INTRODUCTION: THE HISTORIC ROLE OF THE MDT IN CHILD ABUSE CASES

It has long been considered, and is widely accepted as best practices to respond to cases of child abuse as part of a multi-disciplinary team (MDT). Indeed, the manual for the National Center for Prosecution of Child Abuse states, “Successful prosecution of child abuse requires different practices than those used to respond to other types of crime. One of the major differences is the critical role that information from a variety of individuals and agencies…plays in building strong child abuse cases.” Generally speaking, there are two multi-disciplinary teams.

First, there is the core investigative team typically consisting of law enforcement, child protective services and the prosecutor’s office. This team responds to an initial report of abuse and arranges forensic interviews, medical examinations, mental health referrals, search warrants, interrogation of perpetrators and other investigative functions.

Second, there is a broader “service planning” or case review team that discusses the ongoing needs of a maltreated child and his or her family. The team typically consists of “professionals providing therapeutic and other support services” including medical professionals, CPS workers, mental health practitioners, victim-witness advocates, and school guidance counselors or social workers.

This list, though, is not definitive and most states allow case review teams to include other members of the community. In some instances, MDTs have utilized theologians as part of the case review team. Indeed, some state laws specifically include religious institutions as appropriate members of the team. This may happen because a faith-based school is represented on the team or because a particular faith leader is well connected with community resources.

Even when a theologian is not part of a local school or is well connected with a community, he or she may bring other benefits to an MDT. This article explores twelve potential roles for a theologian on a child maltreatment multi-disciplinary team.
2. CONSULTANT TO THE MENTAL HEALTH PROFESSIONALS WORKING WITH VICTIMS

Ninety three percent of convicted sex offenders describe themselves as religious or very religious.15 Sex offenders who have the most victims, the youngest victims, and who get away with abuse for the longest period of time before being caught tend to be the offenders most active in their respective congregations.16 The vast majority of these offenders use religious or spiritual themes in the abuse of their victims. For example, an offender may point to a child’s biological reaction to sexual touching and comment “You had an erection, just like me. You enjoy the sexual contact as much as I do and you are as much to blame as me.”

When this happens, victims not only suffer physical and emotional damage but also suffer significant spiritual injuries.17 In a review of 34 studies reporting on a total of 19,090 adult survivors of child maltreatment, scholars noted that most studies found abuse damaged the faith of children, often by damaging the victim’s view of and relationship with God.18 Nonetheless, research consistently shows that abuse victims “who maintained some connection to their personal faith (even if it was damaged) experienced better mental health outcomes compared to adult survivors of abuse who did not.”19

In order to maintain this connection to faith, though, the MDT may need to assist the victim in addressing his or her spiritual questions. In one faith setting, for example, a child molester told his victim that he was abusing her because her breasts were the most developed. As a result, the child struggled spiritually. If God knows all things, then surely God knew that in developing her breasts early she would be targeted by this offender. If this is true, is God to blame for the abuse? Did God have some purpose in allowing this suffering?20

Survivors may have engaged in drug and alcohol usage, committed delinquent or other criminal offenses, or suffer from mental health or behavioral disorders. In one instance, a survivor committed criminal vehicular homicide while under the influence of meth—a drug he said he used to self-medicate from the emotional pain of childhood trauma.21 Although many of these victims come to realize that adverse childhood experiences contributed to their behaviors,22 they also believe their conduct was wrong or “sinful.” How, these victims ask, will God sort through all of this when evaluating their lives?

