumatic event(s) as it occurred to a close family member or friend.

Exposure to actual or threatened death, serious injury, or sexual violence in one area of the following ways: 1) Directly experiencing the traumatic event(s). 2) Witnessing, in person, the event(s) as it occurred to others. 3) Learning that the traumatic event(s) occurred to a close family member or close friend. In the case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. 4) Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).<sup>93</sup>

The MH professional will determine the presence or absence of criterion A-H and note whether symptoms persist. From there, the MH counselor can develop a treatment plan in accordance with this data and be in conversation with the S/R counselor regarding spiritual care plans for soul care and working toward positive cognitions around moral emotions and behaviors that were impacted by the traumatic high-stakes event. The MH professional will have psychological assessments that serve as markers for using various EBPs, and the EBP trained spiritual leader will have spiritual assessments that serve as markers for spiritual approaches to EBP informed care. Here is an example.

I had worked with a male Veteran who believed that the other soldiers in the unit were like brothers to him, they had each other's backs, and he felt safe as he faced deployment. Then, one night, he was raped by two soldiers in his unit while he was in the showers. They raped him and left him there feeling violated, humiliated, betrayed, and afraid: "It all happened so fast." Not only that, the E-SV slept just a few beds away from his abusers. Criterion A was met in that he directly experienced sexual violence. It was morally injurious in that it was an extreme event that crossed his codes of friendship, comradery, and what it meant to serve together in the military. The event caused depression, an inability to sleep, constant hypervigilance, and a loss of function in his work. This morally injurious event was also an event that caused him PTSD. Spiritually, working with this individual will require identifying which values and codes were

---

<sup>93</sup> American Psychiatric Association, *Desk Reference to the Diagnostic Criteria from DSM-5*, 143.

violated, placing the responsibility on the one(s) who used sexual violence – not victim blaming, and returning to the focus of values as a strength from which to live life. Helping to reestablish stability in values, safety in spiritual belief, and self-empowerment to choose to and to risk on believing in oneself will be important parts of the healing journey. Cognitive and spiritual trauma-informed care will prioritize what the help-seeker is needing in the moment, the capacity the individual has for dealing with the trauma, and calming or regulating the mind/body/spirit connection so that that safety in one's body builds confidence and an ability to maintain being fully present in the moment while talking about the past. There are many EBPs and S/R approaches to care that can be helpful for supporting the E-SV's journey from sexual trauma into sexual health. A spiritual counselor could work with licensed MH providers to create care plans that provide opportunities for new corrective experiences. This would offer an integrative approach to healing for PTSD and MI.

There are also times when a life-altering event contributes to the development of MI, while potentially not meeting criterion A for PTSD. These events can change our courses and leave us unsure of our worlds, vulnerable, and maybe pretty depressed for a while. Bewsey and I discussed how infidelity could be a life-altering event that may not meet criterion A for PTSD and yet negatively impact one's life in the area of function.<sup>94</sup> An example of this could be when a spouse finds out that his partner had an affair and gave him a sexually transmitted disease, such as herpes. The one who was betrayed may feel humiliated, and he may need to see a doctor for the treatment of a life-long STD that he will have to tell future partners about before allowing the relationship to become sexually intimate. This marital betrayal may cause the partner who

---

<sup>94</sup> Kyle Bewsey (Psychologist), in a personal conversation, discussed situations that were most likely to meet criterion A for PTSD and contribute to moral injury, as well as situations that were mostly likely to contribute to moral injury and not meet criterion A in the DSM-5 .. September 11, 2023.

experienced the infidelity to want to divorce the one who had the affair. Life was altered for the one who was betrayed - life was not threatened, there was no physical injury and there was no sexual violence. Morally, their couple's agreement (agreed-upon code of behaviors and values) was violated and that violation altered their lives.

S/R leaders and counselors can provide affirmation and validation that the offense was certainly impactful, while helping people move through the event. Rituals of forgiveness or meditation may be helpful for calming the body and releasing anger that would otherwise cause the heart to harden and bitterness to take deep roots in the soul. Somatic therapy may be beneficial for releasing tension and embracing the body connection.

### **The Counselor's Role in Holding Biopsychosocial-Religious/Spiritual Space**

The therapeutic alliance is a necessary clinical step in the process of being able to help experiencers of sexual violence who come to counselors for help. Once E-SV decide to become vulnerable and seek care, the appropriate professional attachment from the patient to the counselor can develop and promote the security that is needed for meeting the targeted healing outcomes. In the therapeutic alliance, care recipients' difficulties developing secure attachments to the provider can result from "some lack of warmth and intimacy in the therapeutic relationship."<sup>95</sup> A strong therapeutic alliance takes hard work on the part of the recipient and the counselor.

The R/S counselor and MH professional are influential in the healing journey of counseling recipients. Counselors cannot be all things to all people, and to counsel beyond the limits of our specialties and attempt to counsel from open wounds or ignorance becomes an ethical issue. Helping E-SV heal also requires counselors to draw from their own stable sense

---

<sup>95</sup> Paivio and Pascual-Leone, *Emotion-Focused Therapy for Complex Trauma*, 100.

of self and healed experiences and prioritize personal emotional, spiritual, and mental health for themselves. The last thing that anyone would want in a counseling session is for a part of the counselor, other than the stable and centered self, to interact with vulnerable and wounded parts of the E-SV.<sup>96</sup> Counselors witness many stories while helping individuals in their care, and this brings many opportunities for counselors to humbly question and modify their own value systems. Being cognitively and spiritually open and flexible takes intentional life-long learning and self-care behaviors.

For example, when sexual violence occurs, the topic itself can cause a moral dilemma for the E-SV and the R/S counselor sitting in the same office. Challenges around what they are supposed to think about the user of sexual violence, situational factors, and the seemingly inconsistent or choppy trauma narrative can be confusing to work through. Questions about societal impact, such as how society causes fear and pressure to conform to norms and its limitation to encourage E-SV to speak up can be challenging. And, what do counselors do when they feel that they have to choose between doing what they think is right for the recipient of care and their personal R/S affiliation's doctrines and values systems?

When sexual violence occurs in a marriage, there is an institutional dilemma that is added into the mix. What does the E-SV and R/S counselor believe about whether rape can occur in a marriage? The counselor's understanding of what sexual abuse is, and the different forms that it takes, will impact recipients of care who are vulnerable and in need of healing. For example, a S/R leader who believes that abuse is reserved only for those who use physical violence will be at risk of supporting emotional and spiritual abuse in relationships.

---

<sup>96</sup> Richard C. Schwartz and Martha Sweezy, *Internal Family Systems Therapy*, read by Brian Arens, 2nd ed., (Echo Point Books & Media, LLC., 2020), 12hr., 41min. 5:06-07.

What makes a relationship intolerable, and is it ever okay to divorce? Bordow quoted the Code of Hammurabi to show how “Mosaic laws and the Ancient Near East laws provided protection of women mistreated in poor marriages.”<sup>97</sup> He referenced Middle Age canon Law when he wrote that “married partners could not refuse to fulfill their conjugal duties when asked. A divorce *mensa et thoro* ended this obligation; as well as obligation to live together. In modern lingo this would be called a legal separation.”<sup>98</sup> He also referenced Martin Luther who looked beyond adultery for divorce and referenced “rude, brutal, and unbearable”<sup>99</sup> behaviors, and in addition to that he thought that matters of divorce belonged “in the hands of the state”<sup>100</sup> - not in the church. When writing about English Puritans, Bordow noted their view of divorce as belonging to the “civil courts,”<sup>101</sup> for there to be equality among male and female partners to divorce their spouses<sup>102</sup>, and the possible provision for divorce due to “malicious”<sup>103</sup> behaviors that would allow for the recipient of such behaviors to have been designated as the one who was deserted by the offending spouse.

