

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the Recruitment Methods and Impacts of Cults and Organised Fringe Groups

Melbourne – Tuesday 21 October 2025

MEMBERS

Ella George – Chair

Annabelle Cleeland – Deputy Chair

Chris Couzens

John Lister

Cindy McLeish

Jackson Taylor

Rachel Westaway

WITNESSES

Jane Kennedy, Registered Counsellor (*via videoconference*),

Samantha Sellers, Registered Therapist and Clinical Supervisor (*via videoconference*), and

Elise Heerde, Certified Coach and Mental Health Practitioner, Religious Trauma Collective.

The CHAIR: Good morning. My name is Ella George, and I am the Chair of the Legislative Assembly's Legal and Social Issues Committee. I declare open this public hearing of the Legislative Assembly's Legal and Social Issues Committee Inquiry into the Recruitment Methods and Impacts of Cults and Organised Fringe Groups.

I begin by acknowledging the traditional owners of the land on which we are meeting, the Wurundjeri Woi Wurrung people of the Kulin nation, and I pay my respects to their elders past, present and future.

I would also like to acknowledge my colleagues participating here today: Rachel Westaway, the Member for Prahran; Christine Couzens, the Member for Geelong; John Lister, the Member for Werribee; Cindy McLeish, the Member for Eildon; and Jackson Taylor, the Member for Bayswater, will be joining us shortly.

Annabelle CLEELAND: I am here too. I have just got my camera off.

The CHAIR: Apologies. Annabelle Cleeland, Deputy Chair, has also just joined us.

On 3 April 2025 the Legislative Assembly's Legal and Social Issues Committee was referred an inquiry into cults and organised fringe groups. The terms of reference require the committee to inquire into cults and organised fringe groups in Victoria, the methods used to recruit and control their members and the impacts of coercive control, and to report back no later than 30 September 2026.

We ask that witnesses keep in mind the terms of reference when providing their evidence. This inquiry is not about judging or questioning anyone's beliefs. The committee remains focused on how Victoria can better protect and support people from coercive groups, while also respecting and safeguarding the right to religious freedom and belief. What we are focused on is the behaviours of cults and high-control groups, that use coercive techniques to recruit and control their members, and the impacts of these behaviours. The evidence we are hearing will help the committee shape practical and balanced recommendations, protecting individuals and upholding protected rights.

On behalf of the committee I would like to thank all those who have engaged with the inquiry thus far, particularly the individuals and families who have bravely shared their personal experiences with cults and organised fringe groups.

In this session the committee will hear from the Religious Trauma Collective, represented by Jane Kennedy, Registered Counsellor; Samantha Sellers, Registered Therapist and Clinical Supervisor; and Elise Heerde, Certified Coach and Mental Health Practitioner. Thank you to Jane, Samantha and Elise for appearing before the committee today.

All evidence given today is being recorded by Hansard and broadcast live. While all evidence taken by the committee is protected by parliamentary privilege, comments repeated outside this hearing may not be protected by this privilege.

We will now commence the public hearing. I invite the Religious Trauma Collective to make an opening statement, and this will be followed by questions from members. Thank you.

Elise HEERDE: Good morning, and thank you for the opportunity to speak today. Firstly, I am going to ask Jane and Sam to introduce themselves, and then I will read out the opening statement. Jane, if you would like to introduce yourself first.

Jane KENNEDY: Sure. My name is Jane Kennedy, and I am a Registered Counsellor working on Gadigal land in Sydney. I grew up in Christian fundamentalism and was a member and a leader for around 25 years within a Pentecostal movement formerly known as the Assemblies of God in Australia, which is now known as the Australian Christian Churches. In my clinical practice I work predominantly with people who have experienced harm and trauma in high-control faith contexts and cults.

Samantha SELLERS: Good morning. My name is Sam Sellers. I am a registered therapist and clinical supervisor based on Gundungurra land in southern New South Wales. Personally, I joined a fundamental and conservative Open Brethren church at age 12, and over the course of the next 15 years I experienced spiritual

abuse, coercive control and eventually shunning after coming out as queer. Professionally, I work with survivors of religious trauma, conversion practices, cults and other high-control groups.

