Wounded Souls: The Need for Child Protection Professionals and Faith Leaders to Recognize and Respond to the Spiritual Impact of Child Abuse

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WOUNDED SOULS: THE NEED FOR CHILD PROTECTION PROFESSIONALS AND FAITH LEADERS TO RECOGNIZE AND RESPOND TO THE SPIRITUAL IMPACT OF CHILD ABUSE

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“We must accept finite disappointment but never lose infinite hope.” —Martin Luther King

I. INTRODUCTION

A seven-year-old girl has detailed sexual abuse during a forensic interview conducted at a Children’s Advocacy Center.1 “I’ve asked you a lot of questions,” the forensic interviewer says in wrapping up the interview, “Do you have any questions of me?” The girl squirms, twirls her hair, and stares at her toes. Her voice trembling and nearly inaudible, she asks: “Am I still a virgin in God’s eyes?”

A twelve-year-old boy, placed in foster care because of years of beatings from his single mother, tells his therapist that he is aware of a passage in the Bible that states “all things work together for good to those who love God.”4 The boy notes that he has permanent injuries from the beatings, that his mother is likely going to prison, and that everyone in school looks at him oddly because of the news coverage of his mother’s crimes. “What ‘good’ has come to me from all this suffering?” the boy asks.

A seventeen-year-old girl says her father sold her body so that he could make enough money to feed his drug addiction. “I have a lot of hatred,” the teenager tells her social worker, “I want to get even with the people who have hurt me. Is it sinful to inflict pain on the people who have been so cruel to me? What does God have to say about anger?”

Each of these scenarios raises spiritual or religious questions posed by a maltreated child to a professional—a forensic interviewer, a psychologist, and a social worker. These and similar questions are often raised in cases of child abuse.7 Failing to address them may impair a child’s physical

1. CASEY GWINN & CHAN HELLMAN, HOPE RISING 182 (2019).
3. The author (Vieth) consulted on a case involving this exact scenario, and the author (Singer) has heard similar questions while providing therapy to maltreated children.
4. Romans 8:28 (King James).
5. This case example and the one that follows are composites of numerous cases that the author (Vieth) has prosecuted or consulted on over the course of thirty years.
6. See id.
and mental health. At the same time, restoring a child’s spiritual health may provide a source of resiliency that improves the probability of successful life outcomes. Spiritual questions may arise because a perpetrator utilizes a religious theme or concept in the abuse of a child. Spiritual questions may also arise simply because a child is searching for meaning in the aftermath of trauma.

This article explores situations in which religion and child protection may conflict. The article provides a synopsis of research on the spiritual impact of child abuse and neglect. An overview of how this dynamic may play out before, during, and after a forensic interview is also provided.


11. See id. at 2 (“Some researchers have found that a victim’s ‘spiritual coping behavior’ may play either a positive or negative role in the survivor’s ability to cope with the abuse and with life in general.” (citing Gall, supra note 9, at 839)).

12. Infra Part II.

13. Infra Part III.

14. “A forensic interview of a child is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence. This interview is conducted by a competently trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process.” Chris Newlin et al., Child Forensic Interviewing: Best Practices, JUV. JUST. BULL. 3 (2013), https://www.oxfordjournals.org/pubs/248749.pdf [https://perma.cc/VZ29-ZAE6].

15. Infra Part IV.
Lastly, the article outlines effective multi-disciplinary team (“MDT”) responses to the spiritual impact of child abuse.

II. THE INTERSECTION BETWEEN CHILD PROTECTION AND RELIGION

In cases of child abuse and neglect, the work of child protection professionals may intersect with religious practices or doctrines in multiple ways. In many instances, it is not mainstream religious beliefs—but the distortion of these beliefs—that may prompt the child-victim’s theological concerns. The following sections explain and provide examples of distortions of mainstream religious beliefs that impact child-victims of sexual abuse, physical abuse, medical neglect, and torture.

