

SOCIAL WORK & CHRISTIANITY

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OF CHRISTIANS IN SOCIAL WORK

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CONCEPTUAL ARTICLE

Prescience, Prophecy and Prayer: Alan Keith-Lucas Applied

RESEARCH ARTICLES

A Survey of Black Churches' Responses to Domestic Violence

Children with Autism and Congregations: Leaders' Assessments of Knowledge, Programming, and Potentialities

The Relationship of Spirituality and Mental Health to Recidivism

PRACTICE ARTICLE

Falsely Accused Clergy in Therapy: A Case Study

BOOK REVIEW

Review of Collapse Series, Volumes 1 – 3:
Waking Marissa; Hawke's Tale; Forgiving Sean

Review of Brave, Strong, True: The Modern
Warrior's Battle for Balance

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Social Work & Christianity (SWC) is a refereed journal published quarterly in March, June, September, and December by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. SWC welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

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Submit your manuscript electronically to SWC as a Microsoft Word file which includes the following information: a) the full title of the article; b) an abstract of not more than 150 words; c) the full text of the article (without author identification); d) references and any tables or appendices (please use the current edition of the American Psychological Association Style Manual for in-text references and reference lists); e) keywords or phrases (4–8) to facilitate online searches.

Also, to ensure the integrity of the blind peer-review process, before you submit your manuscript, please delete the name(s) of the author(s) anywhere they appear in the text, and remove the author identification from the “properties” section of your document.

At least three members of the editorial board will anonymously review manuscripts based on: a) relevance of content to major issues concerning the ethical integration of competent social work practice and Christianity; b) potential contribution to social work scholarship and practice; c) literary merit; d) clarity; and e) freedom from language that conveys devaluation or stereotypes of persons or groups. The editor in chief will make final acceptance decisions.

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- Ordinarily books should be fairly recent (published within two years); if later, reviewers should provide some justification for why an older book has current relevance.
- Reviews should be about 600–800 words in length.
- Reviews should include an overview of the book's main points, especially those pertaining to Christians in social work.
- In addition to a descriptive summary of the book's content, reviews should provide some assessment, critique, and analysis of the book's strengths and weaknesses, and its contribution to the field of social work practice, especially to specific audiences such as subfields of social work practice, students, academics, administrators, and church leaders.
- Reviews should adhere to general guidelines for formatting and writing prescribed in the general Instructions for Authors.

All submitted book review manuscripts, whether invited or not, are subject to editorial review and acceptance by the book review editor, in conjunction with the editor-in-chief, who will make final decisions regarding acceptance for publication.

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The purpose of the Letters to the Editor section in *Social Work & Christianity* is to provide creative space for dialogue about complicated topics for Christians in social work. Our hope is that submissions in this form allow for the healthy exchange of ideas and perspectives. The Letters to the Editor section is grounded in our Christian values of humility, mutual respect, and generosity of spirit, as well as our professional values of critical thinking and integrity.

Letters to the Editor should be no more than 500–1,000 words in length and invite conversation as it offers the opportunity for readers to observe an open and civil exchange of ideas and perspectives. Letters which are a response to articles previously published in *Social Work & Christianity* will be shared with the article author(s), who will have the opportunity to respond to the letter. Such Letters to the Editor are encouraged to ask clarifying questions in a spirit of curiosity (as opposed to a spirit of confrontation), model

careful listening, and seek common ground where possible as it shares alternative points of view for readers' consideration. Letters to the Editor which include personal attacks or denigration of individuals or organizations will not be considered.

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Prescience, Prophecy and Prayer: Alan Keith-Lucas Applied

Helen W. Harris

The work of Alan Keith-Lucas has informed theory and the ethical integration of faith and social work practice. An early member of NACSW and prolific writer in child welfare services, religiously-affiliated children's homes, and social work practice and faith, Keith-Lucas developed theories on children's grief and on effective helping that continue to provide prescient guidance in the field today. This article, delivered as the 2018 Alan Keith-Lucas Lecture at the annual conference, applies the helping principles and work of Keith-Lucas to current issues of child welfare, social work education, racism, work with LGBTQ+ persons, and polarized discussions. Central to the article is the discussion of Keith-Lucas' helping model of reality, empathy, and support.

IT IS AN HONOR TO BE ASKED TO SPEAK AND WRITE ABOUT THE INSPIRATION and work of Alan Keith-Lucas. This is the work of Christian fellowship and social work solidarity made possible because of the privilege of living in a country founded on religious freedom and belonging to an organization that values both our calling to the profession of social work and our deep commitment to our Christian faith. Religious freedom comes with its challenges when we want our religious freedom at the expense of the religious freedom of others. NACSW, a home for those who love Christ and are called to this profession, is also home within Christianity for a variety of perspectives, opinions, and deeply held convictions that threaten uniformity but do not have to threaten unity.

Are we Christians who are social workers or social workers who are Christians? What is our role in leading the body of Christ? In shaping the profession? We believe in social justice but like much of the rest of the country, we wrestle and sometimes disagree with what that means when discussing abortion, women's health, gay marriage, and even peaceful protest and the national anthem. Perhaps we get discouraged about these challenges and despair that our differences are a metaphor for the chasms in the country, i.e. too deep and wide. On the other hand, we might dare to believe that our commitment to Christ and each other means we are the very people who can have these discussions and can lead the body of Christ and shape the profession in these troubled times.

Context for the Lecture

This lecture is named for one of the early leaders of NACSW and one of the seminal thinkers and writers on the integration of faith and practice. I am privileged to be a part of those in NACSW who knew Alan Keith-Lucas personally. I was a young social worker at a children's home trying to figure out my faith, the faith and religion of the children, and the policies and programming of a distinctly Baptist children's home where evangelism of the children was as important to stakeholders as the children's physical, emotional, and cognitive care and development.

I grew up in a military family far removed from any nuclear family church experience. I adored my grandmother whose devotion to God and faithful prayer life continue to inspire me. Even so, attending Latin mass with her left me confused; when we moved to America when I was 12, I left that behind and gradually became convinced that there was no God. I decided that any God there might have been was woefully inadequate and had left the world in quite a mess. I fancied myself an intellectual and called myself an atheist. As an adolescent in the 1960s, the pain in the world left me depressed and suicidal. Then God, who I believe has a sense of humor, sent a cute blue-eyed guy across my path and we struck a deal. He would break his church rules and go to a movie with me if I would break my personal rule and go to church with him. I never imagined that in that church service, God's spirit would deal with me and call me, and when I responded would make me whole for the first time in my life. I understand the transformational experience that Paul describes because everything changed for me and all things became new. This love relationship with Jesus Christ and with His Word that began that day continues to be the center of my life today.

Faith and Practice Beginnings

I attended a Baptist university and after a year of working for the federal government and living with rigid separation of church and state, I went to

work for a religiously-affiliated agency, sure that I would have no further faith and practice struggles. I was there a few weeks when I discovered it was not that simple. I worked with a Catholic mother who needed care for her children for a year and wanted them to retain their Catholic faith and heritage in a place where evangelism was a core service and some staff did not believe Catholics were Christians. Other challenges through the years included work with a 17 year old who hid her forbidden abortion so she would not get kicked out and nearly died and who is now forever unable to have children; a suicidal 16 year old whose self-loathing because of his same sex attraction was amplified by his experience of unanswered prayers to change; and a seven year old whose anxiety led to clinically dangerous insomnia because his houseparent told him that if he continued to “touch his privates”, they would fall off and he would not be able to urinate. I worked with parents with mental illness and with addiction and with extreme poverty who felt judged as sinful and with two five-year-olds so desperate to return to their families that they stole a bus and drove it through a fence into a grove of trees. I did not know what to do.

I found help. Alan Keith-Lucas, who asked us to call him Keith, came once or twice a year to consult with us, to help us problem-solve the most challenging cases, to wrestle with our mission and purpose and the ways we integrated our faith. The first time he came, I was intrigued with his distinguished look, his English accent, and his magnetism for the children who seemed to know instinctively that he was safe and their advocate. I kept a pen and paper with me to take notes while Keith began to tell stories. He connected to the children through his incredible skill at story telling of the little monkey and the Lord God Buddha, or Brer Rabbit, or the Runaway Bunny.

Faith and Practice: What Does It Mean

Much of this lecture comes from Keith's unpublished manuscripts, shared generously by his family and by Roberts Wesleyan College and are currently being digitized by Baylor University so they are available to all of you. In one of those, Keith asked the fundamental question of what difference it makes to social work practice in being a Christian (I-48, nd).

Keith found several fundamental impacts of being a Christian on our social work identity and practice starting with the concept of reality, i.e. we know what it is like not to be perfect, to need God's help, and to fail and be in need of grace. We understand empathy because we function from a position of gratitude for grace rather than a position of being “better than” those who we help. Because we are created as God's children with free will, we understand the concept of choice and of the freedom to make decisions which are sometimes mistakes, always with the understanding that God loves us and is there for us. Ultimately, this provides for us the experience of support, i.e. we are loved by God in a way that makes God

accessible for guidance, grace and forgiveness. Keith was asking us to remember the picture of the prodigal son, his father waiting patiently for the day the son returns home, a father without judgment who was filled with love for the son. Throughout his writing, Keith reminded readers that it is the love of God that draws us to the father and produces change when we respond to love rather than to the judgment of others.

In another of his unpublished manuscripts, Keith makes that connection to our work with clients saying that we can devalue clients through negative terms, assessments, diagnoses, and mandates for their behavior. When we do that, we make ourselves the “ego ideal.” We place ourselves in the position of God. When clients really have a choice, they have the choice to say “no” without risking rejection or abandonment (148, nd). Our touchstone, then, is not whether or not the client is good or bad or has done good or bad but rather, our touchstone is whether or not we have demonstrated the love of Christ to them. That love is there for them whether they do good or not. This requires in the Christian social worker a purging of self.

How many times am I defensive with those who disagree with me... or who I judge as not being as Christian as I am or think I am and think they should be? What would it take for me/us to listen more, even when we disagree; to love faithfully, even when we think someone else has understood the scripture incorrectly or loved incompletely? Keith said it this way: “Religion doesn’t make us demand behaviors from others, but perhaps it demands behaviors from us: the discipline of love and the purging of pride” (148, nd, p. 13).

One Model of Faith and Practice

Many NACSW members today are teaching or working in faith-based or religiously-affiliated institutions and have a model or theory informing their integration of faith and practice. At the Garland SSW at Baylor, this is a concept the faculty and staff have been discussing actively for more than 20 years. Many graduated from social work programs where they were told that faith had no place in a social work education program or in social work practice. We talked at length about the work of Alan Keith-Lucas, David Sherwood, Ed Kuhlman, Lawrence Ressler, and others and about the work and wisdom of our founding Dean, Diana Garland. We knew that the repudiation of faith in the profession was wrong. We were also committed to the core values of the social work profession which we experienced then, and experience now, as being congruent with our faith and beliefs. We named our theoretical construct “the three-legged stool” and based it on these three things.

The Three Legs of the Stool

First, the faith of the client matters. The first leg establishes our work with clients: we believe that the faith or belief system or religion or worldview of the client is the lens through which the client experiences the world and the challenges and blessings of life. It is often the center of “meaning-making” for the client. It cannot – must not- be ignored in our work with clients. There are times when the client’s experience with God (whatever name they express) and with God’s representatives is a strength, i.e. a source of resource and meaning. There are other times when the client’s experience with God and with God’s representatives is painful and a source of challenge. In both cases, that experience is important to the work.

Second, the faith of the worker matters. God is present in the work, in part because of the second leg of the stool. The faith, religion, belief system, and/or worldview of the social worker is the lens through which the social worker sees the world. It is the thing that motivates the worker to get up every morning and engage the deep pain in the world. For many of us, it is the call of God and the love of God and the confidence in God. This awareness of the perspective, worldview, faith, or spirituality of the social worker has been ignored in many social work programs. The great loss is the denial of the very thing that provides meaning for the worker engaging in this painful work. Meaning-making is essential everywhere that pain is present.

Third, organizational context matters. Respect for the profession and for the agency and for my colleagues includes the reality that social work in the church and social work in a publicly funded agency will include different missions, different policies, and different delivery of the work. The work in a religiously-affiliated agency (or university) may include an environment with religious icons on the wall, scripture on letterheads, and prayer at staff meetings. The work in a public school or federal agency or child protective services (CPS) may include pictures of governmental entities, inspirational quotes from historic leaders, and motivational trainings. Separation of church and state protects us all from governmentally imposed religion and provides for us all religious freedom to worship the God of our conviction. If we do not all have that freedom, none of us truly has that freedom. Keith believed that, even while he devoted much of his career both to religiously-affiliated children’s homes and to publicly-funded child welfare systems and to social work education.

The freedom to worship includes the freedom to help our clients explore the support available in their religious beliefs. We have seen far too much forbidding of any religious discussion in schools and governmental agencies. Students hear the message that faith cannot be discussed in these contexts rather than the message that their faith is important and their questions are important. An analogy I sometimes share with students is that I would not

share my asthma inhaler with a client who is wheezing and short of breath (not my scope of practice...), but I sure never would ignore their asthma or fail to get them whatever help they need.

History and the Work of Alan Keith-Lucas and other NACSW Leaders

Perhaps understanding a little of Keith's history will inform this discussion. Keith was born in 1910. So, Keith, clearly old in my view when I met him, had been a child in London during WWI and a teacher during WWII. He even served briefly in the US Army. He cared about children displaced from their families. He worked in child care in England and the United States. He actively influenced child welfare services, social work education, and the integration of faith and professional practice. He completed a doctorate and eventually became the head of child welfare services in North Carolina and then a professor and author (Ressler, 2010).

Keith knew great loss and understood grief with the death of his father when he was only six, the death of his mother when he was a young adult, and the deaths of his wife and sister-in-law in 1979 in a car accident. Keith took the pain of each loss and life crisis and turned the energy to growth and service to others. He developed a theory about effective helping...that it required the three elements of reality, empathy and support. His thinking about that led to his reflection on the Trinity and understanding that God the Father, God the Son, and God the Holy Spirit provide for us the perfect helping combination of reality, empathy, and support (Keith-Lucas, 1994). His life was transformed by his faith and that transformed his thinking, teaching, and practice as well. He began writing about the integration of faith and practice in the 1950s. He spoke truth that the integration/synthesis would not be easy but was essential (Kuhlman, 2010; Ressler, 2010).

History of NACSW and Dr. Keith-Lucas

Dr. Ed Kuhlmann (2010) provided a summary of Keith's contributions to NACSW in Volume 37 and Issue 3 of the journal, *Social Work and Christianity*, published in 2010. Dr. Kuhlman listed Keith's contributions as organizational, intellectual, and inspirational. Keith served as one of the five Consulting Editors (later the Editorial Board) for the organization's journal, originally known as *The Paraclete* and now *Social Work and Christianity*. He served on the organization's board as a full member for 6.5 years and another 6.5 years as an ex officio member. He served as the first editor of an NACSW monograph series for child care professionals. Keith initiated a regional "summer institute" specifically addressing the integration of faith and practice, one of the beginning conversations. These begin to introduce the scope of his intellectual contributions.

Intellectual and inspirational contributions to NACSW. Keith's reputation and work as a social worker who cared about faith was instrumental to introducing the intellectual possibility that the two could be integrated. Keith wrote about the role of the church in addressing social problems including child welfare. He wrote about ways that Christian faith informs social work practice and the dangers and risks of ignoring the power differential in the helping relationship. He called out the church and called out the profession for abuses of power. He provided significant leadership in the development of an NACSW code of ethics. He wrote a list of philosophical assumptions and of guidelines for social workers who are also Christians and Christians who are also social workers. He reflected on the problem of sin in society and, more specifically, the role of social workers in addressing sin. He cautioned us not to forget that we are sinners saved by grace and that judging the sin of others is sin itself. And then he reminded us that the term "sinners" includes us, not just those clients whose behaviors or lifestyles are offensive to us. He wrote for and to young Christians entering the field of social work (Keith-Lucas, 1985). Keith addressed the issues of systemic poverty, of power including that of social workers, and of childcare institutions affiliated with the church and responsibility to children and to their families of origin (Sherwood, 2010; Harris, 2010).

Reality, empathy, and support. Perhaps his most significant intellectual contribution was something already introduced here, the theoretical premises of reality, empathy, and support as critical to effective helping. Keith was a functionalist who cautioned Christians who were social workers to continue to emphasize concrete helping, addressing poverty, and empowering clients rather than focusing on labeling others with diagnostic categories that define them as somehow less. His ability to identify and teach ways of thinking that change how we fundamentally approach helping was in large measure his inspiration to all of us (Kuhlman, 2010).

Application: The Challenges, Then and Now

One of the most compelling evidences of the prescience and prophecy of Alan Keith-Lucas is the continued relevance of his writing. Social workers continue to see many of the same issues in the areas of working with parents, working with children, and dealing with the sin question of marginalizing others.

Reality and Not Stigmatizing Parents

Keith applied his theory of helping to work with parents in the child welfare system. He did not sugar coat the problems; he did not ignore

the question of right and wrong; and he did believe in working with the parents from a position of respect. He believed that the church had a role to play in child welfare, including paying attention to basic values and the vulnerability to judgement especially of those needing financial help and those in the criminal justice or mental health systems (Keith-Lucas, 1957; Keith-Lucas, 1962). He began by talking about reality, the reality that God in Jesus Christ called for man's goodness through love and grace, not law. Keith believed that we should not judge one another as we follow the model of Jesus who spent time with sinners and who criticized religious leaders.

Keith's conversations frequently began with: "given what has happened, what do we do now?" He saw the abusive parent as one of God's children: broken, scared, wrong, sinner, beloved. Social workers who are Christians know that we, too, are all those things. So, the reality is, given what has happened, a parent may not have unsupervised visits, or may have parental rights terminated, or may experience supervision during returns of children. This should never be without the empathy of a social worker who says, "I know this is hard and I care" and the support of a system and social workers that say, "and I am here to go through it with you as we together commit to the safety, well-being, and best for your child."

Empathy with Children

In his little and powerful book, *Encounters with Children* (1991), Keith includes a chapter titled "Celebrating and affirming children." Keith recounts many ways children are marginalized when we do not care enough to learn their names, when we are too busy to listen, when we ask "why" questions that accuse, when we fail to communicate how special they are and will always be, and when we do not understand that nothing another does can alter their worth to us and to the God who created us. This describes in story after story what Keith believed about empathy and unconditional positive regard. He recognized that "one can never really say 'yes' to something and really mean it if one could not also have said 'no'" (Keith-Lucas, 1991, p. 3).

The love of God is never a weapon to force God's demands on us. Keith said more than once that it is difficult for a child who has been abused by a father to believe in a loving Heavenly Father. It does not make sense to talk to a child about forgiveness if that child has never been forgiven. When we reject these children of God because of our own judgment of the sin of others, we push them away from God. Empathy includes the humility of understanding ourselves as sinners who have been loved and forgiven and the insight to offer to others what we have been given. Keith confessed that empathy for him grew out of his experience of the love and forgiveness of a Savior who had experienced himself the pain of this life (Ressler, 2010).

