

CULTURAL ISSUES

Religion and Child Abuse

—Bette L. Bottoms,
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Religious beliefs can foster, encourage, and justify child abuse, yet religious motivations for child abuse and neglect have been virtually ignored by social science researchers and the public. The exception has been concern over allegations of “satanic ritualistic abuse,” abuse alleged to involve florid features such as large numbers of perpetrators and victims, bizarre cult practices, animal and human sacrifices, and cannibalism. In the early 1990s, we conducted a large-scale survey of American clinicians to investigate the incidence, characteristics, and evidence for allegations of satanic ritualistic abuse. Ironically, although we found little convincing evidence of widespread satanic cult child abuse (see Bottoms, Shaver, & Goodman, 1991, for details), we did find evidence of many cases of child abuse and neglect involving non-satanic religious beliefs and practices (e.g., physical abuse related to attempts to rid a child of supposed evil, religiously motivated medical neglect, and sexual abuse perpetrated by religious authorities). We have called these abuses “religion-related” and provide an overview of our findings here. (For a fuller treatment of our methods and findings, please see Bottoms, Shaver, Goodman, & Qin, 1996.)

Physical abuse

It may be hard for many Americans to believe that religiously justified child abuse occurs with any frequency. After all, religion is supposed to provide directives for moral actions and promote human welfare, not add to degradation and misery. And religious organizations are often actively involved in child abuse prevention and victim treatment. Yet clearly, certain religious beliefs can lead to abusive behavior. As historian Philip Greven (1991) points out, encouragement for violent, physically abusive child-rearing practices can be traced to Biblical passages: “He that spareth his rod hateth his son; but he that loveth him chasteneth him betimes” and

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“Withhold no correction from the child: for if thou beatest him with the rod, he shall not die. Thou shalt beat him with the rod, and shalt deliver his soul from hell” (Proverbs 13:24 and 23:13-14, respectively).

Some people extend a literal interpretation of religious writings so far as to equate a child’s misbehavior with the actual activity of Satan, assuming that evil spirits possess the child. Adults who hold such beliefs may perform ritualistic exorcism to rid such a child of evil. The outcome can be murderous to the child’s psyche, if not the child’s body. Even some mental health professionals may endorse the idea of demonic possession. For example, Friesen (1991) has argued for the use of exorcism in therapy—the ethics of which have been sharply questioned (Bowman, 1992).

Religious causes of harsh child discipline have recently begun to be studied (Greven, 1991; Capps, 1992); however, physical child abuse motivated by belief in demonic possession has rarely been investigated by social scientists.

Medical neglect

Although it is the most common form of child maltreatment and can have severe consequences (Crouch & Milner, 1993), neglect receives little attention compared with sexual and physical abuse (Dubowitz, Black, Starr, & Zuravin, 1993; Johnson, 1993). Harm resulting from the deliberate withholding of medical care for religious reasons may be particularly serious because it is legally permitted in most jurisdictions (Myers, 1992), thus, unlikely to be stopped. It is perhaps because of this legal protection that religious motivations for child neglect have been largely ignored in the child abuse literature, even in work specifically examining medical neglect (e.g., Bross, 1982; Milner, 1993).

Jehovah’s Witnesses, who do not believe in blood transfusions, and Christian Scientists, who favor prayer treatment over medical procedures, are two examples of groups that shun the techniques of modern medicine. According to Christian Scientist

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Nathan Talbot, the "best possible care" for children includes treating them with prayer alone for such serious afflictions as leukemia, club feet, spinal meningitis, bone fracture, and diphtheria. Talbot propounds the view that disease is "in the last analysis produced by a radically limited and distorted view of the true spiritual nature and capacities of men and women" (Talbot, 1983, p. 1642).

