

Recruitment methods and impacts of cults and organised fringe groups

An inquiry by the Legislative Assembly
Legal and Social Issues Committee

Understanding support service demand: Responses from four support organisations

To assist in building a clearer understanding of the support services currently available to Victorians affected by coercive high-control groups the Committee asked four organisations to respond to 12 questions.

The four organisations were:

1. Cult Consulting Australia (CCA)
2. Cult Information and Family Support (CIFS)
3. Olive Leaf Network Australia (OLN)
4. The Religious Trauma Collective (RTC).

The questions were designed to gather information about service demand, service delivery models, and funding arrangements for organisations that directly support people affected by coercive high-control groups.

Below is a summary of the responses received from the organisations, the questions, full responses, and additional information provided.



What the organisations told us

People previously involved in coercive high-control groups often seek support

Two organisations (OLN and RTC) identified that requests for support most often come from people who have previously been involved in a coercive high-control group.

One organisation (CCA) reported that requests most often come from people concerned about someone else's involvement in a coercive high-control group, while another (CIFS) reported that requests came from both cohorts evenly.

Support requests most often come from inner regional areas

The two organisations that answered this question (OLN and RTC) reported that most requests for support services come from inner regional areas, followed by major cities and outer regional areas.

Young people were identified as requesting support

Three organisations (CCA, CIFS and RTC) reported receiving requests for support from individuals aged 18 or under.

People from a broad range of communities are seeking support

All organisations reported receiving requests for support from a range of communities, including people from culturally and linguistically diverse communities (identified by three organisations: CIFS, OLN and RTC) and LGBTIQ+ communities (identified by two organisations: OLN and RTC).

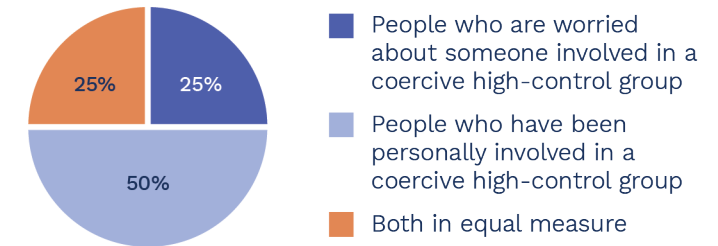
Service delivery preferences vary

Preferences for service delivery methods varied, with in-person/face-to-face, phone, and online/video call support each ranked as a first choice by three organisations, indicating no single preferred method.

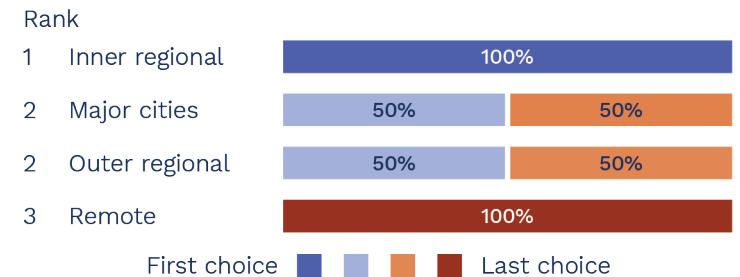
Note: One organisation (CIFS) did not provide an answer to this question.

Who, where and how

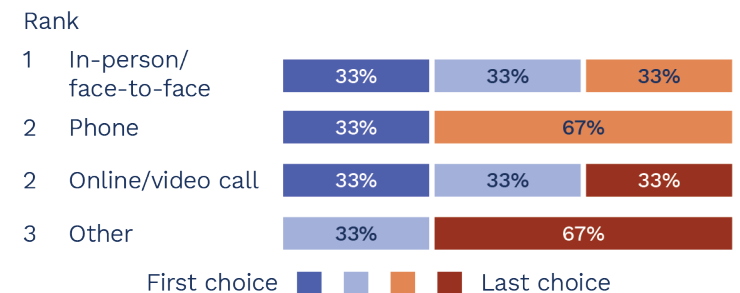
Who do you mainly receive requests for support from? (4 organisations)



Where are people requesting your organisation's support services located? (2 organisations)



What method of service delivery do people requesting your organisation's support prefer? (3 organisations)



What the organisations told us

Demand for support services has increased

All organisations reported an increase in demand for their services over the past 12 months. Two organisations noted increases of approximately 50% (OLN and RTC) and another noted an increase of at least 25% (CCA).

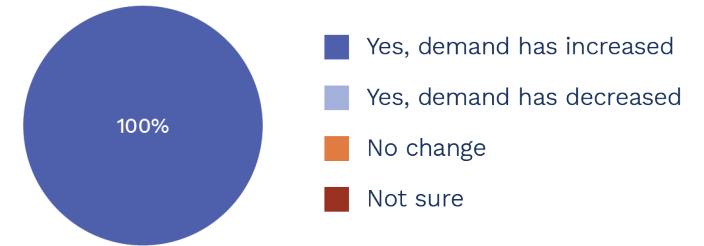
Two organisations (CCA and CIFS) noted that the activities of a specific group had directly contributed to an increase in demand for their services.

Referrals come from multiple sources

Referrals for support services were reported to come from a wide range of sources, with Lifeline and psychologists identified by three organisations (CCA, CIFS and RTC), and General Practitioners (GPs) and family violence services identified by two organisations (CCA and RTC).

Demand and capacity

Over the past 12 months, have you noticed a change in demand for your services? (4 organisations)



“ Demand frequently exceeds the capacity of available specialist practitioners, and individuals are sometimes placed on waiting lists or referred to external services. The Religious Trauma Collective began offering structured peer support groups in February 2026. We currently run nine groups per year, each limited to a maximum of eight participants. For the first three groups alone, we received 71 expressions of interest, highlighting the significant demand for specialised support in this area.

In addition, our Practitioner Registry for Australia and New Zealand has expanded significantly, with the number of practitioners listed on the registry tripling between 2025 and 2026. This growth reflects both increasing awareness of religious trauma and the growing number of individuals seeking trauma-informed practitioners who understand the dynamics of coercive control within high-control groups.

The Religious Trauma Collective

What the organisations told us

Different types of supports provided

Organisations reported that they are offering a wide range of supports for people affected by religious trauma, ‘cult’ involvement, and high-control or coercive environments, delivered across multiple formats including online, phone, and email.