Elise HEERDE: Thank you. My name is Elise Heerde, and I am a certified coach, qualified counsellor and mental health practitioner based in Melbourne. I grew up in fundamentalist evangelicalism and experienced abuse and coercive control in a Pentecostal megachurch. In my professional work as a practitioner I support other survivors of religious trauma, cults and high-control groups.

We appear before you as the co-founders of the Religious Trauma Collective, an organisation established in 2024 to respond to the lack of specialised support available for those harmed by high-control religious and cultic groups across Australia and New Zealand. Our work combines professional practice and being practitioners with lived experience. The collective provides a public registry of trauma-informed practitioners who have professional experience and often lived experience in religious trauma. While we predominantly focus on religious trauma, we are currently expanding our registry to include practitioners who have personal and professional experience with cult recovery that is not limited to religious cults. The Religious Trauma Collective also provides resources, such as recommendations of books, podcasts and academic material, to guide awareness and recovery. Each year we also convene events that bring together survivors, practitioners and academics to broaden public understanding of religious trauma. We also host a Facebook group of 164 practitioners or training practitioners and students from Australia and New Zealand who either work in the religious trauma space or are interested in doing so.

Religious trauma refers to the psychological, emotional and spiritual harm that occurs as a result of harmful religious teachings, practices or environments. It often emerges from high-control or high-demand religious settings, leading to complex trauma responses, identity confusion and difficulties in emotional and relational wellbeing with self and others. Religious trauma remains poorly recognised in both public discourse and professional practice. There is no formal diagnostic category, and most allied health practitioners have little or no training to identify it. As a result, signs of coercion or abuse within religious and/or group contexts are often overlooked, minimised or dismissed as matters of faith or culture. What makes this harm particularly insidious is that it is rarely a one-time event. Instead it is an accumulation of sustained, totalistic coercive control, indoctrination and patterns of manipulation that pervade every part of a person's life.

We regularly see clients who were told not to seek professional help. They were warned that secular support would corrupt them, or they were funnelled into pastoral counselling by unqualified individuals, whose advice can compound the harm. These harms include coercive indoctrination of children and adolescents, where fear, distrust of outsiders and unquestioning obedience are normalised from a young age; love-bombing of new recruits, creating emotional dependency and attachment that later will justify control; psychological control through guilt, shame and fear of eternal punishment, producing compliance and suppressing any critical thought; rigid patriarchal structures where authority flows downward and is treated as divinely sanctioned; financial and labour exploitation, where offerings and unpaid work are framed as spiritual obligations; surveillance and conformity pressures, creating cultures of fear and self-censorship; grooming, abuse and institutional betrayal, where harm is concealed, survivors are silenced and the reputations of perpetrators are prioritised; and severe barriers to leaving, with those who exit facing shunning, slander, family rupture or fears of eternal damnation.

The toll on survivors is profound. We see clients presenting with depression, anxiety, eating disorders, obsessive compulsive symptoms, relational breakdowns, deep grief, burnout, very low self-esteem and suicidality. Many meet the criteria for PTSD or complex PTSD, with flashbacks, dissociation, intrusive fears of divine punishment and chronic shame. Leaving coercive, controlling groups often results in isolation, loss of family and community, financial hardship and the need to rebuild even the most basic life skills. For many, recovery is a long and difficult process of reclaiming identity, autonomy and a sense of safety in the world. These harms are not limited to fringe or sensational groups. They are also present in mainstream congregations and denominations across Victoria. To focus solely on fringe risks obscuring the broader reality of coercive group-based control.

We welcome the work of this committee and support the recommendations already put forward by the authors of the white paper submission *Beyond Belief*. In particular we see real value in adopting a group-based coercive control framework that recognises the ongoing systemic nature of this harm. We also recommend centring survivor voices in advisory roles, training and reform, directing resources to survivor-led religious trauma

trained services and exit pathways for those leaving high-control coercive groups and expanding professional training for practitioners including counsellors, social workers, psychologists, coaches and medical professionals as well as frontline services to recognise and respond to religious trauma and cults. We recommend broadening the lens of the inquiry beyond fringe groups to include group-based coercive behaviours within mainstream institutions and the establishment of an independent commissioner for coercive group harm.