A. Sexual Abuse

Many sex offenders describe themselves as “religious.” Those who operate within a religious body accumulate more victims, younger victims, and get away with their crimes for longer periods of time than offenders operating within secular youth-serving organizations. One reason for this is that churches and other religious communities often have weak child-protection policies, poor training, and are otherwise easily manipulated. As one convicted sex offender notes:

16. It is widely considered the best practice to respond to an allegation of child abuse is with a MDT. See APRI INVESTIGATION AND PROSECUTION OF CHILD ABUSE xxix (3d ed. 2004). There are two teams that respond to an allegation. Id. at xxxvii. The investigative team typically consists of law enforcement, social services, and the prosecutor’s office. Id. During the investigation, this team draws on other experts, such as forensic interviewers, doctors, and mental health professionals. Id. If a case results in a determination of abuse, a broader team, commonly called a “case review” or “service team,” reviews the case periodically to ensure the needs of both child and family are being addressed. Id. To learn more about MDTs and their myriad purposes and benefits, see id. at xxix-xliv.

17. Infra Part V.


I consider church people easy to fool. . . . They have a trust that comes from being Christians. . . . They tend to be better folks all around. And they want to believe in the good that exists in all people. . . . I think they want to believe in people. And because of that, you can easily convince [them], with or without convincing words.\(^1\)

Sex offenders who are “religious” may effectively use the tenets of faith to keep a child quiet or otherwise manipulate the boy or girl.\(^2\) An offender may cite a child’s biological reaction to sexual touching as “proof” the child is equally responsible for the “sin.”\(^3\) An offender might also invoke concepts of forgiveness and claim that a child who is unwilling to forgive the offender is not truly part of the family of God.\(^4\) In one case, a Protestant minister told his daughter that although sexual abuse is normally condemned by God, the Bible makes exceptions—such as at the creation of the world or after the great flood.\(^5\) The pastor contended that God had come to him in a dream and said this was one of these exceptions, and therefore, he must sexually touch his child.\(^6\) When dynamics such as these are present,\(^7\) issues of religion may arise during the forensic interviews of victims and the interrogations of offenders, as well as in a social worker’s case planning and mental health services.\(^8\)

\(^{21}\) Jensen, supra note 20, at 38 (quoting ANNA C. SALTER, PREDATORS 29 (1991)).
\(^{22}\) Vieth I, supra note 10, at 2.
\(^{23}\) Id. The author (Vieth) has consulted on a number of cases where this dynamic was present.
\(^{24}\) Vieth II, supra note 20, at 209 (discussing the difficult nature of forgiveness for many victims of abuse).
\(^{26}\) Id.
B. Physical Abuse

In the United States, research has consistently found that a majority of child physical abuse cases involve acts of corporal punishment.\textsuperscript{29} In Canada, these figures climb to seventy-five percent.\textsuperscript{30} Some theologically conservative Protestants believe God requires physical discipline,\textsuperscript{31} and some Bible commentaries contend that scripture has a clear preference for physical discipline with a switch.\textsuperscript{32}

When placed in the hands of an unstable or volatile parent, these interpretations of scripture can distort a child’s image of God.\textsuperscript{33} As one example, a victim of child physical abuse writes:


29. “From the earliest days of research on the dynamics of child physical maltreatment, studies have revealed that most physical abuse incidents were the result of parents attempting to punish their children. Since then, findings have been consistent in demonstrating that most physical abuse takes place in situations where caregivers attempt to correct children’s behavior or to ‘teach them a lesson.’” E. LIZABETH T. GERHOFF, REPORT ON PHYSICAL PUNISHMENT IN THE UNITED STATES: WHAT RESEARCH TELLS US ABOUT ITS EFFECTS ON CHILDREN (2008), http://www.nospank.net/gershoff.pdf [https://perma.cc/TS8Q-G69D] (citations omitted).


32. For example, one conservative commentary states the “use of the rod for spanking is clearly taught in Scripture in preference to spanking with one’s hand.” EDWARD E. HENDSON, KING JAMES STUDY BIBLE 942 (2013) (providing commentary on Proverbs 13:24).

33. See Alex Bierman, The Effects of Childhood Maltreatment on Adult Religiosity and Spirituality: Rejecting God the Father Because of Abusive Fathers?, 44 J. SCI. STUDY
Dad didn’t call it violence. He called it discipline. “Spare the rod and spoil the child.” “Quit your crying or I will give you something to cry about.” It always seemed like a stupid statement since I had something to cry about— that is why I was crying. But I learned not to show an ounce of emotion when he whipped me. The only emotion I remember was anger.