Although other countries (e.g., England, Canada) mandate medical care for children, in the United States, religious groups can cite the First Amendment's prohibition of government interference with religion as legal justification for negligent practices. In fact, most states do grant religious exemption to child protection (Bullis, 1991; Swan, 1994). In 1944 the U.S. Supreme Court ruled that "the right to practice religion freely does not include liberty to expose the community or child to communicable disease or the latter to ill health or death" (*Prince v. Massachusetts*, cited in Bullis, 1991, p. 551). In spite of this ruling, however, state legislators have been reluctant to budge from their scientifically unjustifiable position of retaining religious exemptions. Whether because of heavy lobbying by religious groups or a desire to maintain First Amendment rights, state legislators have supported statutes that exempt parents and others from prosecution for harm to children resulting from religiously motivated medical neglect.

In addition, although courts can and often do intervene by ordering medical treatment for children at severe risk, religiously motivated child neglect is unlikely to be reported in the first place, even by professionals outside of the church (Johnson, 1993). Probably because of the legal exemptions in place in most states, legal action in reported cases often stalls, though evidence may be overwhelming. Worse, the exemptions may be used in defenses against more serious

charges, such as manslaughter. In California, for example, a judge decided that a Christian Science couple should be acquitted of manslaughter of their infant son, who had died of treatable bacterial meningitis. According to the judge, some signs of improvement during the child's illness proved that prayer treatment did not necessarily constitute gross negligence (Bullis, 1991).

Legal sanctions are beginning to be applied against neglectful parents in an increasing number of cases, largely as a result of publicity that some child deaths have received and pressure from public and professional groups (e.g., the American Medical Association, Children's Healthcare is a Legal Duty; see Skolnick, 1994; Swan, 1983). Although more efforts are being made to repeal exemptions in state legislatures, it may be a long while before legal exemptions for religiously motivated medical neglect are dismantled. It is therefore important to understand the harm done by religiously motivated neglect, and the investigation and prosecution patterns associated with its disclosure.

Abuse perpetrated by persons with religious authority

Abuse perpetrated by religious officials can be psychologically damaging for children who have been raised to fear God and revere the Church and its leaders. To child (and adult) parishioners, religious leaders are by definition trustworthy, powerful, and free of mortal vice. Child sexual abuse perpetrated by religious figures is often characterized by emotions similar to those experienced by victims of familial incest: guilt, betrayal of trust, and shame (Blanchard, 1991).

Historically, the Catholic Church has resisted taking action against offending priests, often doing nothing more than changing their parishes (Blanchard, 1991; Laaser, 1991). In response to increasing attention

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from the media, the Catholic Church has begun to investigate itself and admit the need for public accountability. Still, even writers in religiously oriented journals urge that suspicions of child abuse by religious leaders be reported to legal authorities rather than to ineffective Church officials (Isely & Isely, 1990). Of course, sexual abuse is by no means a problem restricted to religious leaders of the Catholic faith. Our data include abuse cases involving ministers, priests, and others with religious authority from many faiths.

Survey method and summary of results

We surveyed a national sample of 19,272 professionals: 5,998 clinical psychologists who belonged to the American Psychological Association; 7,381 psychiatrists who belonged to the American Psychiatric Association; and 5,896 clinical social workers who belonged to the National Association for Social Workers. Our survey was conducted in two phases; response rates were 37% in each phase. In the first phase, a postcard survey ascertained which clinicians had encountered relevant cases. Respondents were asked to differentiate cases reported by children and those reported by adult survivors (i.e., adults 18 or older who claimed to have been abused in childhood). About a third (31%) had encountered at least one ritualistic or religion-related abuse case in their clinical practice.

In the second phase, a more detailed survey was sent to obtain more information about the cases themselves. Respondents provided detailed case information about a total of 417 religion-related abuse cases, of three kinds: (a) abuse involving the withholding of medical care for religious reasons; (b) abuse related to attempts to rid a child of the devil or evil spirits; and (c) abuse perpetrated by religious professionals such as priests, rabbis, or ministers. Of the 417 cases, we chose to study 271 "pure" cases (i.e., those involving only one kind of religion-related abuse):

25 medical neglect cases, 69 cases involving attempts to rid a child of evil; and 177 cases in which the perpetrator had religious authority.