The types of support identified, include:

- Peer support and survivor-led support groups
- Exit and post-exit counselling
- Referrals to specialised counselling and psychological services
- Connections to health, human, and community services
- Support with financial assistance, housing, legal services
- Advocacy and help accessing support services
- Public awareness and advocacy activities (including engagement with governing bodies and the media)
- Education and training programs for practitioners
- Survivor-focused workshops, events or support groups (including online), and resources (including videos and PDFs).

Examples of support provided

“ A young man, fearful of the influence a particular cult was having on his wife and family decided to leave the cult taking his family - they had four children - with him. However, very soon after and unable to shake off the influence of the cult, this man’s wife took their youngest child, a 6 year old girl, and rejoined the cult leaving her husband and three children behind.

The assistance this young man requires includes therapeutic support, family counselling, post cult exit counselling, legal advice and financial support. He is determined to extract his wife out from the cult. This is a complex task; the planning can take several months. We are cautiously optimistic the intervention will be successful.

Cult Consulting Australia

“ The most used service that we provide is peer support. Survivors of high control groups can often feel isolated, alienated and experience overwhelming feelings that they may feel is difficult to discuss with someone who hasn’t had similar experiences. Often in high control groups a person is prevented or prohibited from speaking freely or may have experienced severe consequences or punishments for doing so. Peer support provides a space to safely speak freely about one’s experiences with someone who understands due to similar experiences.

Peer support is provided over the phone as well as through email, depending on their preference, where they are free to talk about their experiences in a safe, empathetic and supportive space. This often provides a great amount of relief, feelings of comfort and reassurance, connection and feeling less alone.

Olive Leaf Network Australia

“ Family members often call us when a loved one joins a group. Our role is to provide emotional support and to coach them through how to manage the situation without driving relationships further apart. The natural tendency is for a parent to argue and try to talk sense into the cult person. We help them to understand that this will drive the person further into the cult and is in fact detrimental.

Cult Information and Family Support

“ One example of support provided by the Religious Trauma Collective is a structured peer support group for individuals recovering from religious trauma and high-control environments. These groups provide a facilitated space by qualified professionals with lived experience where participants can explore experiences such as coercive control, loss of community, identity reconstruction after leaving a high-control group, and the psychological impacts of group-based coercive control.

For participants these groups may provide their first opportunity to speak openly about their experiences with others who understand the unique dynamics of high-control religious environments. The groups focus on building safety, reducing isolation, increasing understanding of coercive control, and supporting individuals as they rebuild autonomy and wellbeing after leaving harmful environments.

The Religious Trauma Collective

What the organisations told us

Funding sources

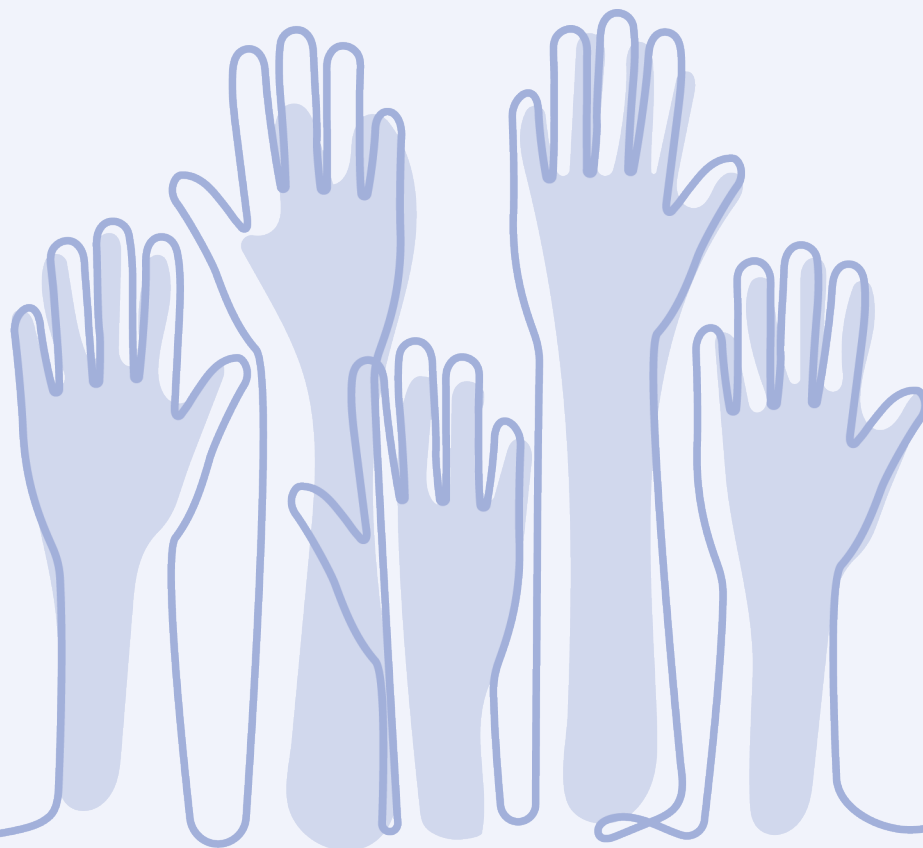
Donations, fee-for-service income, and other non-government sources were identified by organisations as their main sources of funding. Fee-for-service income and donations were most commonly ranked as the largest and second-largest funding sources.

All organisations reported that they do not receive any Victorian or Commonwealth government funding. Two organisations (CCA and OLN) noted difficulties in identifying grant opportunities applicable to their work and that the lack of government funding limits their capacity to sustain and expand services.

“ We desperately require financial support and are hoping the Government will see its way clear to provide funding for a full-time Director for our agency whose job it will be, inter alia, to further develop our services, work with Government, the media and allied health providers to ensure we offer the best practice model for the work we do in combating the influence of cults and their coercive control over vulnerable and unsuspecting members of our communities.

We would also like to employ a Research Officer who can assess whether particular groups brought to our attention by concerned families as well as the media and other agencies pose a risk to their members. The Research Officer can also source former members of particular cults where their involvement could contribute to a successful intervention.