For religious and spiritual leaders whose experiential learning has created beliefs that are held in tension with their formal system(s) of belief, it will be important to find sacred texts that encourage ethical care in a way that serves the one in need while not violating your conscious. There is so much wisdom in the world, and with some effort we can find it and better the lives of those we serve. The Hebrew Scriptures remind readers that wisdom calls out for people to receive her, and that our fears do not make us unable to proceed in doing what is good: “...Yahweh challenges Moses to look beyond what he considers to be his

---

<sup>97</sup> Todd Bordow, *What Ild Jesus Really Say About Divorce?* (London: Blessed Hope Publishing, 2014), 14.

<sup>98</sup> Todd Bordow, 48.

<sup>99</sup> Todd Bordow, 52.

<sup>100</sup> Todd Bordow, 52.

<sup>101</sup> Todd Bordow, 54.

<sup>102</sup> Todd Bordow, 54.

<sup>103</sup> Todd Bordow, 55.

speech limitations. Moses can understand and God will help him speak.”<sup>104</sup> We see, by Abraham’s example in Genesis 18, that advocates for justice can boldly go before God and intercede on behalf of the innocent.<sup>105</sup> And, one small window into Sogyal Rinpoche’s wisdom that I offer readers for encouragement is: “We all have karma to meet one spiritual path or another, and I would encourage you, from the bottom of my heart, to follow with complete sincerity the path that inspires you most.”<sup>106</sup>

These quotes remind us of the cultural complexity of sexual violence, how the mistreatment of women dates very far back into recorded history, how sexual violence and creating intolerable abusive living environments are societal matters – not just private matters, how violence in a marriage that leads to unbearable living is a break in marital vows and commitment to God, and how spiritual leaders and R/S counselors can be a “force multiplier”<sup>107</sup> for helping and healing as we walk our paths together each day. Being a force multiplier means advocating for the sake of justice, the oppressed, and the vulnerable ones in our care because we have been given the positional power to do so on behalf of others. Dr. Reside said: “Every professional serves some higher purpose, and that higher purpose should govern the decisions they make and the way they interact in the world.”<sup>108</sup> When the choice to do what we believe to be right begins to create a tension in relation to our belief systems, we

---

<sup>104</sup> Milton Eng and Lee M. Fields, *Devotions on the Hebrew Bible* (Grand Rapids: Zondervan, 2015), 22.

<sup>105</sup> Author note: Genesis 18 is often preached in some Christian churches with an agenda to highlight God’s judgement for same-sex sexual behaviors. It is this author’s opinion that preaching with this focus fails to recognize Lot’s daughters as oppressed, lacking power to not be trafficked for sex and raped by a community of men, and God’s position of Liberator for the oppressed. It also fails to recognize how Abraham had such a relationship with God that he could call God out to be the Righteous One that God claimed to be when God’s behavior seemed to lack the integrity for caring for God’s people. It also fails to focus on how God welcomed Abraham’s courageously bold, passionate, and righteous words that showed that he was not at risk of harm for speaking in such a way. In fact, God was moved in relationship in agreeable ways. Abraham models what pleases God: to intercede for the powerless and the oppressed.

<sup>106</sup> Sogyal, Gaffney, and Harvey, *The Tibetan Book of Living and Dying*, 135.

<sup>107</sup> Melissa Snarr, “Just War & Peacebuilding,” Video Lecture, VDS Doctor of Ministry Program, December 1, 2021. 54:41. <https://vanderbilt.app.box.com/s/kpfnk9mpr3yr2wnbwut4lzqzuy31lo0l/file/891119178673>.

<sup>108</sup> Graham Reside, “Profession, Vocation, Ethics,” 48:27.

can ask ourselves if we have other spiritual values available to us that can inform, guide, and join the conversation. We can seek the counsel of others and do some research to figure out whether our sacred texts adequately meet or provide understanding for the unique situation at hand. It is the S/R counselor's duty to align with what is best for the recipient of care and find the necessary support to act in their best interest, or refer out to someone who can help.

Counselors can be force multipliers as we speak with passion and advocate socially on the behalf of E-SV; proclaiming that it is never okay to violate someone sexually, for any reason – no reason will ever justify that kind of violence. We can speak with compassion about the confusing biological responses, such as ejaculation or orgasm while being raped, and how that is part of the way that the body works - that it was a healthy function in an unhealthy abusive environment. We can speak passionately about the psychological impact that trauma has on the way violent experiences are coded in the brain, recalled in memory, and communicated. R/S counselors can help E-SV seek out somatic therapists or other MH professionals to help them understand and process being able to feel the U-SV's penetration into their body many years later. We can speak passionately about how religion and spirituality can be used as a support for the oppressed when they face the memories of their violent experiences, and we can help them find ways to regain meaning-making and purpose in life through these very important value systems and beliefs.

### **Reclaiming Sexual Health after Sexual Violence and Transcending Limitations**

Just as when the waves lash at the shore, the rocks suffer no damage but are sculpted and eroded into beautiful shapes, so our characters can be molded and our rough edges worn smooth by changes. Through weathering changes we can learn how to develop a gentle but unshakable composure.”<sup>109</sup>

Hope

---

<sup>109</sup> Sogyal, Gaffney, and Harvey, *The Tibetan Book of Living and Dying*, 36.



A foundation for healing that permeates all areas of existence is hope. Hope helps increase psychological flexibility through imagining new solutions and paths for healing. Dr. González-Justiniano, from Vanderbilt University, spoke in a lecture about the importance of hope for survival after disappointment, because it illuminated other possibilities.<sup>110</sup> She also spoke about how imagination reframed the impossible and made it probable, because if one is “able to imagine it, it is probable.”<sup>111</sup> When hope fails, it can be “heart breaking.”<sup>112</sup> This is a perspective that calls out E-SV strengths in a way that requires buy-in for the immediate healing process and serves as a guide throughout the journey. In addition to that, imagining for hope can also become a learned habit that can be utilized for all areas of life.

Jim Hopper explained that through processing early traumas one could “relive in a safe loving environment those reactions, and then develop skills and new ways of responding that you don’t have to reenact those old survival strategies that aren’t so useful anymore.”<sup>113</sup> Professional therapists can help E-SV reduce the intensity of triggers and regain control over daily activities and sexual health. For example, a woman who experienced sexual violence choose to stop going to the grocery store. She stopped going because when men came around the corner of the isles unannounced, she became triggered. When she was triggered, she became so anxious that she had to leave the cart and dash out the door. Sometimes, she froze and wet herself – adding more social humiliation to the traumatic experience.

Van der Kolk quoted Jean Piaget when writing: “Traumatic stress is an illness of not being able to be fully alive in the present.”<sup>114</sup> Counselors who skillfully use EBPs and

---

<sup>110</sup> Yara González-Justiniano, “Models of Hope,” 18:10.

<sup>111</sup> Yara González-Justiniano, 22:30.

<sup>112</sup> Yara González-Justiniano, “Models of Hope.”

<sup>113</sup> Jim Hopper, “Sexual Assault: Brain, Experience, Behavior & Memory. Part 2,” 44:58.

<sup>114</sup> Bessel Van der Kolk, *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma*, Chapter 19 7:00.

witness, accept, and help to unburden exiles<sup>115</sup> provide opportunities for individuals to experience the present moment with the kind of self-love and self-compassion that feels safe and sets the stage for dreaming great things for the future.

### Identity

Although we have been made to believe that if we let go we will end up with nothing, life itself reveals again and again the opposite: that letting go is the path to real freedom.<sup>116</sup>

When I teach sexual health and healing from sexual trauma groups, we always have the discussion about forgiveness. Our first question is: “What is forgiveness.” Our second question is: “Do we have to forgive?” This ordering of questions is important, because we really cannot answer the second question until we know how to answer the first one. It is not strange for E-SV to say, forcefully, that they are never going to forgive the person(s) who raped them. And, yet there are religious and spiritual E-SV who are willing to forgive the U-SV. In my work, I leave space for people to choose what forgiveness means and looks like to each person individually. A guiding principle that has come out of my experience is that it is important to accompany forgiveness and not force it, or the timing of forgiveness, upon anyone.<sup>117</sup> If forgiveness of a U-SV is something that the R/S counselor strongly believes is required, then perseverance and patience, not forcing forgiveness before its time, and a clear definition of what is being asked of them may be a best practice for care. R/S leaders can translate their system of belief and offer guidance for how to let go of anger, resentment, and pain from such a violent offense and return to inner harmony and peace. Here is an example of how Christian beliefs impacted one E-SV.