Even apart from instances of severe physical abuse, a large body of research finds hitting children as a means of discipline is ineffective and poses significant risks. Nevertheless, these studies have produced little change in the adherence of conservative Protestants to corporal punishment, simply because scripture takes precedence over research. However, two studies from researchers at Pepperdine University found that addressing the theology often used to justify the practice may result in change. Accordingly, child protection experts and professional organiza-

34. GWINN & HELLMAN, supranote 1, at 177–78. For example, consider these words from a survivor of child physical abuse: “When you are abused as a child, you think God is like your abuser. Only many years later, after I went to counseling did I understand the depth of my distortion. I was talking to a therapist and made reference to my dad’s death except I said ‘When God died . . . ’ She caught it and, then with a look, caused me to realize what I had said. My dad was God to me—often mad at me, focused on my achievements, and always expecting me to earn my way out of misconduct and sin.” Id. at 179.


tions have proposed guidelines to assist child protection professionals in developing culturally sensitive approaches to parents who sincerely believe God mandates physical discipline but whose conduct exceeds what is permissible by law.

C. Withholding Medical Care on the Basis of Religious Belief

In the United States, there are at least twenty religious sects that withhold some or all medical care from children, even in situations where the child’s life is in danger.39 For example, Brandon Schaible was a seven-month-old baby who died from pneumonia because his parents interpreted the Bible as requiring them to rely only on prayer.40 When confronted with cases such as this, child protection professionals and courts are forced to balance a parent’s right to practice their religion against the welfare of the child.41 In balancing these competing interests, it is necessary to understand the religious framework of a family denying necessary medical care and, perhaps, to address any theological constructs endangering the child.42

D. Torture

Child torture is defined as two or more physical assaults, on two or more occasions or a single prolonged incident causing “prolonged physical pain, emotional distress, bodily injury or death,” accompanied by at least two elements of psychological abuse, “such as isolation, intimidation, emo-

41. Id. at ix.
tional/psychological maltreatment, terrorizing, spurning or deprivation.”

The perpetrators are generally caretakers who “utilize a framework of necessary discipline and corporal punishment to justify their abusive acts . . . . [S]ome perpetrators [see] it as a religious duty to discipline their children harshly.”

When a child views extreme discipline as normal, he or she is less likely to disclose the conduct as abusive. As a result, disclosures are more likely to come in response to open-ended questions, such as “tell me about meal time,” and only after a child “has been stabilized in a safe setting.”

III. THE SPIRITUAL IMPACT OF CHILD ABUSE & NEGLECT

Abuse or neglect not only affects a child physically and emotionally, it can also impact a child spiritually. Spirituality has been defined as a “search or quest for the Sacred” or as a “private, personal, affective experience with ‘the Divine.’” Religiousness is more commonly thought of as “an institutional set of beliefs and practices.” Although academics differentiate between religiosity and spirituality, most laypersons consider them to be interchangeable terms.

Irrespective of its definition, child abuse often impacts a child’s sense of spirituality. For example, in a study of 527 male victims of child maltreatment, researchers found significant spiritual injuries, including feelings

45. Id.
46. Id.
47. Id.
50. Walker et al., supra note 8, at 131.
51. Id.
52. Id.
of guilt, anger, grief, despair, fear of death, and a belief that God is unfair.\textsuperscript{53} In one case, a survivor said he was terrified of dying because he wasn’t sure God understood child abuse. The man explained that as a boy he had been beaten, sexually violated, emotionally abused, and forced to witness violence against others he loved. As an adult he then suffered alcohol and drug problems, marital problems, and was incarcerated for criminal vehicular homicide. The man wondered if God would hold him accountable for his many “sins” or if God would “give him a pass” because of the traumatic childhood he had endured.\textsuperscript{54}

In another case, an adolescent girl was sexually abused by a doctor who worked for her church. The doctor explained that he had chosen the child because, of all the girls he worked with, her breasts were the most developed. As an adult, the victim reported she developed a tremendous hatred for God. After all, she reasoned, God must have known the man would be attracted to her if her breasts developed early. Since God did not slow the growth of the child’s body, the victim held God responsible.\textsuperscript{55}