Cult Consulting Australia



Questions

Understanding support service demand

1. Who do you mainly receive requests for support from?

(Please choose the option which is most relevant)

- People who are worried about someone involved in a coercive high-control group
- People who have been personally involved in a coercive high-control group
- Other (please describe)

2. Where are people requesting your organisation's support services located?

(Please rank by the largest number requesting support)

- Major Cities
- Inner Regional
- Outer Regional
- Remote

(See [ABS Remoteness Areas](#) for definitions)

3. Has anyone aged 18 or under requested your organisation's support services?

- Yes
- No
- Unsure

4. List what types of vulnerable communities, if any, seek your support services?

(For example, First Nations, Culturally and Linguistically Diverse, people with disabilities, LGBTQIA+)

Free text limit 250 words.

5. What method of service delivery do people requesting your organisation's support prefer?

(Please rank by most preferred)

- Phone
- Online/Video call
- In-person/face-to face
- Other (please describe)

6. Over the past 12 months, how many requests for support services related to the impacts of coercive high-control groups have you received? If you have had to decline a request due to capacity constraints, please indicate how many.

Free text limit 250 words.

7. Over the past 12 months, have you noticed a change in demand for your services?

- Yes, demand has increased
- Yes, demand has decreased
- No change
- Not sure

7a. In the past 12 months, by approximately what percentage has demand changed?

(If unsure, please give your best estimate.)

8. Across the period 2016 to 2026, how would you describe the demand for your services?

(For example, has it been steady across the years, shown a consistent increase or decrease year-on-year, or followed a different pattern altogether.)

Free text limit 250 words.

Questions

Understanding support service demand

9. How do people usually find your organisation when seeking support services?

(Please rank by most common referral point)

- Direct referral
- Your website
- Web search
- Peer advocate
- Word of mouth
- Social media
- Other (please describe)

10. If you receive direct referrals, please list where these referrals come from.

(For example, Centrelink, The Orange Door, Lifeline, BeyondBlue, Victoria Police, a psychologist or GP.)

Free text limit 250 words.

11. Please list what types of support your organisation provides. For example, exit counselling, financial, legal, housing.

(Please describe in your own words)

Free text limit 250 words.

11a. Please share one example of the types of support your organisation provides.

(Please do not include identifying details)

Free text limit 250 words.

12. How is your organisation funded?

(Please rank by largest source of funding to smallest)

- Victorian Government funding
- Commonwealth Government funding
- Private grants
- Donations
- Fee-for-service
- Other (please describe)

12a. If you receive government funding (either Victorian or Commonwealth), please describe the purpose of the funding.

(For example, funding tied to support specific individuals triggered by an assessment or referral, general funding to provide a particular support service for the broader cohort of people impacted, funding for research, advocacy.)

Free text limit 250 words.

Understanding support service demand: Responses from four support organisations

Inquiry into recruitment methods and impacts of cults and organised fringe groups

Legislative Assembly Legal and Social Issues Committee

Parliament of Victoria
Parliament House, Spring Street
East Melbourne Victoria 3002

June 2026



Full responses and additional information

Cult Consulting Australia (CCA)

Cult Information and Family Support (CIFS)

Olive Leaf Network Australia (OLN)

OLN additional information

The Religious Trauma Collective (RTC)

RTC additional information

Cult Consulting Australia (CCA)

View results

Respondent
3 Anonymous

77:46
Time to complete

1. Organisation name

Cult Consulting Australia (CCA)

2. Who do you mainly receive requests for support from?

Please choose the option which is most relevant

- People who are worried about someone involved in a coercive high-control group
- People who have been personally involved in a coercive high-control group
- Other

3. Where are people requesting your organisation's support services located?

Please rank by the largest number requesting support.

For definitions, see: <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>

No answer provided.

4. Has anyone aged 18 or under requested your organisation's support services?

- Yes
- No
- Unsure

5. List what types of vulnerable communities, if any, seek your support services.

For example, First Nations, Culturally and Linguistically Diverse, people with disabilities, LGBTQIA+.

The Cults and coercive control cuts across all social demographics; inquiries and referrals are not limited to any particular ethnic or cultural grouping

6. What method of service delivery do people requesting your organisation's support prefer?

Please rank by most preferred

- 1 In person/face-to-face
- 2 Online/video call
- 3 Phone
- 4 Other

7. Over the past 12 months, how many requests for support services related to the impacts of coercive high-control groups have you received? If you have had to decline a request due to capacity constraints, please indicate how many.

al organizations. We also receive calls from cult survivors who are seeking to understand their experience and rebuild their lives.

Please enter at most 1500 characters

8. Over the past 12 months, have you noticed a change in demand for your services?

- Yes, demand has increased
- Yes, demand has decreased
- No change
- Not sure

9. In the past 12 months, by approximately what percentage has demand changed?

If unsure, please give your best estimate.

At least 25%

10. Across the period 2016 to 2026, how would you describe the demand for your organisation's services?

For example, has it been steady across the years, shown a consistent increase or decrease year-on-year, or followed a different pattern altogether.

There has been a steady increase in the demand for our services. Some of this demand is related to the growth of particular groups such as Sincheonji. We also recognize that more people are becoming aware of our services due to the revamping of our website cultconsulting.org

Please enter at most 1500 characters

11. How do people usually find your organisation when seeking support services?

Please rank by most common referral point.

- 1 Web search
- 2 Your website
- 3 Word-of-mouth
- 4 Direct referral
- 5 Peer advocate
- 6 Social Media
- 7 Other

12. If you receive direct referrals, please list where these referrals come from.

For example, Centrelink, The Orange Door, Lifeline, BeyondBlue, Victoria Police, a psychologist or GP

There are numerous referral sources including Centrelink, Lifeline, the NDIS and various organizations dealing with domestic violence. We also receive referrals from GPs, psychologists and other allied health organizations

Please enter at most 1500 characters

13. Please list what types of support your organisation provides.

Please describe in your own words. For example, exit counselling, financial, legal, housing.

Exit counselling for cult members, post cult exit counselling for cult survivors, education programs and assistance to the legal fraternity, CCA is often the first point of call for media organizations. A sampling of media reports on the cult issue are featured on our website.

Please enter at most 1500 characters

14. Please share one example of the supports your organisation provides.

Please do not include identifying details.