Interestingly, some respondents resisted emphasizing the religious nature of their cases. For example, several clinicians hesitated to classify cases of beatings to rid children of evil as truly religion-related, noting that the perpetrators were psychotic. We had no hesitation in classifying them so: Our respondents clearly indicated that the perpetrator's beliefs were shaped and their abuses were scripted by religious ideology. For example, one respondent wrote: "I don't know if you would consider this truly related to religious issues: This paranoid schizophrenic mother allegedly said to her 5-year-old son [before stabbing him repeatedly], 'We're going to heaven, and you're going first.'"

Some respondents also resisted attaching religious significance to abuse perpetrated by religious professionals, arguing that sexual abuse perpetrated by religious officials was not different from

other sexual abuses. Good reasons exist, however, for considering abuse perpetrated by religious professionals different from other kinds of sexual abuse. Publicly recognized religious leaders have authority and power that provide special access to children. Their sexual advances may be particularly confusing, guilt-inducing betrayals because they are thought

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to be moral or holy. Parents often venerate religious authorities and the religion they represent, making it difficult for victims to disclose such abuse. Even adults who notice a suspicious relationship between a religious professional and a child are unlikely to question it (Isely & Isely, 1990). These special circumstances increase the likelihood that such abuse will recur without being reported and promote painful confusion in young victims that makes the long-term psychological consequences of such abuse difficult to bear.

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Using analyses of variance, we compared the three types of abuse cases on a number of dimensions. When we had sufficient data, we also statistically compared cases involving child victims with those involving adult survivors. We summarize our findings next.

Characteristics of abuse

Forms of maltreatment. Nearly all (94% of cases) of the abuse perpetrated by religious professionals was sexual in nature. Even if this percentage is inflated by false allegations, as some have suggested, the result is remarkable. Apparently, the role of unquestioned moral leader has given religious

authorities special access to children, similar to that of trusted family members in incest cases. About half (48%) of ridding-evil cases and a quarter (23%) of neglect cases included allegations of sexual abuse (though not sexual abuse perpetrated by a religious authority). Physical abuse, psychological abuse, and neglect were present at different levels across the three types of cases. By definition, neglect characterized more withholding of medical care cases than other types of cases, but it was also noted in some cases of ridding a child of evil. Physical abuse occurred at a higher rate in ridding-evil cases than in other cases, and the physical abuse suffered by victims was often quite severe. For example, one respondent reported a case in which an "eyeball was plucked out of a youth's head during an exorcism ceremony." Psychological abuse was most commonly reported in child ridding-evil cases and adult medical neglect cases.

Characteristics of victims and perpetrators

Number and gender. Our data did not support the contentions that most sexual abuse by religious authorities, particularly priests, is aimed at boys rather than girls and that it is perpetrated by men rather than women. Although more male than female perpetrators were reported, many females perpetrated such

abuse. In addition, male and female victims were about equally common.

Ridding-evil and neglect cases were roughly equally divided between male and female perpetrators. On average, more than two individuals perpetrated the neglect cases, split fairly equally in terms of gender. This probably reflects that fact that perpetrators were parents acting according to a shared religious ideology.

Victim age. Neglect and ridding-evil cases typically involved very young victims (average age of onset was 7 and 6, respectively). However, perpetrators with religious authority approached older victims (around 10 years old),

suggesting that very young children are less likely than older children to be abused in this manner.

Relationship of victim and perpetrator. Almost all religion-related abuse was committed by people the children knew and trusted. Neglect and ridding-evil cases were most often perpetrated by parents, and in 20% of the cases involving religious professionals, that professional was also a parent. Medical neglect cases involved acquaintance-perpetrators more than other kinds of cases, probably reflecting the participation of practitioners "accredited" by churches to provide alternative treatments.