A seven-year-old child who was beaten, locked in closets, witnessed domestic violence, and was eventually abandoned, reached the following conclusions about God: “There’s lots of bad things in the world. That’s just how God created the world. Murderers. Kidnappers. He [God] pressed a button, and he made a mistake . . . . He shouldn’t have let those people do those things! He made a mistake.”\textsuperscript{56}

When the perpetrator is a member of the clergy or otherwise closely connected to the child’s faith tradition, the spiritual impact may be particularly pronounced.\textsuperscript{57} Researchers have found that “religion-related abuse has significantly more negative implications for its victims’ long-term psychological well-being” than similar abuse that is not inflicted in the name of God.\textsuperscript{58} Age further appears to make a difference, with young children

\textsuperscript{54} This is a case the author (Vieth) consulted on.
\textsuperscript{55} This is a case the author (Vieth) consulted on.
\textsuperscript{56} This is a case the author (Singer) is familiar with.
\textsuperscript{58} Bette L. Bottoms et al., \textit{Religion-Related Child Physical Abuse}, 8 J. AGGRESSION, MALTREATMENT & TRAUMA 87, 87–88 (2004),
being more spiritually impacted than older children—perhaps because their spirituality is still in development. Moreover, there may be differences among survivors of different faith traditions or denominations.

Although these examples highlight the spiritual harm inflicted as a result of child abuse, there is also a significant body of research indicating that spirituality can be a source of resiliency and may aid an abused child, or other victim of violence, in coping physically and emotionally with their trauma. Even without meaningful intervention, child abuse victims who maintain a connection to their faith communities have fewer mental health conditions throughout their lives than those who do not maintain such connections. Casey Gwinn and Chan Hellman provide this summary:

The research around religious and spiritual coping shows strong and convincing relationships between psychological adjustment and physical health following trauma. Spirituality provides a belief system and sense of divine connectedness that helps give meaning to the traumatic experience and has been shown over and over to aid in the recovery process.


59. Gall, supra note 9.

60. Christi M. Collines et al., *Catholicism and Childhood Sexual Abuse: Women’s Coping and Psychotherapy*, 23 J. CHILD SEXUAL ABUSE 519 (2014) (finding that “Catholic identity can both compound and relieve the suffering many women experience in healing from child sexual abuse”).

61. See generally Bryant-Davis et al., supra note 9, at 306; Walker et al., supra note 8, at 130.


63. Casey Gwinn is the President of Alliance for HOPE International, a social change organization focused on meeting the needs of survivors of domestic violence and sexual assault. Our Team, ALL. HOPE INT’L, https://www.allianceforhope.com/about-us/our-team/ [https://perma.cc/E4XQ-HSS6]. He is also the founder of Camp HOPE America, a program focused on children who have been exposed to domestic violence. Our Team, CAMP HOPE AM., https://www.camphopeamerica.org/about-us/our-team/ [https://perma.cc/6WSL-SGV8].

64. Chan Hellman is a professor in the Anne & Henry Zarrow School of Social Work and his research is focused on hope as it helps children and adults overcome trauma. GWINN & HELLMAN, supra note 1, at 237–38.

65. GWINN & HELLMAN, supra note 1, at 180.
IV. POSITIVE AND NEGATIVE RELIGIOUS INFLUENCES BEFORE, DURING, AND AFTER THE FORENSIC INTERVIEW

In a qualitative study published in 2017, researchers spoke with thirty-nine forensic interviewers from twenty-two states and each region of the country. In total, these child protection professionals conducted over 42,000 forensic interviews of alleged child abuse victims. The researchers discovered that religion may have both positive and negative influences on a child before, during, and after the forensic interview.

Prior to the interview, a perpetrator may use “religiously-oriented grooming” to access a child or keep a child quiet about maltreatment. In one instance, a minister made his victim get on her knees and “pray with him and then [made] her pinky-swear that she would not tell.” Some offenders would say that it was their God-given mandate to instruct their child about sexuality. Nonetheless, the study also found positive influences of religion prior to the interview. For example, clergy and other faith leaders were found to have supported child abuse victims, provided them with shelter, and reported the maltreatment to the authorities.

During the forensic interview, researchers found that positive religious influences, such as the moral conviction to tell the truth, aided children in making a disclosure. However, researchers also discovered multiple negative religious influences that impaired a child’s willingness to disclose abuse. Such reluctance may occur when a child believes their own conduct was sinful or otherwise feels guilty before God. One victim told a forensic interviewer, “I feel like God is mad at me because I did this.” Religious children were also inhibited if they felt it was wrong to speak about abuse when an offender had been forgiven by a church.