Although there are clear mental health aspects to questions such as these, there are also spiritual dimensions beyond the expertise of many mental health professionals. In a national study of more than 400 clinical psychologists, only one-third professed competence in addressing spiritual issues raised by clients and only 5% had training on this issue.23

When this is the case, the team can benefit from having a pool of theologians well trained on child abuse that can assist the team in directly or indirectly responding to a child’s spiritual injuries.24 Unless and until the spiritual questions are addressed, many survivors will not be able to cope physically or emotionally.25

3. CLERGY AS SUPPORT PERSON

Research shows that the presence of a support person helps children to respond to direct and cross examination questions in court.26 Moreover, a number of state legislatures and a “substantial body of case law approves of such support.”27

To better understand the simple compassion in permitting the child victim a support person, Professor John Myers poses the following scenario. “Imagine,” Myers writes, “five-year-old Susie, about to enter the hospital for the first time. Susie is scheduled to undergo a ‘substantial body of case law approves of such support.”27

To better understand the simple compassion in permitting the child victim a support person, Professor John Myers poses the following scenario. “Imagine,” Myers writes, “five-year-old Susie, about to enter the hospital for the first time. Susie is scheduled to undergo a difficult medical procedure. Mother drives Susie to the hospital, stops in the parking lot, opens the car door, and says ‘Okay, honey, run along into the hospital and find the doctor. I’ll be back in a couple of hours to pick you up. Bye.’ Mother drives off, leaving little Susie standing all alone outside the hospital. Preposterous you say? Mother won’t do that. She’ll walk Susie into the hospital and remain at her side to provide comfort, reassurance, and support.”28

Just as it would be cruel to deny a child a support person during a difficult medical procedure, Myers’ argues it is equally cruel to deny a support person to a child testifying in a case of child abuse. Specifically, Myers writes at “the hospital, emotional support is part of treatment, and parents are partners in therapy. At the courthouse, however, things are different. The tradition in court is that the child must go it alone.”29
If a child has been told that he or she is condemned or will otherwise suffer repercussions in speaking about abuse committed in the name of God, the child may benefit from having a trusted theologian in the courtroom as a reminder that God is not upset with her—but rather the person who molested or otherwise mistreated her. In one case, for example, an abused child walked into a crowded courtroom only to have numerous church elders and ministers present in support of the father accused of molesting her. Upon witnessing this spectacle, the child openly wondered if God was also opposed to her. In cases such as this, a theologian supportive of the child may make a significant difference in the court process, and perhaps throughout the child’s life.

4. PROVIDING CHILD PROTECTION PROFESSIONALS WITH ADDITIONAL RESOURCES

Many social service agencies are financially strapped and lacking human resources. In addressing this need, many faith communities are willing to help. For example, Care in Action is a coalition of churches and other faith-based organizations that provide child protection professionals with additional resources in meeting the needs of children and families impacted by abuse. Based in Minnesota, the organization has an “adopt a social worker” program. Under this program, social workers tell the organization of unmet needs of a family—such as an abused child’s desire to attend little league baseball—and the organization works to address the need. A similar program operates in the state of South Carolina.

5. PREVENTION

If it is true that most sex offenders are religious, it is elementary that many will operate inside a faith setting. With respect to physical abuse, many parents who inflict violence on their children do so in the name of religion. For these reasons alone, it is critical to engage theologians in taking a leadership role in speaking out about abuse within faith settings and challenging the religious dogmas that tolerate sexual or physical abuse or in any way blame children for their victimization. Having one or more trusted theologians serve as part of the broader case review team can aid in developing these men and women into leaders more fully equipped to address the spiritual needs of maltreated children and to reform local religious communities.

6. ADDRESSING THE VICARIOUS TRAUMA OF MDT MEMBERS

Most hospitals and many police departments have chaplains able to address the spiritual needs of professionals who have seen death or experienced a lifetime of children recounting incidents of abuse. Although these chaplains may need some additional training on the unique issue of vicarious trauma resulting from working as a child protection professional, they can be of significant assistance in addressing the emotional well-being of some team members. In one instance, a law enforcement officer specializing in child abuse began to wonder why God did not allow him and his wife to have children but allowed so many abusive parents to have a child. Questions such as these may need the aid of a professional counselor but may also require the expertise of a theologian sensitive to the officer’s faith.