Support in Different Contexts

In his years of consultation, Keith wrote multiple histories of religiously-affiliated children's homes. He paid attention to the histories of children's homes and services to families. He foresaw the need for therapeutic services for children with increasing mental health and behavioral health needs. He was one of the first in the field to understand that "orphan care" would not meet the needs of children who become adolescents and age out of the system. Keith decried the policies of children's homes that marginalized parents and families and was committed to helping families engage in positive decision-making that did not create blame and shame and an assumption of failure if the best place for the child was outside the home. Keith encouraged the kind of engagement with parents that did not judge and did not control their decisions but instead partnered with them in planning the best course for the child. He believed in family clarification and in family preservation that was safe and healthy for the children (Harris, 2010).

Keith's respect for children and their relationship with parents and families was the foundation for his approach to support families in their discernment of best plans for their children. Further, in a time when group care was beginning to be rejected in favor of foster care or adoption for every child, Keith understood that there were times when children needed group care rather than the intensity of a new/different family. He taught that support meant walking alongside children and families rather than directing them to the system's answers. Support assumes regard and care. Support demands respect and self-determination. He said it this way: "Helping people to find their own way is better than controlling them, however subtly" (Harris, 2010, p. 297). This means treating people as active participants in every helping relationship. So effective helping in children's homes has to include working with families to preserve, as much as is safely possible, their role in the child's life. Support begins with understanding that people are resilient and strong and capable of change.

Reality, Empathy, and Support and the Sin Question

Perhaps central to the challenge of the integration of faith and social work practice is the sin question. Keith was more concerned, however, with our participation in systemic sin than in identifying the sins of clients. Keith knew that racism, and misogyny, and the "isms" are complex issues. He asserted that where there are no easy answers, there are fundamental principles and approaches beginning with awareness that each person is a creation of God. This includes understanding that God is love and lives in each of God's children, including Judas, including the thief on

the cross, including me. Keith believed that religion can serve God's purposes and religion can distort them (I48, nd).

Racism

Applying Keith's helping model to the problem/sin of racism, Keith would say: Given what is my complicity in racism and my benefitting from racist structures and from white privilege, what do I do now? How do I own it, stop it, and link arms with my brothers and sisters in Christ and do the work to fix it?

In the book, *White Fragility*, Diangelo (2018) calls us out on the good/bad binary that allows me/us to deny our complicity in racism, in systemic inequities, and in the perpetuation of white supremacy. Similarly, in the book, *Waking up White*, Irving (2014) owns and encouraged me to own the ways I have tried to defend myself from inclusion in racism and oppression. Keith, if he were alive today, would remind me that all of the empathy and support in the world will not be authentic unless it begins with reality. In this case, that means the reality that each of us is part of the problem and contributes to systemic racism every time we benefit from it and claim it as our right.

In 2017 in the NACSW Alan Keith-Lucas Lecture, Dr. Tanya Brice called on NACSW members to think differently about racism, to stop the defenses of individualistic thinking of "it is not me," and to think instead about systemic racism, the deep history of privilege and of the wealth of this nation, much of which has been built on the backs of African Americans, Latinx migrant laborers, and others. When someone suggests that I am a racist, I respond, perhaps as many of us do, defensively with all of the reasons why that is not true. That is the binary thinking that Diangelo talks about in her book. I immediately think: "Racists are bad. They are white supremacists and bigots. They are not me." However, when I consider systemic racism, including laws like the GI Bill at the end of World War II that favored white veterans, and consider my white privilege and the benefit of the doubt I receive from law enforcement, in the tenure process in my university, in stores when I am shopping, and on and on it goes, I know deep inside that while I wish everyone had that privilege, I am surely glad that I am not one who does not have it. And I know that if I choose to "take a knee" in peaceful protest, there will not be an assumption that I am disrespecting the flag. This may be because of my family of military active duty members and veterans. However, it is probably because of the benefit of the doubt that my white privilege gives me.

Dr. Brice told the story of a boy whose bicycle was stolen by another boy who refused to give it back and rode it around with impunity. When the "thief" (yes, I said thief) went to the original owner of the bike and asked

if they could be friends, the second child responded that friendship was not possible until his bike was returned. My family of an orphaned father and immigrant mother did not have generations of family wealth to pass along to heirs. However, it only took one generation to move from nothing to home ownership, college education, and inheritance for their children and grandchild. They passed their part of the bicycle down to me and to my children. I can argue that that was because they worked so hard. But Keith's commitment to reality demands that I recognize the truth that many people of color work equally hard and do not experience the same financial success because of systemic barriers, including racism and misogyny. So, it is on me, when I recognize the reality to own my responsibility and take action. Without that, no amount of empathy or support will change things. This is true for systems as well. Dr. Brice's book (2016) on racial reconciliation and restoration provide prescience around potential for the church's response.

Sexuality

I have read through many of Keith's unpublished manuscripts and, frankly, found him to say very little about homosexuality, sexual orientation, or sexual identity. This may be because the subject was so much more taboo in the years Keith was writing and so much more underground so that, as a consequence, he did not address it. I do know that I worked with several adolescents as a child care caseworker who struggled with same sex attraction and with their faith and relationship with the church and with us as a consequence. That makes me think Keith would have addressed it. But I do not have that to share with you. What I do have is his writing about other "differences" and I quote here:

It makes no radical difference whether the scale we measure by is one of morals or one of adjustment; whether we think of people as "good" and "bad" or "normal" and "disturbed." In each case we are saying that there is something wrong with this person, in his morals or in his personality, and it is our job to put it right. We hold to what might be called a medical or a therapeutic model, which says, in effect, there's something wrong there. Counteract it or control it, we're in no position to judge or assign blame. What we need to do is help people make sense of the world, see their options, make their decisions, experience something other than censure and defeat. I call it, myself, the co-planning model, and it puts us in quite a different relationship to those we serve. We are no longer the good people, the experts, the treaters, the authority, but the partners, the colleagues, of those we

serve. We come not to tell what to do, but to clarify the options, to help the confused come to decisions. To give them the sort of experience that may make sense to them.” (Keith-Lucas, I48, nd, pp. 10-11).

Keith went on to say that that would not mean giving up but it would mean that we know ourselves to be dependent on grace and that judging is God’s prerogative. It means experiencing forgiveness, not seven times, but seventy times seven and learning not to insist on our own way.

I will not presume to tell anyone how to interpret the holy scripture or what God is or is not convicting you of or calling you to. I will pray for me and for each of us that we each seek the face of God and the wisdom and direction of the spirit. And I will pray that if we fail, we fail in love (Keith-Lucas, I48, nd, p. 11).

Polarization and Divisions

The monolithic certainty of polarization is immobilizing many of us today. The church and Christianity are enmeshed with politics and party. A speaker in our church recently commented that he knows church members who are Republicans who have no Democrat friends and he knows church members who are Democrats who have no Republican friends. And he asked the question: Are you a Republican or Democrat who goes to church or are you a Christian who engages in political/civic life? What is our identity? Keith spoke clearly about that; we are citizens first of God’s Kingdom. A similar question is: Am I a Christian called to social work or am I a social worker who attends church and identifies as Christian?, Keith found those fundamentally different questions because he saw social work at its core congruent with our faith as long as we remember that we are sinners saved by God’s grace, that the problem of sin is not the problem of clients. It is the problem of all humanity (I48, nd). The love of God is not about doctrine or policy or exclusion. It is about loving others as we have been loved, without condition, and beyond nationality or political party, or other affiliation. Keith would remind us of the words of Christ that his kingdom was not of this world. Salvation makes citizens of the Kingdom of God. As citizens of a country on earth, we may certainly work for policies and programs that promote justice and mercy (Keith-Lucas, H74, nd). Those policies are never more important than our relationships with each other and with God.

Prophetically and Prayerfully Forward

Keith was born in 1910 and died at age 85 in 1995 (Ressler, 2010). He was still thinking deeply and writing with concepts significantly ahead of the trends in culture, in society, in residential child care. He had seen and learned from the lessons of history. He knew that the deep challenges of life

are uniquely human and so recycle themselves in future generations. He knew that real change is available in relationship with God and commitment to the truth of God's love. These lessons did not come without pain.

Prescience

This prescient, critical, forward thinking included Keith's ability to prophesy and to call forth the potential for good in human helping. His clear refusal to judge others, even as he acknowledged the realities of decisions and behavior with consequences, was prophetic. How much we would benefit today from that prophetic voice that as the body of Christ our mission is to love as Christ loved, to embrace the Samaritan and the leper and the prostitute even as we hold ourselves to account.

Given what is the incivility in public discourse, how might reality, empathy, and support, the elements of real helping and change, impact the tone and substance of our discourse? NACSW has taken the lead on that with letters to the writers of articles in the journal, roundtables each year, and commitment to more listening, less defending, more humility, less arrogance, and more awareness that care for each other demands civility.

Possibility

You may say it is not possible; that judgment and polarization and self-righteousness are too deeply embedded in us and in our culture for that to change. Keith would answer that it is possible, i.e. that part of our reality is access to higher power, to the power of the Creator. Keith would answer that our reality is that prayer changes things. Prayer changes our hearts, connects us to the heart of God, changes reality, and inspires empathy and enables support (Keith-Lucas, 1994).

Summary and Application

This lecture is a call to take on the mantle of prescience, prophecy, and prayer. Alan Keith-Lucas left us a legacy of work and thinking and prophetic vision. We do not have to look far to find examples of NACSW members beyond Keith who have modeled and continue to model this for us. I will mention just a few:

Dr. Tanya Brice taught us the metaphor of the bicycle last year; that I have part of someone else's bicycle is real. Now, what can I do to return the bicycle? How can a spirit of reality, empathy, and support address my historic white fragility and my defensiveness....and in the humility and confidence that come from God's forgiveness, step up to address generational poverty, systemic inequity, and my opportunity to really listen to Jesus answer the question: Who is my neighbor?

Dr. David Sherwood gave us the gift of understanding that we are confronted with difficult choices and have the responsibility to draw deeply on our relationship with Christ, our faith, to do all we can to serve Him. The Sherwood maxim, we cannot maximize all values simultaneously, is one most of us quote around here. Dr. Sherwood spoke to one of my practice classes recently and shared the story of his aborted hiring at Southern Baptist Theological Seminary because he would not abandon his deeply held belief in women and support for women in the ministry. Imagine the respect of those students when Dr. Sherwood also told them that while he did not agree with the position of the administration at Southern, his belief in religious freedom means he believed in their right to take that position and action. He could not maximize all values simultaneously but he could prioritize them in a way that preserved his own integrity and fidelity to his Savior. He went on to tell them that he recently left his congregation because of his deep understanding of scripture and conviction that it is not his to judge his brothers and sisters in Christ and his unwillingness to exclude Christians who are LGBTQ+. He did not try to change the minds or hearts of our students. He testified to his own convictions with prescience and prayer.

Dr. Denise Levy probably does not know that she is one of my NACSW heroes. She quietly, gently, and affirmatively treats everyone with respect and care. She models her faith in her welcoming of all, her love for all of God's children, and her dedication to the discovery and dissemination of knowledge. She has led us in discussions and workshops and quietly provided guidance to welcome our LGBTQ+ brothers and sisters in Christ. Her forward looking prescience gives me hope for a time when we are more focused on love than judgment; more certain that when we open ourselves to the Holy Spirit, we can embrace our diversity and our development and trust God to be God.

Dr. Diana Garland, my former dean and forever friend, led in the integration of faith and practice, called out clergy sexual misconduct, and encouraged us all to make NACSW a place where the people of God who are called to social work and ministry to the oppressed come together and learn from each other from a variety of faith traditions and positions. She was not afraid of difference; she took her lumps as a woman in leadership and did not falter in willingness to include those whose convictions and understandings of scripture were different than hers even while having the hard conversations. Her prophetic voice called for us to know that we are our best selves when we see each person as God's creation.

Dr. Kesslyn Brade Stennis, NACSW's immediate past president, who stood on the podium last year and sang us to solidarity and an enduring model that leadership is always of unity, always of love, always of confidence that in Christ, we are one. Her leadership in cultural competence and taking on the hard topics makes each of us better. She is consistently prayerful and her example calls us to prayer in silence, prayer in voices together, prayer in protest, and prayer in song.

Dr. Allison Tan, our current president, who with Kesslyn and with Rick Chamiec-Case, has committed us to processes that enhance each member's ability to listen to each other, to roundtable discussions, that give space for every voice, and give boundaries to dominance. She is prescient in her recruiting of and development of young leaders for NACSW, new members and board members who represent a variety of perspectives and faith traditions and a shared commitment to the centrality of Jesus Christ.

Dr. Rick Chamiec Case, NACSW Executive Director, embodies grace and wisdom, works tirelessly, and has the prescient belief that we can trust each other and work together. Rick's prophetic voice asserts that NACSW is best when we, as Christians in practice, in scholarship, and in teaching, add our voices, our dissension, and our research findings to the processes of questioning, practice, evaluation, and continued fidelity to the teachings of Christ.

I think of Dr. Ed Kuhlman who consistently stands in the gap for religiously-affiliated social work programs, Dr. Mary Van Hook whose work with and on behalf of women and international social work calls us to a higher standard, Dr. Erma Ballenger who gently and persistently shows us the opportunity to be our best selves, Dr. Michael Sherr and Dr. Terry Wolfer who mentor others in the rigors of research and publication, Dr. Laine Scales whose love for oral history and narratives keeps our past informing our present, and so many others.

Conclusion

The challenges of today do not diminish the opportunities of service to the Creator who holds all in His hands and whose gift of reality must never be feared or avoided. Racism and all of the isms include realities that we have the capacity to face and the promise that, when we do, empathy and support are ours to access and provide. We have a Savior who understands every challenge, every weakness, and every pain and who responds to each with love and presence. We have a Comforter who never leaves us and who provides the supports of knowledge, wisdom, prayer, and grace.

Because our God is not a God of scarce resources, our reality is that God can and does still multiply loaves and fishes when we are faithful to give what we have. Because I am a sinner saved by God's grace, I can admit to being part of systemic racism and benefitting from it. I can drop my defenses and listen to the reality of others, own my part in it, ask for forgiveness, and respond to the leadership of the Holy Spirit to be part of restoration and reconciliation.

Because God has provided us with the Holy Spirit to convict us of sin, I do not have to exclude others because of what I believe is their sin and my determination that they should respond to my conviction. Because sin is personal and the Holy Spirit and God's Word are available to each of us,

I can open myself to the conviction of the Holy Spirit and when God's light shines on my sin, I can commit to change, not because I have been called out, but because I love the Savior. I am in love with my Savior and never want to hurt or disappoint my Lord.

That is what Keith knew and taught. Reality, empathy, and support. The work of the Father, Son, and Holy Spirit in our lives. Those concerns and more are born out in his published and unpublished writing. I am ever grateful to God for the gifts of Keith, and Rick, and Kesslyn, and Tonya, and Erma, and David, and Denise, and so many more. May the grace and peace of God be strong in you and around you right now and ever more. ♦

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A Survey of Black Churches' Responses to Domestic Violence

Oliver Williams & Esther Jenkins

A high level of church involvement among African Americans suggests the potential of the Black church in addressing domestic violence. However, very little research has examined this topic. The current study is an exploratory study of how aware African American churches are of victims in their congregation and how they respond to them. The survey was conducted with a convenience sample (N=112) of church pastors and lay leaders, ¾ of whom were senior or associate/assistant pastors, from nine cities and various denominations. The results showed that these churches may underestimate the number of members who are victims, infrequently address domestic violence from the pulpit, and sometimes provided interventions that are potentially harmful, i.e. couples' counseling and/or lack of safety risk assessment. Respondents thought that their church's response to domestic violence could be improved with more training for clergy and more knowledge of domestic violence resources. This paper provides recommendations for Christian social workers working with Black churches around issues of domestic violence.

INTIMATE PARTNER VIOLENCE IS A SERIOUS PUBLIC HEALTH PROBLEM IN THIS country, and particularly so among African Americans. In a national survey, 45% of Black women and 40% of Black men reported that they had been raped, stalked or beaten by an intimate during their lifetime, compared to 37% of white women and 30% of white men (Smith, et al. 2017). In the 12 months prior to the survey, over a million Black women and Black men had been victims of domestic violence. Homicide is a leading cause of death for Black women and Black men under the age of 44 and over half of female victims of homicide are killed by an intimate partner (Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017).

In addition to the possibility of serious injury or death, domestic violence can have many other serious consequences for its victims (World Health Organization [WHO], 2017; Center for Disease Control [CDC], 2008, 2018; Dillon, Hussain, Loxton, & Rahman, 2013). In comparison to those who have not been abused, victims of domestic violence are more likely to report physical disorders and ailments such as gastrointestinal disorders, bladder and kidney infections, chronic pain syndromes, heart disease and high blood pressure, and poor general health (CDC; WHO; Dillon et al.); mental health issues including anxiety, depression, and suicidal ideation (WHO; CDC; Dillon et al.; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008); reproductive disorders and pregnancy trauma (Leone, Lane, Koumans, DeMott, Wojtowycz, Jensen, & Aubry, 2010); homelessness and high risk behaviors such as substance abuse and unprotected sex (CDC). And while men are victims of partner violence, much of the attention is directed towards women as they are more often the target and more likely to suffer serious injuries from the abuse. Women are twice as likely as men to experience severe physical violence from an intimate (Smith, Chen, Basile, Gilbert, Merrick, Patel, Walling et al., 2017) and twice as likely to be killed (Catalano, Smith, Snyder & Rand, 2009). When domestic violence does occur, women are three times more likely to report that it adversely impacted them (Black et al., 2011).

The Institute on Domestic Violence in the African American Community (IDVAAC; www.dvinstitute.org) has, for many years, attempted to address the issue of domestic violence in the Black community in a number of ways, including faith-based initiatives. For example, IDVAAC has published a monograph on the intersectionality of religion and domestic violence in the African American community (Gillum, 2009), developed and disseminated a video series on “Speaking of Faith: Domestic Violence Programs and the African American Church” (Williams, 2012), and organized a number of community forums around the country in which faith leaders held discussions on religion and domestic violence. This faith-based work has included both Christians and Muslims. The current study, conducted by IDVAAC and the African American Domestic Peace Project (www.AADPP), a grass roots organization developed by IDVAAC, is a continuation of this work of providing technical assistance to faith-based groups working to end domestic violence in the Black community, and the awareness that in order to do this, we need a better understanding of how domestic violence is perceived and reacted to in these congregations.

Religion and Domestic Violence among African-Americans

Despite a decline in religious affiliation in recent years, America remains a relatively religious nation (Fahmy, 2018), and African Americans are one of

its most devout ethnic/racial groups. In the Pew Center's most recent Religious Landscape Study (Pew Research Center, 2015), more than eight in 10 African Americans were affiliated with a religion. Forty-seven percent (47%) reported that they attend church once a week or more, and almost three-quarters (73%) report praying daily – more than Whites or Hispanics (Masci, 2018). Black women are particularly devout with 83% scoring highly religious on a measure that combined frequency of prayer and church attendance, belief in God and importance of religion (Cox & Diamant, 2018). And while church attendance may reduce domestic violence, it does not eliminate it. In a national sample, frequency of church attendance was inversely related to domestic violence victimization and perpetration, significantly reducing strong racial differences in perpetration for men but not victimization for women. i.e. even among those attending services several times a week, Black women were significantly more likely than white women to report abuse (Ellison, Trinitapoli, Anderson & Johnson, 2007).