In closing, community groups, including faith communities, that are not engaging in coercive group-based behaviour have nothing to fear from this work. Indeed many will welcome the opportunity to ensure that coercive behaviours are named and addressed. But for too long, survivors have been left isolated, silenced and unsupported. Religious freedom is vital. At the Religious Trauma Collective we are not anti-God, anti-religion or anti-faith. We are against defrauding, exploitation, abuse, deception and the silencing of victims. We urge the committee to recognise religious trauma for what it is: a form of coercive control that can devastate individuals, families and communities. By equipping professionals, resourcing survivors and growing public understanding, Victoria can take a leadership role in addressing this pressing issue. Thank you, and we welcome your questions.

The CHAIR: Thank you, Elise, Samantha and Jane for being here today, and thank you for the opening statement. The first thing I would like to touch on is the training that is available for practitioners in this space. Our previous witness this morning was Dr Janja Lalic, and Elise, you mentioned that you have completed one of her online courses, so I was just wondering if you could take us through a bit more about your experience of that and if you have any recommendations about what would be suitable for the Australian context.

Elise HEERDE: Yes, I have taken her course. It was a fabulous course. I took her course because currently there are no courses available in Australia within our context to take. To look for training at the moment you have to go outside of Australia. In doing her training I was able to contextualise that for Australia because of my professional experience in this space. So it is actually really vital that we have survivor-led training and people with lived experience that are actually working from within Australia to create training that is specific to our context, because our context is quite different to, for example, the context of the US or many other countries that we may be able to find some training in. Some of those differences involve the fact that we are able to name cults and groups within Australia that are specific to this context. We hear from survivors and experts from within Australia that are on the ground seeing what is happening here and what survivors are needing in this space. We also have different services and support systems to the US. We have different regulations in various industries that are different to the US. Also, if we create the training from within Australia, we are able to offer continued education points for different professional associations. This will be professional training that will count towards the work that people are doing in this space here. We use different language, and we have different medical systems. To have that opportunity for Australia to be able to, I guess, empower – whether that is including funding for organisations that have professionals with lived experience leading in this space or creating training for Australia and creating that therapeutic training for working with cult survivors – is actually a really amazing opportunity that we could have here. Australians also face some unique barriers – things like rural isolation or the cultural reluctance to name coercion as abuse.

At the RTC, the three of us all have lived experience and expertise. We have great working relationships with other agencies within Australia that are working in this space and that we want to be able to work with to create training that will be extremely relevant for the Australian context. However, at the moment the three of us are working predominantly as volunteers with the Religious Trauma Collective, on top of running our private practices. We would also benefit from remuneration that would make this sustainable for us, because we want to be able to do this work for a long period of time, and that needs to be sustainable.

The CHAIR: Thank you. I will hand over to Jackson.

Jackson TAYLOR: Thank you, Chair. Thank you very much again, Elise. My first question is: are you aware of supports or interventions in other jurisdictions that the Victorian government could consider adopting?

Elise HEERDE: I will take that on notice, because I am not aware. I can ask Sam and Jane if they are aware, but I am sure this is not our area of expertise.

Jane KENNEDY: No.

Samantha SELLERS: No.

Elise HEERDE: Okay. We will take that on notice, and I will get back to you.

Jackson TAYLOR: No drama. My second question is: what education do you believe the Victorian government could implement to make the public aware of the recruitment methods and impacts of high-control groups?

Elise HEERDE: I will get Jane to answer this one around education.

Jane KENNEDY: Around education, we were listening also to Dr Lalich in the previous session. She was talking about things like advertising campaigns, and she was saying the same thing here – that in probably the previous 10 years in Australia the language around coercive control with domestic and family violence has become quite mainstream and well understood, so I think people who are experiencing that can recognise that earlier. I think we could be able to name group-based coercive control – and obviously the context we work within is religious and faith groups – more broadly and that group-based coercive control model and have that in bus stations and wherever there are public awareness campaigns and provide education within school contexts. You know, we have done professional development with school counsellors who start to see students who are experiencing religious trauma and coercive control in those settings.