---

<sup>115</sup> Richard C. Schwartz and Martha Sweezy, *Internal Family Systems Therapy. Audiobook.*, Chapter 12.

<sup>116</sup> Sogyal, Gaffney, and Harvey, *The Tibetan Book of Living and Dying*, 36.

<sup>117</sup> Dr. Melissa Snarr, Vanderbilt DIV 3089-1 Class discussion on "accompany." Virtual Class, February 1, 2024

An elderly woman once requested that I prepare her for her parent's funeral service where she would see her childhood abuser. I asked her what she was afraid of when she thought about speaking to this man. She responded by saying: "I am afraid that he will tell me that God forgives him so that I will have to." I responded by saying: "It sounds like you are afraid that he will take your power away again." She agreed, and she searched her scriptures for answers to questions such as: What does the Bible say about leaving your gift at the altar? She believed that people needed to make it right with those they have hurt before taking communion. She discussed whether this person has made it right with her. She felt that the U-SV held less power after considering this scripture, because if he were going to claim one area he would have to adhere or at least speak to the other as well. In this situation, the U-SV had not ever asked for forgiveness. The E-SV resolved to forgive him for trafficking her out to neighborhood boys. She believed that she was in line with her belief/values regarding forgiveness. She restored her childhood identity by remembering that Jesus loved children and warned people not to harm them. She put the responsibility on the U-SV and realized that she was not a prostitute - her internal message of wounding. She realized that even God's forgiveness did not mean that the U-SV was no longer accountable for what he had done. She chose to use her voice for the first time ever with her abuser. She did very well.

#### Honest Evaluations

I often hear the hearts' cries of hopelessness and powerlessness when E-SV find themselves in the unproductive, and yet understandable, rumination around how to think about the world. I will often have the discussion around how no one is free from being vulnerable to violent experiences, that hindsight is 20/20, and that it is easier to see someone else's traps, vulnerabilities, and mistakes than our own. Within relationships, there are so

many layers of individual and partnered experiences, expectations, hopes, and disappointments that are carried with us into each challenging moment. When we add that weight on our shoulders with children, finances, fear, abuse, and a lack of social support assessing each moment and the options that we have can become difficult to navigate. Sometimes we stay too long in relationships because we think that our values and beliefs require us to stay, we do not have financial security to leave, we fear for ourselves and our children, we fear our abuser, and whatever other reason that is bigger and scarier than leaving. There is no shame in hoping for the best, trying to see the positive side of people, or doing the best we can when we do not know what else to do in difficult intimate relationships.

#### Trust and Lies

In sessions, it is not uncommon for me to hear E-SV say: I should have seen it coming. I should have known. How did I get here? Denes wrote of Levine's "truth-default theory," which proposes the following for consideration:

According to this theory, evolutionary pressure has caused a presumption of honesty to develop: most human communication is truthful, and accepting it as such allows us to function socially. We are only rarely victims of a lie. Thus, according to Levine, we are genetically programmed to believe what is said to us no matter what the content or the degree to which we trust the speaker.<sup>118</sup>

If we combine what we have learned from attachment theory and how that helps us to understand how childhood attachment styles form and can make us vulnerable to the patterns that we grew up with, with truth-default theory that teaches genetic dispositions for believing that most people tell the truth, and incorporate science for our innate neural modes that help us to be able to attach and get our needs met we can explain to E-SV that the ways in which

---

<sup>118</sup> Gianfranco Denes, *The Psychology of Lying and Misrepresentations* (New York: Routledge, 2023), 13.

we are genetically and environmentally shaped is exactly what is needed for living successfully as communal beings in social systems. There is nothing wrong with them!

There are people who will violate social norms, disregard and violate helpful and life-giving values systems, and seek only their own agenda at the cost of anyone outside of themselves. Asserting superiority over others, taking advantage of people or grooming, and asserting oneself aggressively over another person to their harm is not acceptable behavior. That kind of behavior has local and sometimes global social penalties that include the enforcement of local, national, and international laws.

One of the challenges that I hear from E-SV is that they do not trust their own judgment, their inner alarm systems, anymore. This is heartbreaking, but not hopeless. E-SV can practice listening to their “gut” and gain confidence that they can trust themselves again. E-SV can learn to be present in the moment and become aware of and connected to feelings and body sensations may be alerting them to a situation that is flying under or scrambling cognitive warning messages. Ogden and Fisher discuss the difference between perception, which includes cognitive awareness from the sensory input, and “neuroception.”<sup>119</sup> They referenced Dr. Stephen Porges who was credited with coining “the term neuroception, to describe a neural process outside the realm of awareness that is neurobiologically programmed to detect features in the environment, including behavioral cues from others that indicate degrees of safety, danger, and threat”<sup>120</sup> It can be encouraging for E-SV to know they have innate wiring for detecting these cues, and that they can become aware of the wisdom that is in their senses.

---

<sup>119</sup> Pat Ogden and Janina Fisher, *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*, Read by Paul Brion (Tantor Audio, 2020), Audible audio ed., 17hr. 11min. neuroception 14:38; perception 14:12.

<sup>120</sup> Pat Ogden and Janina Fisher, 14:22.

Being taken advantage of and violated is never the fault of the one who experienced the horror of that kind of betrayal. Understanding how to pick up the pieces and walk forward with resilience, personal power, and personal agency will require risking on believing in oneself again and realizing that they were never the problem in the first place. Shutting down who we are spiritually and emotionally, isolating, resolving to never trust or need anyone again, and whatever coping mechanism that we chose that steals away our freedom to be fully present each day keeps the U-SV's power in play in the lives of E-SV – a terrible haunting. Counselors can help E-SV find a way to release the maladaptive thoughts and destructive energy in the emotions, calm the body, and regain and reclaim personal freedom and power for transcending the fear of oneself that limits hope and new beginnings.

#### Connecting to the Body & Appropriate Touch

A study just came out... it turns out that a study done last week that shows that doing yoga with people recalling trauma histories is more effective than cognitive restructuring therapy. As long as you don't feel safe in your body all the other stuff doesn't really work.<sup>121</sup>

The healing from sexual trauma includes being present to ourselves and our environments (imaginal context or real time experiences) in the present moment. Mindfulness practices are helpful for emotional regulation, can keep oneself grounded in the present moment, and help E-SV gain confidence in their ability to feel big feelings while staying present and in control. The more one can engage all the senses, the better!

Sexual mindfulness practices can be helpful to keep E-SV present in welcomed sexual experiences that they desire to have with safe partners. Counselors can begin the journey to sexual mindfulness practices with the basics of mindfulness skills building. For example, a counselor can lead the E-SV through a couple minutes of being present with her breath as an

---

<sup>121</sup> *2-Day Trauma Conference The Body Keeps the Score Trauma Healing Through the Senses*, 2:28.

observer of her own breathing. E-SV may find mindfulness practices anxiety provoking, so starting slowly will be important. The E-SV can use prayer beads and become aware of the way they feel in texture and temperature as they roll between the fingers. Other sensory mindfulness practices can be explored, such as listening to forest sounds for a couple minutes and then listening a little longer to see if other sounds begin to be heard. Once the E-SV's tolerance for mindfulness practices increases and they feel ready to add personal touch to their mindfulness practices, the counselor can model safe touch by explaining the steps as she touches her own forearm and switches tasks from observing texture to observing temperature.