Given the level of religious involvement among African-Americans, it is not surprising that Black people, women in particular, often use religion and faith as a coping mechanism for many personal problems (Broman, 1996; Mays, Howard, & Jackson, 1996; Chatters, Taylor, Jackson, & Lincoln, 2008; Nguyen, 2018), including intimate partner violence (El-Khoury, et al., 2004; Watlington & Murphy, 2006; St. Vil., Sabri, Nwokolo, Alexander, & Campbell, 2017; Gillum, Sullivan, & Bybee, 2006; Gillum, 2009). Studies have found that about 90% of Black battered women use prayer as a coping response to domestic violence (El-Khoury et al. 2004; Gillum, et al., 2006) the same as those in a national sample of African Americans using prayer and faith for general personal problems and distress (Chatters, Nguyen, Taylor, & Hope, 2018). Somewhat fewer women turn to their clergy: it is estimated that one fourth to one third of battered women seek assistance from a church leader (Hamby, 2014).

While the importance of prayer and spirituality seems to be readily acknowledged, particularly for battered women of color who are devout, discussions of the impact of ministerial teachings and counsel is considerably more mixed. In the late 70's and early 80's, few faith communities were trained about domestic violence (Bent-Goodley, St. Vil., & Hubbbert, 2012). Some ministers had fairly negative views of battered women's programs, often viewing them as being anti-male and the cause of marital break-ups (Williams, 2012; Williams, Ellis-Davis, Thicklin, & Combs, 2011). It was not unusual for faith leaders to encourage women to stay in abusive relationships, to "submit to their husbands," and to provide biblical misinterpretations that seem to justify wife abuse (Clark, 2015; Williams, 2012). Although many battered women still sought support from their faith communities, battered women's programs began to lose trust in faith houses, leaders, and traditions as a resource (Nason-Clark, Fisher-Townsend, Holtzman, & McMullin, 2018).

Over time these victim-blaming positions not only distanced the domestic violence field from faith communities as a trusted ally but often from many battered women as well, creating a crisis in faith (Williams et al, 2011). Thus, while many battered women find pastoral help to be useful (Hamby, 2014), others have reservations about seeking help from their faith leaders. A study of victims in the D.C. area in which Black women were significantly more likely than white victims to use prayer but less likely to consult with a minister (El-Khoury et al., 2004) suggest that this may be a particular issue for African Americans.

Several qualitative studies of African American victims found that these women were not satisfied with their pastors' reactions which included victim blaming (Gillum, 2008) and general unhelpfulness (Potter, 2007). In a study of 13 focus groups of Black Christians in eastern Michigan on issues that they would and would not bring to their minister's attention, parishioners reported that they were reluctant to discuss domestic violence because of shame, fears around confidentiality, and some concerns about the minister's actual ability to help (Mattis et al., 2007). A focus group with Black parishioners and church leaders in the D.C. area in which one-third of the respondents had experienced intimate partner violence, Bent-Goodley (2006) found very similar concerns of shame and fear that others in the church would learn of their abuse.

Studies of Black clergy have found that they believe that the church should be involved in intervention and prevention (Bent-Goodley, 2006; Brade & Bent-Goodley, 2009), but are concerned about their preparedness. A survey of 144 seminarians, the majority of whom were female, found that while two-thirds knew someone in their congregation who had experienced domestic violence, even more thought that church leaders were not prepared to help victims and that they lacked sufficient training (Brade & Bent-Goodley, 2009). Other writings on the role of the Black church raise similar issues about ministers' training, ability and willingness to effectively help in abuse situations (Bent-Goodley, St. Vil, & Hubbert, 2012; Gillum, 2009; Shannon-Levy & Dull, 2005) and to collaborate with outside agencies that may be of help (Dyer, 2017). The church's inability to provide helpful responses to victims may increase risk: when women go to their houses of worship for support in addressing domestic violence and get a lukewarm response, the delay in getting meaningful help may result in higher rates of serious injury or death (Clark, 2015).

The Black church has historically played a pivotal role in the political, economic, social and cultural life of the Black community (Lincoln & Mamiya, 1990). Given its resources, activist history, ability to touch large numbers of individuals and credibility for many people, there is tremendous potential within the Black church to address domestic violence at the individual and community levels, for prevention and intervention. While writings on the

topic have raised concerns about the preparedness of the church to address domestic violence, the area is primarily characterized by a dearth of empirical data on the topic, particularly from the church's/minister's perspective. However, given the influence and power of ministers in the hierarchy of the Black church (Taylor, Ellison Chatters, Levin & Lincoln, 2000), it is essential that we have a better understanding of how partner abuse is being addressed in these faith spaces, and receive ministers' and church leaders' input into how those responses can be enhanced.

The current survey examined ministers' perceptions of the work that they and their churches, who serve predominantly African American congregations, do regarding intimate partner violence. Specifically, we examined these ministers and church estimates of the number of parishioners who have been victims of domestic violence, how they address the broader issues of domestic violence and, more specifically, how they respond to individual victims and perpetrators. We are also examining their satisfaction with their church's responses, how they think these responses can be improved, and their relationship with their local DV providers. The study was part of a needs assessment in six areas around the country participating in the African-American Domestic Peace Project (AADPP; www.AADPP.org). The AADPP was established as a project of the Institute on Domestic Violence in the African American Community (www.dvinstitute.org & idvaac.org) to reduce violence and enhance peace in African American communities.

Method

Sample Characteristics

Respondents were from churches that had agreed for the pastor, or his or her designee, to participate in the study. There was one respondent per church. Characteristics of the churches and respondents, N=112, are shown in Table 1.

Three-quarters of the respondents were either senior pastors or associate/assistant pastors. The remaining held various leadership positions in the church, e.g. directors, lay ministry leaders, and directors. The respondents tended to be male, over the age of 50, and highly educated with almost half having done postgraduate study. Senior pastors were more likely to be male; those in the "other" category (49%) were more likely to be female.

The churches were located in six geographical areas with an active AADPP committee. Half of the respondents were from the Boston or the West Palm Beach area. The majority of the churches (82%) were from one of three Christian denominations: Baptist, Christian Non-denominational, and Pentecostal or Church of God in Christ (COGIC). An additional 10% were United Methodist. The churches were small to medium size with only about one in 10 having more than 500 congregants. Over one-third had fewer

than 100 members. A small number of the churches (7%) were described as multicultural, with congregations that included African American and/or Caribbean Blacks. Twelve of the churches were located in rural areas.

Procedure

The survey was conducted with a convenience sample in which questionnaires were completed via email or were handed out and returned at events where ministers were present. Members of the AADVPP gathered contact information and names of churches in their area that they believed were predominantly African American. However, some of the churches did not have a phone number or email address. Using their names, we attempted to locate contact information for each church. Eventually, 257 churches were emailed and 427 were called. We received 22 responses for an initial response rate of 3% (22/684).

The project determined that either the phone numbers or email addresses that were obtained were not effective (perhaps because they were a general line or address instead of to a particular person), or these modes of data collection were not effective with this population. Ultimately, we determined that in-person surveys would be more effective. Thus, representatives from AADPP handed out the surveys at events where ministers were present (e.g. prayer breakfasts, ministerial association meetings) and 96 surveys were returned. Six of the initial respondents were removed because they indicated in the questionnaire that their congregation was not predominantly African American or Black multicultural (4), or they did not provide identifying information (2). Thus, a total of 112 questionnaires were used for the analysis. returned. The study was approved by the University of Minnesota Institutional Review Board (IRB).

Measures

The questionnaire consisted of 32 items. With exceptions where noted, the questions were developed by the researchers. Prevalence of abuse in the congregation was measured by asking respondents to give their estimate of the percentage of members who had been victims of domestic violence. There were separate questions for male and female victims and for domestic violence and sexual assault. For each question the response options were as follows: 5% or few, 6-10%, 11-20%, 21-30 %, 31-50%, 50%+, and "Don't Know." Respondents were asked how often "one of the pastors" was asked for help or guidance with a domestic violence case with the options of "several times a month," "about once a month," "several times a year," "about once a year," "rarely," "never," "don't know." A question on frequency with which a minister preached a sermon on domestic violence used the same response categories. These questions were adapted from the national survey of Protestant pastors (IMA World Health, 2014).

Respondents were asked about their church's activities related to domestic violence in general, and about their specific response to individual victims of violence. A number of closed-ended questions asked about the types of services or programs the church provided for victims and perpetrators of domestic violence, including youth. Services that may have been offered included a shelter for abused or homeless women, a domestic violence ministry, a counseling programs for victims or perpetrators, a domestic violence crisis hotline, or a batterer intervention program. Raising awareness approaches included talking about domestic violence in Adult Education, Sunday school or youth education groups, and providing domestic violence training for parishioners and lay ministers. Those topics are listed in Table 2.

A major question on the questionnaire asked what kinds of services were offered in/by the church to actual victims of domestic violence once they had been identified. Those choices are shown in Table 3 and include pastoral counseling, referrals, safety planning and assistance leaving the abuser.

Six questions asked specifically about pastors'/parishioners' familiarity with, use of, and collaboration with domestic violence services, including batterer programs, in their area. Questions on familiarity with domestic violence services had response options of "Very Familiar," "Familiar," "Somewhat Familiar," to "Not Familiar at All." Frequency with which they worked with local domestic violence programs, for victims and perpetrators, ranged from "Several Times a Month," "About Once a Month," "Several Times a Year," "About Once a Year," to "Rarely/Never" and "Don't Know."

A question on the respondents' satisfaction with their church's response to domestic violence (respondents answering on a six-point scale ranging from "Very Satisfied" to "Very Dissatisfied") was followed by a multiple-choice question ("circle all that apply") asking what they thought the church needed in order to be more effective. Those options are shown in Table 4. In addition, participants were asked to respond to an open-ended question which asked what they would like to see their church do differently in addressing DV.

Several questions asked opinions of domestic violence intervention programs: "programs break up families," "programs create safety for victims," "batterer programs help batters learn new ways to behave non-abusively." Responses were on a five-point scale ranging from "Strongly Agree" to "Strongly Disagree."

Findings

Church Members as Victims

Respondents did not report being aware of large numbers of victims among their congregants. Forty-four percent of the churches estimated that 10% or fewer of their female church members had been victims of domestic violence. An additional 20% were not able to give an estimate. Over one-third

(35%) estimated that 10% or fewer had been sexually assaulted, with one-third indicating that they did not know. In response to a similar question regarding victimization of men in their church, over 50% said that 10% or fewer of them were victims of domestic violence, and 42% did not know how many might have been victims.

Another possible indicator of domestic violence among parishioners is how often a pastor is asked for guidance in a domestic violence situation. Respondents believed that this did not happen often – over half said from once a year (7%) to rarely (30%) or never (17%). About one in five (22%) thought assistance was requested several times a year or more. (Respondents who were senior pastors were slightly more likely to recall a minister having been asked for help at least several times a year [26.6%]).

Church's Response to Domestic Violence

Sermons on domestic violence. Respondents' reports on how often a pastor or minister spoke to the church in sermons about domestic violence were somewhat mixed. Over one-third (36%) said that the pastor addressed the topic at least several times a year, but half (49%) said that it occurred rarely or never. Senior pastors recalled it happening more frequently with almost half (48%) reporting that it happened at least several times a year.

Education and services. Church activities aimed at domestic violence, specifically education or direct services, are shown in Table 2. Almost one-third report that the church talks about domestic violence in adult and youth education groups and almost one in five churches are training lay ministers to address domestic violence. Not surprisingly, few reported attempts at direct services, i.e. shelter, counseling, or a ministry for domestic violence victims.

Helping victims and perpetrators. The frequency with which specific actions were taken by someone in the church once an act of domestic violence had been identified is shown in Table 3. In terms of the most frequently provided services, participants were most likely to report that the pastor counseled the victim, followed by couples counseling, then abuser counseling. About one in five said that the pastor did a "safety risk assessment" but only occasionally is the abuser asked to attend another church. About half of the respondents indicate that they may assist the victim in leaving the abuser either "often" or "sometimes." Slightly over one-third report that the victim is frequently referred to an agency.

Satisfaction with Church's Response to Domestic Violence

Most of the respondents were not satisfied with their church's response to domestic violence. Fifty-eight percent were dissatisfied compared to 42% of respondents who were at least somewhat satisfied. Only two percent were very satisfied with their church's response.

Resources Needed to Help Victims and Perpetrators

Survey participants were asked about additional resources needed in order for their church to do a better job in responding to domestic violence. As shown in Table 4, respondents were most likely to report that clergy need more training in how to help victims and batterers. They also wanted more places to which they could refer victims and batterers. Responses to an open-ended question on what they would like for their church to do differently regarding domestic violence, answered by 60% of the participants, mirrored these responses on training and referrals, particularly the need to know local resources. In addition, participants thought churches should work to increase domestic violence awareness by providing more education and information on the topic for ministers, congregants, and the community.

Knowledge of and Work with Local Domestic Violence Programs

Respondents were generally unfamiliar with their local domestic violence programs and were not likely to work with them. Four in 10 (40%) of the respondents thought they personally were familiar to very familiar with domestic violence services in their area. They thought that fewer of their church members (24%) were familiar to very familiar with those services. Sixty percent indicate that they rarely or never work with local shelters or domestic violence programs and 70% rarely or never work with batterer programs. About one in five churches reported working with shelters or domestic violence programs at least several times a year.

Attitudes toward Domestic Violence Programs

In general, the respondents held positive views of the treatment programs, but there is notable dissent. Seven in ten (71.3%) believed that domestic violence programs create safety for victims, but more than one-fourth (28.1%) were not sure if such programs made victims safer. Similarly, 64.8% thought that the programs taught batterers to behave non-abusively but 34% of the sample either disagreed or were not sure. Four in ten (41.5%) either believed or were not sure if domestic violence programs contributed to the breakup of families. Thus, while the majority of the respondents thought domestic violence programs were effective, a relatively large number were not so sure. These answers may reflect respondents' lack of knowledge about the programs, particularly the relatively large percentage of neither agree nor disagree,' or the questions tapped into genuine doubts about the efficacy of these types of programs.

Discussion

In general, ministers did not believe that very many of their parishioners had been victims of domestic violence nor sexual assault. Not surprisingly, given their relatively low estimates of prevalence, ministers were not likely to report that they were approached for guidance in domestic violence matters. Perhaps as a reflection of their perceived lack of need among their parishioners, the majority of the churches do not respond proactively to the potential for domestic violence among their congregants. The majority rarely or never address domestic violence in sermons, and over two-thirds do not talk about it in adult and youth education groups; even fewer attempt to train lay ministers in this area or to provide direct services (shelter, domestic violence ministry, crisis line etc.).

However, ministers frequently provide counseling when domestic violence is brought to their attention with the majority counseling the victim, counseling the couple, and/or counseling the perpetrator; over half provide referrals. While only four in 10 indicated that they did a safety assessment, half of the ministers indicated they often or sometimes helped victims leave the abuser.

Consistent with other research (Brade & Bent-Goodley, 2009), church leaders seem to recognize their inadequacy in addressing domestic violence. Respondents were more likely to be dissatisfied than satisfied with their church's responses to partner abuse. The majority of respondents said their churches would benefit from pastors having more training in how to help victims and perpetrators. Such training is particularly important given that counseling by the pastor is the most frequently reported response once abuse has been identified. Their tendency to conduct couples counseling and *not to routinely provide safety risk assessments points to the need for such training.*

Respondents indicated that they were moderately familiar with local domestic violence programs but rarely worked with those programs, possibly because they do not have many members that they believe are in need of those services. However, they appear to value such programs. Respondents indicated that there was a need for more such programs to which they could refer victims and perpetrators, and in general, had positive attitudes toward batterer intervention and domestic violence programs. However, the findings that 30-40% were neutral about the programs or did not think they were helpful points to a clear need for community outreach on the part of domestic violence programs. While these data indicate that for these Black churches there is only a modest amount of activity directed at intimate partner violence, their involvement is comparable to that of majority churches. As did ministers in our survey, those in a national survey (N=1,000) of mainline and evangelical Protestant churches (IMA World

Health, 2014) appear to underestimate the abuse of their members, reported infrequently delivering sermons on domestic violence, and sometimes provided interventions that are potentially harmful. In both this study and the IMA study, two-thirds of the respondents either didn't know or thought less than 10% of their members had been victimized. Three-fourths of the ministers in the IMA study estimated that they addressed domestic violence or sexual assault about once a year or less, as did 69% of those in the current study. When they did deliver help, two-thirds or more of each group used couples counseling, a practice that is often discouraged (Faith Trust Institute, n.d.).

These ministers' estimates of members' involvement in abusive relationships are less than what one would expect based on national studies (Smith et al., 2017; Catalano et al., 2009) or smaller studies of estimates of abuse among churchgoers (Bent-Goodley, 2006; Brade et al., 2009). The low estimates of parishioners' abuse by the ministers in this study suggests that victims may not be bringing these issues to the attention of their pastor. That the majority of pastors report that they are rarely or never asked for guidance in this area certainly suggests that this is not an issue that would be particularly salient to them. Under these circumstances, perhaps it is not surprising that most of the churches do not provide services for victims of domestic violence.

Recommendations for Christian Social Workers

The results from this small study suggest several ways that Christian social workers, particularly African-Americans or those work in the Black community, can serve faith communities that want to help men and women who are involved in domestic violence. The primary recommendation from this survey is that clergy need, and want, to be better trained in identifying and helping victims and perpetrators of domestic violence who may be in their congregations. Establishing relationships with local shelters and programs for victims and perpetrators is an important part of that work, as is having a church culture that does not tolerate intimate partner abuse.

Christian social workers' professional backgrounds in helping and their knowledge of and sensitivity to church processes and culture uniquely equips them to help churches and their members address issues of domestic violence. In general, they can help churches become more open and supportive of victims, perhaps making it easier for women and men to ask for help from their pastors and fellow church members. Social workers can provide direct services to church members through domestic violence ministries and church- supported services for victims and perpetrators (shelters, counseling). They can also design and participate in church-sponsored adult education classes on healthy families that include

domestic violence issues. Social workers can help design and implement comprehensive church-based programs on intimate partner violence that interface with agencies and institutions external to the church but which are critical to providing domestic violence services, e.g. batterer intervention programs, shelters and counseling programs, courts and police, and mental health agencies. Perhaps most importantly, according to this data, they can develop and conduct trainings for ministers and church lay-leaders on various aspects of domestic violence, including how to appropriately respond to victims and perpetrators and how to address partner abuse from the pulpit.