After the forensic interview, there were a number of reported instances of clergy working collaboratively with child protection professionals and families impacted by abuse. In one instance, parents were troubled

66. Tishelman & Fontes, supra note 7, at 120.
67. Id. at 121.
68. See id. at 125–26.
69. Id. at 122–23.
70. Id. at 123.
71. Id.
72. Id.
73. Id. at 125.
74. Id. at 125–26.
75. Id. at 126.
76. Id.
that their daughter was penetrated and was thus no longer a virgin. \textsuperscript{77} A priest, however, comforted the family by explaining that the child was still a virgin in God’s eyes. \textsuperscript{78} Conversely, there are several cases in which faith leaders have testified as character witnesses for offenders\textsuperscript{79} or otherwise failed to support victims through the court system and beyond.\textsuperscript{80}

As a result of these findings, the researchers “strongly recommend” that Children’s Advocacy Centers (“CACs”) develop a “respectful understanding” of faith communities by learning about their practices and beliefs, providing education to local faith leaders on child abuse, addressing the spiritual needs of child abuse victims in team staffing of cases, increasing the religious diversity of staff, and otherwise developing collaborative relationships with area faith leaders.\textsuperscript{81}

These recommendations are consistent with the National Children’s Alliance’s accreditation standards for Children’s Advocacy Centers. These standards note that to effectively meet clients’ needs, the CAC and MDT must be willing and able to understand the clients’ worldviews, adapt practices as needed, and offer assistance in a manner in which it can be utilized. Striving toward cultural competence is an important and ongoing endeavor and integral part of a CAC’s operations and service delivery.\textsuperscript{82}

\textsuperscript{77} \textit{Id.} at 128.
\textsuperscript{78} \textit{Id.}
\textsuperscript{80} See Victor I. Vieth, \textit{On This Rock: A Call to Center the Christian Response to Child Abuse on the Life and Words of Jesus} 38–45 (2018) (noting inadequate responses from faith leaders to crimes against children).
\textsuperscript{81} Tishelman & Fontes, \textit{ supra} note 7, at 129.
V. EFFECTIVE MDT RESPONSES TO THE SPIRITUAL IMPACT OF CHILD ABUSE

A. Coordinating Mental Health and Spiritual Care

The American Psychological Association mandates that clinicians consider religion in addressing a patient’s needs, and the organization has published a textbook to aid clinicians in addressing spiritual injuries during the course of child and adolescent therapy.\(^\text{83}\) If a child has articulated spiritual questions during a forensic interview or in another setting, child protection professionals need to work with the child and his or her family in selecting a mental health professional that is both fluent in spiritual-injury research and capable of addressing spiritual issues within the context of evidence-based treatment models.\(^\text{84}\) This may include integrating scripture\(^\text{85}\) or other sacred texts\(^\text{86}\) into behavioral or other therapy.

The American Psychiatric Association\(^\text{88}\) ("APA") recognizes that “people experiencing mental health concerns often turn first to a faith leader.”\(^\text{89}\) Accordingly, the APA has developed a guide to assist faith leaders in recognizing signs of mental illness and making appropriate referrals.\(^\text{90}\) CACs and MDTs should be familiar with the APA guide, as well as

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83. DONALD F. WALKER & WILLIAM L. HATHAWAY, SPIRITUAL INTERVENTIONS IN CHILD AND ADOLESCENT PSYCHOTHERAPY (2012); see also DONALD F. WALKER ET AL, SPIRITUALLY ORIENTED PSYCHOTHERAPY FOR TRAUMA (2015).


86. For an overview of sacred texts pertaining to children drawn from various world religions, see DON S. BROWNING & MARCIA J. BUNGE, CHILDREN AND CHILDHOOD IN WORLD RELIGIONS (2011).


88. Not to be confused with the American Psychological Association.


90. Id.
other resources for coordinating mental health and spiritual care, and should share this knowledge with community faith leaders.

B. Coordinating Medical and Spiritual Care

The American Academy of Pediatrics “recognizes the importance of addressing children’s spiritual needs as part of the comprehensive care of children.” Approximately ninety percent of medical schools have course content addressing the intersection between spirituality and health. There is also a large body of research showing a correlation between religious involvement and positive medical and mental health.