A young man, fearful of the influence a particular cult was having on his wife and family decided to leave the cult taking his family - they had four children - with him. However, very soon after and unable to shake off the influence of the cult, this man's wife took their youngest child, a 6 year old girl, and rejoined the cult leaving her husband and three children behind. The assistance this young man requires includes therapeutic support, family counselling, post cult exit counselling, legal advice and financial support. He is determined to extract his wife out from the cult. This is a complex task; the planning can take several months. We are cautiously optimistic the intervention will be successful.

Please enter at most 1500 characters

15. How is your organisation funded?

Please rank by largest source of funding to smallest.

1 Fee-for-service

2 Donations

3 Other

4 Private grants

5 Victorian Government funding

6 Commonwealth Government funding

16. If you receive government funding (either Victorian or Commonwealth), please describe the purpose of the funding.

For example, funding tied to support specific individuals triggered by an assessment or referral, general funding to provide a particular support service for the broader cohort of people impacted, funding for research, advocacy.

CCA receives no state or federal funding. We are the only organization in Victoria doing this work; we are not coping financially. We desperately require financial support and are hoping the Government will see its way clear to provide funding for a full-time Director of our agency whose job it will be, inter alia, to further develop our services, work with Government, the media and allied health providers to ensure we offer the best practice model for the work we do in combating the influence of cults and their coercive control over vulnerable and unsuspecting members of our communities. We would also like to employ a Research Officer who can assess whether particular groups brought to our attention by concerned families as well as the media and other agencies, pose a risk to their members. The Research Officer can also source former members of particular cults where their involvement could contribute to a successful intervention. I can provide detailed job descriptions for each of the positions we are looking to fill.

Please enter at most 1500 characters

Cult Information and Family Support (CIFS)

View results

Respondent
2 Anonymous

29:33
Time to complete

1. Organisation name

Cult information Family Support Inc.

2. Who do you mainly receive requests for support from?

Please choose the option which is most relevant

- People who are worried about someone involved in a coercive high-control group
- People who have been personally involved in a coercive high-control group
- both in equal measure

3. Where are people requesting your organisation's support services located?

Please rank by the largest number requesting support.

For definitions, see: <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>

No answer provided.

4. Has anyone aged 18 or under requested your organisation's support services?

- Yes
- No
- Unsure

5. List what types of vulnerable communities, if any, seek your support services.

For example, First Nations, Culturally and Linguistically Diverse, people with disabilities, LGBTQIA+.

Tend to be middle class educated, more recently the culturally diverse and foreign students have been targetted by Shincheonji

6. What method of service delivery do people requesting your organisation's support prefer?

Please rank by most preferred

No answer provided.

7. Over the past 12 months, how many requests for support services related to the impacts of coercive high-control groups have you received? If you have had to decline a request due to capacity constraints, please indicate how many.

approximately 300 emails are responded to annually and 150 to 200 phone calls. phone calls often take up to an hour each. There are often follow up calls in response to emails as well so this is a conservative estimate.

Please enter at most 1500 characters

8. Over the past 12 months, have you noticed a change in demand for your services?

- Yes, demand has increased
- Yes, demand has decreased
- No change
- Not sure

9. In the past 12 months, by approximately what percentage has demand changed?

If unsure, please give your best estimate.

I think it has increased by maybe 10% due to the activities of SCJ in universities

10. Across the period 2016 to 2026, how would you describe the demand for your organisation's services?

For example, has it been steady across the years, shown a consistent increase or decrease year-on-year, or followed a different pattern altogether.

demand is definitely increasing and not decreasing. Though we have not kept accurate enough records to verify this over the years

Please enter at most 1500 characters

11. How do people usually find your organisation when seeking support services?

Please rank by most common referral point.

1 Web search

2 Your website

3 Direct referral

4 Social Media

5 Word-of-mouth

6 Peer advocate

7 Other

12. If you receive direct referrals, please list where these referrals come from.

For example, Centrelink, The Orange Door, Lifeline, BeyondBlue, Victoria Police, a psychologist or GP

some from lifeline or psychologists for us to provide more specific support

Please enter at most 1500 characters

13. Please list what types of support your organisation provides.

Please describe in your own words. For example, exit counselling, financial, legal, housing.

Consulting via phone and email for family members. Exit counselling for those who have left a cult, support groups for survivors online. Referral to counsellors who specialise in this area. Advocacy to governing bodies. Media liase. weekend workshops annually for survivors

Please enter at most 1500 characters

14. Please share one example of the supports your organisation provides.

Please do not include identifying details.

Family members often call us when a loved one joins a group. Our role is to provide emotional support and to coach them through how to manage the situation without driving relationships further apart. The natural tendency is for a parent to argue and try to talk sense into the cult person, we help them to understand that this will drive the person further into the cult and is in fact detrimental.

Please enter at most 1500 characters

15. How is your organisation funded?

Please rank by largest source of funding to smallest.

1	Donations
2	Fee-for-service
3	Other
4	Private grants
5	Victorian Government funding
6	Commonwealth Government funding

16. If you receive government funding (either Victorian or Commonwealth), please describe the purpose of the funding.

For example, funding tied to support specific individuals triggered by an assessment or referral, general funding to provide a particular support service for the broader cohort of people impacted, funding for research, advocacy.

we don't receive any funding

Please enter at most 1500 characters

Olive Leaf Network Australia (OLN)

View results

Respondent

4 Anonymous

52:14

Time to complete

1. Organisation name

Olive Leaf Network Australia

2. Who do you mainly receive requests for support from?

Please choose the option which is most relevant

- People who are worried about someone involved in a coercive high-control group
- People who have been personally involved in a coercive high-control group
- Other

3. Where are people requesting your organisation's support services located?

Please rank by the largest number requesting support.

For definitions, see: <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>

1 Inner Regional

2 Outer Regional

3 Major Cities

4 Remote

4. Has anyone aged 18 or under requested your organisation's support services?

- Yes
- No
- Unsure

5. List what types of vulnerable communities, if any, seek your support services.

For example, First Nations, Culturally and Linguistically Diverse, people with disabilities, LGBTIQA+.