I think within education and within frontline services, as Elise mentioned before – I used to work for a national crisis line here. We did not receive any sort of training around particularly group-based control and religious trauma. As therapists and practitioners, we are required to do a certain amount of upskilling and training every year, and whenever I find myself in those rooms, I go around in the morning and say who I am and what I do, and at lunchtime everyone's like, 'Oh my gosh! I could refer so many people to you.' There just is not that widely understood understanding of what religious trauma is or what group-based coercive control looks like. I think education, certainly within our field, with practitioners working with individuals is essential.

Jackson TAYLOR: Thank you, Jane. Thanks, Chair.

The CHAIR: Thank you. Cindy, I will hand over to you.

Cindy McLEISH: Thank you very much for presenting today. We have talked about training and this morning we have heard about some of the online courses that were able to be done through the Lalich institute. Can you tell me what training have you had to make you the therapists in this area, or is it just through the lived experience?

Elise HEERDE: Yes, I am happy to answer that first and then Sam and Jane can also contribute. What is really important in this space is that we have all had training in trauma. So how to work with survivors of trauma, that have experienced that.

Cindy McLEISH: So who conducted that training? Where did you get that? Because we are hearing not enough people know. So where did you get that training in trauma?

Elise HEERDE: Yes, for me the training in trauma was through my counselling qualifications. It was through professional development courses. I have done trauma-informed coaching training. Sam and Jane might have some other places that they have worked. They have worked in this space longer than me. So I will hand over to them if they have got other spaces.

Cindy McLEISH: Before we move on to the others, Elise. So the counselling qualifications, is that through the Australian Counselling Association that you gained those? Are they doing particular trauma-based counselling training?

Elise HEERDE: I am not registered with ACA. Again, I know that Sam and Jane both are, so they can speak to that. I work as a certified coach, so I am registered with a coaching organisation and a coaching key body. So again, if Sam or Jane want to speak to that and the training that they did, but generally the training will be through the courses that you do, not through the association, is my understanding.

Cindy McLEISH: The Australian Psychological Association does particular courses as well.

Jane KENNEDY: There are a number of peak bodies for practitioners within Australia. I think it depends on what sort of a practitioner you are and which body you belong to. But the degrees, the diplomas, the various qualifications that we have, usually there is an element of trauma training within those. Then you can go outside to upskill and have a better understanding, say, of complex trauma. There is the Blue Knot Foundation and there is Phoenix Australia. There are a number of organisations within Australia that will train people in understanding trauma.

Even understanding trauma separate to PTSD is relatively new – maybe decades – particularly in our understanding of trauma and the body and how we experience trauma. It is not just something that happens in our head. There is a new wave of trauma trainings that you can access in various places within Australia, but nothing specifically for religious trauma. We have never come across that. So what we see, because there is also no widely agreed upon definition for religious trauma internationally, there is no diagnosis of religious trauma. Dr Marlene Winell is a psychologist in the US who in the 90s named religious trauma syndrome. She was one of the pioneers of this work. But it is not something that you will find in the DSM, the *Diagnostic Statistical Manual for Mental Disorders*. It is not something that is well understood and there is no agreed upon or shared language around it. When we learn about complex trauma, those of us who have lived experience of religious trauma will go ‘Oh, hi, that’s me.’ And then we start to be able to draw those connections and go ‘Actually, within this framing, that’s been my experience.’ Often we think of PTSD as a one-time event and we think of complex PTSD as something that has been ongoing. The symptoms are very similar, but I think people who have experienced harm in high-control, faith-based spaces can see the correlation. And we were talking before about the models of understanding coercive control within domestic and family violence – we can also look at that. I have had so many clients who have come in and come across that model in other settings in their lives and gone ‘Oh, I saw that and I realised that that’s what I’d experienced.’ So that is how we are here.

Cindy McLEISH: Thank you. Sam, did you have anything to add?

Samantha SELLERS: No. Before Jane mentioned the domestic violence model, I was about to draw the connection that the language that we have around domestic violence and domestic violence training definitely gave us language for the love bombing and the gaslighting and the coercive control and the isolation and the tactics and the tools that are used in that space – the correlation that we start to be able to use that language but in group-based settings.

Cindy McLEISH: Great. Thank you. Thank you, Chair.

The CHAIR: Thank you. John.