As personal touch tolerance increases and the E-SV feels safer in their bodies with touch, the counselor can discuss if it would be appropriate to refer to a sex counselor. There is a book that explains the different stages and steps in sensate touch where the authors discuss the importance of nonsexual touch on the journey to achieving sexual goals.<sup>122</sup> Resources like this can help alleviate performance pressure for self-pleasure and pleasure that involves a partner. Pelvic floor physical therapy can also be helpful as the E-SV learns to feel safe and release tension in the pelvic floor for more comfortable sexual experiences. Counselors can normalize discussions about sex and refer out to specialists.

#### Create a New Story

Personal agency and the ability to choose one's way forward are strengths that require hard work after experiencing sexual violence. Integrating the event into one's life in such a way that the story becomes about resilience and empowerment can be life-giving. New meaning and purpose can come from "the process of change – answering questions about the self, constructing new experiences of problems, and making sense of previously confusing or

---

<sup>122</sup> Linda Weiner and Constance Avery-Clark, *Sensate Focus in Sex Therapy*.

unclear experiences.”<sup>123</sup> Change requires a willingness to write a new story: “The highest level of experiencing also involves connecting specific problems and new understanding to a broader meaning and one’s overall life story.”<sup>124</sup> Being willing to break narratives that keep one bound to the traumatic experience without a way out, and to reclaim power that was taken in the violence is a story of transcendence and posttraumatic growth.

I worked with a woman who was raped by her father for many years. He told her that she liked certain sexual behaviors while everything in her said that she did not like it. When she grew up and began to have partnered sex, she never felt emotionally comfortable, was unable to tolerate touch, and she could not experience connection. When she had a baby, she wanted to be a good mom. She wanted to breastfeed, but she struggled with the thought and feeling of her infant sucking at her breast.

She was able to see the difference in positional power and how her father took power and choice away from her. She was able to reframe nursing based on her present identity as a woman of God with wisdom and power to choose. She was choosing to nurse her child, and when she embraced her power she chose to face her uncomfortable feelings, reclaim her body, and freely love with her baby at her breast. This mother reframed the experience of nursing by saying out loud to her baby: “I choose to make and give you this milk, because I love you and want you to be healthy.” The feedback has been that it has helped, and that she felt empowered and more connected with her baby. With this victory in her life, she became hopeful that she could one day experience intimacy and enjoy sex with a partner. In sessions, the counselor could gain insight into the formation of her “social engagement system,”<sup>125</sup>

---

<sup>123</sup> Paivio and Pascual-Leone, *Emotion-Focused Therapy for Complex Trauma*, 113.

<sup>124</sup> Paivio and Pascual-Leone, *Emotion-Focused Therapy for Complex Trauma*, 113.

<sup>125</sup> Pat Ogden and Janina Fisher, *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*, 14:00; Chapter One.



elements of nonverbal communication and emotional arousal regulation,<sup>126</sup> and work on the attachment patterns that were created in her abusive upbringing.

### **A Conversation for Religious and Spiritual Leaders and Counselors**

It cannot be stressed too often that it is the truth of the teaching which is all-important, and never the personality of the teacher. This is why Buddha reminded us in the ‘Four Reliances’: Rely on the message of the teacher, not on his personality; Rely on the meaning, not just on the words; Rely on the real meaning, not on the provisional one; Rely on your wisdom mind, not on your ordinary, judgmental mind.<sup>127</sup>

Sogval’s quote above highlights the importance of not idealizing the deliverer of a religious or spiritual message but focusing on the meaning of the message while relying on our own ability to engage that message and meaning wisely. Hero worship can happen when we admire someone to the point of making that person so important that they seem better than anyone else. In the religious and spiritual world we might call these idealized people “spiritual giants.” In addition to spiritual terms, I have heard non-religious/spiritual people use the term “giants in the field.” Being able to look up to someone who seems to be further along than we are in life can be helpful and inspiring. If we call them out mentors, rather than our heroes, we can keep their humanity in perspective while also learning from them. When we stop allowing imperfections in people we look up to, we can risk giving them power that they did not legitimately earn with us or worse...we can give our personal power over to them and follow their lead without critical thought or questioning. This type of behavior can leave the followers of heroes living a life that is subject to what is good for the hero, helping their heroes to flourish, while their own lives do not enjoy the same level of benefit.

Recipients of care can be full of gratitude for the healing and freedom that you helped them achieve, and this testifies to a positive therapeutic relationship that created secure

---

<sup>126</sup> Pat Ogden and Janina Fisher, 14:10.

<sup>127</sup> Sogyal, Gaffney, and Harvey, *The Tibetan Book of Living and Dying*, 134.

attachments for new corrective experiences. A good practice when receiving kudos is to acknowledge the therapeutic alliance while appropriately elevating the individual's hard work and dedication to their own healing journey. Watch out for enjoying being the hero, and be aware that deception, self-deception, and denial are lies that we are told and that we tell ourselves.<sup>128</sup> There are serious consequences when we refuse to see the truth for a more comfortable alternative hero storyline.

### **Conclusion**

I have worked with women who had not liked being touched since experiencing sexual violence. As much as they wanted to have an intimate relationship with their new safe partners, they found it very difficult to be touched by them. It was too scary, and sometimes too triggering, to be vulnerable again. Sexual touch often produced anxiety, fear that their own bodies would fail them, sometimes full tonic immobility, frustration, and fear for safety. With work, it is possible for survivors to increase tolerance for touch and engage in safe and more enjoyable sexual behaviors. It is possible to allow oneself to become vulnerable again and take safe risks on safe partners, one small step at a time.

The healing journey can include repair work in the biopsychosocial-R/S areas of life that the trauma had negatively impacted and stole away vulnerability, safety, and trust resulting in a reduced quality of daily functioning. Therapeutic alliance, evidence-based informed practices, hope, and new experiences can be offered by skilled and attentive counselors. Providing counseling for E-SV takes patience as there are many steps along the change process and trauma-informed care planning. Counselors accompany the process,

---

<sup>128</sup> Gianfranco Denes, *The Psychology of Lying and Misrepresentations*, Chapters 4-5.

witness painful truths, and honor the tension of the journey as we watch recipients of care choose their way and grow in confidence, self-efficacy, personal agency, and competence.

Van der Kolk said that “competence is the best defense against the helplessness of trauma.”<sup>129</sup> Counselors can help E-SV find pleasure and comfort in being present in the moment; increasing their ability to feel comfortable in their own skin and in the world again – the opposite of what dissociation due to abuse, trauma, and neglect produce.<sup>130</sup> Resilience and personal empowerment that transcends limitations can be the outcome of R/S counseling.

Clients come to therapy not to change what happened, which is impossible, but to change the effects of the past as they impinge on the present. Rather than deal with the actual events, clients need to deal with the internal residues of the past. Neurobiologically speaking, they need to activate the medial prefrontal cortex, insula, and anterior cingulate by learning to tolerate, orienting, and focusing their attention on their internal experience while interweaving and conjoining cognitive, emotional, and sensorimotor elements of their traumatic and attachment experience.<sup>131</sup>

As the MH therapist works on diagnoses, mindfulness practices, and providing appropriate EBPs, the R/S counselor can work on spiritual assessments, mindfulness/spiritual meditation, emotional awareness, applying sacred texts in healing ways, and the spirit of EBPs with E-SV. Both can contribute to creating secure attachments, increase communication skills to get future needs met, provide space for new corrective healing experiences, and have the potential to help the E-SV work on reclaiming sexual health. Integrated care is efficient and ethical care, so working with and/or having lists of community providers such as MH professionals: psychiatrists, psychologists, sex counselors, somatic counselors, social workers; and referring to pelvic floor physical therapists are what I consider to be basic essentials for integrated biopsychosocial-r/s care. There is much that the S/R

---

<sup>129</sup> Bessel Van der Kolk, Chapter 20, 15:32.

<sup>130</sup> Bessel Van der Kolk, Chapter 20, 26:00.

<sup>131</sup> Pat Ogden and Janina Fisher, *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*, 14:28.

counselor can offer to help E-SV find their transcendent experience of satisfaction, connection, and freedom. With that in mind, and since this has been an introduction into an approach to integrative spiritual care, additional training and education are required in order to understand EBP and properly implement principles in a way that is appropriate for spiritual counseling.