Religion of victims and perpetrators. More than half of the religious authority cases involved Catholic perpetrators and victims, even though Catholics comprise only about 25% of the U.S. population. Most ridding-evil cases involved fundamentalists or Protestants, and fundamentalists were most likely to withhold medical care from their children. Protestantism was about equally likely to be involved in each type of case.

We investigated whether the abuse had any effect on the religious orientation of the victims. Of those victims whose religious orientations were known both before and after the abuse, 21% changed religious

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orientation. Most of those who changed were Catholic or fundamentalist, and the nature of the change was usually a repudiation of religion altogether.

Psychological sequelae of abuse

We examined the psychological symptoms for which victims sought therapy and the clinical diagnoses assigned to them by our clinician-respondents (see Goodman, Bottoms, Redlich, Shaver, & Diviak, in press, for more detail). Few diagnoses differed as a function of case type. In terms of symptoms, victims of attempts to rid evil (the most violently physically abused group) were most likely to act out with their own aggression.

Most victims sought therapy for depression, especially those abused by religious authorities. These victims also tended to have suicidal ideations and affective disorders. Strikingly, over a third of adult victims and almost a fifth of the child victims who reported being abused by religious professionals had considered suicide.

Multiple personality and other dissociative disorders were seen in more than 20% of adult cases of ridding-evil and medical neglect. Putnam (1989) and others have theorized that the etiology of dissociative disorders is extreme childhood abuse. Our data are compatible with the claim that there is a relation between harsh abuse in early life and later diagnosis of dissociative disorders.

Credibility of allegations and legal outcomes of cases

It is impossible to validate with certainty the cases reported to us, but we did ask a number of questions designed to obtain some indication of validity. The majority of respondents believed their clients' claims of harm, with no difference of belief among the three case types. On what basis? Clinicians were asked to describe the evidence for their cases, both for the harm itself and for the religious aspects of the case.

Allegations of abuse by religious professionals were more likely than other forms

of abuse to be supported only by clients' claims, and they were less likely to be accompanied by medical or other physical evidence. Even so, convincing evidence did exist in many cases (e.g., admissions on the part of the religious authorities involved). Generally, children's claims were backed with more convincing corroborative evidence than adult survivors' allegations, which often were supported only by symptomology and therapist opinion. In fact, *all* reports from children of medical neglect were substantiated, either by medical evidence or perpetrator confession. Corroborative evidence for children's claims was also more likely than for adults' claims in cases of medical neglect or ridding of evil. Often the evidence was

quite convincing, such as straightforward admissions by parents or the discovery of a seriously maimed or dead child.

Overall, claims made by adults were more likely than claims made by children to never have been reported (87% versus 27%, respectively). In addition, social services was much more likely to have investigated

child cases (59%) than adult cases (8%). Compared to cases reported by adult survivors, cases reported by children were more likely to have been investigated by police or district attorneys, substantiated by social services or police arrest, and adjudicated. Once adjudicated, child cases were more successful: Only 1% of adult cases ended in conviction, while almost 20% of all child cases did.

Perhaps our most disturbing finding was that medical neglect cases were unlikely to be prosecuted even in the face of compelling evidence and the extreme nature of the abuse. It is remarkable that current laws protect perpetrators who act in ways such as the following, reported to us by a respondent: "Child's tumor was untreated. Needed amputation was not allowed. Father believed child was being punished for sins and could be cured only through prayer."

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What are the implications of these findings for the validity of the abuse allegations in our cases? More adult than child claims may be false. Alternatively, the lack of hard evidence may reflect the fact that adults are reporting abuse that occurred many years previously. It would be surprising to find physical evidence after such a long time. It would also be surprising to find that the cases were as actively investigated as are cases today, given less societal awareness of child abuse years ago.

Nevertheless, considerable controversy surrounds claims of abuse made by adults who allege that religious professionals abused them as children. Although some Catholic priests have confessed to such abuse, corroborating victim claims, it is possible that some of these claims are false, especially claims involving formerly repressed memories of the abuse. Although the media lead us to believe such cases are common, in our data, repressed memory cases were rare compared with cases in which victims had always remembered the abuse. (See Lindsay & Read, 1995, for an excellent discussion of issues surrounding claims of repressed memory.)