Limitations to this study

There are several limitations to the current study. The most pressing concerns are response rate and non-representativeness of the sample. Despite extensive recruitment efforts (see “Method”), we received relatively few responses. The bulk of responses were obtained by handing out questionnaires at events attended by ministers. Thus, the respondents are clearly a convenience sample of willing participants. There is much interest in involving the Black church in addressing social issues, given the importance of religion and level of church attendance among African Americans. However, as we move forward with researching issues in order to be more informed about how the Black church functions in these areas, and eventually developing evidence-based practices that involve the church, we must address this issue of how to effectively recruit Black clergy into research studies.

Given the low response rate, those willing to participate may have been those with a special interest in domestic violence issues and who may have, in general, been more attuned to and supportive of domestic violence issues. Thus, there may be even less interest in these issues in the broader ecclesiastical community, and among those who chose not to participate in the survey. Other limitations include the possibility of a social desirability bias in the sample and the fact that the responses were self-report without external corroboration. However, a social desirability effect is not readily apparent as the participants’ responses are fairly conservative. Despite these shortcomings, the responses in this study are consistent with those in a much larger national sample of mainline and evangelical protestant ministers (IMA World Health, 2014), which provides some corroboration of our findings.

Conclusions

Researchers have examined Black women’s use of religion as a coping mechanism for many life crises, including domestic violence. However, very

little empirical research has addressed pastors' and churches' responses to these victims, the effectiveness of interventions attempted in these settings, or ways in which these responses can be enhanced. The current study is an exploratory descriptive study of how churches view domestic violence victims and how they respond to them. Future research should explore some of those factors that are related to churches' responses particularly those that operate as impediments or barriers to addressing DV.

It is encouraging that over the past fifteen or more years an increasing number of faith leaders have included domestic violence among their expanding ministries (Williams, 2012). However, the evidence suggests that there is still much work to be done in this area. Churches have historically been agents of change and refuge in the Black community. With training, we believe that they can be in the forefront of effectively addressing domestic violence among African Americans.. ❖

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Table 1. Sample Characteristics

	n	%
CHURCHES		
Metropolitan Area (N=112)		
Boston, MA	28	25.0%
West Palm Beach, FL	28	25.0%
Tacoma, WA	18	16.1%
Oakland, CA	17	15.0%
Greenville, MS	12	10.7
Detroit, MI	9	8.0
Church Denomination (N=107)		
Baptist	33	30.8%
Christian Non-denominational	26	23.2%
Pentecostal/Apostolic/COGIC	31	27.6%
United Methodist	10	8.9%
Other	11	9.8%
Size of Congregation (N=108)		
<100	38	35.2%
100-250	36	33.3%
251-500	24	22.2%
500+	10	10.2%
RESPONDENTS		
Age (N=106)		
<50	34	32.1%
51 – 64	54	50.9%
65+	18	17.0%
Gender (N=107)		
Male	59	55.0%
Female	48	44.9%
Position in Church (N=107)		
Senior Pastor	57	53.8%
Associate/Assistant Pastor	22	20.8%
Other	23	25.5%
Highest Schooling (N=107)		
High school graduate, some college/training	29	27.1%
College graduate	26	24.3%
Post graduate study	52	48.5%

Table 2. Church Activities Directed at Domestic Violence

Activity (N=109)	n	%
Talk about domestic violence in adult education	33	29.5%
Talk about domestic violence in youth education	35	31.3%
Talk about domestic violence in Sunday School	21	18.8%
Train lay ministers to address domestic violence	20	17.9%
Counseling program for domestic victims	15	13.4%
Counseling for batterers	15	13.4%
Ministry for domestic violence	7	6.3%
Domestic violence crisis hotline	5	4.5%
Shelter for female victims and homeless women	2	1.8%
Batterer Intervention Program	2	1.8%

Table 3. Responses to Identified Domestic Violence Victims and Perpetrators

Response	How Often		
	Always/Often	Sometimes	Rarely/Never
	n (%)	n (%)	n (%)
A minister counsels victim (N=80)	32 (40.0%)	22 (27.5)	26 (32.5%)
A minister does couples counseling (N=81)	30 (37.0%)	25 (30.9%)	25 (32.1%)
Victim referred to an agency (N=71)	24 (33.8%)	15 (21.1%)	32 (45.1%)
A minister counsels abuser (N=77)	23 (29.9%)	20 (26.6%)	34 (44.2%)
A minister does safety risk assessment for victim (N=69)	15 (21.7%)	12 (17.4%)	42 (60.9%)
Abuser referred to batterer program (N=50)	13 (21.3%)	19 (31.3%)	29 (47.5%)
Victim helped to leave abuser (N=67)	11 (19.4%)	21 (31.3%)	33 (49.3%)
Others counsel victim (N=75)	14 (18.7%)	21 (28.0%)	40 (53.3)
Others counsel abuser (N=71)	8 (11.3%)	23 (32.4%)	40 (56.3%)
Abuser asked to attend other church until issue is resolved (N=62)	7 (11.3%)	11 (17.7%)	44 (71.3%)

Table 4. What Does Your Church Need in Order to Be Able to Respond Better to Domestic Violence? (N=112)

Respondents' perception of church's need in order to respond better to domestic violence:	n	%
More training for clergy in how to help victims	92	82.0%
More training for clergy in how to help batterers	83	74.1%
More counseling agencies for referrals	75	67.0%
More shelters for referrals	68	60.7%
More batterer programs	69	61.6%

Author's Note: We thank the members of the African American Domestic Violence Peace Project for reviewing the questionnaire and recruiting survey participants.

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Children with Autism and Congregations: Leaders' Assessments of Knowledge, Programming, and Potentialities

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The purpose of this study was to explore congregational responses to children with Autism Spectrum Disorder (ASD). The limited research around ASD and congregations reveals a lack of engagement with, and integration of, persons with ASD. In the current study, a mixed methods approach focused on congregational leaders' knowledge, perceptions, and interests regarding ASD and related education and programming. A quantitative element assessed leaders of congregations by means of a survey (N=121), while a qualitative element offered participants an opportunity to comment on the survey (n=51) and participate in an interview (n=12). An analysis of the data suggests that leaders' knowledge of ASD was higher than anticipated but that formal programming was lacking in smaller churches. Responses in smaller churches were less formal, occurred on a case-by-case basis, and were led by professionals and parents native to those churches. Leaders reported an interest in more education and training regarding ASD.

FEATURES OF AUTISM SPECTRUM DISORDER (ASD) INCLUDE SOCIAL IMPAIRMENTS, sensitivity to certain stimuli, and repetitive behaviors which impair daily functioning (American Psychological Association, 2013). At one end of the spectrum, children may exhibit less verbal activity and greater sensitivity to stimuli and present as lower functioning; at the other end of the spectrum, children may present with more verbal activity, communicative acumen, and intellectual agility (American Psychological Association, 2013). Difficulties with peer interactions, emotional regulation, and the

presentation of new or extreme stimuli can present significant challenges for individuals with autism as well as caregivers.

Compounding routine struggles, persons with ASD may also face substantial obstacles to social incorporation, even prejudice and discrimination, potentially leading to stigma and alienation. (Baker, 2013; Howell & Pierson, 2010; McGee, 2010; Ne'eman, 2010). One of the ways in which discrimination is manifested is through the exclusion of persons—such as persons with disabilities—from institutions and communities (Autism Research Institute, 2018). Persons with ASD may experience exclusion from others due to others' lack of knowledge of ASD. Patterns, peculiarities, or behaviors can be interpreted as obstinacy, insensitivity, character flaws, or even the manifestations of poor parenting. Thus, persons with ASD may be viewed as needing behavioral modifications to be properly integrated into systems, and caregivers might also receive blame. Autism advocates recognize the need for autistic individuals to sometimes modify behavior, but also place the onus on society's institutions to accommodate (Jaarsma & Welin, 2012; Silberman, 2015), thus reflecting an idea akin to the "social model of disability" (Jaarsma & Welin, p. 29) in which society and its' institutions bear responsibility for services and accommodations.

Institutional failure to integrate persons with ASD results in negative life impacts; inversely, community integration has numerous benefits, including bonding opportunities, social skill development, identity formation, and the building of resilience (Carter, 2007; Greeff & van der Walt, 2010). Select institutions have recognized the need for greater integration of persons with disabilities and are thus evolving appropriately. Public schools have made gains in recognizing the complexities and unique needs of ASD, utilizing 504 plans and Individualized Educational Plans. Health providers have made improvements in insurance packages which address therapeutic needs of persons with ASD. Finally, local communities have made gains in understanding and including persons with ASD and greater vocational inclusion and accommodations are now a reality (Carter, 2007).

The current study explored whether the move toward greater inclusion of persons with ASD, as described in the literature cited above, is reflected in congregational settings. Overall there is a dearth of research into ASD and local congregations and the limited research available on this topic chronicles numerous reports of negative experiences of persons with ASD and families. However, this mixed method study of congregational leaders' knowledge and perceptions of experiences with persons with ASD in their respective congregations discovered reasons to be hopeful. Even though the data do demonstrate negative experiences of persons with ASD, even examples of exclusion, overall the data support the notion that congregations are attempting to respond to persons with ASD and their families, but need more direction, guidance, and training for more holistic and meaningful responses.

ASD and Local Congregations

Even though data show that institutions and communities are making strides, the research into congregational responses to persons with disabilities is limited (Carter 2007; Howell & Pierson, 2010; Terry, 2015). Yet the literature is plentiful enough to gain some insights into critical factors related to congregational responses to persons with disabilities in general and ASD in particular. Congregational responses have not been encouraging, as persons with ASD have experienced barriers to inclusion (Collins & Ault, 2010; Howell & Pierson, 2010; Slocum, 2016; Terry, 2015). Howell and Pierson summarized the barriers as physical, spiritual, and social, while Collins and Ault identified architectural, communicative, programmatic, liturgical, and attitudinal barriers. Terry (2015) added philosophical barriers to the list of barriers laid out by Collins and Ault and also mentioned a lack of welcoming, fear about inclusion, and a general lack of awareness regarding ASD. Finally, Bledsoe, Setterlund, Adams, Fok-Trela, and Connolly (2013) discovered that special needs children felt judged as being defective and felt abandoned by the church.

Congregational exclusion of persons with disabilities (ASD) is especially significant since congregations share a common mandate to be welcoming and inclusive communities (Barnes, 2012; McGee, 2010; Terry, 2015). This mandate is especially relevant to marginalized people who face compounded challenges, and thus affords congregations a unique opportunity. Yet fidelity to that mandate involves more than token accommodations and involves a deeper cultural adjustment. Collins & Ault (2010) make the distinction between “inclusive practice” versus “inclusive community” (p. 128). The former might involve enacting modest accommodations out of a sense of duty while “inclusive community” goes beyond mere “practice” and is integral to identity and mission. Merritt (2014) makes a similar distinction in preferring congregational “invitation” over “accommodation” (p. 45). Invitation involves not merely checking boxes in seeking to provide accommodations; invitation is woven into the cultural fabric and facilitates integration into community. Further, the impetus is not a *must* imposed from without (legal binding pertaining to secular institutions) but an *ought* from within (moral binding). This moral binding is bound up in the church’s own theological benchmark of radical inclusion of all people (Bunch, 2008; Reynolds, 2012).

Integration of persons with ASD will not only fulfill the congregational mandate but will also impact persons positively. Researchers agree that congregations can enhance the quality of life and build resilience in people with disabilities—as well as caregivers—through social interaction, community bonding, moral structure, spiritual direction, and a sense of belonging (Bledsoe, et al., 2013; Carter, 2007; Goldstein & Ault,

2015; Howell & Pierson, 2010; Poston & Turnbull, 2004; Terry, 2015). Congregations must work to actualize integration through planning, education, training, programming, and creative welcoming (Ault, Collins, & Carter, 2013; Collins & Ault, 2010; Coulthard & Fitzgerald, 1999; Eisland, 1994). Building an intentionally inclusive culture involves self-awareness of assumptions and prejudices at an individual and communal level, unlearning paradigms of exclusion, active listening to persons and families with disabilities, and intentional socio-cultural and structural change. This order of change involves careful navigation and intentional leadership. Leaders of congregations carry levels of influence greater than persons not serving in leadership (Anderson, 2012; Griffin, Kane, Taylor, Francis, & Hodapp, 2011). Griffin et al. (2011) assert that leadership favoring an intentional and supportive response to persons with disability status is positively correlated with *actual* integration. Thus, the need to decipher what leaders and workers know and to learn what is happening within congregations is vital. Leaders can direct attention to the mandate of congregations to be places of inclusion and to the needs of persons with ASD and their families.

Leaders can also build collaborations between congregations and service providers—mental health personnel, social workers, and social service practitioners—to facilitate education, training, and services for congregations seeking inclusive identities (Bledsoe et al., 2013; Stanford & Philpot, 2009; Terry, 2015; VanderWaal, Hernandez, & Sandman, 2012). Terry even fuses this proposal with social work values and ethics:

It is important to note inclusion of people with autism (or other disabilities) is congruent with the social work value of social justice. Social justice, a founding principle of social work, seeks to promote rights to disenfranchised groups, and children and adults with autism have differential power, needs, and abilities, but cannot always express their wishes (p. 465).

Thus, social workers and social service professionals have a stake in studies which can help churches gauge where they are proximate to inclusion goals and to facilitate collaboration between mental health workers, social workers, and social service workers and congregations. Those collaborations have already begun and can be bolstered as education and awareness spreads and as research into local congregations grows. Thus, if leaders are key to navigating a congregation's culture to a more welcoming environment, then researchers need to discover what leaders know about ASD and potential ASD congregational activities. Essentially, researchers for this project attempted to discover congregational leaders' knowledge regarding ASD and leaders' perceptions of congregational programming and outreach to persons with ASD. Our research centered around the question: "What do congregational

leaders know about ASD and what efforts are taking place within respective congregations to engage persons with ASD?” Researchers considered multiple variables as potentially influencing the level of favorable responsiveness of respective congregations: leaders’ knowledge of ASD, leaders’ gender, race, age, educational level, years of service in ministry, and church size. This research project provides additional knowledge into the emergent field of ASD knowledge as pertaining to congregations.

Methodology

Researchers for this project targeted leaders of congregations to gain insight regarding congregations and ASD in children with an interest in *actual* and *potential* integration of children with ASD: “What do congregational leaders know about ASD and what efforts are taking place within respective congregations to engage persons with ASD?” Particularly, researchers inquired about congregational leaders’ knowledge of ASD; what if any programming or accommodations exist; what interests leaders have regarding education and future programming; and leaders’ personal exposure to ASD *per se*. A congregational “leader” for this study was defined as senior pastors-bishops, leadership teams, staff persons, and children-youth leaders. The following hypotheses framed this research:

- Congregational leaders will exhibit a low to moderate level of knowledge regarding ASD
- Congregational leaders will report a low level of programming in respective congregations
- Congregational leaders will report a high interest in ASD-related training
- Congregational leaders will report a moderate experience base with persons with ASD.

The researchers hypothesized that congregational leaders would have a low to moderate knowledge of ASD, a low level of programming, a high interest in education and training, and a moderate level of experience with ASD. After Institutional Review Board approval, researchers settled on a mixed method approach to data collection in a cluster of American churches in 17 states. The study’s methodology involved distributing the L-KPiTE survey and follow up interview questions to congregational leaders via SurveyMonkey. The L-KPiTE consists of a survey instrument designed to measure congregational leaders’ (L) knowledge of ASD (K); leaders’ report of congregational programming for persons with ASD (P); leaders’ interest in training regarding ASD (iT); and leaders’ personal experience with persons with ASD (E). Outreach began with an initial email delivered to a sample

of congregational leaders provided by an information marketing company, yielding a minimal response rate below 10%. Therefore, a multiple state, networking approach was enacted with the principal investigator utilizing ecclesiastical contacts in three states. This quasi-convenience/snowball sampling approach raised the response rate to 42%, but total respondents still numbered below 100. Thus, a “cold calling” approach was utilized in which the survey was introduced to persons in church offices during business hours. This approach yielded a response rate of 23%. Total outreach through direct or indirect contact numbered 1,551 congregational leaders. A total of 136 leaders responded and filled out a survey, resulting in a response rate of 7.93%. Fifteen surveys were disqualified due to missing data, resulting in $N=121$ total surveys for analysis. See Table 1 in the Appendix for a display of demographic features of the sample.

Assessments and Measures

Quantitative: L-KPiTE survey. The L-KPiTE survey was designed to measure factors in the four areas mentioned—knowledge, programming, interest in training, and personal experience (See Table 1). The L-KPiTE contains psychometric scales composed of Likert-scale items, as well as individual Likert-scaled items. The L-KPiTE scales and items were examined for content and face validity by three researchers and piloted with four congregational clergy. Participating clergy filled out the survey and were invited to provide feedback. The clergy’s helpful feedback can be summarized in six points: (a) the word “accommodations” as pertaining to worship needed greater specificity, (b) the Likert choices (agree, disagree) did not provide an adequate range of answers, (c) the survey needed to be shortened to 22 to 25 questions (operationalized as five to seven minutes to complete the survey), (d) differentiation was needed between *autism* and *special needs*, (e) duplicate questions needed to be eliminated, and the most emphasized pilot concern involved (f) a concern over the idea of avoiding the appearance of judgement or critique (in the manner in which questions were phrased) of congregational lack of response to ASD or ASD programming. The researchers made adjustments to the instrument involving areas b, c, d, and f.

Reliability and validity were bolstered in the L-K (Knowledge) section of the L-KPiTE through incorporation of scales from measures demonstrating high “psychometric support” (Harrison, Slane, Hoang, & Campbell, 2016, p. 265). Harrison et al. (2016) conducted a systematic review of measures to assess ASD knowledge from 61 studies in 21 countries, identifying 44 ASD knowledge measures. Only 7 of the 44 measures met the best practice psychometric criteria devised by the researchers: (Bakare et al., 2008; Kuhn & Carter, 2006; Ling, Mak, & Cheng, 2010; Ross & Cuskelly, 2006; Segall, 2008; Stone, 1987; Ables, Ashby, & Swiezy, 2011). The L-K section of the L-KPiTE

was subdivided into three areas of knowledge (etiology, symptomology, and treatment), consistent with the method of previous research instruments (Daugherty, 2012; Harrison, Slane, Hoang, & Campbell, 2016; Imran et al, 2011; & Jackson, 2005).

The next section, L-P (Programming), included 5 statements designed to gauge church programming and potential church accommodations. The L-iT (interest in Training) section contained five statements designed to measure respondents’ interest in learning more about ASD and potential ASD programming. Survey statements concluded with the L-E (Experience) section consisting of a couple of scales constructed to learn about respondents’ personal experience of knowing someone with ASD. After the 21- question survey, respondents were given the opportunity to provide demographic data so that key factors such as a leader’s gender, age, race, faith group, educational attainment, and leadership position served within the congregation could be cross-tabulated (See Table 1).