John LISTER: Thank you, Chair, and thank you to the collective for coming along today. We have spoken a lot in this inquiry about the formal government responses – legislation, systems in place – but of particular interest to me is what can religious groups do to avoid this kind of harm happening to people who enter into their groups in good conscience. These groups are most of the time wanting to do the right thing. I am not necessarily talking about the stuff that ends up in a Netflix doco. I am talking about those mainstream religions that are out there that are in high demand for various theological reasons. What can they do to make sure that these sorts of harms do not happen?

Elise HEERDE: The first thing that I would recommend is that if there were training and awareness programs that had been created to engage in those things, to understand what that behaviour is, what creates those kinds of dynamics within a group setting, so that they can start to put specific safeguarding in place inside their church, inside their institution, to ensure that those behaviours do not take place, so that they can practise their faith and their beliefs in a safe way that does not lead to the behaviours that are then harming people. It is that same level of: how can you do something about an area you do not understand yet? It is being able to do their own professional development and upskill their own pastors and leaders in what group-based coercive control is and how they can put in safeguards to ensure that that behaviour is not happening inside their church or within their congregation. Sam and Jane might have something else to add.

John LISTER: Anything else from your experience, guys, from New South Wales?

Samantha SELLERS: When I talk about safe institutions, I talk about the ability, if they can, to look at the people who have left their institutions and ask the question genuinely and curiously, ‘Why did they leave?’ and listen to the people who have walked out and who have not returned, I think they will gain far more information

about what is going to create a safe space. More often than not we talk about the fact that if we had been in safe places, we probably still would be there. It was not about belief; it was about the practices that were being utilised in those spaces and the coercion and the behaviours by leaders and by other members in congregations. But I think systems and institutions can learn a lot from the people who have left and the survivors who are speaking out. If they can engage genuinely and curiously with the reasons why those people walked out and never came back, I think that they will gain a lot of information about what they can use to create safety.

Jane KENNEDY: Yes. Sam used the word ‘curious’, to be curious about people’s experience. We know of safe churches. We have been part of safe congregations, and they ask, ‘How does this feel?’ They are open to questions and doubts and disagreements and open, healthy conversations, being able to say, ‘I don’t get this thing that is meant to be sort of the cornerstone of the organisation, or the faith or the belief or whatever,’ and being allowed to have questions that are met with an open hand rather than sort of being shut down and told to just go away and believe harder or something like that. I think there are so many green flags that we talk about. There is the freedom to come and go. There is the freedom to be part of the community but also to leave the community, to serve and be part of it in ways that are life-giving as opposed to draining and exhausting. So yes, there is a lot that they can do.

I think church institutions, faith-based institutions, can really benefit from doing some of those trauma-informed courses that we just mentioned, to understand what it is to be a trauma-informed organisation, like so many workplaces do now. What does it mean to actually be able to hold people’s experience in a group context dynamic?

Elise HEERDE: Yes, and I think that is why it is so important to have this survivor-led training that has been put together by experts that are the people that have walked away. That can also then give them frameworks for ‘How do I have these conversations in a trauma-informed way with people who have left?’ So you are not just going after people that have left the church and retraumatising them by saying, ‘Now, you educate us on how you’re feeling and what’s happening’, but having training courses that are run and put together by experts and those with lived experience like the Religious Trauma Collective that can say, ‘Look, it’s great you’re wanting to have these conversations; you’re wanting to understand what you can do to make your church safer. Here’s some frameworks for how you can do that in a way that is going to be sensitive towards the survivors but also give you really good information on what you can be doing in your church or your organisation to make it safe.’

John LISTER: Thanks, Chair.

The CHAIR: Annabelle.

Annabelle CLEELAND: Sorry, I just want to apologise. I hate having my camera off, but my internet is so poor today, this is the reality. Anyway, I loved your contribution yesterday, Elise, so I just wanted to ask to Sam and Jane as well: of all of the collective’s recommendations, what would you prioritise as having the best immediate impact?