Conclusion

In a 1988 review article, Gorsuch asked, "Is religion an important psychological variable?" When considering the abuse of children, our data indicate that it is. Religion-related abuse is particularly insidious when it is sanctioned or hidden by a church, causing victims to internalize blame and avoid disclosure, and, in turn, resulting in the perpetrators continuing their abuse as their chances for being discovered and punished are diminished. Of course, not all religion-related abuse is performed with a church's tacit permission, but some churches have been involved in cover-ups. Such practices led sociologist Andrew Greeley (himself a priest) to write in his preface to Jason Berry's (1992) book on sexual abuse by Catholic priests, "Bishops have with what seems like programmed consistency tried to hide, cover up, bribe, stonewall; often they have sent back into parishes men whom they

knew to be a danger to the faithful." Other religions have also participated in cover-ups of abuse.

Although we did not address them in this research, other forms of religion-related child abuse are significant and need future examination if we are to fully understand the point at which religion fosters damaging abuse rather than compassionate child rearing. For example, severe physical discipline for reasons rooted in religious ideology can be quite damaging. Some non-mainstream religious groups and isolationist cults have been found to practice severe beatings in the name of Godly discipline (e.g., Malcarne & Burchard, 1992). These practices, when exposed to the public view through the media, have been self-righteously criticized and rejected by society. Yet how different are these beliefs and practices from those of many "average" Methodist, Baptist, or Catholic parents? As Greven (1991) notes, abusive parenting styles have been driven by mainstream religious beliefs for centuries.

Our study leads us to believe that many more children are being abused in the name of God than in the name of Satan.

One of our respondents, the head of a child and adolescent psychiatry unit at a prominent mental health center, commented: "The cases I report herein are sad: an adult recalling abuse by fundamentalist parents who may have been psychotic, two children who were abused by fundamentalist parents who believed that they were carrying out Biblical injunctions. These are bad enough situations without having the general population alarmed about some sort of satanic conspiracy." We agree. Our study leads us to believe that many more children are being abused in the name of God than in the name of Satan. Ironically, while the public concerns itself with passing laws to punish satanic child abuse, laws remain established that protect parents whose particular variants of belief in God deny their children life-saving medical care. The freedom to choose religions and to practice them will, and should, always be protected by our Constitution. The freedom to abuse children in the course of those practices ought to be curtailed.