Table 1 Demographic Description of the Sample

Total Respondents	121	100
Gender		
Male	61	50.4
Female	53	43.8
Missing	7	5.8
Race		
Minority	10	8.3
White	100	82.6
Missing	11	9.1
Age		
18-25	3	2.5
26-35	22	18.2
36-45	32	26.4
46-55	29	24.0
56 and over	31	25.6
Missing	4	3.3
Educational Attainment		
High School Diploma	4	3.3
College	46	38.0
Masters	57	47.1
Doctorate	11	9.1
Missing	3	2.5
Years of Service in the Church		

Total Respondents	121	100
0-10	38	31.4
11-20	39	32.2
21-30	19	15.7
31-40	12	9.9
41 and over	9	7.4
Missing	4	3.3
Position or Role in the Church		
Staff	24	19.8
Teacher	15	12.4
Leadership team	26	21.5
Deacon or Elder	2	1.7
Senior minister or minister	49	40.5
Missing	5	4.1
Faith group or denominational affiliation		
Baptist	50	41.3
Methodist	23	19.0
Other	38	31.4
Missing	10	8.3
Average Weekly Church Attendance		
0-100	35	28.9
101-300	47	38.8
301-500	16	13.2
501-1000	7	5.8
1001 and above	9	7.4
Missing	7	5.8
I am acquainted with someone who has Autism		
No	8	6.6
Yes	112	92.6
Missing	1	0.8
I have never personally known anyone who has Autism		
Disagree	120	99.2
Agree	1	0.8

All Likert scales and Likert items were coded with values assigned, 1-Strongly Agree, 2-Agree, 3-Neutral, 4-Disagree, and 5-Strongly Disagree. Negatively worded scale items were reverse coded to reflect consistency. Thus, psychometric scale cross tabulations could be performed with means and standard deviations determined across respondents (see Table 2).

Table 2 L-KPiTE Likert Scale & Likert Items Survey

KNOWLEDGE of ASD	PROGRAMMING Regarding ASD	TRAINING INTEREST Regarding ASD	EXPERIENCE Regarding ASD
1. Autism can be cured with medical treatment	10. Current programs offered at our church can adequately reach children with autism.	15. I would like to learn more about how churches can help children with autism.	20. I am acquainted with someone who has autism.
2. Children with autism behave poorly because of a lack of discipline.	11. Some of our programs are strategically designed to accommodate the needs of children with autism (e.g., worship, education, or outreach).	16. Our church can adequately help children WITHOUT creating specific autism related programs.	21. I have never personally known anyone who has autism.
3. Children with autism respond well to certain types of counseling.	12. A church does not need intentional programming to adequately help children with autism.	17. I think people in my congregation could benefit from autism- related training.	
4. Autism is a condition arising from medical vaccinations.	13. One of the stated goals of our church is to reach children with autism.	18. People in our congregation already have adequate knowledge of how to help children with autism.	
5. Autism is passed on to children genetically.	14. Our church has programming to accommodate children with various special needs.	19. Our church resources are too limited to offer additional programming at this time.	
6. Autism consists of problems with non-verbal communication, which might include deficits in eye contact, facial expressions, and social interaction.			
7. Most people with autism will be dependent on adult supervision even as they become adults themselves.			
8. Autism is a condition that arises from negative parenting styles.			
9. Children with autism smile frequently, make good eye contact, and respond well to touch.			

Survey analysis. Univariate and bivariate analyses were conducted with SPSS 25. Analyses were conducted on the subscales of the L-KPiTE (Leaders: Knowledge, Programming report, interest in Training, and Experience of Autism in the church). All subscales are aggregate results on a five-point Likert-scale where five indicates greater knowledge, better programming, and more interest in further training. The following variables were dummy-coded for regression analyses: Gender (Being Female), Education (College or More), and Number of Weekly Attendance (average number of people attending weekly services congregation-wide) on Average (More than 300). Data were assessed for linearity (Lack of Fit, $p>.05$), homogeneity of errors (Levene (ANOVA) $p>.05$, except for linearity (Lack of Fit, $p>.05$), homogeneity of errors (Levene (ANOVA) $p>.05$, except for Programming and Weekly Attendance), independence of errors (Durbin-Watson ~ 2), and normality of errors (Kolmogorov-Smirnov, $p>.05$), indicating appropriateness for regression.

Because a very large percentage of the sample had been acquainted with someone with Autism (92.6%) and disagreed that they had never known anyone with Autism (99.2%), these questions were excluded from analysis. The sample is largely white (82.6%), with representation from a handful of denominations, mostly Baptist and Methodist (See Table 1). Means and standard deviations for the instruments are reported in Table 3.

Table 3 Means and Standard Deviations for Outcome Variables

	N	Mean	Standard Deviation
Knowledge of ASD	121	3.951	.3253
Adequate ASD Programming	121	3.006	.4420
Interest in Further Training	121	3.761	.6124

Pearson correlational analyses were conducted to assess the instrument for internal consistency. Respondents answering Q-2 (Children with Autism behave poorly because of a lack of discipline) correlated with respondents' answers to Q-8 (Q8- Autism is condition that arises from negative parenting styles) in the same agreement , ($r(119)=.528, p=.000$), as is appropriate for the instrument. Respondents answering Q-4 (Autism is a condition arising from medical vaccinations) as Strongly Disagree answered Q-5 (Autism is passed on to children genetically) as Agree or Strongly Agree, not exhibiting a significant correlation, ($r(119)=.072, p=.4.33$), also as appropriate for the instrument. Additional correlations (Pearson and Spearman) were conducted to explore the relationships between variables. Knowledge is slightly correlated with Level of Education (Spearman $r=.209, p=.023$) (at the $p<.05$ level), which is to be expected. Being female is positively correlated with existing programming which is

more accommodating to persons with ASD (Spearman $r = .257$, $p = .006$) and negatively correlated with level of education (Spearman $r = -.266$, $p = .004$). No other variables are correlated with knowledge, better programming, or interest in learning more. Bivariate analyses also indicated that females ($M = 3.117$, $SD = .4196$) are more likely than males to report congregational programming intentionally designed to accommodate and serve persons with ASD ($M = 2.900$, $SD = .4435$) ($t = -2.671$, $p = .009$). The three subscales are not correlated among themselves, that is, knowledge is not associated with better programming or interest in learning more about ASD. Additional analyses consisting of t-tests and ANOVAS were conducted to explore differences among groups. No significant differences were obtained on either of the instruments, knowledge, programming, training interests, denominational affiliation, status in the church, years in the church, or race.

Following testing of assumptions as reported above, stepwise regressions were conducted to investigate the predictors for the DVs Knowledge, Programming, and Interest in Training. There was no significance and no variables were retained for the DV Interest. A stepwise regression for the predictors of the DV, Knowledge retained only the predictor College or Higher Level of Education ($R^2 = .059$, $F(2,111) = 3.471$, $p = .034$). A stepwise regression for the predictors of the DV Programming retained Gender and Number of Weekly Attendance on Average (greater than 300) ($R^2 = .098$, $F(1,108) = 5.939$, $p = .016$), as noted in Table 4.

Table 4 Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.934	.049		60.164	.000
	More than 300 weekly attendance	.224	.092	.228	2.437	.016
2	(Constant)	2.848	.060		47.105	.000
	More than 300 weekly attendance	.219	.090	.223	2.427	.017
	*Gender (Male =0, Female=1)	.190	.081	.215	2.341	.021

a. Dependent Variable: LK Program Average

Qualitative: comment boxes and interview questions. Survey respondents were given five opportunities to submit qualitative responses within the survey proper: after each of the four survey sections and at the end of the survey. Additionally, survey respondents were given an opportunity to answer YES or NO to the question, *Would you be willing to*

answer additional questions by phone or in person? A total of twelve survey respondents chose to participate in answering four additional open-ended questions regarding factors measured in the quantitative section. A total of ($n=51$) persons chose to provide additional data, for a total of 101 qualitative responses. The data were analyzed, categorized, and conceptualized in accord with the purposes of this research. Researchers agreed on a progressive, systematic coding of data, with multiple iterations of analysis, moving from descriptive analysis to more sophisticated categories and themes (Bailey, 2018; Engel & Schutt, 2014; Leedy & Ormond, 2010). Qualitative data were analyzed in a three-tiered manner—initial descriptive coding, secondary coding involving categories and themes, and finally, coding which compares, contrasts, and considers the original research questions (Neuman, 2003). Two researchers independently analyzed the data and then compared and cross-tabulated results. In the initial phase, researchers noted responses and provided value counts; in the second pass the researchers began synthesizing and categorizing. Themes emerging were coded alphabetically and counted, with an abbreviation before the code/count reflecting the area of inquiry. For the *L-KPiTE* comment boxes, codes began with a capital letter corresponding to respective areas of the survey, followed by themes alphabetized in lower case, followed by a numerical count of the theme, e.g., Kx^0 .

Comments analysis (see Table 5). Q: 1—9. *Knowledge of Autism (Kx)*. Twelve respondents pointed out that ASD is a wide spectrum and that manifestation will vary depending on the person (Ka^{12}) and thus treatment will vary (Kb^3). One leader's response cautioned of the need not to generalize regarding ASD: "It is hard to generalize autism because there is a wide spectrum and people fall on different levels" (Q: 1—9, K). Another respondent with similar sentiments related the reality of a wide spectrum to potential interventions: "Autism has such a wide spectrum of behaviors. Each autistic child is unique. He or she may not respond to the same interventions."

(Q: 1—9, K). Three respondents reported that ASD may be caused by vaccines, (Kc^3) while one other person mentioned "radiation" as a possibility and another referenced "genetics" since ASD "runs in families." Regarding the questions on vaccines, one congregational leader shared uncertainty coupled with the need for more independent research: "I do not think vaccines alone cause autism, but I do feel there is enough questionable evidence to cause concern and push research done by a third party" (not the CDC or government) (Q: 1—9, K).

Q: 10—14. *Programming and church mission (Px)*. Four respondents noted that their churches contained no ASD programming (Pa^4), and four asserted that their congregations could improve programming, (Pb^4). However, twelve respondents indicated that instead of formal programming,

congregants responded to children with autism on a case-by-case basis, (Pc¹²). One leader answered negatively regarding special programming, but asserted that “we do evaluate the needs of the individual and accommodate accordingly” (Q: 10-14, P). Another congregant answered similarly in that the congregation makes “accommodations for children with special needs but I would not say that we have ‘special programming’ for children with special needs” (Q: 10-14, P). Congregations relied on parents of children with ASD, (Pd³) and professionals working with ASD (Pe²) in providing services. Two individuals reported specific accommodations: buddy system and sensory room, (Pf³). Instead of specific ASD related language in the church mission statement, four respondents revealed that their mission was to reach “all” children (Pg⁴). One leader’s response stood out as both passionate and poignant:

Our church has a stated goal to reach all children. PERIOD.
To me that’s better because it assumes no reason we wouldn’t reach out and accommodate. There are countless disabilities in the world. We work with each child and family to reach them on their own individual level (Q: 10-14, P).

Two other respondents reported a desire to implement ASD-related programming (Ph²), and one respondent reported limited resources (Pi¹). One respondent asserted that children should be *mainstreamed* in the church activities (Pj¹) and another respondent mentioned the need for a respite program for parents of children with ASD (Pk¹). Finally, one respondent referenced a negative experience (Pl¹).

Q: 15—19: *Training interest*. (Tx). Six respondents noted that training would be beneficial to their congregations, (Ta⁶). Although recognizing the unique contribution of educators, the response of one congregant illustrated a positive receptivity to training:

We do have some educators in our church who are helpful in addressing autism-related cases. I feel it would be highly beneficial for our children’s staff and volunteers to have training on the basics of identifying signs or markers of possible autism and some basic methods or approaches in ministering to autistic children (Q: 15-19, T).

Five respondents in total indicated that professional educators provide expertise to congregations regarding autism services (Tb³) while three persons included both educators and parents as sources of expertise (Tc³). The combination of parents and educators has provided a boon for ASD service delivery:

We have several parents of children on the spectrum in our congregation as well as some teachers and special education teachers as congregational members who have lent their expertise in working with any children on the spectrum in our church (Q: 15-19, T).

With respect to resources, a couple of respondents broached concerns, one regarding finances and the other regarding staffing needs. (Td²). Two respondents alluded to negative experiences of children with ASD in the church (Te²), "There is a lack of understanding in worship [regarding the behavior of ASD children] and they want them to be perfect" (Q: 15-19, T).

Finally, one respondent envisioned a respite program for parents. "Giving the parents time away allows them to recharge and be more joyful when dealing with everyday challenges. I am very interested in doing a program like this" (Tf¹). Q 21—23.

Personal knowledge. (Px⁰). Seven respondents indicated a family member as having autism (five referencing their own children), (Pa⁷); four respondents referenced knowing someone with ASD in their congregation, (Pb⁴); five respondents informed of teaching or working with children with ASD in educational settings: special education, elementary school, administration, and non-specified. One of the five respondents noted above also reported being a parent of a child with ASD, (Pc⁵).

Other comments (Ox). Five persons expressed gratification or thanks regarding the survey work, (Oa³). One respondent indicated a negative experience in which his son became "overwhelmed" while attending church, (Ob¹). Thus, the family withdrew from the church for a season while the church made some alterations and accommodations. The family subsequently returned to the church, with the father reporting a positive resolution.

I had to stop going to church because my son couldn't handle it. They have since created a sensory room and it is amazing. I hope to see more of these kinds of accommodations. Families affected with Autism can very easily become isolated. Church is a very positive outlet for my life (Q: OC, O).

Finally, one person reported that his church has done well but could use more volunteers to improve services and that larger churches have more impact on a greater number of persons with ASD (Od¹) (see Table 5).

Table 5 Comment Box (KPiTE Summary)

Knowledge of Autism Spectrum Disorder	Programming Accomm.-PA	Interest in Training	Personal Knowledge	Other Comments
Spectrum: ASD a spectrum not generalizable. Ka12 (KPiTE questions)	PA: No ASD programming. Pa4	Training: Training would be beneficial. Ta6	Family: Family-ASD. Pa7 (5 as parents)	Gratification for ASD research. Oa5.
Treatment: Since ASD is a spectrum, treatment will vary Kb3	PA: Church could improve PA. Pb4	Educators: Educators offer expertise. Tb5	Congregant: Child with ASD in church. Pb4	Negative experience/resolution. (negative, withdraw, church restructure, recommit) Ob1
Etiology: ASD may be caused by vaccine Kc3	PA: Case-by-case, as needed. Pc12	Parents: Parents offer expertise. Tc3	Educators: Working with ASD children church Pc5	Program specifics: Sensory room. Oc1
Etiology: ASD may be Caused by radiation. Kd1 Etiology: ASD may be genetic. Ke1	Parents (ASD Child): Parents advise. Pd3 Professionals: Professionals advise PA, Pe2	Resource: Limited. Td2 Negatives: Not received in worship/parental issues. Te2		Larger churches: larger impacts. Od1
	PA: Buddy system, sensory room Pf2	Respite: Desire program for parents. Tf1		
	Goals: General to include "all" children. Pg4	Mainstreaming: Parents want inclusion. Tg1.		
	PA: Desire for ASD PA, Ph2			
	Resources: Limited. Pi1 Mainstreaming: Inclusion. Pj1			
	Respite: Caregivers need respite Pk1			
	Negative: Negative experiences. Pl1			

Interview analysis. Twelve survey participants indicated interest in participating in a personal interview and were sent four additional open-ended questions via email. Responses were coded according to question content, category or themes, and value of category-theme.

Question 1: *What do you know about ASD and how did you learn?* Personal knowledge= (PKx) Five respondents learned about ASD through being a caregiver (PKa⁵), reporting knowledge gained through “experiential learning” and “personal research.” Four respondents reported learning about ASD through church community interactions, (PKb⁴); four respondents reported specialized training and professional experience (PKc⁴); and one respondent reported having professional experience with no specialized training, (PKd¹). Finally, one respondent referred to ASD as “abnormal brain development” with “no cure” (PKe¹).

Question 2: *Do you have ASD children attend your church? What effective programs or activities does your church offer?* Children and programming = (CPx). Ten respondents indicated that children with ASD attend church (CPa¹⁰). Three respondents reported children with ASD, but no programming, (CPb³) while three other respondents reported children with ASD present with programming or accommodations: sensory room, buddy system, and special curriculum (CPC³).

Four individuals reported children with ASD present with informal responses on a case-by-case basis (CPd⁴). Yet one of these four respondents asserted that responses were “regrettably to say out loud, reactionary.” Another respondent indicated that the youth leaders “meet” privately with families of children with ASD to address specific needs and safety issues. A couple of respondents reported negative experiences (CPe²), one in which a child was isolated from others and the other in which a child was asked to leave the church. In the latter case, the parent continued to invest in the congregation by helping to build meaningful programming:

Two years ago, my church started a program to help younger children. My child joined the program and found that this program was not beneficial for him. He was asked to leave class one night during program. I have been working with leaders to develop program that will help those who may not be able to participate in this single program (Personal Interviews, Q-2).

One person interviewed seemed to favor a variety of approaches over any particular, formal programming:

Yes, we have had children with Autism attend. We found no particular program that worked. Each child is unique and has individual needs. We tried to meet those needs as best we could. Some examples would be providing extra

crayons for someone just so they could tear off the paper and providing a one-on-one adult buddy for them during times like Vacation Bible School when it was louder than usual and more chaotic (Personal Interviews, Q-2).

A congregational staff member responded in a manner suggesting intentionality and planning regarding responding to persons with ASD in attendance:

I am staffed here at church. When I came on board, we didn't have any programs for special needs. I began to develop programs to help those with ASD in our church. We have two children, and we integrate those on the Spectrum with those programs for other children. We have a team of eight adults that assist with those with special needs. We also have a special room to help those on the spectrum or special needs where these children can go if they need. We also encourage the parents to stay and become part of the support system. We have also created a curriculum to assist those on the spectrum when we have enough individuals who are on the spectrum (Personal Interviews, Q-2).

Question 3: *Do you have an Interest in learning more and do you think some in your church might be interested?* Interest in training = (Tx) Eight of the 12 respondents indicated positively that their respective congregation would *benefit from training* (Ta⁸) while two others indicated a potential interest in training (Tb²) Several respondents answered this question emphatically, one responding, "Definitely, we are always open to suggestions" while a couple of others added "absolutely" to their affirmations (Personal Interviews, Q-3). Another person affirmed that "we are passionate about reaching all children. We have several educators I know would be interested and I think it is valuable to educate as many people as possible" (Personal Interviews, Q-3).

Question 4: *Is there anything else you would like to add regarding ASD and the church?* Other= (Ox). Three respondents touched on the need for congregants to be deliberate and proactive in communicating needs and providing training (Oa³). One respondent noted: "Training is the key" while three others offered implicit support to training needs. One respondent noted that ASD was "very misunderstood in ministry" while another suggested that adults need to meet and discuss what works and what does not work. The reference to ASD as "misunderstood" seems related to respondents' notions of ASD as spread over a spectrum. "People do not understand how widespread it is. Those on the spectrum are unique and should not be grouped together" (Personal Interviews, Q-4). Respondents also reported that the caregivers of children need services and programming

in churches (Ob³). A couple of respondents alluded to teens with ASD needing to be mainstreamed into the activities of the church (Oc²) to learn appropriate social skills and to “learn to function in society.” Finally, a couple of respondents noted that churches have good intentions to offer programming and accommodations to children with ASD, but do not know how to adequately do so (Od²). One of these latter two respondents was less hopeful in assessing the issue of service to persons with ASD: “Most churches are clueless about how to deal with children on the spectrum and as a result many churches unknowingly choose not to minister to those families because they don’t know how to” (Personal Interviews, Q-4). Yet, the other respondent appealing more to the good intentions of congregants, offered encouraging thoughts:

I think giving churches adequate training and resources is key. I honestly think people who work with children want to provide the best care for those in their ministry. We cannot know everything about a child, but we can do the best with the knowledge we have. Also providing resources to parents/guardians of programs where their children can receive help, would be welcomed (Personal Interviews, Q-4) (see Table 6).