## References

- 2-Day Trauma Conference The Body Keeps the Score Trauma Healing Through the Senses.* Conference Video Recording, 2023.  
[https://catalog.psychotherapynetworker.org/showtime/27454175?ClassroomTab=courseSchedule\\_27454174\\_12](https://catalog.psychotherapynetworker.org/showtime/27454175?ClassroomTab=courseSchedule_27454174_12).
- American Psychiatric Association, ed. *Desk Reference to the Diagnostic Criteria from DSM-5.* Washington: American Psychiatric Publishing, 2013.
- APA Ethics Office. “Ethical Principles of Psychologists and Code of Conduct.” American Psychological Association, February 16, 2023. <https://www.apa.org/ethics/code>.
- Armour, Ellen. “Beyond the Binary? Theology, Gender, Sexuality.” Video Lecture, VDS Doctor of Ministry Program, December 2, 2021.  
<https://vanderbilt.app.box.com/s/08twmla9386pvd3e10nscd06jjrmkfmh/file/891606640138>.
- BibleGateway. “Ephesians 5,” February 16, 2023.  
<https://www.biblegateway.com/passage/?search=Ephesians+5&version=NIV>.
- Block, N. J., and J. A. Fodor. “What Psychological States Are Not.” *The Philosophical Review* 81, no. 2 (April 1972): 159. <https://doi.org/10.2307/2183991>.
- Bordow, Todd. *What Did Jesus Really Say About Divorce?* London: Blessed Hope Publishing, 2014.
- Browning, Don Spencer, Martha Christian Green, and John Witte. *Sex, Marriage, and Family in World Religions.* New York: Columbia University Press, 2006.
- Centers for Disease Control and Prevention. “Violence Prevention.” Fast Facts, June 22, 2022.  
<https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>.
- Cobb, Mark, Christina M. Puchalski, and Bruce D. Rumbold, eds. *Oxford Textbook of Spirituality in Healthcare.* Oxford Textbooks in Public Health. Oxford: Oxford University Press, 2012.
- Dike, Charles, Laura Briz, Matthew Fadus, Richard Martinez, Catherine May, Richard Milone, Ariana Nesbit-Bartsch, Tia Powell, Ashley Witmer, and Rebecca Weintraub Brendel. “Resource Document on the Interface of Religion, Spirituality, and Psychiatric Practice.” American Psychological Association, October 2020.  
[https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource\\_documents/Resource-Document-2020-Interface-Religion-Spirituality-Psychiatric-Practice.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/Resource-Document-2020-Interface-Religion-Spirituality-Psychiatric-Practice.pdf).

- Denes, Gianfranco. *The Psychology of Lying and Misrepresentations: Behavioural, Neuroscientific and Neuropsychological Perspectives*. New York: Routledge, 2023.
- Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*. Revised and Expanded edition. Louisville: Westminster John Knox Press, 2015.
- Eng, Milton., and Lee M. Fields. *Devotions on the Hebrew Bible: 54 Reflections to Inspire & Instruct*. Grand Rapids: Zondervan, 2015.
- González-Justiniano, Yara, “Models of Hope.” Video Lecture, Vanderbilt University. Accessed February 17, 2023.  
<https://vanderbilt.app.box.com/s/hl9whkd8mtl63y7mghdsnbdb810ajutn/file/1134052896173>.
- Gordon, Jock. “Autism and Attachment Theory: Can Autism Influence Attachment and How?” The Attachment Project, n.d. Accessed March 15, 2024.  
<https://www.attachmentproject.com/blog/autism-and-attachment/>.
- Hayes, Steven C., and Spencer Smith. *Get out of Your Mind & into Your Life: The New Acceptance & Commitment Therapy*. Oakland: New Harbinger Publications, 2005.
- Holliman, Ryan, and Ryan D. Foster. “The Way We Play in the Sand: A Meta-Analytic Investigation of Sand Therapy, Its Formats, and Presenting Problems.” *Journal of Child and Adolescent Counseling* 9, no. 2 (2023a): 205–21. <https://doi-org.proxy.library.vanderbilt.edu/10.1080/01926187.2020.1851617>.
- Holmes, Tom, Lauri Holmes, and Sharon Eckstein. *Parts Work: An Illustrated Guide to Your Inner Life*. Kalamazoo: Winged Heart Press, 2007.
- Hopper, Jim. “Sexual Assault: Brain, Experience, Behavior & Memory. Part 2.” Virtual presentation at the Veterans Health Administration conference: Lean Into Difficult Conversations about intimate partner violence and Sexual Assault, October 20, 2022.
- Johnson, Hayley. “Key Gender Differences After Experiencing Sexual Violence.” *Psychotherapy Articles*, May 2021. <https://societyforpsychotherapy.org/key-gender-differences-after-experiencing-sexual-violence/>.
- Johnson, Sue. *Hold Me Tight Workbook: A Couple’s Guide for a Lifetime of Love*. New York: Little Brown Spark, 2022.
- Lew, Mike. *Victims No Longer: The Classic Guide for Men Recovering from Sexual Child Abuse*. 2nd ed. New York: Quill, 2004.
- Litz, Brett. “Moral Injury: An Overview of Conceptual, Definitional, Assessment, and Treatment Issues.” Video presented at the MIRECC Presents 32, n.d. Accessed February 2023.  
[https://va-eerc-ees.adobeconnect.com/\\_a1089657440/pbp0xw4n5lvm/?launcher=false](https://va-eerc-ees.adobeconnect.com/_a1089657440/pbp0xw4n5lvm/?launcher=false).

- Lonsway, Kimberly A., “Understanding Trauma Impacts on Behavior and Memory: Implications for Victim Interviewing,” Virtual presentation at the Veterans Health Administration conference: Lean Into Difficult Conversations about intimate partner violence and Sexual Assault, October 20, 2022.
- Meyer, Holly. and David Crary. “AP News.” Online News. *Southern Baptists Say Denomination Faces DOJ Investigation* (blog), August 12, 2022. <https://apnews.com/article/southern-baptists-say-denomination-faces-doj-investigation-6d17cb1bc0a6256cabd7d24150c808bd>.
- Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Helping People Change*. 3rd ed. Applications of Motivational Interviewing. New York, NY: Guilford Press, 2013.
- Nash, William. “2.6.2 Moral Injury Part 2: Understanding Moral Injury.” Video Lecture, Vanderbilt University. 43.04., Accessed March 15, 2024. 2.6.2: Moral Injury Part [https://www.youtube.com/watch?v=69\\_L5YXl6fw](https://www.youtube.com/watch?v=69_L5YXl6fw) 2 - YouTube.
- Ogden, Pat, and Janina Fisher. *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*. Read by Paul Brion. Tantor Audio, 2020. Audible audio ed., 17hr. 11min.
- Paivio, Sandra C., and Antonio Pascual-Leone. *Emotion-Focused Therapy for Complex Trauma: An Integrative Approach*. Second edition. Washington: American Psychological Association, 2023.
- Pearce, Michelle J. “Why Religion Needs a Seat at Psychotherapy’s Table,” June 2015. <https://societyforpsychotherapy.org/why-religion-needs-a-seat-at-psychotherapys-table/>.
- Reside, Graham. “Profession, Vocation, Ethics.” Video, VDS Doctor of Ministry Program, January 21, 2022. <https://vanderbilt.app.box.com/s/3r6f24odbbghhn6ye72cpglj44d0w7ox/file/909014231916>.
- Roberts, Stephen. ed. *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain’s Handbook*. Woodstock: SkyLight Paths Pub, 2012.
- Rosik, Christopher H. “Utilizing Religious Resources in the Treatment of Dissociative Trauma Symptoms.” *Journal of Trauma & Dissociation* 1, no. 1 (January 1, 2000): 69–89. [https://doi.org/10.1300/J229v01n01\\_05](https://doi.org/10.1300/J229v01n01_05).
- Salter, Anna C. *Predators: Pedophiles, Rapists, and Other Sex Offenders; Who They Are, How They Operate and How We Can Protect Ourselves and Our Children*. New York: Basic Books, 2004.