Culturally and Linguistically Diverse, people with disabilities, LGBTIQA+

6. What method of service delivery do people requesting your organisation's support prefer?

Please rank by most preferred

1 Phone

2 Other

3 In person/face-to-face

4 Online/video call

7. Over the past 12 months, how many requests for support services related to the impacts of coercive high-control groups have you received? If you have had to decline a request due to capacity constraints, please indicate how many.

95

Please enter at most 1500 characters

8. Over the past 12 months, have you noticed a change in demand for your services?

- Yes, demand has increased
- Yes, demand has decreased
- No change
- Not sure

9. In the past 12 months, by approximately what percentage has demand changed?

If unsure, please give your best estimate.

Increased by 50%

10. Across the period 2016 to 2026, how would you describe the demand for your organisation's services?

For example, has it been steady across the years, shown a consistent increase or decrease year-on-year, or followed a different pattern altogether.

This data is not available for the entire period, however, OLN under was originally formed by survivors of Exclusive Brethren (PBCC) and the focus of support was for people leaving or who had left this group. However, since July 2025 under new directors the organisation is open to survivors in Australia from any high control religious group and the demand for support is increasing in proportion to awareness for our organisation's services.

Please enter at most 1500 characters

11. How do people usually find your organisation when seeking support services?

Please rank by most common referral point.

1 Your website

2 Social Media

3 Web search

4 Word-of-mouth

5 Peer advocate

6 Direct referral

7 Other

12. If you receive direct referrals, please list where these referrals come from.

For example, Centrelink, The Orange Door, Lifeline, BeyondBlue, Victoria Police, a psychologist or GP

Lifeline

Please enter at most 1500 characters

13. Please list what types of support your organisation provides.

Please describe in your own words. For example, exit counselling, financial, legal, housing.

Peer support, connection to health, human and community services such as for financial assistance, housing and legal. Referral to suitable counselling/psychological services. Advocacy and assistance with accessing services such as victim support and funding for counselling.

Please enter at most 1500 characters

14. Please share one example of the supports your organisation provides.

Please do not include identifying details.

The most used service that we provide is peer support. Survivors of high control groups can often feel isolated, alienated and experience overwhelming feelings that they may feel is difficult to discuss with someone who hasn't had similar experiences. Often in high control groups a person is prevented or prohibited from speaking freely or may have experienced severe consequences or punishments for doing so. Peer support provides a space to safely speak freely about one's experiences with someone who understands due to similar experiences. Peer support is provided over the phone as well as through email, depending on their preference, where they are free to talk about their experiences in a safe, empathetic and supportive space. This often provides a great amount of relief, feelings of comfort and reassurance, connection and feeling less alone.

Please enter at most 1500 characters

15. How is your organisation funded?

Please rank by largest source of funding to smallest.

1 Other

2 Donations

3 Fee-for-service

4 Victorian Government funding

5 Commonwealth Government funding

6 Private grants

16. If you receive government funding (either Victorian or Commonwealth), please describe the purpose of the funding.

For example, funding tied to support specific individuals triggered by an assessment or referral, general funding to provide a particular support service for the broader cohort of people impacted, funding for research, advocacy.

We are not funded as we have had difficulty locating any grant that would be applicable. We will provide a separate, written statement in regard to funding and supports for survivors.

Please enter at most 1500 characters



Secretariat
Legal and Social Issues Committee
Parliament of Victoria

**Support Recommendations for
Inquiry into the Recruitment Methods and Impacts
of Cults and Organised Fringe Groups**

Dear Committee,

The Olive Leaf Network is a survivor-led charitable organisation working in the cult and high-control group space, with survivor and former-member support at the heart of all its activities. Established to address the significant gaps that exist for people exiting cultic and coercive environments, OLN operates through its three constitutional aims: aid, advocacy, and awareness.

Cultural Gaps

Significant gaps exist between people who are in, leaving or have left a cultic environment - particularly a closed community - and the mainstream, accessible system of services available for all Australians. Cults often create their own language, restrict outside relationships and information, and promote separation of members from the external environment. As a result, people raised in or involved in cults may struggle without essential pathways and navigational supports. This presents the need for support services to close the gaps and help individuals thrive.

Aid, Advocacy and Awareness

Our work recognises the marginalisation of people in and emerging from cult communities. By providing direct support through aid to those who have left or are leaving a high-control group, the OLN provides a vital bridging pathway to essential services and



supports. Through peer support, we provide a private and safe space for people to talk about their experiences with someone who understands what they have been through. This service provides a tremendous amount of relief and comfort.

In relation to advocacy, OLN supports individuals to navigate frameworks such as for reporting, redress, victim support, justice or health as well as engages with systems, policy and law reform for cultural inclusivity and representation.

Under the OLN constitutional drive for awareness, we provide education in informing mental health therapists; thereby addressing the widespread lack of cult-specific knowledge within mainstream therapeutic settings and the risks this poses for survivors seeking support. We also elevate survivor voices through high-profile media appearances and speaking events, while holding survivor dignity as imperative and driving essential public, social and governmental awareness.

Current Funding

At the time of writing this document, OLN is primarily self-funded/self-supported by the Directors who are cult survivors themselves. Secondly, OLN receives a small amount of funding through service-fees for education provided to practitioners and students, and donations through fund raising events. We have not been able to locate or access a suitable government grant for the work that we do.

Recommendations

We encourage the Committee to recognise the gaps to legal, social and health accessibility for those who are currently in and those who have emerged from or are emerging from cultic groups in Victoria.

We recommend two pathways for support:

1. **Counselling and Psychological Care Services** - Recognising the high level of psychological support needs as indicated in the inquiry questionnaire insights at 94.9% indication of psychological harm, and the significant rate of requests for psychological supports which we are aware of through contact made with our organisation, we recommend funding to be made available to survivors to access psychological counselling, which must meet Australian quality and ethical standards through registered health professionals. This would be similar to what is currently being provided through the **National Redress Counselling and**



Psychological Care Service, Victoria which is located within the Victorian Department of Families, Fairness and Housing. This service supports all Victorians who accept an offer of redress from the National Redress Scheme. The service helps to discuss needs and what services are available, find the right service, find a therapist or practitioner and connect the person with other support services they may need.