Finally, two respondents alluded to ASD as a wide and misunderstood spectrum (Oe²) and another respondent reported that his son was integrated into the congregation by allowing him to work in an area of interest to him (Of¹).

Table 6 Qualitative Questions (open ended)

Q1: Experience with ASD	Q2: Childrens programming	Q3: Interest in training/ programs	Q4: Other comments
Caregiver of a child with ASD. PKa ⁵	Children with ASD attend-CPa ¹⁰	Affirmative interest in training. Ta ⁸	Congregations should be deliberate about training. Oa ³
Children with ASD in our church. PKb ⁴	No ASD programming-children attend. CPb ³	Potential interest in training-Tb ²	Caregivers (parents and whole families) need programming, services and respite-Ob ³
Professional experience. PKc ⁴ Professional experience with no specified training. PKd ¹	Specific programs: buddy system, special room, curriculum.CPc ³	Negative interest in training-Tc ¹	Mainstreaming needed to help children function in society-Oc ²

Q1: Experience with ASD	Q2: Childrens programming	Q3: Interest in training/ programs	Q4: Other comments
Referred to abnormal brain development with no cure. <i>PKe</i> ¹	Strategic planning and response (case-by-case). <i>CPd</i> ⁴		Intentions (people desire to service children with ASD but do not know how). <i>Od</i> ²
	Negative experience- <i>CPe</i> ²		ASD is a wide spectrum and misunderstood. <i>Oe</i> ²
			Child with ASD integrated through utilization of interests and gifts- <i>Of</i> ¹

Results

In consideration of the quantitative data, gender appears to be related to the quality of programming in congregations. Survey respondents who identified as female also reported more ASD related programming in their congregations. Additional research would be needed to parse out the nature of that relationship as (a) females may know more about programming in their congregation (b)females may be more enthusiastic about programming in their congregations or (c) programming may in fact be better in the congregations of female survey participants. A review of literature on ASD as related to the church does not corroborate this correlation of perceived programming and female gender.

Educational levels of survey respondents predicted more knowledge of ASD, which might be expected. Higher educational levels would not necessarily correspond to ASD- related educational content in college or graduate school unless the educational content specialized in education, special education, or a related field. The relationship between education levels and knowledge of ASD might also be related to intrinsic skill in how to gain additional knowledge or special motivation to do independent research. However, the correspondence of education levels and knowledge of autism appears in this case to be related to the former, i.e., study participants who participated in the qualitative pieces of this study self-reported educational specializations in special needs-related areas, including working with children with Autism (see qualitative data below).

As might also be expected, congregational size appears to be related to the presence of *formal* programming. Formal programming denotes an intentionally structured method of service or ministry, which is operational indefinitely versus informal programming which may be ad hoc, less structured, and only operational on occasion of need. The benchmark for attendance and programming was a reported 300 members, but there

was no relationship between attendance and programming above 300 members. Regarding formal programming, smaller congregations might be disadvantaged from a lack of resources, as reflected in the literature (McGee, 2010). This finding is consistent with the qualitative findings of the current study, as congregational leaders expressed a desire for programming along with a concern about necessary resources (see qualitative data below). Regarding overall levels of knowledge of ASD, survey respondents indicated a higher than predicted level of knowledge, with a mean score of 3.95 $SD=.3253$. Although ASD knowledge was more robust than hypothesized, 34% of respondents indicated uncertainty regarding vaccines as a cause of ASD. Other congregational studies reflected this concern regarding vaccines, yet the scientific literature does not support the notion that vaccines generally cause ASD (Taylor, Swerdfeger, & Eslick, 2014). Respondents reporting a lower amount of congregational programming (3.006) also reported an openness to greater education and training (3.761).

Regarding the qualitative data, several themes emerged that are common to both the comment box section of the L-KPiTE and the personal interviews. Participants volunteering additional information asserted that autism is not something generalizable, but a disorder falling on a spectrum requiring varied approaches to education, accommodation, and outreach. Thus, a one-dimensional or “cookie cutter” program approach would not work for all children with ASD. The reality of programming in which “one size does *not* fit all” is further elaborated on as respondents noted that responses to persons with ASD was often case-by-case, less formal, and offered in lieu of formal congregational programming. In addition, survey participants noted the presence of parents of children with ASD and professionals (educators, health care workers, and social workers) as resources in congregational responses to children with autism. In general, congregations expressed a desire for additional training regarding autism and related services, even after acknowledging (at least some of the respondents) the presence of parents of children with ASD and trained professionals within the congregation. Parents, professionals, and leaders in congregations expressed a desire that children with ASD be mainstreamed as part of holistic inclusion in church activities. Only three negative experiences of children and families with ASD, pertaining to congregational integration or lack thereof, were referenced. Finally, respondents referenced the need for respite care for parents and caregivers of persons with ASD, noting the stress and strain that caregivers may experience.

Discussion

Survey respondents demonstrated a higher than expected level of knowledge regarding the specifics of ASD, yet were dubious regarding the

link between ASD and vaccinations. The area in which congregants desired greater knowledge regarded the notion of how to respond to children with ASD (welcoming and integration). Both the quantitative and the qualitative data reflected the need for greater training on structure and technique, in concert with the literature (Carter, 2007; Terry, 2015; Slocum, 2016). As to formal programming, results from this research are in concord with the literature in that congregations have little formal programming. The literature noted that persons with ASD face barriers to integration into congregations (Bledsoe, et al. 2013); the qualitative piece of this research featured three reports of negative experiences of children with ASD or caregivers.

Congregations reporting formal programming correlated with churches of at least 300 members, reflecting a positive relationship between church size and programming. Previous research reflected a concern among parishioners about resource limitations and formal programming (Collins & Ault, 2010). However, church size was not correlated with responses of local congregations, just *formal* and *programmatic* responses; thus, a lack of formal programming was not an indication of a lack of engagement in congregations (as noted, formal programming was associated with congregations of at least 300 in attendance). Indeed, concern over avoiding a “cookie-cutter” approach was mentioned numerous times in the qualitative portion of this research. Respondents were intent to assert that, since ASD is such a wide spectrum, no single approach or methodology would suffice. The realization of autism as a spectrum, along with a lack of congregational resources, called for an informal, case-by-case approach, as noted in the qualitative responses. The need for a more informal, tailored response is also represented in the literature (Anderson, 2012; Collins & Ault, 2010; Goldstein & Ault, 2015; Howell & Pierson, 2010; Terry, 2015). Goldstein & Ault (2015) even suggested “individualized support plans” (p. 2) for individuals with disabilities to appropriate tailor support and service plans.

The qualitative research for this project indicates that congregations were indeed providing informal responses to persons with ASD in attempts to meaningfully meet needs; further, these congregations were not subcontracting the care to professional outsiders. These services arose from *within* congregations and included educational, mental health, and social service professionals—along with caregivers of persons with ASD—who provided guidance and direction. The literature reflected a need to draw from other professionals in the mental health and social service fields in *collaborative* efforts (Van derWalt, Hernandez, & Sandman, 2012; Bledsoe, et al., 2013; & Terry, 2015), but did not reflect a scenario in which the professionals were *native* to the congregations. Findings from the qualitative data not only reflected that professionals were helping to

guide informal responses, but that caregivers of children with ASD were also sources of information and guidance.

This research suggests that congregations are attempting to respond to children with ASD but that they would like to respond more effectively, and thus recognize the need for more education and training. Congregational leaders knew more than these researchers expected regarding ASD, even the variations on the spectrum; however, leaders expressed a desire to learn more about approach and technique. If congregations mature in efforts to integrate children with ASD, then leaders can be instrumental in those efforts (Collins & Ault, 2010; Stanford & Philpot, 2009; Griffin et al, 2012; Anderson, 2012). Leaders will provide impetus and opportunities for education and training. Respondents of this research answered affirmatively to the notion of training, as one respondent enthusiastically reported: "I had no idea training even existed. I am very interested in training" (L-KPiTE comment box). As congregations receive more knowledge and training, the informal or formal responses will vary according to many factors: resources, contexts, specific needs, spectrum concerns, and more. Leaders will also continue to tap into the rich experience of professionals and care-givers native to congregations, but also look to build collaborations within communities. Social service workers, social workers, and educational providers can provide technical assistance, training, and resources. These collaborations will begin as stakeholders gather for brainstorming and planning and will include parents, educational professionals, social service providers, leaders of churches, and yes, children with ASD. As to the importance of children with ASD being included in conversations, persons with ASD have at times felt left out of these conversations (Ne'eman, 2010). This notion of perceived exclusion from these conversations (and the need to be included) was not referenced in pertinent literature, nor was it mentioned in any of the qualitative responses from this research. Ne'eman (2010) echoes the sentiment of autists who advocate for inclusion in planning and programming: "Nothing about us Without us" (para. one). An initial gathering of stakeholders might commence with listening sessions which gather the concerns and ideas of children with ASD and their caregivers. As pertains to caregivers, respondents of this research also expressed a desire to provide services to caregivers of persons with autism. Leaders recognized that caregivers face difficulties, isolation, and stress as they provide care and guidance to children and that the navigation of such care can be fraught with despair and disappointment. Thus, these leaders advocated for the need of respite care within their own congregations.

Although this project contributes to the knowledge and discussion of autism and churches, there are some limitations. The sample is relatively small, mostly male, mostly white, and largely represented by Baptist and Methodist pastors, making generalization impossible. Many of the survey

variables were ordinal, such as Number of Years in the Church, Average Weekly Attendance, and Level of Education. While these variables were assessed in various ways and dummy -coded, precise analyses were impossible. It is important to note that the assumption of homogeneity of errors was violated for Programming and Weekly Attendance. Additionally, even though the initial scale *K* (knowledge) was built from assessments with strong psychometric testing, the other scales might benefit from additional psychometric testing.

As a result of these limitations, the quantitative section of this study should be interpreted with caution; however, the qualitative section of this project provides context and interpretive assistance to the quantitative section.

Another limitation of this study centers on the thorny issue of avoiding overgeneralizations in a project seeking to assess knowledge of a large spectrum. Although the *L-KPITE* appears adequate in assessing general knowledge of ASD, it could be improved by distinguishing between lower and higher levels of ASD functioning and the varying degrees of congregational programming appropriate for these different levels. Indeed, programming for children lower on the spectrum will need to be different from programming for children who present as higher functioning. Future studies would do well to either design the study with this distinction in mind or to design discrete studies which focus on either low functioning ASD or high functioning ASD. Further, this study could have benefited from additional survey respondents ($N=121$) and certainly more quantitative responses ($n=12$). Yet, the latter limitation was at least minimized in that ($n=51$) respondents chose to add text after scales and at the end of the instrument, for a total of 101 qualitative responses. Even considering a limited sample, respondents represent 24 faith groups—as self-identified—with Southern Baptist and Methodist groups from two different states comprising 42% of the respondents.

Research into ASD and the church is in the early stages, and there is much work yet to be done. Additional research is necessary to delve deeper into what leaders know about ASD, what they aspire to learn, and potential interests in providing programming and accommodations. Future studies will also need to design research carefully in order to differentiate between low functioning ASD and high functioning ASD as needs vary from child to child at the same end of the spectrum, but this variance increases as one travels from one end of the spectrum to the other. Carefully crafted studies may differentiate between the educational needs of a non-verbal child with lower measured intellectual abilities and a child with high functioning ASD who may measure higher in intellectual abilities. Another area for future research involves family caregivers of persons with autism, as parents and families of children with ASD face numerous daily challenges in seeking to provide resources for their children. Future research should provide

relevant information regarding topics such as how to develop programming for children in congregations, as well as how to set up respite care for parents of children with ASD and how to better meet parental and family needs. Additionally, it could prove helpful to facilitate support groups and networking among families who may feel isolated.

Conclusion

This mixed methods study investigated leaders' knowledge and perspectives regarding children with Autism and local churches. Researchers predicted a low knowledge of autism per se, modest programming, and a moderately high interest in further education and training. A Likert Scale survey (*L-K-PiTE*) was completed by $N=121$ respondents, followed by a modest qualitative element consisting of *K-PiTE* comment boxes and four additional interview questions. The survey data, as measured by use of the *L-K-PiTE* instrument, revealed a modest knowledge of Autism ($M=3.951$, $SD=.3253$), modest programming ($M=3.006$, $SD=.4420$), and a moderately high interest in education and training ($M=3.761$, $SD=.6124$), as measured by the Knowledge, Programming, and interest in Training subscales.

There were four specific findings noteworthy in the quantitative research:

- Gender was linked to the quality of the ASD-specific programming offered in congregations
- A higher education level was a predictor of level of autism knowledge
- Church size (at least 300 average attendance congregation-wide) was a predictor of autism-related, formal programming
- Respondents reported uncertainty regarding the link between ASD and vaccinations

Regarding the qualitative research, several points surfaced from an analysis of data regarding autism and local congregations:

- Autism was recognized by study participants as a spectrum in which generalization should be avoided and varied approaches to programming would be needed
- The presence of parents of children with autism and professionals, who had training or experience in working with children with autism, served as resources for ASD-related services
- Less formal congregational programming was noted in congregations and more informal and case-by-case responses were noted
- A general desire for training regarding ASD and ASD-related services and programming pertaining to congregations
- A recognition of the need to provide respite care for caregivers of children with ASD

Findings from this study both complement existing scholarship and provide contributions to knowledge pertaining to autism and congregations. As to the latter, implications emerged from the scale survey data and data mined from comment boxes and personal interview questions. With ASD existing on a wide spectrum, a unique combination of parents and professionals joined together to lead congregational responses to ASD. Also, in consideration of autism as a spectrum, no particular programming was identified, but responses seemed more case-by-case and tailored to specific needs: even more so in smaller congregations where resources were limited. In general, congregants desire to respond in a manner meaningful to children and families, but often do not have the necessary knowledge or expertise (thus, a reliance on parents and professionals). Parents generally desire for their children to be mainstreamed and not separated from standard programming and other children. Regarding parents and caregivers, respondents mentioned respite care and programming as important for future considerations regarding ASD services. Future research will need to distinguish between the needs of lower functioning persons with ASD and higher functioning persons to discover meaningful programming options. Researchers for this project, inspired by the Action Research model (Greenwood & Levin, 1998) will provide data findings from this study to stakeholders in local congregations and social service agencies. These researchers hope to be a catalyst for multiple stakeholders coming together for roundtable discussion on how congregations can be more open and welcoming to persons with ASD. If these discussions go well, a key component will be the active listening of all stakeholders, as persons with ASD and families express their thoughts and aspirations regarding congregational integration.

Finally, local congregations hold a great opportunity to not only reach out to persons with ASD, but to provide a welcoming and accepting space, uniquely designed to accommodate the needs of persons with ASD and family caregivers. Even though congregations have not always provided a warm welcome, this research supports the notion that congregations desire to learn more about how to serve the mandate to “show hospitality to all” and that congregations have responded in creative and individualized ways to those with ASD, whereas some have no doubt “entertained angels unawares” (Hebrews 13:2, KJV). ❖

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The Relationship of Spirituality and Mental Health to Recidivism

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This study examined the relationship of adolescent spirituality and mental health to recidivism in a sample of incarcerated adolescent males. Mental health has been strongly linked to adolescent problematic behavior, including delinquency and subsequent recidivism. Adolescent spirituality, however, has not been explored to the same degree as mental health. There is little understanding, for example, as to whether spirituality may act as a protective factor in regard to adolescent recidivism; particularly in the presence of other important factors. Both multidimensional measures and a longitudinal design were employed to explore spirituality and mental health during participation in, and after discharge from, a boot camp. Results support the likely importance of adolescent spirituality as a protective factor in regard to recidivism.

ACCORDING TO RECENT DATA FROM THE OFFICE OF JUVENILE JUSTICE and Delinquency Prevention (Hockenberry, Wachter, & Sladky, 2016), over 50,000 youth were held in some type of residential facility during 2014-15. Residential facilities encompass a wide variety of modalities including detention, residential treatment, youth prisons, wilderness programs, group homes, and boot camps. Each state and family court has discretion over placement decisions and some states utilize residential facilities more than others. For example, California has 169 juvenile justice residential facilities, while Texas has 90 and Vermont has only two (Hockenberry, Wachter, & Sladky, 2016; Mulder, 2010).

Facilities vary with regard to philosophy and services provided to youth. Although all facilities are required to provide education, some also provide mental health counseling, skills training, vocational services, substance abuse counseling, etc. Despite the differences of approach or modality-label, all residential facilities have the same fundamental goals:

to enhance the safety of the community and to assist youths to return to their families and communities and become productive members of society. Achieving these goals becomes critical in not only preventing immediate delinquency but also preventing adolescents from reoffending as adults.

One theoretical approach that dovetails with residential facility goals and may elucidate a reduction of adolescent delinquent behavior is Hirschi's (1969) Social Control theory. The theory postulates that delinquency can be prevented or reduced by strengthening the social ties between the individual and society. Social ties are fostered through: a youth's attachment to family and social relationships; a youth's commitment to conventional goals and achievements such as school or employment; a youth's involvement with activities that support the achievement of desired goals or status in the community; and a youth's belief in the moral legitimacy of the social value system (Hirschi, 1969).

One area of adolescent research that supports this theory involves the identification of important factors that increase or decrease the likelihood of poor adolescent behavior. These factors are responsible for strengthening or weakening the social connection between the adolescent and society and are often categorized as either risk factors or protective factors (Hawkins, Catalano, & Miller, 1992; Shader, 2001). Risk factors are those characteristics that increase the probability of negative behavioral outcomes (Kazdin, et al., 1997). Identified risk factors for serious juvenile offending include: multiple family problems, inability to self-regulate or control impulses, antisocial peers, academic problems, poor social skills, mental health problems, lower IQ, and poor problem-solving skills (Loeber, Farrington, Stouthamer-Loeber, & Raskin-White, 2008; Mulder, 2010; Sentse, Veenstra, Lindberg, Verhulst, & Ormel, 2009).

Similarly, protective factors tend to moderate the impact of risk factors; decreasing their potentially harmful consequences. These factors can actually increase positive behavior in the absence of risk factors (Pollard, Hawkins, & Arthur, 1999). Losel and Farrington (2012) identified these as: above-average intelligence, low impulsivity, prosocial attitudes, close relationship to at least one parent, intensive parental supervision, medium SES of family, strong academic achievement, positive school bonding and school climate, nondeviant peers, and living in a nondeprived and nonviolent neighborhood. In addition to these identified factors, Salas-Wright, Vaughn, Hodge, and Perron (2012) and Bert (2011) found religiosity/spirituality to have a buffering effect for youth with adolescents less likely to engage in delinquency if involved with religion. This study explores the possible contribution of adolescent spirituality as a protective factor for adolescent recidivism. Further, the contribution of spirituality is examined concomitantly with another well-established factor for adolescent outcomes: mental health.