- Schwartz, Richard C. and Martha Sweezy. *Internal Family Systems Therapy*. Read by Brian Arens. 2nd ed. Echo Point Books & Media. LLC., 2020. 12hr., 41min.
- Shay, Johnathan. and Kent Drescher. "Moral Injury Part 1." Accessed march 14, 2024. Video Lecture, VDS Doctor of Ministry Program, 1:10:36.  
<https://www.youtube.com/watch?v=0kVoAQ3uLhY>.
- Snarr, Melissa. "Just War & Peacebuilding." Video Lecture, VDS Doctor of Ministry Program, December 1, 2021. 54:41.  
<https://vanderbilt.app.box.com/s/kpfnk9mpr3yr2wnbwut4lzqzuy31lo0l/file/891119178673>.
- Sogyal, Patrick Gaffney, and Andrew Harvey. *The Tibetan Book of Living and Dying*. Rev. and Updated ed. San Francisco.: Harper San Francisco, 2002.
- Van der Kolk, Bessel . *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma*. Read by Sean Pratt. Penguin Audio Whispersync for Voice-ready, 2014. Audible audio ed., 16hr., 15min.
- Veterans Affairs. "Sexual Assault: Males." Article. PTSD: National Center for PTSD. Accessed January 29, 2023. [https://www.ptsd.va.gov/understand/types/sexual\\_trauma\\_male.asp](https://www.ptsd.va.gov/understand/types/sexual_trauma_male.asp).
- Wallin, David J. *Attachment in Psychotherapy*. Read by Bob Souer. Tantor Audio, 2017. Audible audio ed., 15 hr., 25min.
- Wathey, John C. *The Illusion of God's Presence: The Biological Origins of Spiritual Longing*. Amherst: Prometheus Books, 2016.
- Weiner, Linda, and Constance Avery-Clark. *Sensate Focus in Sex Therapy*. Read by Wendy Tremont King. Tantor Audio Whispersync for Voice-ready, 2021. Audible audio ed., 8 hr., 53min.
- World Health Organization. "Devastatingly Persuasive: 1 in 3 Women Globally Experience Violence." Web Article, March 9, 2021. <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>.



## Appendix A

### A Response to “Holding the Bag” from a Professional Colleague and Friend

A bit of background: because I am the truth-teller in my family, I’m rejected, silenced, and scapegoated. I’m ok with that, because health is more important to me than belonging. But because I am the truth-teller, I hold the stories and I have them to share.

My nephew, who was in his young twenties and in the army, came home one Christmas. I was doing my second CPE residency at the VA hospital close to me and it was completely focused in mental health. My nephew says to me “so tell me all the family secrets”. Because we all know secret keeping is a way that abusers keep control over “victims”. So, I told him all of the dirty family secrets. Part of this story includes my being sexually abused by an uncle as a very young child and at that age, not understanding, I acted out as play with my brother (who is essentially the same age as me), my nephew’s father. We’re in a restaurant having this conversation and he starts sobbing.

He tells me that one of his step-brothers has been sexually abusing him since he was a little kid. They are only a few years different in age. This abuse has gone on even after he graduated and went to boot camp. He tells me that he acted this out with his very much younger brother—who lives with his mom full time where he visited his mom but lived with his dad (my brother). My nephew is broken. And he, at this time was being disciplined for drinking underage....drinking a lot and being dangerous. He has cut marks up and down both legs. He is being "forced" to attend therapy and other mental health-focused groups for his alcohol use and his cutting...which has gotten really bad and scary and has led to hospitalization because he'd cut so deep.

He tells me that he told his dad (my brother—who knows our uncle raped me several times when we were even too young to be in school) and my brother did nothing and this continued to happen even after he reached out to the adults in his life for help. My nephew told me that his dad threatened him, saying, "tell me what is going on or I'm going to kill your dog". So my nephew was traumatized into sharing a trauma...and he gets nothing.

I understand that my education, profession, and determination to do my own healing--do what I want with “the bag” I was left holding created a space for this broken and enraged young man to tell his story, to be seen and to be known in his shame and guilt and responsibility for harming others.

He called me several months later and told me that he had called his mom and told her what happened to him and that she needed to get his younger brother some help because of what he had done to him as a result of his own abuse. I will say that I have never ever in my entire life seen anyone in my family have THAT MUCH integrity and take ownership for harm they had and have done. Without being prompted, he was able to do that. And I don’t think he could have if he hadn’t had the space to tell his truth and say “me too”.

There are generations of abuse, and the healing will take time. And I know it can happen and I’ve seen beautiful things come out of the "things that should not be, but yet are". It is from this personal lens that I read your work. And recognize the integrity you hold yourself to in

the work you do with those of us who are able to name their experience, do the healing work, and forgiveness work, so this violence does not poison our entire life experience.<sup>132</sup>

---

<sup>132</sup> Intentionally Not Listed, personal conversation, “DIV 8038-01 D.Min. Research Project II (2023F).” March 11, 2024. This document was created by the original author who chooses to remain anonymous, for use in this project.

## **Appendix B**

### **Spiritual Tips from My Personal Clinical Experiences**

Allison Salvino M.Div., BCC-MH

Religion and spirituality help people to navigate their worlds. It defines in some ways and contributes in other ways to how one understands and engages that which is inside and outside of oneself. Our behaviors are influenced by our religious and spiritual beliefs, so being aware of our inner belief systems and the external expressions of those beliefs is important. Religion and spirituality can be a strong positive guiding resource to help people rise above personal and social distractions and mayhem and find a path forward.

In this additional resource for consideration and reflection, religion is defined as the structure in which spirituality finds its place, and spirituality is the transcendent experience of satisfaction, connection, and freedom that one feels when choosing to live within and abide by the teachings of that structure. Religion includes sacred texts, the in-group norms of behavior, and any other structural guidance that influence one's behavior. Spirituality includes the sense of connection to oneself, others (including other-worldly), and to the world around us. Spirituality can be thought of as embodied religion – the wings of belief.

For those who do not identify with an organized religion, spirituality embodies the belief systems that inform spiritual practice and provides meaning and purpose. Sometimes people like to find ways to combine wisdom from many sources, and that compilation of information becomes the structure or scaffolding that their spirituality moves along – those resources functionally serve as an instructional source and reference guide.

The overarching role of spirituality is that it is a primary navigational system for understanding and managing life, and for engaging that which is of this world and beyond.

We can think of this like we are the housing of a compass: spirituality is our true north – the constant strong inner pull that no matter what happens, points us in what we believe is the right direction. The roles that I am going to present to you (control, healing, flourishing) are the elements that give power and strength to the pull toward our true north. A finely tuned compass is sensitive and responsive to the magnetic pull. When the compass is negatively impacted by the environment, when we are injured by life, our housing (our minds and our bodies) need repair in order to sense the right direction again and trust that we can rely on the navigational system.

### Roles of Spirituality for the Spiritual and Religious (S/R) in Relationships

#### *Function of Spirituality*

Spirituality can help people: 1) Gain control over their lives 2) Heal the wounds of life that bind, restrict, and steal away hope and joy 3) Flourish within the transcendent experience of meaning and purpose. A helicopter view of how these roles may function and be experienced in a committed relationship or in preparation for a committed relationship will be provided for creating context.

In the committed relationship setting, rules for living together and the way that we treat each other are influenced by religion and/or spirituality. Ideally, relationship agreements are a joined effort to keep the boundaries of love open enough to meet a couple's goals and closed enough to keep them from experiencing negative relationship consequences.

Single people can spend time thinking about which values would make their future relationships most compatible. They can also reflect on which behaviors negatively and positively impacted previous relationships, and then consider how they could create

successful connections in the future. Knowing what we want and need, and what our relationship non-negotiables are, can help communication and connection efforts.

Role #1 Spirituality helps us gain a sense of control over our lives.