- 2. Grant funding for Survivor Support and Cultural Inclusivity Organisations and Programs** - We see the need for grant funding to be implemented to address the cultural gaps, much like the grants available for multicultural communities in Victoria which are for such things as social and cultural connection, community engagement, providing expertise for cultural capability, education and awareness, support of newly arrived refugees, support to address family violence, connection to available services. And similar grants which are available to support organisations providing assistance to vulnerable, disadvantaged or disengaged cohorts.

Thank you for your consideration of our recommendations for support.

On behalf of the Olive Leaf Network Australia,
Director
Mirriam Francis

The Religious Trauma Collective (RTC)

View results

Respondent
5 Anonymous

38:06
Time to complete

1. Organisation name

The Religious Trauma Collective - Australia / New Zealand

2. Who do you mainly receive requests for support from?

Please choose the option which is most relevant

- People who are worried about someone involved in a coercive high-control group
- People who have been personally involved in a coercive high-control group
- Other

3. Where are people requesting your organisation's support services located?

Please rank by the largest number requesting support.

For definitions, see: <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>

1 Inner Regional

2 Major Cities

3 Outer Regional

4 Remote

4. Has anyone aged 18 or under requested your organisation's support services?

- Yes
- No
- Unsure

5. List what types of vulnerable communities, if any, seek your support services.

For example, First Nations, Culturally and Linguistically Diverse, people with disabilities, LGBTQIA+.

People who seek support through the Religious Trauma Collective include individuals from a range of vulnerable or marginalised communities, including: • LGBTQIA+ individuals impacted by religious teachings about sexuality or gender identity • People leaving high-control religious groups or cultic environments • Individuals experiencing family estrangement or community shunning after leaving religious groups • People experiencing trauma related to spiritual abuse or coercive control • Young adults raised in high-control religious environments • Culturally and linguistically diverse individuals involved in religious communities • Survivors of domestic and family violence within religious contexts • Individuals experiencing mental health impacts related to religious trauma • People with disabilities who have experienced spiritual manipulation or exclusion Many individuals contacting our network report overlapping vulnerabilities, particularly where religious authority intersects with family control, community isolation, or identity-based discrimination.

6. What method of service delivery do people requesting your organisation's support prefer?

Please rank by most preferred

1 Online/video call

2 In person/face-to-face

3 Phone

4 Other

7. Over the past 12 months, how many requests for support services related to the impacts of coercive high-control groups have you received? If you have had to decline a request due to capacity constraints, please indicate how many.

Over the past 12 months the Religious Trauma Collective and associated practitioners have received a substantial number of enquiries and support requests, including individuals seeking peer support, practitioner referrals, education resources, and assistance navigating recovery after leaving high-control religious environments. Due to the network-based structure of our organisation, requests are received through multiple channels including practitioner referrals direct, support groups, online events, social media, and direct contact from survivors accessing our website registry. Demand frequently exceeds the capacity of available specialist practitioners, and individuals are sometimes placed on waiting lists or referred to external services. The Religious Trauma Collective began offering structured peer support groups in February 2026. We currently run nine groups per year, each limited to a maximum of eight participants. For the first three groups alone we received 71 expressions of interest, highlighting the significant demand for specialised support in this area. In addition, our Practitioner Registry for Australia and New Zealand has expanded significantly, with the number of practitioners listed on the registry tripling between 2025 and 2026. This growth reflects both increasing awareness of religious trauma and the growing number of individuals seeking trauma-informed practitioners who understand the dynamics of coercive control within high-control groups.

Please enter at most 1500 characters

8. Over the past 12 months, have you noticed a change in demand for your services?

- Yes, demand has increased
- Yes, demand has decreased
- No change
- Not sure

9. In the past 12 months, by approximately what percentage has demand changed?

If unsure, please give your best estimate.

While formal data collection across the full network is limited due to the distributed, network-based structure of the Religious Trauma Collective, data from within our co-founders' own practices and conversations with other practitioners listed on our registry indicate that demand for religious trauma and cult recovery support has grown significantly. Based on this collective experience, we estimate an approximate 50% increase in religious trauma and cult recovery clients over the past 12 months. This figure reflects the caseload experience of the three co-founders as well as feedback from other practitioners on the RTC registry.

10. Across the period 2016 to 2026, how would you describe the demand for your organisation's services?

For example, has it been steady across the years, shown a consistent increase or decrease year-on-year, or followed a different pattern altogether.

Demand for support related to religious trauma and high-control groups has existed for many years, but historically there have been very few practitioners in Australia with specialist knowledge in this area. The Religious Trauma Collective was established in 2024 in response to both this longstanding need and the clear gap in appropriately trained services. Many individuals seeking support were unable to find practitioners who understood coercive control, cult dynamics, and spiritual abuse. RTC was created to bring practitioners together and provide a centralised, accessible pathway for survivors to access informed support, resources, and referrals. A key driver of demand is the lack of religious trauma literacy across the broader mental health sector. Practitioners within our network frequently receive referrals from psychologists, counsellors, and GPs who recognise the limits of their expertise in this area. In recent years, awareness of religious trauma and high-control environments has grown significantly. Increased media coverage, public discussion of coercive control, and the expansion of survivor-led communities have enabled more individuals to recognise their experiences. Many report delaying help-seeking due to fear, shame, or lack of appropriate support. As awareness and safe pathways increase, more survivors are now seeking professional and peer-based support, making visible a demand that has long existed.

Please enter at most 1500 characters

11. How do people usually find your organisation when seeking support services?

Please rank by most common referral point.

1	Word-of-mouth
2	Your website
3	Peer advocate
4	Web search
5	Social Media
6	Direct referral
7	Other

12. If you receive direct referrals, please list where these referrals come from.

For example, Centrelink, The Orange Door, Lifeline, BeyondBlue, Victoria Police, a psychologist or GP

Direct referrals sometimes come from, Psychologists and Counsellors, General practitioners (GPs), Domestic and family violence services, Mental health practitioners, Social workers, Peer advocates supporting survivors of cults or high-control groups, and Survivor networks and support organisations. These referrals typically occur when professionals recognise that specialised knowledge of religious trauma or high-control group dynamics may be helpful. A significant barrier to accessing support is financial. Many survivors of high-control religious environments leave their communities with limited financial resources, having spent years in settings where financial control or dependence was normalised. The cost of private psychological or counselling services places specialist support out of reach for many of those most in need. There is currently no funded or subsidised pathway specifically for survivors of religious trauma or high-control group environments in Australia, meaning that access to appropriate care is largely determined by a person's capacity to pay.