Mental Health

Although mental health issues are of particular importance for adolescents involved with the juvenile justice system, there is some debate in the literature as to the exact role that mental health issues play in adolescent delinquency and criminal behavior (McCormick, Peterson-Badali, & Skilling, 2017; Schubert, Mulvey & Glasheen, 2011; Vermeiren, Jespers, & Moffitt, 2006). While some evidence suggests that mental health issues are directly related to delinquent behavior and subsequent recidivism, other research proposes that these studies conceptualize mental health issues too broadly or do not consider more proximal influential factors (Vermeiren, Jespers, & Moffitt, 2006). For example, some researchers theorize that factors such as substance abuse or family and peer environments may have a stronger influence on deviant behavior than mental health symptomology (Bonta, Blais, & Wilson, 2014; Schubert, Mulvey & Glasheen, 2011; Vermeiren, Jespers, & Moffitt, 2006).

Mental health is a serious problem for the juvenile justice system. Overall, the evidence suggests that mental health issues are considerably higher for these adolescents than the general population (Cocozza, Stein, & Blau, 2005; Esposito et al., 2017; Fries et al., 2013; Massoglia, 2008; Rapp-Paglicci 2005). Frisman, Lin, Rodis, Grzekak, & Aiello (2017) argue that courts are often reluctant to divert youths to mental health programs because treatment of mental health issues alone might not result in acceptable changes in behavior or be viewed as punishment. As a result, mental health issues for those incarcerated remain a widespread concern (Fraser et al., 2009).

In fact, there is substantial evidence that a majority of juvenile offenders have multiple mental disorders, making comorbidity the rule rather than the exception (Rapp-Paglicci 2005). Studies indicate that approximately 18–22% of the general youth population suffers from a mental disorder while 40–90% of youth involved with the juvenile justice system have one or more mental disorders (Abram, Teplin, McClelland, & Dulcan, 2003; Cocozza et al., 2005; Frasier, Gatherer, & Hayton, 2009; Fries et al., 2013). Pliszka, Sherman, Barrow, & Drick, (2000) found 15–42% of detained youth had major affective disorders such as bipolar and depression; 20–46% of juvenile offenders also met the criteria for Attention Deficit Hyperactivity Disorder (ADHD) and 50–90% met the criteria for conduct disorder. According to a study by McGarvey and Waite (2000), 40% of incarcerated youth met the criteria to receive special education and nearly 50% of their sample scored six years below their chronological age on measures of language achievement.

The research on comorbidity among individuals within the juvenile justice system suggests that these youths are more likely to abuse substances, to have been physically abused, to be a minority, and to have a parent with criminal involvement (Abram, et al., 2003; Rosenblatt, Rosenblatt, & Biggs,

2000). Comorbid youth tend to have a worse prognostic picture, more peer rejection and a higher risk for adult criminality; they also report more family dysfunction, trauma, sexual abuse, high-risk sexual behaviors, school problems, and affiliation with deviant peers than juvenile offenders without a mental disorder (Abram, et al., 2003; Fraser, Gatherer, & Hayton, 2009; Lederman, Dekof, Larrera, & Li, 2004). These outcomes include many of the risk factors proposed by the literature as more proximal and influential for delinquent behavior (Bonta, Blais, & Wilson, 2014; Schubert, Mulvey & Glasheen, 2011; Vermeiren, Jespers, & Moffitt, 2006).

Adolescent Spirituality

Determining the impact of adolescent spirituality upon any outcome can be complicated by the conceptualization of spirituality and religiosity. The literature frequently discusses both concepts, often without a clear description of either. For the purposes of this study, spirituality is defined as an individual set of beliefs and practices that may include religiosity, whereas religion tends to refer exclusively to a social phenomenon involving directly observable practices (Miller, 2003). Religious dimensions focus more on explicit doctrine, rituals, and practices (more social or institutional elements), while spiritual dimensions encompass individual, subjective experiences that are, at times shared with others (Miller, 2003). However, these two concepts are closely related, and some suggest that elements of both concepts are shared (Thoreson, 1998).

Adolescent spirituality is also often complicated by commonly experienced developmental issues, such as the influence of parental spirituality, making it difficult to identify any link to potential outcomes (Benson, King, & Wagener, 2006; Levenson, Aldwin, & Igarashi, 2013). Further complicating matters, there is evidence to suggest that there is an overall decline in religiosity for much of the younger generations (Pond, Smith, & Clement 2010; Smith and Snell, 2009). Despite an overall religious decline however, there may be an increased interest in more general spiritual practices such as meditation (Pond, Smith, & Clement 2010; Smith and Snell, 2009). Adolescent spirituality may also be important for delinquent behavior, although there is a dearth of empirical evidence exploring the subject.

Researchers have considered whether programs with explicit religious content and/or spirituality may reduce recidivism. While quantitative studies (Clear & Sumter 2002; Duwe & King 2013) have not found a relationship, qualitative analyses provide mixed outcomes (Stansfield, Mowen, O'Connor, & Bowman, 2017). For example, the Pew Research Center found anecdotal evidence for spirituality improving behavioral and cognitive changes, while Aos, Miller, and Drake (2006) found no indication that recidivism declined post release (Hackett, Grim, Stonawski, Skirbekk, Potančoková, & Abel, 2012).

Some studying the effect of religion and spirituality on adolescent behavior argue that studies have often missed the focus of programs including a spiritual component, which are really to empower individuals' dignity, promote humanity and develop faith rather than directly address delinquency (Stansfield, et al., 2017). Perhaps spiritual outcomes such as empowerment and faith are indirectly related to recidivism. Stansfield et al. (2017) noted such a relationship, suggesting that religious/spiritual elements of a juvenile justice intervention reduced substance abuse and increased employability, two important protective factors that may indirectly connect spirituality to recidivism. Currently, studies explicitly examining the relationship between spirituality and recidivism have generated more questions than answers.

Adolescent spirituality however, is strongly associated with protection from many other negative adolescent outcomes, including internalizing mental health problems and externalizing behavior problems, which again, are risk factors for recidivism (Pearce, Little, & Perez, 2003; Pearce, Jones, Schwab-Stone, & Ruchkin, 2003; Sinha, Cnaan, & Gelles, 2007). Further, spirituality is related to stronger inter-personal relationships and more prosocial behavior (Desrosiers & Miller, 2008; Eisenberg et al., 2011; Furrow, King, & White, 2004). Specifically, prior studies suggest youth who had higher levels of religious commitment and involvement were less likely to engage in delinquent behavior (Baier & Wright, 2001; Johnson, Li, Larson, & McCullough, 2000). This relationship appears to be fairly consistent across ethnicity (Harris, 2003; Wills, Yaeger, & Sandy, 2003). Marsal (2009) found an association between youth spirituality and less risky behavior, including lower association with deviant peer groups. Likewise, Good and Willoughby (2014) found that higher personal spirituality consistently predicted more positive adjustment in terms of well-being, parental relationships, and academic orientation. In light of the empirical support for spirituality as a protective factor in regard to a host of adolescent issues and problems, further exploration of the relationship between spirituality and recidivism appears to be warranted. The study of spirituality in general, and adolescent spirituality specifically, is complicated by the difficulty of effectively measuring spirituality as a construct; the measurement of spirituality has often been inconsistent and frequently failed to account for the complex nature of the concept (Dew et al., 2008; Rew & Wong, 2006). While historical research often utilized single items or unidimensional constructs, there is now a general acceptance that spirituality is most accurately conceptualized as a number of related dimensions. For example, a measure of overall spirituality should include both individual spiritual and religious dimensions (Miller, 2003; Thoreson, 1998).

Measurement efforts have increased both the number and scope of spiritual dimensions, including self-identification or affiliation, forgiveness, formal religious practice, private spiritual practice, global recognition of importance or centrality, belief, and spiritual experience (Hill, & Pargament,

2003; Hill & Hood, 1999; Hood, Spilka, Hunsberger & Gorsuch, 1996; King & Crowther, 2004). While the exact number or nature of dimensions is often debated, there appears to be a general consensus that spirituality is best conceptualized as multidimensional and that spirituality research should utilize appropriate multidimensional measures (Fetzer Institute, 2003; Hill, & Pargament, 2003; Hill & Hood, 1999; King & Crowther, 2004).

In summary, the literature suggests that spirituality may be an important protective factor for outcomes related to delinquency, such as recidivism. Although there is currently not a strong empirical, direct link to recidivism, the relationship of spirituality to delinquency and related behavior warrants further study. This study sought to add to the existing knowledge by exploring the relationship between adolescent spirituality and recidivism in a sample of incarcerated adolescent males. Further, we sought to explore this relationship while including a significant risk factor for poor outcomes--mental health. Using longitudinal data and multidimensional measures of spirituality and mental health, the following research questions were addressed:

1. Do spirituality and mental health change during the incarceration period?
2. Are spirituality and mental health related to recidivism?

Method

Program Description

The adolescents sampled in these analyses were incarcerated in a facility serving a large suburban and rural population that was drawn from more than 11 counties. In general, this facility housed youth who exhibited extreme behavioral issues, many with multiple violent offenses. The facility was operated in the style of a "boot camp" that included military protocols including ranks (for example, adolescents were identified as cadets) and uniforms. There was an emphasis on discipline and courtesy. While the adolescents remained incarcerated in a locked facility, complete with barbed-wire topped fences, this facility was unique in that many of the stereotypical "boot camp" procedures, such as chain gangs and harsh disciplinary consequences, were not utilized.

Formal education was provided within the facility by the local school district, with a teacher student ratio of 12:1. There was a strict daily schedule that, in addition to work detail, also included therapeutic programs to address mental health and spiritual needs.

Procedure and Design

After approval from the university's institutional review board, data were collected from the adolescent cadets over a two-year period utilizing a longitudinal design. The research protocol involved surveying the cadets

within a week of initial assignment to the Boot Camp (T1). Cadets were then surveyed again within a week of discharge (T2). Finally, discharged cadets were contacted approximately five months after discharge for a follow-up survey (T3). Additionally, the statewide law enforcement databases were checked for recidivism on a monthly basis after discharge (T2). Because of difficulty tracking cadets after discharge, no data were collected after six-months from discharge (T2).

Sample

The total number of cadets incarcerated during the study period was 177. Due to discharge before completing measures (N = 9) or refusal to complete measures (N = 6) or inability to contact for follow-up after five months (N = 14), the analyzed sample consisted of 148 adolescent cadets. The ages ranged from 12 to 17 years of age ($m = 15.4$). The number of days incarcerated ranged from a low of 55 days to 484 days ($m = 232.4$ days). The largest reported ethnicity was Caucasian (40%) followed by Hispanic (30%) and African-American (28%). Almost all of the cadets identified themselves as generally Christian (87%) followed by the specific Christian denomination of Catholic (8%) or No Affiliation (3%).

The most frequently reported offense among participants was Theft (25%), which included theft or burglary of a home or car. Other frequently reported offenses included Assault (17%), (including assault of family member, stranger or police officer) and Violation of Probation (11%). Many cadets (43%) reported multiple offenses.

Measures

Mental Health Symptomology. Mental health symptoms were measured utilizing the MAYSI-2 (Massachusetts Youth Screening Instrument) (Grisso, Barnum, Flecher, Cauffman, & Peuschold, 2001; 2012), which was designed specifically for evaluating psychological distress of youth in the juvenile justice system. The MAYSI-2 measures symptoms on seven dimensions, Alcohol/Drug Use (A/D) (8 items, example item: "Have you used alcohol or drugs to help you feel better?"); Angry-Irritable (A/I) (9 items, example item: "Have you lost your temper easily, or had a "short fuse"?"); Depression-Anxiety (D/A) (9 items, example item: "Have nervous or worried feelings kept you from doing things you want to do?"); Somatic Complaints (SC) (6 items, example item: "Have you had bad headaches?"); Suicidal Ideations (SI) (5 items, example item: "Have you felt like killing yourself?"); Thought Disturbance (5 items, example item: "Have you seen things that other people say are not really there?"); Traumatic Experiences (TE) (5 items, example item: "Have you ever seen someone severely injured or killed (in person- not in movies or on TV)?").

Previous research (Archer, Stredny, Mason, & Arnau, 2004; Cruise, Dandreaux & Marsee, 2004; Grisso et al., 2001; Grisso et al., 2012) has found the MAYSI-2 to have strong reliability with measures of internal consistency ranging from .61 to .86. The MAYSI-2 has been found to correlate with the CBCL-YSR (Grisso et al. 2001; 2012), the MACI (Rasmussen, Watt, & Diener, 2004), the MMPI (Espalage et al., 2003), and the DSM-IV (Wasserman et al., 2004). Median item-total correlations ranged from .35 to .62 for various scales.

Spirituality. The spirituality of the clients was measured using the short form of the Multidimensional Measurement of Religiousness/Spirituality (MMRS). This 47-item instrument measures spirituality and religiousness through the use of eight subscales. These scales include: Daily Spiritual Experience, which measures the perception of the transcendent in daily life (example item: "I find strength and comfort in my religion"); Beliefs, which seeks to determine the cognitive aspects of spiritual beliefs (example item: "Do you believe there is a life after death?"); Forgiveness measures the degree to which individuals might forgive themselves, others and God (example item: "I have forgiven those who hurt me"); Private Religious Practices assess private spiritual or religious practices or rituals (example item: "How often do you pray privately in places other than at church or synagogue?"); Religious/Spiritual Coping measures the degree an individual utilizes their spiritual beliefs in challenging situations (example item: "I think about how my life is part of a larger spiritual force"); Organizational Religiousness, which is the degree of participation in organized religion (example item: "How often do you go to religious services?"); Values, which seeks to measure the spiritual criteria that individuals use to justify actions (example item: "My whole approach to life is based on my religion"), and an Overall Spiritual ranking.

There are three additional sections that survey Religious and Spiritual History, Denominational Affiliation and the amount of money contributed to religious organizations. These subscales provide several measures of each of the three domains of practice, belief, and experience as delineated by Miller and Thoreson (2003). The psychometrics indicate that this is a very reliable instrument (Fetzer Institute, 2003; Walters, Tonigan, Miller & Underwood, 2000). For this study, the Chronbach's alpha scores ranged from a low of .76 (Beliefs) to a high of .95 (Daily Spiritual Experiences).

Recidivism. Recidivism was defined as rearrest after discharge from the Boot Camp facility. Data were obtained from statewide law enforcement databases. It was defined dichotomously as either "yes" or "no," if the former cadet was rearrested. The recidivism rate for this sample, at five-month follow-up, was 21%. Every attempt was made to include incidences of involvement or rearrest from both juvenile and adult systems. It should be noted that data for

re-arrest were available only from statewide data; information concerning rearrest in other states was not available.

Results

Research Question 1. Pretest to posttest change (Research Question 1) for the Mental Health and Spirituality dimensions was examined utilizing paired t-Test analyses. First, two mental health (MAYSI) scales resulted in significant change. The Angry-Irritable scale (MAYSI A/I) demonstrated significant change from admission to the Boot Camp (T1) ($M = 4.41$, $SD = 2.42$), to discharge from Boot Camp (T2) ($M = 3.29$, $SD = 1.96$), ($t(143) = 3.94$ and $p = .002$). Similarly, the Depressed-Anxious dimension (MAYSI D/A) also had significant results from (T1) intake ($M = 2.87$, $SD = 1.65$) to (T2) discharge ($M = 1.78$, $SD = 0.99$), ($t(143) = 3.08$ and $p = .006$).

After performing the t-tests, two spirituality scales demonstrated significant change. First, the Daily Spiritual Experience dimension (MMRS: DSE) demonstrated significant change from admission to the Boot Camp (T1) ($M = 18.22$, $SD = 3.27$), to discharge from Boot Camp (T2) ($M = 25.04$, $SD = 4.63$), ($t(142) = 4.77$ and $p = .000$). The Private Religious Practices dimension (MMRS: Pvt. Practice) also had significant results from (T1) intake ($M = 18.25$, $SD = 6.16$) to (T2) discharge ($M = 20.87$, $SD = 4.63$), ($t(142) = 2.46$ and $p = .020$). Additional Pre-Post comparison statistics are available from Table 1.

Mixed-model repeated-measures ANOVAs were conducted to determine the impact of potentially important demographic factors on any pretest–posttest changes. Due to the number of analyses, a Bonferroni correction was calculated and alpha was adjusted to .001. There were no significant results, suggesting that any demonstrated changes in either the Mental Health or Spirituality dimensions were unrelated to the measured demographic factors, including age, ethnicity, days of incarceration, parental income and education.

Research Question 2. Next, significant spirituality and mental health dimensions were regressed on recidivism to determine any possible relationship of these factors and recidivism (Research Question 2). First, all study independent (mental health and spirituality) and dependent (recidivism) variables were tested for significant correlation (Table 2). The tested variables included all dimensions of mental health and spirituality and Recidivism at follow-up (T3). The Angry-Irritable scale (MAYSI A/I) dimension was significantly negatively correlated with both the Forgiveness (MMRS: Forgiveness) ($r = -.21$, $p < .05$) and Daily Spiritual Experience (MMRS: DSE) ($r = -.35$, $p < .05$) spirituality dimensions. The Depressed-Anxious (MAYSI D/A) scale was significantly negatively correlated with the Daily Spiritual Experience (MMRS: DSE) ($r = -.35$, $p < .05$) spirituality dimensions.

In addition, both mental health scales, Angry-Irritable scale (MAYSI A/I), ($r = -.430, p < .01$) and Depressed-Anxious scale (MAYSI D/A), ($r = -.40, p < .01$), also negatively correlated with Recidivism. The spirituality dimensions Forgiveness (MMRS: Forgiveness) ($r = -.28, p < .05$) and Daily Spiritual Experience (MMRS: DSE) ($r = -.39, p < .01$) were also significantly correlated with Recidivism.

Further, the demographic variables (age, ethnicity, days of incarceration, parental income and education) were also tested. No demographic variables produced significant correlation results with any of the study independent (mental health and spirituality) and dependent (recidivism) variables.

Because Recidivism was a dichotomous variable, hierarchical logistic (or binary) regression was utilized to test the mental health and spirituality predictors relationship (Table 3). Only those dimensions that were significantly correlated with Recidivism (T3) were included in the analysis.

First, the mental health dimensions Angry-Irritable scale (MAYSI A/I); Depressed-Anxious scale (MAYSI D/A), were entered into the model. Because ethnicity and age have been described in past literature as possible confounding variables, they were added as controls. The overall model was significant ($\chi^2 (4) = 22.10, p = .001$). This model explained 26% (Nagelkerke R^2) of the recidivism variance. In terms of the individual predictors' main effects, both the Angry-Irritable scale (MAYSI A/I) and the Depressed-Anxious scale (MAYSI D/A) contributed to the model. The odds ratios demonstrate that an increase in these two dimensions are associated with an increase in the likelihood of recidivism.