Jane KENNEDY: I mean, I think for me it is training. It is being able to offer training modules within existing educational institutions – courses, practitioner professional development, whatever that looks like – and for some of the organisations already offering trauma trainings to be able to include trainings in religious trauma and group-based coercive control so that that is well understood. And I think also to be able to create some kind of a victim or survivor service scheme. I know that within victim services at the moment people can access I think it is 20-plus hours of free counselling, and there are certain payments that they can receive if they have come out of, usually, a coercive – sorry, domestic and family violence coercive control. They are very wordy, these words, aren’t they? But they have come out of a situation where they have experienced trauma, they have been a victim of trauma, and so they have a set criteria and an assessment that is done to be able to access the counselling and the financial payments. I think if something similar could be created that was informed by the training that the various organisations could offer, that would be a massive first step.

Samantha SELLERS: I would completely agree with Jane. I think education and training is the number one. I think that we cannot provide support services or recovery services if we do not know what we are supporting and what we are helping people to recover from. It is part of the reason why we created and led the event that we had this year around just putting language into people’s ears around religious trauma, around

coercion, around spiritual abuse and around the impacts of being in high-control spaces. I think the more that we can understand and have collective language around what that is, we can then have collective supports around what people need post leaving those spaces to recover and move forward.

The CHAIR: Annabelle, anything else from you?

Annabelle CLEELAND: No, that is fine. Thanks.

The CHAIR: Great, thanks. Christine.

Chris COUZENS: Thank you. Thanks, Elise, Sam and Jane for your contribution. It is really valuable, so thank you for your time today and your submission. I have got a couple of questions, but just leading on from the training and education one, and I think we are continually hearing how important that is, what is your view on it being a requirement or mandatory for all religious organisations to have that education or training?

Elise HEERDE: I think that would be our ultimate long-term goal, to have that as mandatory, not just for faith-based institutions, but also to have that as something that is mandatory in university and TAFE courses for people that are studying counselling, psychology, social work, mental health. For any of the fields that could end up having practitioners working in this space, our ultimate goal would be that it was a mandatory part of the training. For me, the only way that I have seen this barely touched on in the master's I am currently doing in mental health is when it comes to cultural elements, and generally it is seen as religion being a protective factor. Even the fact that there is no mandated training for practitioners to actually go, 'It may be a protective factor, but how about we ask a few more questions' – our ultimate goal is for it to be mandatory training.

Chris COUZENS: Do you see teachers as playing an important role in all that, given what we have heard?

Elise HEERDE: Absolutely, yes. Schools and universities to gain the awareness of what this looks like, but also for teachers – parents in the community as well, but for the teachers in the schools to be able to identify different elements that may be going on in their students' lives.

Chris COUZENS: Jane and Sam, did you have anything you wanted to add to that?

Jane KENNEDY: I think with schools it is so important. In the professional development that I have done with school counsellors one of the biggest fears that they have is around crossing lines that are inappropriate. It is like, 'Religion is a personal thing. Beliefs are personal. So I don't want to probe. I don't want to ask too many questions. I don't want to go too far.' It is for them to be able to find the language and identify the impact as opposed to needing to challenge the belief so much. That is probably not so much their role as it is to be able to identify the impact and to be able to know how to talk about that with their students.

Samantha SELLERS: I think the only thing that I would add is that part of my story is that I found myself in the church that I did because of a religious education teacher at age 12. I think it can be really helpful for the people who are going into schools teaching whatever belief system or faith system they are educating on to do that in a way that does not use big, fluffy and loaded language, because you are talking to a very vulnerable population of the community age-wise and developmentally. I think if we can do that in a way that does not coerce young people into these groups but presents their belief system in a way that is genuine and creates curiosity and questioning as opposed to using loaded language, I think that that could make a really big difference.

Chris COUZENS: Thanks. We have heard the LGBTQI+ community are impacted on a different level or another level within cults, adding even more trauma. I am really interested, particularly from you, Sam, given the work that you have been doing, to unpack that a bit. We have heard quite a bit about this, but I would be interested to hear your thoughts.