A Christian married couple may find monogamy as a way to a deeper expression of love and spiritual experience, and religious values can govern the rulemaking for safeguarding the relationship. Spiritual practices can become a means for creative meaning-making that nurtures the individual and the couple's connection at the same time. The relationship agreement will keep the boundaries for the couple and provide a sense of order and control – a kind of checks and balances that can be referenced for the relationship journey.

A married couple in an open or polyamorous relationship, where both primary partners are spiritual, might allow for experiencing other people sexually as part of their relationship agreement. They may believe that having multiple partners offers a freer expression of love and a greater spiritual experience. In order to protect the relationship, the couple can create boundaries for how non-primary partners will be engaged. For example, they can identify how much emotional/spiritual connection is allowed, how much time is spent with other partners, and what behaviors are permissible.

Unpartnered E-SV can think about what kind of boundaries they need to feel comfortable with another person in a relationship. For example, E-SV might need to feel that they can share their boundaries around physical, emotional, and sexual intimacy and know that their partners will be sensitive to those needs. They may need to know that their future partner, or current partner, will not use spirituality and religion against them and distort the relationship power dynamic, and that their partner will help them benefit from S/R values as a couple.

Role #2 Spirituality helps heal the wounds of life that bind, restrict, and steal away hope and joy.

When there is a violation of the couple's agreement, the R/S belief system can provide guidance on how to repair the emotional injury and restore the hope and joy that had been restricted by the violation. Repairing relationship ruptures by revisiting what led to the rupture and how to safeguard the relationship from that happening again can reorient the couple back to meaning-making and redefining the purpose that the relationship serves in their lives. Once reoriented, and spiritually centered together, the couple can again begin to flourish and experience one another in deeply connected ways. Hope and joy have a new opportunity.

Single people can think about violations in past couple's agreements and sexual trauma experiences and the violation of S/R values that contributed to their emotional, spiritual, and physical wounds. Wisdom from those reflections can become part of the compatibility discernment process in the future. For example, a potential date might need to show how respecting women is upheld in their sacred texts. E-SV can feel more empowered to require this basic relationship standard and in so doing gain a sense of freedom through personal advocacy. Hope can be reclaimed, and joy can safely return.

Role #3 Spirituality helps us flourish within the transcendent experience of relationship meaning and purpose.

Flourishing can happen as the couple discusses what brings them meaning and purpose in life as individuals and as a couple. For R/S people, this includes how they hold and experience their R/S values. When couples work on building up their personal resources and inner compasses, they may find that they have the space and capacity to help their partners

succeed and experience life beyond the limits that they had previously thought were possible. New or revised relationship agreements can be created and set the couple on a healthy relationship path.

Single people, and E-SV, can benefit from developing their relationship to themselves and strengthening their personal resources and inner compasses, and in so doing prepare themselves to be in a committed relationship. As they heal from the past, become more present to the present moment, and become comfortable communicating and upholding their self-identified spiritual values they can move toward experiencing the transcendent joys of meaning and purpose.

### Reclaiming Sexual Health

Experiencers of sexual violence (E-SV) who are, and who are not, partnered can work on reconnecting or expanding the impact that the role of spirituality has in reclaiming sexual health. Flourishing comes with the necessary effort to create an environment that is safe for transcendent healing experiences. Creating a strong values-based approach can bring focus and buy-in for success. The goal for this section is to provide the counselor with questions that serve as a guide to understanding how the role of spirituality is functioning in the lives of the E-SV who is seeking help. With an understanding of how E-SV's belief systems are functioning, an appropriate care plan can be created and implemented in spiritual counseling sessions. It will be helpful to have an introductory session where the overall goal is explained and agreed upon, trust begins to be established, help-seekers' questions can be asked, and introductory homework can be given in preparation for the next session.

I suggest that each subsequent session include a few minutes for inviting the E-SV's spiritual other into the room, teaching mindfulness, values exploration, an emotional awareness exercise, care plan buy-in and progress satisfaction checks, and goal setting for the next session. However, move at the pace of the E-SV and honor the process by being willing to adapt to the needs and speed of the individual. Healing comes in its time, not the counselor's, so do not forget to be patient.

*Exploratory Questions for Informed Spiritual Care Planning*

Role #1: Spirituality helps us gain a sense of control over our lives.

- If you had a magic wand and could feel anything you wanted to feel in an intimate relationship, what would you want to feel? Would you like this to be the goal of counseling, or do you have a different goal?
- Do your religious/spiritual (R/S) texts support how you want to feel in relationship? If so, how does it support you – which verses/sections/quotes specifically?
- What thoughts gets in the way of you feeling the way you want to feel? What help do your texts offer you when you feel this way? Would you be willing to create a healing map and put those spiritual markers on the path of your healing journey?
- What sacred texts or quotes make you feel safe and give you a little hope? Take a moment to think on those texts and observe what you feel when you think on them.
- How has your R/S helped you in the past when you had to deal with very difficult things?
- What spiritual practices help you to feel a sense of control in your life? What sacred texts help you to feel strong?
- What sacred texts help you to feel like you are capable of helping others?



- What spiritual practices or texts help you feel like you can rise above the mayhem of life and find a path forward?
- What about your spirituality helps you to love yourself and others?

Role #2: Spirituality helps heal the wounds of life that bind, restrict, and steal away hope and joy.

- What are your beliefs about intimacy and sexual behaviors, and how did you come to believe in them?
- What sacred texts support healthy sexual behaviors? Which stand against sexual abuse?
- What sacred texts speak about the impact of oppression in the world?
- What do your sacred text say that love is?
- What spiritual practices or sacred texts help you to understand the human condition?
- What spiritual practice to you feel connects you to your spiritual other?
- What spiritual practice or texts encourage you to feel your feelings with safety?
- What spiritual being or presence helps you to feel safe after you have been hurt?
- What about your spirituality helps you believe that you can heal?
- Are you satisfied with the quality of your spiritual practices or do you need help figuring out ones that suit you best?
- Is there anyone in your life who you know loves you? Who?

Role #3: Flourish within the transcendent experience of meaning and purpose?

- What used to give you a sense of meaning and purpose in relationships? Does that still create the same meaning and purpose for you now?
- What spiritual practice or sacred texts help you to know why you are in this world?

- What spiritual practice or feeling helps you to want to make meaning out of that which seems meaningless?
- What spiritual practice helps you to feel connected to others?
- What spiritual being or mentor helps you feel like you can transcend your limitations and guides you into being your best self? What does your “best self” look like?
- What about your spirituality helps you rise up above the distractions and mayhem in your life and experience yourself in new ways?
- What do people say that you bring into their lives? What do you want to bring?
- When you look into the mirror, who do you see? Are you happy with who you see? If not, who do you want to see when you look in the mirror?
- Is there anyone in your life who has ever made you feel important and valued? If so, who was that person and what about this individual made you feel that way?

### Building Trust and Relationship Agreements after Sexual Violence

The role of spirituality for R/S E-SV can create the tangible and intangible framework for experiencing the world with a sense of meaning and purpose that is grounded within individuals’ and couples’ values systems. For partnered couples where at least one partner experienced sexual violence, trust building will likely need to include the E-SV communicating safety needs and the other partner respecting and honoring those needs.

Couple agreements can be formed together, with shared power – each voice, desire, need, concern etc. matters. This agreement can be revisited and modified together for minor adjustments or fully renewed mutual agreements. Couple agreements can include boundaries around behavioral expectations, sexual behavior limitations, housing dynamics – roles and

preferences etc., social media, and anything else that the couple believes to be important for creating and maintaining a healthy and happy relationship. Uncoupled E-SV can create a personal lifestyle agreement as a way to clarify spiritual needs and beliefs as a single person, what would make him/her/them most comfortable when dating someone, and what she/he/they might desire if she/he/they ever decided to be in a serious relationship.