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References

- Berry J (1992) *Lead us not into temptation. Catholic priests and the sexual abuse of children*. New York: Doubleday
- Blanchard, G. I. (1991) Sexually abusive clergymen: A conceptual framework for intervention and recovery *Pastoral Psychology*. 39. 85-99
- Bottoms, B. L., Shaver, P. R., & Goodman, G. S. (1996) An analysis of ritualistic and religion-related child abuse allegations *Law and Human Behavior*. 20. 1-34
- Bottoms, B. L., Shaver, P. R., Goodman, G. S., & Qin, J. J. (1995) In the name of God: A profile of religion-related abuse. *Journal of Social Issues*. 51. 85-111
- Bowman, E. S. (1992) Theological, scientific, and ethical problems: A review of *Uncovering the mystery of MPD: Its shocking origins its surprising cures* *Journal of Psychology and Theology*. 20. 197-200.
- Bross, D. C. (1982) Medical care neglect *Child Abuse and Neglect*. 6. 375-381
- Bullis, R. K. (1991). The spiritual healing 'defense' in criminal prosecutions for crimes against children *Child Welfare*. 30. 541-555
- Capps, D. (1992) Religion and child abuse: Perfect together *Journal for the Scientific Study of Religion*. 31. 1-14
- Crouch, J. I. & Milner, J. S. (1993) Effect of child neglect on children *Criminal Justice and Behavior*. 20. 49-65
- Dubowitz, H., Black, M., Starr, R. H. Jr., Zuravin, S. (1993) A conceptual definition of child neglect *Criminal Justice and Behavior*. 20. 8-26
- Friesen, Jr., J. G. (1991). *Uncovering the mystery of MPD. Its shocking origins: its surprising cures*. San Bernardino, CA: Here's Life Publishers
- Goodman, G. S., Bottoms, B. L., Redlich, A., Shaver, P. R., & Diviak, K. R. (in press). Correlates of multiple forms of victimization in religion-related abuse cases. *Aggression, Assault, and Abuse*
- Gorsuch, R. L. (1988) Psychology of religion. *Annual Review of Psychology*. 39. 202-221.
- Greven P. (1991) *Spare the child: The religious roots of punishment and the psychological impact of physical abuse*. New York: Knopf
- Isely P. J., & Isely, P. (1990). The sexual abuse of male children by church personnel: Intervention and prevention. *Pastoral Psychology*. 39. 85-99.
- Johnson, C. F. (1993) Physicians and medical neglect: Variables that affect reporting. *Child Abuse and Neglect*. 17. 605-612
- Laaser, M. R. (1991). Sexual addiction and the clergy *Pastoral Psychology*. 39. 213-235.
- Lindsay S., & Read, J. D. (1995). 'Memory work' and recovered memories of childhood sexual abuse: Scientific evidence and public professional, and personal issues *Psychology Public Policy, and Law*. 1. 846-908.
- Malcarne, V. L., & Burchard, J. D. (1992) Investigation of child abuse/neglect allegations in religious cults: A case study in Vermont *Behavioral Sciences and the Law*. 10. 75-88.
- Milner, J. S. (1993) *Special issue: Child Neglect* *Criminal Justice and Behavior*. 20
- Myers, J. E. B. (1992). *Evidence in child abuse and neglect cases*. Vol. 1. NY: Wiley
- Putnam F. W. (1989). *Diagnosis and treatment of multiple personality disorder*. New York: Guilford
- Skolnick, A. A. (1994). Massachusetts: new child abuse and neglect felony law repeals religious exemption *Journal of the American Medical Association*. 271(7) 489-491
- Swan R. (1994 April) Personal communication
- Talbot, N. A. (1983) Faith healing, Christian Science, and the medical care of children *The New England Journal of Medicine*. 309. 1639-1644

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LAW Should Parents Be Told When a Convicted Child Molester Moves in Next Door?

—John E.B. Myers

Seven-year-old Megan Kanka was playing outside her suburban New Jersey home when she was approached by 33-year-old Jesse Timmendequas, who lived with two other men directly across the street. Timmendequas said, "Hi. Guess what? I have a new puppy at my house. Would you like to pet him?" Megan said yes and followed Timmendequas across the street and into his house. Once inside, Timmendequas took Megan to his room, slipped a belt around her neck, tightened it, and strangled the life out of her. When the little girl was dead, Timmendequas sexually assaulted her.

Megan's parents looked everywhere. In panic, they reported her missing. Less than 24 hours later, Megan's body was discovered where Timmendequas discarded it, next to a portable toilet.

Police investigators quickly focused on Timmendequas, who had two prior convictions for molesting young girls. Not long after he was taken into custody, Timmendequas confessed.

As if their grief was not enough, Megan's parents learned that the authorities knew all

along that Timmendequas and his roommates were convicted child molesters. If the authorities knew these dangerous men were living in a neighborhood filled with children, why were parents not informed so that they could warn their children? A simple warning might have saved Megan's life.

Men like Jesse Timmendequas pose a continuing threat to children, and prison is the only safe place for some sex offenders (Salter, 1995). Yet incarceration lasts only so long, and nearly all convicted child molesters eventually return to the community. State governments faced with the prospect of repeat sex offenders responded with three new legislative approaches.

Registration laws

Nearly all states require convicted sex offenders to register with authorities. Although details of registration laws vary from state to state, the laws generally require offenders to register with local law enforcement authorities, and to notify authorities when they move. Failure to register is a crime.

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