7. CONSULTING ON CULTURALLY SENSITIVE CHILD PLACEMENTS

In most states, child protection workers are required to take into account a child’s cultural background, including religious affiliation, when placing the child out of home or in selecting services. A theologian or other religious expert on the case review team may be helpful in determining culturally appropriate placements or services. The theologian would work to not only educate workers but serve as a bridge or conduit with the foster family. Even within similar cultures and religions, there are varying practices. As discussed, child abuse has many religious connotations and it is imperative that the foster family be adequately assessed and educated about the emotional and spiritual needs of the child to avoid exacerbating the child’s trauma. Additionally, other service providers may have a limited understanding of the cultural aspects in which the child was raised and therefore use intervention techniques that can be viewed by the child or foster family as insensitive, thereby failing to engage them in needed services. Simply put, theologians are in a unique role to assist the child, team, foster family, and other providers in making the often necessary transition to foster care and treatment services.

8. EMPOWERING VICTIMS TO DISCLOSE

There is a large and growing body of research that religion is often used to justify maltreatment and to keep the child from disclosing abuse. The child may feel guilty that he or she is sinful because of a biological reaction to touching or because the offender or another church leader told the victim he or she was equally to blame. In one instance, a child sexually assaulted by an elder was told by her pastor that if she did not cry out, the Bible does not consider her to be a victim of sexual abuse. Jack Schapa, a protestant pastor in Indiana, molested a teenage girl in three states and boldly used religious themes in suggesting to the girl that the abuse was pleasing to God. In one letter to the victim, Schapa claimed: You opened your heart wide to me—you made me more than a Pastor/Rescuer—you made me your friend, your confidant, your beloved. In our ‘fantasy talk’ you have affectionately spoken of being ‘my wife.’ That is exactly what Christ desires for us. He wants to marry us & become eternal lovers! I tried to craftily catch your heart…Thank you for the privilege of helping a struggling teenager…You have such a wonderful life ahead of you. I must be careful not to spoil that with my selfish fantasy desires…When we get scared, Jesus sends his spirit to live within us… I must follow the example of Christ. I have espoused you to Him as a chaste virgin… When toxic theology such as this impedes a child’s ability to disclose, a theologian consulting the MDT could assist in three ways. First, the theologian may be able to offer insights into a particular church dynamic feeding these blocks and offer suggestions for overcoming the block while staying within the child’s cultural framework. Second, a theologian working with a qualified mental health professional, may assist a child overcome these hurdles over the long term. Third, theologians proactive in speaking publicly against toxic theology may find their messages reach victims, if only through the accessing of social media or other forums. When toxic theology is openly challenged in multiple venues, the message may penetrate even the most closed communities.
11. SPOKESPERSON IN EXPLAINING MDT ACTIONS TO THE FAITH COMMUNITY

The theologian on the MDT can assist other clergy in understanding MDT processes and decisions. In one instance, a pastor at a ministerial association meeting complained that a CPS worker removed a child from a family in his congregation. The pastor angrily denounced the conduct, noting that several weeks had passed without any court hearing or sharing of information of the child’s whereabouts with the parents.

The theologian on the MDT listened to the pastor’s complaint and then calmly explained that state law required a court hearing within 48 hours of a child’s removal and the court had to review the matter every seven days until a final decision was made. The theologian on the MDT suggested the distraught pastor request his parishioners to sign a release so that he could talk directly with social services and see for himself whether or not the parents’ claims were truthful.59

12. DEVELOPING ETHICAL RESPONSES TO MALTREATMENT

When Dietrich Bonhoeffer contemplated the study of theology, his father and other members of his family were wary of the usefulness of scholarship not rooted in science.57 And yet, as the Third Reich consumed Germany and much of Europe, it was Bonhoeffer’s ethical code, strongly rooted in religious concepts, which enabled him and others to resist Nazi savagery even to the point of losing their own lives.58 Indeed, one of Bonhoeffer’s most acclaimed works is a treatise on ethics exploring not simply when it may be appropriate to overthrow a government but also to lie or engage in other conduct often viewed as unethical.59 Many scholars60 and both conservative and liberal political leaders61 have noted the common ethical thread woven into the world’s religions and the utility of this ethical code in shaping good behavior.