Worksheets for EBPs that integrate religion and spirituality can be used as tools for healing present-day issues as well as for identifying potential areas that are vulnerable for future conflict or distress. Teaching active listening, assertive communication, and how to identify, regulate, and share emotions can support conflict management, spiritual connection, and intimate connections for relationship building and satisfaction. In a virtual world, access to quality resources that you can use in session or for homework are often free or at least available by purchase.

Mindfulness and meditation practices can help with emotional regulation, feeling comfortable in one's skin, and connect E-SV to an experiential element of their religious and spiritual system. Mindfulness and meditation can increase one's sense of confidence that she can handle difficult and big feelings, that he can consider being vulnerable with his safe intimate partner, and that they can accept what is in the present moment less reactively with access to clearer thinking and better decision-making.

Lastly, utilize the arts as much as the recipient of care will allow. Artists have an amazing ability to express what we cannot always express for ourselves, tell the stories that we thought we alone experienced, and connect us to our emotions. One of my most successful ways of using the arts in the clinical setting is to print out lyrics to songs and go through the lyrics line-by-line with Socratic questioning. This offers a natural approach in this kind of

setting, and I really like it because lyrics and curious questions allow space for witnessing and respecting ambivalence in the change process. Here is an example of how to use lyrics when helping an E-SV who may not yet be willing to leave their partner.

*Wisdom, Insight, and Healing Through Lyrics*

Must Be Love On The Brain  
Song by Rhianna

And you got me like, oh  
What you want from me? (What you want from me?)  
And I tried to buy your pretty heart, but the price too high  
Baby you got me like, oh, mm  
You love when I fall apart (fall apart)  
So you can put me together  
And throw me against the wall

Baby you got me like ah, woo, ah  
Don't you stop loving me (loving me)  
Don't quit loving me (loving me)  
Just start loving me (loving me)  
Oh, and baby I'm fist fighting with fire  
Just to get close to you  
Can we burn something, babe?  
And I run for miles just to get a taste  
Must be love on the brain  
That's got me feeling this way (feeling this way)  
It beats me black and blue but it fucks me so good  
And I can't get enough  
Must be love on the brain yeah  
And it keeps cursing my name (cursing my name)  
No matter what I do, I'm no good without you

And I can't get enough  
Must be love on the brain  
Baby, keep loving me  
Just love me, yeah  
Just love me  
All you need to do is love me, yeah  
Got me like ah-ah-ah-ow  
I'm tired of being played like a violin  
What do I gotta do to get in your motherfuckin' heart?

Baby like ah, woo, ah  
Don't you stop loving me (loving me)

Don't quit loving me (loving me)  
Just start loving me (loving me)

Oh, and babe I'm fist fighting with fire  
Just to get close to you  
Can we burn something, babe?  
And I run for miles just to get a taste  
Must be love on the brain  
That's got me feeling this way (feeling this way)  
It beats me black and blue but it fucks me so good  
And I can't get enough  
Must be love on the brain  
And it keeps cursing my name (cursing my name)  
No matter what I do  
I'm no good without you  
And I can't get enough  
Must be love on the brain

Rihanna. Songwriters: Frederick William Ball, Joseph Alexander Angel, and Robyn Fenty, "Love On The Brain Lyrics Song by Rihanna." Song Publisher: Love on the Brain lyrics © Sony/ATV Music Publishing LLC, Universal Music Publishing Group. 2015. Website: LyricFind. March 11, 2024. <https://lyrics.lyricfind.com/lyrics/rihanna-love-on-the-brain>

### Step 1: Expectations

The expectation for this exercise is to be open to feeling our feelings while we read through the lyrics. Circle which words or phrases stand out to you (the E-SV). Don't worry about "why" they stand out, just become aware that a word is standing out or maybe causing an automatic feeling or thought to arise. Religious and spiritual participants can have a moment of prayer or silence and engage their spiritual others and ask for spiritual support, presence, and wisdom before engaging in the exercise, if desired.

Example: I'm tired of being played like a violin.

### Step 2: Reflection and Exploration

After you have gone through the lyrics, go back to the sections that you marked. Explore what thoughts or feelings came up for you and write them down. What you think the artist was saying in that section, and how you interpret the lyrics as they apply to your life.

Example: What do you think that Rhianna meant when she said she was tired of being played like a violin? Have you felt like this before? When and with whom?

Step 3: Think critically and act with kindness

What would you like to tell Rhianna? What do you feel for her?

Example: Rhianna, I don't think that being played like a violin is really love. Someone who loves you won't want to play you. I've been played, a lot, and it makes me angry for you when I think about your situation.

Step 4: Imagine

Imagine a scenario where you change Rhianna's story. Rewrite a section of the lyrics to show what Rhianna could say to her lover who is using sexual violence in the relationship.

Example: I love you, but you are hurting me. It is not okay, and I need you to treat me like you love me.

Step 5: Bringing in the Love

Think of someone who you know really cares or cared about you. Choose someone whose words really meant/mean a lot to you, because you knew/know that they always had/have your best interest in mind. Imagine this individual was listening to the lyrics of *your* life, what would this person say to you? What would your spiritual other say to you?

After this question is answered, pay attention to what feelings come up for you. Speak or write down what those feelings are. (Role playing or an imaginary chair may be appropriate for imaginatively engaging this caring person's love and wisdom.)

What would you say to yourself if you were offering words of love and care to yourself?

Step 6: Homework

Resist any tendency for self-judgment and criticism. Accept the love that came in the form of wisdom from yourself, the one who loves you, and from your spiritual other. Be curious about yourself and become aware of the love and wisdom that is always within you. Allow what is good in you space to grow.

## Experiencer of Sexual Violence (E-SV) Religious/Spiritual Counselor Worksheet

These are questions that could help the counselor understand the E-SV's readiness for counseling, capacity for various levels of exploratory questions, safety concerns, level of R/S understanding, family dynamics, and personal goals . These questions should only be asked with sensitivity and wise recipient-centered timing, and only if the help-seeker has the capacity to answer them without being retraumatized. I always lead initial sessions with a verbal declaration or reminder that the help-seeker never has to answer any of my questions, and that it is okay to say "pass" or that they are not comfortable talking about this particular topic.

- 1) What is the situation that has brought you here to discuss today? In a general way, and to the extent that you are comfortable, please share what you think is important for me to know about your sexual history and/or your experience of sexual violence?
  - a. How does this make you feel in your emotions and in your body when you share this experience with me? \*Affirm the mind and body connection, which includes observable emotions and feelings such as sadness and numbness.
- 2) What do you do today, and what have you done in the past, to deal with your thoughts?  
\*Listen for cues that might suggest self-harming or suicidal behaviors and thoughts.  
Follow up with safety plans and mental health referrals if these behaviors are discovered.



- 3) What do you tell yourself about that situation? In other words, what is the story that you created to deal with the assault(s)? What have you decided that this says about you -any internalized messages?
- 4) Do your sacred texts support the message that you have told yourself?
  - i. If not, what might be an alternate message that is more consistent with your texts?
- 5) What emotions does thinking about an alternate message make you feel? Where does this feeling reside within your body? \*You can provide an example by saying that we sometimes hold tension in our necks or backs – what we think is connected to how we feel.
- 6) What thoughts about yourself do you struggle with most frequently?
- 7) What would you need to feel better about yourself, seen, heard, validated etc.?
  - a. What religious or spiritual texts support your stated needs?
- 8) If you could imagine feeling differently than you do now, what would you like to feel like – ideally, if you had a magic wand?
  - a. Would you want to work toward feeling that way even if it was hard?
- 9) What was it like growing up as a child, an adolescent, and young adult? \* Listen for attachment language and the impact experiences have had in developing attachment styles.
- 10) What spiritual or religious disciplines or rituals do you find helpful?
- 11) What is your goal for counseling? What do you see as the obstacle to reaching this goal?

## **Appendix C**

### **Disclaimer**

This project and appendices offers an introduction into one approach to integrative spiritual care. Additional training and education are required in order to understand EBP and properly implement principles in a way that is appropriate for spiritual counseling. Always abide by the standards and codes of your institution and discipline/vocation in which you are considered to be a professional.