Samantha SELLERS: I did anticipate that this might come up. I do not like to trauma-compare, but every marginalised community in cult spaces – we talk about disability having complex layers as well, but queer people definitely have a layer of complexity. The psychological abuse and the cognitive dissonance that occur in these groups for queer people, the fear around eternal punishment, spiritual consequences and sickness and conversion practices are designed to enforce suppression and compliance. I was personally told that if I walked back into my church to attend a service with my then partner, who was of the same sex, I would be heaping

judgement and ill health on myself and everybody in the building. Even threats around sickness and illness are part of that equation. People learn to monitor every thought, every relationship, every action and every behaviour, which forces people to live in secrecy and self-denial. They live double lives to protect themselves. And the impact of that is lifelong sometimes for people. The recovery from the hypervigilance, the identity confusion and that cognitive dissonance that I mentioned, after years of conditioning, teaches people that it is not just rejection, it is that their love and belonging is conditional on erasing who they are. It is pure identity erasure.

Chris COUZENS: Do you have an indication of just how prominent conversion therapy is amongst cults?

Samantha SELLERS: Yes. I mean, I certainly do not have numbers for you, but it is hardwired into a lot of religious cults, and it is also hardwired into a lot of therapeutic, spiritual, wellness cults as well. It is just not framed as sin – it is framed as a defect or as something that still needs to be changed in their identity, or it is framed as childhood trauma or something that has happened in their attachment with their parents to cause this to happen later in life. So it is very prevalent. It is still very prevalent despite the legislation that has happened, because part of conversion practices is rooted in conversion ideology, and that being taught from a very young age means that some of those conversion practices that play out are being self-induced because you are taught that that is what you have to do – it is the only way to survive in those spaces.

Chris COUZENS: Yes. Thank you. Jane and Elise, did you have anything else to add to that?

Elise HEERDE: I would just echo everything that Sam said. It is exactly the same as what I see with clients that I work with, as well as growing up in that same environment, where that is exactly the – like I spoke yesterday about the moral injury and going, ‘I actually also enforced this belief and caused that harm for others in the queer community.’ So there is a moral injury that you work with, with straight clients that are now reckoning with knowing the harm that they have caused, because that is all that they were taught their whole life.

Chris COUZENS: Yes. Great. Jane, did you –

Jane KENNEDY: Yes, I agree as well. I think the only other thing I will add is just the devastation that comes from being excommunicated or shunned. You know, I see a lot of clients who have been cut off from their families or explicitly told they need to leave their community. It is just devastating, heartbreaking, and so hard to understand, but very, very common.

Chris COUZENS: Thank you. Thank you for your contribution too. It is incredible, and the work that you are doing.

The CHAIR: Thank you. Rachel.

Rachel WESTAWAY: Thank you. I have just one question, and I very much appreciate all of your time. I am interested to know: is there one particular piece of material or work that you do from the collective that is something that you feel is best practice and that we could utilise or share in the future?

Elise HEERDE: Sam or Jane, do you have an answer? I have a feeling this is going to go back to ‘We are really wanting to get into creating something like that,’ but go ahead if you think there is something sitting there.

Jane KENNEDY: No, we might take that one on notice.

Rachel WESTAWAY: That is fine. Thank you very much.

The CHAIR: All right. Well, a few more from me just to wrap things up: firstly, we have heard a lot throughout this inquiry about some not-so-great experiences of people who are coming out of cults and high-control groups and some of the support gaps. But if you flip that on its head, what would an ideal exit pathway for someone who is leaving a coercive group look like?

Elise HEERDE: I am happy to speak to this first, and then they can add. I think the ideal pathway would mean that we had all the research, we know exactly what survivors are coming out looking for and how they are searching. We would know how they are searching for support to start with. So we would have all of that

set up within the kind of background of these services, so that when cult survivors are coming out looking for whatever it is that they are searching for to find support, there would be something there that would pop up in Google or would be available as soon as they call any crisis line that would be able to identify that this is their experience and these are the pathways of support. For one, ideally the cult survivor will come out not needing to try and figure it out. We will already know what they are looking for. And as soon as they start looking for that, there will be services available free of charge that they can access immediately to be able to start to get support – like someone else has mentioned, having even a safe place that they could go to decompress, to have someone there to be able to talk them through what their potential options are. And again, ideally, there will be lots of potential options and lots of different services and supports available that they could access immediately with little to no financial cost for them, because most likely they will not have the finances to self-finance their recovery. What would you add, Sam and Jane?