In the same way a cancer patient is offered spiritual care from a hospital chaplain, spiritual assistance should be routinely offered to survivors of abuse who desire this comfort. One practical guide for addressing the spiritual needs of children can easily be adapted to the needs of child abuse victims. After such an adaption, the guide would recommend the following:

- Anticipate the spiritual needs of child abuse victims and their families.


92. Am. Acad. of Pediatrics, Conflicts Between Religious or Spiritual Beliefs and Pediatric Care: Informed Refusal, Exemptions, and Public Funding, 132 PEDIATRICS 962, 964 (2013), https://pdfs.semanticscholar.org/8e15/1a29eb021f4187a4477e28e267775e05ad3e.pdf [https://perma.cc/LRA6-ZW6Y].


95. Victor I. Vieth, Coordinating Medical and Pastoral Care in Cases of Child Abuse and Neglect, 45 CURRENTS THEOLOGY & MISSION 27 (2018).

Barnes et al., supra note 96, at 903.
100. See, e.g., KEENAN, supra note 27.
Protestant, Jewish, or other faith communities, a chaplain with knowledge of these dynamics—or with close working relationships with multiple faith leaders in a community—could provide valuable assistance to the team in navigating cultural or other issues arising in a particular case.

A chaplain could further serve as a consultant to mental health professionals that are working with a victim who raises spiritual questions such as those posed in this article. A chaplain could also be a support person for a child victim throughout the court process. In the same way that a hospital chaplain might pray with a patient before surgery, a chaplain assisting the MDT might pray with or otherwise offer spiritual sustenance to a child frightened of appearing in court or of other actions resulting from an abuse allegation.

Moreover, a chaplain assisting the MDT could play a prominent role in prevention by assisting area faith communities in implementing appropriate child protection policies and ensuring that out-of-home placements are sensitive to a child’s faith tradition and culture. 

Lastly, an MDT chaplain could assist in explaining the child protection process to faith leaders.

In January 2017, the Julie Valentine Center (“JVC”), a Children’s Advocacy Center in Greenville, South Carolina, became the nation’s first CAC to add a chaplain to its staff. The job of the JVC chaplain is to “help adults, children and families process spiritual questions pertaining to abuse and [to] coordinate this work with the medical and mental health professionals assisting the child.”

If successful, this

101. See, e.g., Denney et al., supra note 27, at 25.
105. Id.
106. Id.
model could be replicated in other CACs or MDTs throughout the United States.

D. Care in Action: A Promising Practice for Faith and Child Protection Collaborations

Modeled after a promising practice recognized by the Office of Victims of Crime,107 Care in Action Minnesota (“CIAM”) was formed in 2005 to develop effective faith and child protection collaborations and improve a community’s response to child maltreatment.108 CIAM seeks to accomplish this in several ways, including through the Adopt a Social Worker program, email and Facebook partners, aiding youth in transition, and community education.

1. Adopt a Social Worker

Through the Adopt a Social Worker (“ASW”) program, CIAM facilitates relationships between county Child Protective Services (“CPS”) and community partners, typically churches and Bible study groups.110 The community partner maintains an ongoing connection with a specific CPS worker and supports the worker in a variety of ways.111 The worker maintains contact with the partner about needs on his or her caseload that they are unable to meet.112 While CIAM oversees the partnership, the CPS worker and community partner communicate directly about the details.113

Common requests include food, rent, moving assistance, camp fees, beds, and more.114 Requests often reveal a deeper need. For example, in one case, a worker called her community partner about a young mother with three small children. The family fled the mother’s abusive partner, and their only housing option was a mobile home with a large hole in the floor that was covered by a loose piece of plywood. The danger to the

107. The practice is called the “HALOS Strategy.” For additional information, visit the OVC website at: https://www.ovc.gov/halos/ [https://perma.cc/4RT1-ZFQE].
109. Care in Action Minnesota currently partners with five counties in the state of Minnesota. Id.
110. Id.
111. Id.
113. About Us, supra note 108.
114. Our Impact, supra note 112.
children was heightened by the Minnesota winter. The church presented the need to the congregation, and a member who installed floors professionally donated the labor while the church paid for the materials. The personal contact, which is relatively rare, revealed other needs that the church was able to help with. Beyond that, the entire family felt loved and cared for, and the mom reported that it helped restore her personal faith.  