Please enter at most 1500 characters

13. Please list what types of support your organisation provides.

Please describe in your own words. For example, exit counselling, financial, legal, housing.

The Religious Trauma Collective provides a range of support and education services for individuals impacted by religious trauma and high-control environments, including: • Peer support groups for individuals recovering from religious trauma and cults • Community and connection for practitioners working in this space • A practitioner registry connecting survivors with trauma-informed professionals • Education and training for practitioners working with survivors of high-control groups (videos and PDF resources) • Public awareness and advocacy regarding religious trauma and coercive control • An annual online event that is survivor-led and explores religious trauma, survivor stories, cult dynamics, coercive control, and recovery • Resources to help individuals understand and process the psychological impacts of high-control environments (videos and PDF resources) • Community support and connection for individuals experiencing isolation after leaving religious groups, through active collaboration with Australian Cult Survivors Network, Stop Religious Coercion Australia, Recovery from Coercive Control, DeCult in NZ, and Survivors of Coercive Cults and High Control Groups Our approach focuses on trauma-informed support, survivor empowerment, and increasing professional awareness of religious trauma and cult recovery.

Please enter at most 1500 characters

14. Please share one example of the supports your organisation provides.

Please do not include identifying details.

One example of support provided by the Religious Trauma Collective is a structured peer support group for individuals recovering from religious trauma and high-control environments. These groups provide a facilitated space by qualified professionals with lived experience where participants can explore experiences such as coercive control, loss of community, identity reconstruction after leaving a high-control group, and the psychological impacts of group-based coercive control. For participants these groups may provide their first opportunity to speak openly about their experiences with others who understand the unique dynamics of high-control religious environments. The groups focus on building safety, reducing isolation, increasing understanding of coercive control, and supporting individuals as they rebuild autonomy and wellbeing after leaving harmful environments.

Please enter at most 1500 characters

15. How is your organisation funded?

Please rank by largest source of funding to smallest.

1	Fee-for-service
2	Donations
3	Other
4	Victorian Government funding
5	Private grants
6	Commonwealth Government funding

16. If you receive government funding (either Victorian or Commonwealth), please describe the purpose of the funding.

For example, funding tied to support specific individuals triggered by an assessment or referral, general funding to provide a particular support service for the broader cohort of people impacted, funding for research, advocacy.

We do not receive any funding.

Please enter at most 1500 characters

RTC additional information

Supplementary Material

Victorian Parliamentary Inquiry into the Recruitment Methods and Impacts of Cults and Fringe Groups

Submitted by:

The Religious Trauma Collective

thereligioustraumacollective.com

Australia and New Zealand

The Religious Trauma Collective currently receives no government funding of any kind.

75-80% of all work described in this submission is delivered on a voluntary, unfunded basis by the co-founding practitioners alongside their paid private business'. This submission is itself produced without funding or dedicated resourcing.

About the Religious Trauma Collective

The Religious Trauma Collective (RTC) is an Australian and New Zealand-based network organisation established in 2024 by three co-founding practitioners who identified a critical and unmet need for specialist support for survivors of religious trauma and high-control group environments.

RTC brings together trauma-informed practitioners, peer supporters, and survivor advocates. It operates a national Practitioner Registry which currently lists 29 practitioners across Australia and New Zealand and provides peer support groups, practitioner education, community resources, and public advocacy. Our work sits at the intersection of trauma recovery, coercive control, and survivor recovery.

RTC is not a registered charity, incorporated body, or funded service. It has been built predominately through the voluntary effort of its co-founders, sustained by a small amount of fee-for-service income and donations. It operates without paid staff, and without government funding.

Organisational Evolution: Expanding to Encompass Cult Recovery

This submission is made at a significant moment in RTC's development. We wish to advise the Committee that we are in the process of formally expanding our mandate to encompass Cult Recovery. This includes recovery from both religious and non-religious high-control groups and cultic environments as a core and named element of our organisational identity and service structure.

This shift reflects the lived reality of our practice. A substantial proportion of the individuals who come to RTC for support have experienced coercive control in contexts that are cultic in nature but not strictly or solely religious. This includes multi-level marketing organisations, political extremist groups, wellness cults, therapeutic cults, and other high-control community structures. The psychological dynamics of group-based coercive control, manipulation, identity disruption, community loss, and recovery are consistent across these contexts. The need for specialist support is equally pressing, and the gap in services is equally acute.

This expansion will likely include a name change and corresponding updates to our service descriptions, resources, and public-facing identity. All strategic plans and service development described in this submission have been developed with this broadened mandate in mind.

This submission therefore represents both an account of what RTC currently does, and a forward-looking statement of the organisation we are actively becoming. One that is positioned to serve a wider community of survivors of cultic and high-control group harm, and to contribute more meaningfully to the sector this inquiry is examining.

Supplementary Material to the Confidential Survey

Evidence of Demand: Practitioner Caseload Data and Data Limitations

The Religious Trauma Collective is able to provide evidence of growing demand for specialist support through the lived and professional experience of its co-founders and the wider practitioner network. We wish to acknowledge at the outset the constraints on our ability to provide precise caseload data, and to explain why the evidence we can offer, while necessarily approximate, nonetheless represents a meaningful and honest picture of need.

The RTC Practitioner Registry currently lists 29 practitioners across Australia and New Zealand. These practitioners operate independent private practices with varying caseload compositions, client volumes, and record-keeping approaches. Collecting precise, disaggregated data from across the registry within the timeframe of this submission was not feasible. Practitioners' client confidentiality obligations also necessarily limit the specificity of what can be disclosed. We note that RTC itself has no funded data collection infrastructure, the absence of that infrastructure is itself a consequence of the absence of funding.

Notwithstanding these limitations, the following evidence of demand can be provided:

- Based on the combined caseload experience of the three RTC co-founders, all of whom are active practitioners, and conversations with other practitioners listed on the registry, we estimate an approximate 50% increase in clients presenting with religious trauma and cult recovery needs over the past 12 months.
- This growth is consistent across the co-founders' individual practices and is reflected in informal feedback from other registry practitioners, suggesting it reflects a sector-wide trend rather than an individual outlier experience.
- The RTC Practitioner Registry tripled in size between 2025 and 2026, reflecting both growing practitioner awareness of the specialty and increasing demand for listed services.