Samantha SELLERS: I think the only thing I would add is that the people best placed to do some of that on-the-ground work are survivors themselves. They are already doing it. They are just doing it unpaid and under-resourced. They are already helping people escape high-control spaces and abusive spaces, but they are just doing it really, really difficultly because they do not have the resources to support them. And so I think if we can put resources in their hands to create spaces where those people can land, that will be a key part of that – to create survivor-led ones.

Jane KENNEDY: Yes, I agree. Also just to echo what Dr Lalich was saying in a previous session, she was saying that the three most important elements are protection, survival and healing. We tend to come in at the healing end – sometimes in the survival end. I guess it is about identifying the people best placed to respond to each of those components, and again, as Sam says, the best people to speak to that are going to be survivors themselves.

The CHAIR: And when we are thinking about that survival component, it sounds like part of that also includes some financial support and access to free counselling. Given that one of our challenges with this inquiry is that we are looking at the Victorian jurisdiction, and some of those services might sit with the federal government in terms of access to Centrelink payments or access to counselling through Medicare, have you done any advocacy work to the Commonwealth about some of these issues?

Elise HEERDE: We have not personally, no, not as the Religious Trauma Collective.

The CHAIR: Are you aware of other advocacy to the Commonwealth?

Elise HEERDE: I am not aware of any.

Jane KENNEDY: No.

The CHAIR: No. All right. You also mentioned research, and this is something that we have heard from other stakeholders about: the lack of research and need for research. Do you have a view as to which Australian organisations or institutions could conduct this research, and what some of those priority research topics should be?

Elise HEERDE: Yes, I will throw this to Jane.

Jane KENNEDY: I think universities, where you have that ethics framework and the peer review and peer support, is an obvious place to start. Interestingly, when I started to do some research about five years ago and began a literature review of religious trauma, I could find three Australian articles. And there was a lot there making reference to the 2013 royal commission into abuse in religious institutions. There was the impact of clergy abuse. There was that sort of thing that was spoken about more generally. But in terms of religious trauma, there was one article, a qualitative study that had looked into the impact on people that had come out of a fundamentalist denomination that is very prominent in Australia. The others were speaking to the impact on LGBTQIA+ within Australia, which is more widely understood. But again, as I was saying before, there is no widely agreed upon definition or understanding. And so even the language is clunky and a bit woolly, and it is hard to narrow it down. So I think within the Australian context, it is being able to do research into what the problem is and what we are actually talking about. What is the language that we need to be able to talk about this in a shared response for practitioners particularly and for people in frontline services to be able to go ‘Oh, yeah, that’s what we’re talking about. That’s the language we use, that’s how we understand it and then this is

how we therefore respond to it.' So I think that would be a great place to start. But also I think that connection we were talking about before in terms of religious trauma and complex trauma and just making that picture really clear.

The CHAIR: Okay. Thank you. As the Victorian government turns its mind to how it can better protect people from high-control and coercive groups, what role should victim-survivors play in the reform and policy development in this space? I will give you an example from family violence, where the Victim Survivors' Advisory Council has been established to give people with lived experience an ongoing voice in reform and policy development. But I am interested to hear your thoughts on the role of people with lived experience in the cult space too.

Elise HEERDE: I think the role of lived experience of victim-survivors should be central. Something that we have spoken about is a recommendation to set up a survivor advisory panel to make sure that any training that is put together and any reform that occurs are centring survivors voices, not just including them or having them on the fringes but making sure that is a central part to every step that this committee wants to take. Whether that is in law reform or whether that is in the practicalities of supporting survivors, survivor voices need to be central to that. That lived experience is vital in the space that we work in as experts. We are always looking to connect with other survivors that also have the expertise. I think it is the most vital thing that you can do, to keep centring survivor voices.

Jane KENNEDY: Agreed.

Samantha SELLERS: I concur.

The CHAIR: Great. On that note, we will wrap up our session here. To Elise, Sam and Jane, thank you very much for appearing before the committee today. Thank you for the time and effort you have taken to prepare your evidence and for sharing your own lived experience with us.

You will be provided with a proof version of today's transcript to check, and verified transcripts will be published on the committee's website. Once again, thank you very much for appearing.

I declare this hearing adjourned.

Witnesses withdrew.