2. Email/Facebook Partners

Over one hundred people have joined CIAM’s Email Partners, and nearly two hundred follow the Facebook page. When a CPS worker without a community partner has a need that they are unable to meet, they notify CIAM. CIAM then sends an email to all partners and mirrors that request on the Facebook page. This allows people who are not in a group that partners with CIAM to still have an impact.

While many requests are similar to ASW, the broader reach of this program allows larger needs to be met. This happened in 2018 when a CPS worker called CIAM. Three siblings were removed from their home after repeated abuse and neglect from their parents. The children were placed in separate foster homes because no family could take the three children together. During regular sibling activities, one of the foster families fell in love with all three children and asked to adopt them. The county denied the request because their home was not large enough for all three children. The family then asked if converting their attached garage to living space would give them enough room. They were told it would, but the family could not afford the huge expense. Email/Facebook Partners subsequently paid for materials, and people from the family’s church performed the labor. The children now all live together in their “Forever Home.”

115. This example of CIAM’s approach is based on the personal experience of the author (Singer).


117. See id.; Become an Email Partner, CARE ACTION MINN., https://careinactionmn.org/get-involved/become-an-email-partner/ [https://perma.cc/PBU4-DB65].

118. This example of CIAM’s approach is based on the personal experience of the author (Singer).
3. Youth in Transition

Ideally, foster care is a short-term solution while a family prepares to be reunited. That is not always the case, however, and youth who remain in foster care until they become adults and transition to independence often face many challenges. This causes very high rates of homelessness. With funding from the Edina Realty Foundation, CIAM established a partnership with one county as a way to help youth transition out of foster care. The county provides mentoring and skill-building opportunities, and CIAM provides funds to help with housing stabilization.

The request to help with housing sometimes opens other doors. One of the first requests CIAM received in this partnership was for an expectant teen that was getting ready to move out on her own. CIAM provided money to assist with housing stabilization, but then discovered that this young mother-to-be was on her own and had never been given a baby shower. CIAM hosted a shower, and seventy women provided her with love, motherly advice, and many of the things she needed to care for her new baby.

4. Community Education

Helping children and families impacted by child maltreatment is only part of CIAM’s mission. Those who partner with the organization gain an increased awareness of the dynamics that contribute to child maltreatment, learn of concrete ways they can prevent and respond to child maltreatment, and benefit from an increased understanding of and empathy.

121. Id.
124. This example of CIAM’s approach is based on the personal experience of the author (Singer).
125. *Our Impact*, supra note 112.
for those who have been touched by abuse and neglect. In addition to the education that comes through direct involvement, CIAM sets up informational displays at events and provides speakers to discuss child maltreatment.

VI. CONCLUSION

Historically, missionaries and other religious leaders have played a central role in child protection in the United States. It was a minister named Charles Loring Brace whose concern for impoverished, often physically and sexually abused, children in New York led him to develop schools, lodging, and other services for children in need. From 1854 to 1929, Brace relocated more than 100,000 orphans to the Midwest via “orphan trains.”

In 1874, a Methodist missionary named Etta Angell Wheeler discovered a nine-year-old girl who was routinely beaten, denied food, and otherwise tortured. Wheeler’s persistence in saving this child’s life was the catalyst for the creation of the New York Society for the Prevention of Cruelty to Children—the nation’s first entity devoted exclusively to protecting children from abuse.

It was the son of a minister, Walter F. Mondale, who played a central role in the passage of the Child Abuse Prevention and Treatment Act (“CAPTA”) in 1974. CAPTA created the modern child protection system.

130. Id. at 38.
131. Id. at 130–36.
132. Id. at 136–41.
133. Mondale’s father was a Methodist minister. FINLAY LEWIS, MONDALE: PORTRAIT OF AN AMERICAN POLITICIAN 32–33 (1980).
Although religious influence in the child protection system is waning, MDTs must be mindful of the spiritual needs of maltreated children and their families. Such a response is not only culturally sensitive, a growing body of research suggests it may be critical to the short- and long-term welfare of abused and neglected children.

135. Lewis, supra note 133, at 298–303.
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