In commenting on the value of religion in promoting moral behavior and decisions, President Barack Obama writes:

When we ignore the debate about what it means to be a good Christian or Muslim or Jew; when we discuss religion only in the negative sense of where or how it should not be practiced, rather than in the positive sense of what it tells us about our obligations toward one another…others will fill the vacuum…(T)he discomfort of some progressives with any hint of religiosity has often inhibited us from addressing issues in moral terms…Scrub language of all religious content and we forfeit the imagery and terminology through which millions of Americans understand both their personal morality and social justice…Of course organized religion doesn’t have a monopoly on virtue…But we should not avoid making such claims or appeals—or abandon any reference to our rich religious traditions—in order to avoid giving offense.62

When MDTs fail apart or fail to perform optimally it is usually not because of a lack of resources but because one or more members of the team values his or her own agency or even him or herself as more important than a child whose life is swaying in the balance. In one instance, for example, a team declined to do a courtesy interview of a sexual abuse victim because the law enforcement agency didn’t like the demanding nature of the request made from another state.63 Thinking such as this, thinking far removed from anything close to placing the child above all other considerations, may be inhibited if a member of the team was repeatedly assigned the task of questioning whether particular conduct is moral—a role ideally suited for many theologians.

In noting that Fred Rogers, of the PBS children’s television show Mister Rogers, both cared about traumatized children64 and was an ordained minister, a child abuse prosecutor lamented “if only Mister Rogers were a part of our case review team—suddenly we would always put the children first.”65

CONCLUSION

Given the fact that most child abusers use religious themes in the abuse of children, and that this usage causes significant spiritual damage inhibiting the ability of the MDT to investigate abuse and the victim to heal, it is elementary that teams need to develop stronger connections to the faith community. These connections will be critical for MDTs serious in preventing abuse, in investigating difficult cases of abuse within a religious institution, or in addressing a victim’s mental and physical health—both of which are often inextricably linked to the child’s spiritual well-being. There is, though, so much more. A connection to theologians can help MDT members cope with vicarious trauma by addressing the most difficult questions arising in this work. Equally important, theologians can serve as reminders that, whether or not we hold any religious views, the cause of children is the highest of all callings demanding the highest of all conduct.
END NOTES
1 Executive Director, National Child Protection Training Center, a program of Gundersen Health System in partnership with Winona State University, Northwest Arkansas Community College, New Mexico State University, and William Mitchell College of Law. Mr. Vietth thanks Megan Rowley of William Mitchell College of Law for her research assistance on this article.
2 Director, Program on Child Sexual Trauma and maltreatment, University of North Carolina Chapel Hill, Department of Psychiatry.
3 President, American Professional Society on the Abuse of Children
4 Director, National Center for Prosecution of Child Abuse
5 C. S. LEWIS, THE ABOLITION OF MAN 13-14 (1944)
6 AMERICAN JUDICIARY RESEARCH INSTITUTE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE THIRD EDITION (SAGE 2004)
7 Id at xxvi
8 Id at xxvi
9 Id at xxvi
10 See Victor I. Vietth, In My Neighbor’s House: A Proposal to Address Child Abuse in Rural America 22 HAMLIN LAW REVIEW 143 (1998) (noting the importance, particularly in many rural communities, of involving the faith community in addressing child abuse at multiple levels).
11 Id. ILL. COMP. STAT. 5/7.1 (2013).
13 This is a case NCPTC consulted on.
14 GENE ABEL & NORA HARLOW, THE STOP CHILD ABUSE BOOK (2001)
15 See generally, C. S. Lewis, The Abolition of Man 13-14 (1944) (noting “This
16 FOR MORE INFORMATION

The National Child Protection Training Center (NCPTC) is a program of Gundersen Health System. Operating on the campuses of Winona State University, Northwest Arkansas Community College, William Mitchell College of Law, and New Mexico State University, NCPTC provides training, technical assistance and publications to child protection professionals throughout the United States. In addition, NCPTC assists undergraduate and graduate programs seeking to improve the education provided to future child protection professionals. For further information, contact NCPTC at 507-457-2890 or 651-714-4673. Please visit our website at www.ncptc.org.