- For the first three RTC peer support groups (commenced in February 2026), 71 expressions of interest were received for 24 available places which is a ratio of nearly 3:1, illustrating demand that substantially outstrips current capacity.

Strategic Development: Five-Year Plan (2026–2031)

The following plan outlines the three strategic streams through which RTC, under its evolving mandate encompassing both religious trauma and cult recovery, intends to grow its impact over the next five years. Each stream addresses a distinct but interconnected dimension of need: supporting survivors directly, building a skilled and informed practitioner workforce, and establishing the advocacy and sector relationships required to sustain this work at scale.

We note that this plan is aspirational but grounded. It reflects work the co-founders are already doing or have already begun, and work that is currently being carried without any funding. The pace at which it can be delivered is directly constrained by the absence of resourcing.

Stream 1: Survivor Support

Expanding and deepening direct support for survivors of religious trauma and cultic environments is at the heart of RTC's mission. Over the next five years, our goals in this stream include:

- **Additional peer support groups, including more targeted and specific groups**
 - As demand for our existing groups significantly outstrips capacity, we will increase the number of groups offered annually and develop more specialised options which would include groups tailored to specific communities (e.g. LGBTQIA+ survivors, young adults, former members of specific high-control groups) or specific recovery themes (e.g. identity reconstruction, grief, rebuilding relationships and trust).
- **In-person support options and gatherings**
 - While online delivery has been essential to our reach, we recognise that in-person connection is irreplaceable for many survivors. We will work toward offering in-person support options in key locations, including practitioner-facilitated groups and informal community gatherings.
- **A social retreat for survivors**
 - We aim to develop and deliver at least one residential or day-retreat experience for survivors - a safe, facilitated space for connection, rest, and recovery outside of formal therapeutic contexts.
- **Expanding resources, including hard copy materials**
 - Our current resources are primarily digital. We will develop hard copy materials including guides, workbooks, and information sheets for distribution through partner services, GP clinics, DV services, libraries, and other touchpoints where survivors may be encountered but not yet connected to specialist support.

Stream 2: Practitioner Development

Building a skilled, informed, and well-supported practitioner workforce is essential to meeting the growing demand for specialist support. RTC is uniquely positioned to lead this work in Australia and New Zealand.

- **Cult Recovery Training - Immediate Priority**
 - Our flagship training program for practitioners (professionals who work in the fields where they may come in contact with survivors) is our most immediate priority. We are committed to developing it to the highest standard and it will set the benchmark for practitioner education in this field in Australia.
 - Our target is to have the training ready for launch by October 2026.
 - It is currently being developed entirely on a voluntary basis.
- **More practitioner resources and in-person training**
 - Beyond the flagship training, we will continue to develop supplementary practitioner resources which will include clinical guides, case consultation materials, and in-person workshops delivered in partnership with professional associations and training institutions.
- **Formally recognised professional development**
 - We will pursue developing training that will be recognised through relevant professional bodies, so that practitioners can access RTC training as part of their formal continuing professional development requirements.
- **Growing the practitioner registry**
 - We will continue to expand the RTC Practitioner Registry with a focus on geographic coverage, specific areas of need, and survivor demands.
- **Consultation groups for practitioners**
 - We will establish regular peer consultation groups that will include structured supervision spaces for practitioners working with survivors of high-control groups, enabling complex case discussions and professional peer support.
- **Presentations in Universities, TAFEs, Colleges, and Schools**
 - We will actively pursue opportunities to present to both staff and students in Universities, TAFEs, Colleges, and Schools to bring education and awareness to the areas of group-based coercive control, religious trauma, recruitment, and recovery.

Stream 3: Advocacy and Sector Connections

Sustainable, system-level change in how survivors are identified, referred, and supported requires RTC to be embedded in the broader service landscape by building active relationships, sharing specialist knowledge, and advocating for appropriate policy responses.

- **Building relationships with key services and sectors**
 - We will pursue active partnerships with domestic violence services, mental health services, universities, LGBTQIA+ community services, sexual assault services, and crisis support services including Lifeline, 1800RESPECT, and QLife with the aim of equipping frontline workers with the knowledge and referral pathways needed to identify and support survivors of religious trauma or cult-related harm.
- **Expanding our network of cult consultants and recovery specialists**
 - We will continue to grow our relationships with recovery specialists in Australia and internationally, strengthening the referral and support ecosystem available to survivors and their families.
- **Increasing media presence and support for advocates**
 - We will build RTC's public profile through media engagement, public commentary, and active support for survivor advocates which will contribute to the broader social awareness that enables more survivors to seek help.

Workload and Resources

The Religious Trauma Collective is run on a majority voluntary basis. 75-80% of all work is delivered on a voluntary, unfunded basis by the co-founding practitioners alongside their paid private practitioner business'.

RTC currently receives no government funding of any kind.

There is no grant funding, no philanthropic support, no institutional backing, and no Medicare or NDIS pathway through which this work is subsidised. The organisation exists because three practitioners choose to build it in their own time, at mostly their own cost.

At present, running RTC requires approximately 30 to 45 hours of volunteer time per week across the co-founding team. As we move into the next phase of growth and begin to implement the strategic plan outlined above, we anticipate this will increase to approximately 45 to 60 hours per week. This does not include the time contributed by other practitioners and supporters on an ad hoc basis.

Currently, only approximately 15 to 20 percent of this work is financially covered through fee-for-service income and donations. The remaining 80 to 85 percent is contributed by the co-founders without remuneration.

This is not a sustainable model for a service that is meeting a genuine, growing, and evidenced community need.

The strategic plan described in this submission cannot be delivered at the pace and scale the need demands without dedicated resourcing.

We respectfully ask the Committee to consider what it would mean for survivors of cultic harm in Australia if one of the key specialist networks serving them ceased to operate - not because the need had diminished, but because the volunteers carrying it could no longer sustain the burden.

Regards,

The Religious Trauma Collective (Australia/New Zealand)

Co-founders

Sam Sellers, Elise Heerde, Jane Kennedy