Next the spirituality dimensions (Forgiveness, MMRS: Forgiveness) and (Daily Spiritual Experience, MMRS: DSE) were added to the analysis. This overall model was significant ($\chi^2 (6) = 25.49, p = .000$). This model explained 32% (Nagelkerke R^2) of the recidivism variance, which was an increase of 6% from the previous model. The mental health predictors, Angry-Irritable scale (MAYSI A/I) and the Depressed-Anxious scale (MAYSI D/A), remained significant, although with smaller odds ratios than in the previous model. While the spirituality Forgiveness dimension was not significant, the Daily Spiritual Experience (MMRS: DSE) dimension was significant, indicating that an increase in this factor is associated with the likelihood of a decrease in recidivism.

Discussion

This study examined mental health, spirituality and recidivism among a sample of youth incarcerated in a boot camp setting. First, there was significant change on two mental health dimensions over the period of incarceration. These dimensions tapped both internalized (MAYSI A/I) and externalized (MAYSI D/A) mental health symptoms. Whether changes were

due to specifically-targeted interventions, incarceration or simply maturation is difficult to extrapolate due to the lack of a comparison group.

Many of the therapeutic interventions in the Boot Camp however, addressed individual adolescent behavior and greater prosocial responses to daily relational challenges. Some of the therapeutic interventions, such as anger management and psychotropic medication, were employed with the intention of improving the cadet's depressive symptoms or emotional regulation. It is likely therefore, that any improvement in mental health symptomology was directly affected by these symptom-focused therapeutic interventions.

There were also significant increases for two measured spirituality dimensions: Private Religious Practices and Daily Spiritual Experience. Private Religious Practices simply measures the amount of time spent participating in activities associated with an individual's religious beliefs. As part of the Boot Camp curriculum, there were voluntary weekly worship services along with Bible studies and individual "spiritual guidance" meetings. The overall group increase in the Practices dimension may have been driven by outliers as individuals who very infrequently attended services prior to incarceration participated in the offered Sunday services, although descriptive analyses did not demonstrate significant distributive abnormality.

The Daily Spiritual Experiences dimension assesses a lived experience of the transcendent. The scale measures the extent to which an individual's spiritual beliefs are expressed in the course of daily life. It is certainly likely that any increase in religious and spiritual services could have contributed to an increased awareness of the cadet's spirituality and explain the overall increase in Daily Spiritual Experience scores. Further, although the participation rate in spiritual services was approximately 61 % at any given time, there may have been an interactive effect as religiously participating cadets mixed in daily activities with non-participants. It is also possible that more clinical interventions may have been either interpreted or applied in a spiritual manner, depending on the cadet's perspective.

Case managers and social workers working with the cadets reported anecdotal support for these results. Several of the cadets mentioned utilizing more "religious" precepts, such as the Ten Commandments in learning alternative conflict resolutions and "forgiving" perceived transgressions by other cadets. It may be that for those adolescents subscribing to particular spiritual values, there was some application of these spiritual beliefs in daily life.

The mental health factors were clearly important in these analyses. The results support extant evidence of a relationship between negative mental health symptoms or problems and delinquent behavior (McCormick, Peterson-Badali, & Skilling, 2017; Schubert, Mulvey & Glasheen, 2011; Vermeiren, Jespers, & Moffitt, 2006). Further, these results also support literature suggesting that mental health symptomology is particularly

influential for incarcerated male adolescents (Abram et al., 2003; Fraser et al., 2009; Lederman, Dekof, Larrera, & Li, 2004). Despite this strong finding however, the study results tentatively support spirituality as a protective factor for recidivism. Although the Forgiveness dimension was not significant, the Daily Spiritual Experience dimension demonstrated a significant odds ratio even including the strongly negative mental health dimensions (MAYSI A/I; MAYSI D/A). This confirms that while mental health issues can be a strong risk factor, spirituality may act as a protective factor in the amelioration of recidivism.

The significance of Daily Spiritual Experience supports the protective effects of general spirituality against negative behavioral outcomes and recidivism in particular (Pearce, Jones, Schwab-Stone, & Ruchkin, 2003; Sinha, Cnaan, & Gelles, 2007). The result is also consistent with past research that found a positive effect of Daily Spiritual Experience with lower psychological distress and higher life satisfaction for adolescents (Van Dyke, Glenwick, Cecero & Kim, 2009). This tentatively validates the growing evidence that an applied spirituality can be important in improving many aspects of adolescent life (Desrosiers & Miller, 2008; Eisenberg et al., 2011; Furrow, King, & White, 2004; Pearce, Little, & Perez, 2003).

The lack of significance of the more religiously-oriented dimensions of the spirituality measure (MMRS) suggests that personal or universal spiritual principles may be more important than specific religious participation or beliefs in this situation. While this result supports previous research failing to connect religiosity to recidivism in religiously-based programs, the overall relationship between religiosity, spirituality and their possible interaction is still unknown (Aos, Miller, and Drake, 2006). The fact that other research did find some association of religiosity to positive adolescent change supports further study of all spiritual dimensions to determine their influence for at-risk adolescents (Stansfield, et al., 2017). For example, perhaps this study result was influenced by an incarcerated and perhaps more extreme sample in terms of delinquency and involvement with the juvenile justice system (Harris, 2003; Wills, Yaeger, & Sandy, 2003).

The findings highlighting the importance of spirituality were circumstantially supported by reports from parents visiting their adolescents. A few parents (N=7) reported an increase in their son's spirituality, particularly in that the young men expressed an interest in continuing to attend meditation and prayer sessions once discharged. One mother was extremely happy with her son's spiritual change and claimed that she believed he had experienced a spiritual conversion.

These results also tend to support Hirschi's Social Control theory (1969) by providing some evidence that protective factors such as spirituality can positively link youth to society. Spirituality may not only provide a protective effect for delinquent behavior but may also act as a conduit for replicating prosocial values and goals. Dimensions of spirituality

may operate in promoting positive values that lead to socially acceptable behavior, thus reducing the risk for rearrest and incarceration.

Implications for Practice

This research supports the protective potential for spirituality; particularly the applied aspect of spirituality conceptualized by the Daily Spiritual Experience dimension for improving behavior leading to recidivism. Although this study utilized a sample of incarcerated male adolescents, the results may be useful for any practitioner working with an adolescent population. While not all adolescents may become involved in a formal juvenile justice system, it is likely that fairly ubiquitous factors such as depression and externalizing behavior would need to be addressed.

If a spiritual assessment indicates the possible use of a spiritual intervention, focusing on the application of spiritual beliefs and the recognition of the transcendent in daily experience appears to be a promising possibility. Treatment plans that target either mental health symptomology or inappropriate conduct might be enhanced by the inclusion of this type of internal spiritual dimension. For example, this aspect of spirituality might be useful in coping with difficult situations or anger management. While the exact mechanism is still unknown, it appears that internal and applied spirituality offer promising possibilities for improving adolescent treatment results in several important areas.

Limitations

Several limitations should be considered when interpreting the results. First, the sample size was fairly small. While there was adequate power for the conducted analyses, it is likely that a larger sample would be required to provide greater confidence in the results. Analyses were conducted to demonstrate that attrition was not due to pre-test variables, which should boost confidence in the results.

Another limitation involves the study's use of a convenience sample. Because the study's participants were males who were incarcerated at a single institution, which used a specific treatment modality and drew residents from a single state, the study's results may not be generalizable to individuals who differed in terms of sex, geographic location, treatment facility, or treatment modality.

Lastly, this sample was analyzed five months after discharge. It is possible that the study's findings would change significantly over time. Further research should attempt to confirm the validity of these results and continue to explore the contribution of spirituality for at-risk adolescents. Clearly, there is substantial unexplained variance so there are likely additional factors that may be also prove to be highly significant for reducing recidivism. While

the addition of additional factors is likely to require larger samples and more sophisticated statistical analyses, the additional explanatory power would further our understanding.

Also, there is still a great need to further determine how the various dimensions of spirituality impact at-risk adolescents. In particular, there is little research that explores how particular dimensions might interact in influencing outcomes. For example, the general relationship of spirituality and religiosity remains an important gap in the knowledge base and subsequently effects our understanding of how the factors may impact adolescent behavior.

Conclusion

Despite the study limitations, these results highlight the importance of general spirituality as a protective factor for reducing delinquency and subsequent recidivism of at-risk adolescents. The results also support the specific role of Christianity for this particular sample. Approximately 95% of these adolescents identified as Christian. The significant increase in participation of their religion was likely a major contributing factor to improvement in mental health and behavior. Further, major Christian concepts such as Forgiveness appear to be important for this population and were specifically mentioned by these young men as playing a role while they were incarcerated. While Forgiveness was not significant in the regression equations, it is not difficult to envision how important such a concept might be; perhaps playing some indirect role in both coping with incarceration and helping them successfully transition to their communities.

So, although all social work practitioners might incorporate general spirituality into assessments and treatment plans, Christian practitioners might be in a unique position to incorporate particular aspects of their faith in working with clients facing similar situations. In these cases, concepts such as forgiveness and increased attendance at services could be helpful additions to a religiously-based intervention plan. The use of Bible passages and other direct applications of Christian practice may further ameliorate consequences of mental health issues and improve the chances of successful reintegration for this vulnerable population. ♦

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Table 1. Pretest (T1) posttest(T2) changes of mental health and spirituality.

	Pretest (T1)		Posttest (T2)		Pre-Post Comparison	
Scale	M	SD	M	SD	t	p
MAYSI A/I	4.41	2.42	3.29	1.96	3.94	.002**
MAYSI D/A	2.87	1.65	1.78	0.99	3.08	.006**
MMRS Daily Spiritual Experience	18.22	3.27	25.04	4.63	4.77	.000***
MMRS Pvt. Practice	18.25	6.16	20.87	7.35	2.46	.020*

N = 148; *p < .05, **p < .01, ***p< .001

Table 2. Correlation results for mental health, spirituality, and recidivism (T3).

	MAYSI A/I	MAYSI D/A	MMRS Forgiveness	MMRS DSE	Recidivism (T3)
MAYSI A/I	--				
MAYSI D/A	.522**	--			
MMRS Forgiveness	-.210*	-.169	--		
MMRS DSE	-.346**	-.349*	.501**	--	
Recidivism (T3)	-.430**	-.399**	-.276*	-.394**	____--_

N = 148; *p < .05, **p < .01

Table 3. Logistic regression predicting T3 recidivism.

	T3 Recidivism	
	Odds Ratio (CI)	Odds Ratio (CI)
MAYSI A/I	2.67** (1.52 – 2.77)	2.62** (1.50 – 2.75)
MAYSI D/A	2.46** (1.32 – 2.58)	2.37** (1.22 – 2.50)

	T3 Recidivism	
	Odds Ratio (CI)	Odds Ratio (CI)
MMRS Forgiveness	--	1.69 (-0.90 -- -1.03)
MMRS DSE	--	2.24*
		(-1.40 -- -1.27)
Ethnicity	0.94	0.89
	(-0.77 -- -1.27)	(-0.73 -- -1.13)
Age	0.25	0.29
	(0.20 -- 0.34)	(0.21 -- 0.35)

N = 148; *p < .05, **p < .01

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Falsely Accused Clergy in Therapy: A Case Study

Erica Goldblatt Hyatt

The purpose of this paper is to provide a case study exploring an integrated trauma-informed, cognitive, and religiously-based approach to working with clergy who have been falsely accused of child sexual abuse (CSA). In the wake of numerous reports of sexual misconduct (PBS.org), scholars have explored the factors that may contribute to this morally reprehensible behavior (Death, 2018). Research has focused on the structural and systemic issues, reporting, and clergy reactions to CSA (Death, 2018; Harper, 2017 Longwood, 2018) but does not account for how clinical social workers may approach treatment with the falsely-accused. While in no way denouncing or placing doubt upon the victims of clergy CSA, this case study attempts to contribute to the literature by providing a description of the presentation, symptoms, and treatment of a pastor seeking therapy from a similarly religiously-oriented clinician following an accusation from which the accuser recanted and no charges were pressed.

The issue of clergy child sexual abuse (CSA) is not a recent phenomenon. Between the periods of 1950-2002, the John Jay Report, commissioned by the U.S. Conference of Catholic Bishops to survey Roman Catholic dioceses in the United States regarding the issue, documented that 10,667 children were abused by 4,392 clergy members. After this report was issued, 3,000 additional children came forward (Harper & Perkins, 2017). Furthermore, the portrayal of cover-ups in movies such as “Spotlight,” in addition to recent media focus on the particularly shocking details of extensive child sexual abuse in six of Pennsylvania’s eight Catholic dioceses, have created increased awareness of this issue across the general public.

While this topic is compelling and important to explore, it appears that a gap exists when searching for therapeutic interventions addressing clergy CSA. Even further, there is very little academic research exploring the experiences of clergy who present to clinical psychotherapy following a *false accusation* of CSA. How might therapists assess and intervene with this unique population?

This paper does not intend to cast doubt upon the voices of victims who have been harmed by CSA. While every report of CSA must be taken seriously and investigated, clinicians may occasionally encounter those who have experienced false allegations, though these occurrences are also less frequently addressed in clinical research. One of the barriers to exploring this topic may be related to the dearth of accurate data available on the occurrence of false allegations of CSA overall. Indeed, O'Donohue, Cummings, and Willis (2018) state that across the literature, due to a wide range of sampling methods, methodological issues, varying results, and a lack of consistent definition of what false accusations consist of, it is hard to determine how frequently false allegations occur. After performing a critical review of the literature on false allegations of child sexual abuse across multiple contexts and settings, the authors (2018) tentatively suggest that these incidents may occur in approximately two to five percent of cases, and note that the highest rate of false claims involve the inappropriate touching of children's body parts.

As suggested above, definitions of what consists of a false allegation vary. For the purpose of this discussion, the general definition of a false allegation of sexual abuse is one that is untrue, not proven, deliberately asserted, and with the intention to deceive (Aiken, Burgess, & Hazelwood, 1999). Furthermore, a false allegation may be defined as one in which a forcible act has been reported in the absence of such an act actually occurring (Kanin, 1994). In addition to the above, when applied in the context of CSA, a false allegation may occur when children lie, are influenced by parents or forensic interviewers, misinterpret unthreatening events, or possess psychopathology that may influence their mental state (O'Donohue, Cirlugea, Bennett, & Benuto, 2016).

It is conceivable that Christian-identified social workers may represent a safe space in which falsely-accused clergy may present for therapy, as ministers may seek assistance from an individual with a similar value set, belief, or exposure to religious practices. While this population may not be numerous, they are deserving of ethically competent, unbiased therapy from social workers who can incorporate a biopsychosocial-spiritual model into assessment and treatment of their needs, while empathizing with and honoring religious orientations. The minister in the current case sought my assistance particularly because he is aware of my spiritual orientation as well as a reputation helping self-identified "outsiders" within the conservative Christian community in which we live.

This paper attempts to contribute to the literature on false allegations of clergy CSA by providing a case study description of the presentation, symptoms, and treatment of a pastor residing and working in a conservative Christian community. The pastor presented for therapy stating that he had symptoms of post-traumatic stress disorder (PTSD) due to the aftermath of the accusation, police investigation and subsequent, separate church leadership investigation, and its impact on his increasingly strained relationship with his wife. Through an application of short-term therapy rooted in a cognitive and trauma-informed orientation in addition to an application of spiritually-relevant concepts such as mindfulness and radical acceptance, the pastor reported an improved state of mental health.

Literature Review

A search for literature on clinical intervention with pastors falsely accused of CSA is sparse. In fact, the words “falsely accused” more frequently appear in articles on the defense of convicted perpetrators or discussions of how church organizations cope with allegations of CSA. It appears common for claims to be denied, downplayed, or attributed to errors of memory, and for survivors to be called out by a church community in the wake of accusations (Beckett, 1996; Fogler, Shipherd, Rowe, Jensen, & Clarke, 2006). It is therefore useful to explore literature that examines a wider population of individuals who have been falsely accused of CSA, including those who have been charged and imprisoned, or acquitted. A natural limitation to this research occurs when considering that individuals who have been proven guilty by the criminal justice system but maintain their innocence are also occasionally included in the research. Therefore, it may be important to focus on the similarity of symptoms reported by research subjects that claim false accusation, instead of whether subjects are guilty or not.

Psychological Symptoms

A unique study by Burnett, Hoyle, and Speechley (2017) explored the psychological impact on thirty individuals who *self-reported* that they were falsely accused of abuse in occupations of trust via qualitative interview. They discovered multiple consequences following the allegations. For example, the impact of accusations on the individual's employment, mental health, and interpersonal relationships endured indefinitely. Respondents revealed that, even if charges were recanted or unsubstantiated, the accused were followed by a cloak of suspicion, forcing them to leave their positions at work or become increasingly isolated amongst former coworkers and friends, who were wary or no longer supportive. Relationships with

significant others were damaged and respondents felt that others were surveilling them for warning signs of potential abuse. They experienced “social withdrawal, panic, fear, anxiety, and an inability to trust others, with the inevitable costs on mental health” as a result of false accusations (Burnett, Hoyle, & Speechley, 2017, p. 188). Additionally, respondents felt external *and* internal stigma, conflicted by the accusations and the inability to prove their own innocence in their communities beyond the shadow of a doubt. They struggled with openly fighting allegations or closeting themselves due to shame, exhaustion, fear, and worry. One subject stated that he lived in fear of new accusations because of the local proximity of the accuser: the fear of being accused again became a constant obsession. For those never prosecuted, a lack of formal and public exoneration caused them to feel forever guilty in the eyes of others. Many respondents felt that the event had changed them, negatively, forever. They were unable to trust others as they once were (Burnett et al., 2017). Some individuals expressed suicidal ideation, severe depression, poor health, and symptoms of post-traumatic stress disorder (PTSD) including a state of shock, feeling dazed, hyper vigilant, and lack of concentration (Burnett et al., 2017).

Symptoms of PTSD appear across the literature on the falsely accused in addition to other negative internalizing reactions. Aslan (2008) reported increased fear, sleep disturbances, anxiety, worry, low self-esteem, and the occurrence of increased intrusive thoughts that were hard to suppress. Like Burnett et al. (2017), Aslan also reported negative socioeconomic consequences including loss of job, harm to one's reputation, economic losses, and disruption to family. The accused attempted to cope through increased thought suppression and avoidance, which also resulted in increased depressive symptoms (Aslan, 2008). Interestingly, loss of self-esteem, increased intrusive thoughts, and anxiety associated with being falsely accused of CSA may result in a higher rate of false confessions amongst individuals who are interrogated by police (Davis & Leo, 2015). This may be due to increased distress over the fear of stereotype threat being implemented during interrogation: in particular, suspects who belong to historically mistrusted groups affiliated with CSA, such as priests, are more likely to be treated as guilty (Davis & Leo, 2015). The rise in anxiety during questioning and belief that interrogators presume one's guilt may result in further outward displays of distress, reinforcing the stereotype of a perpetrator. O'Donohue, Cummings, and Willis (2018) note that the suggestive influence of investigative parties involved in allegations of CSA is one of the areas more frequently studied from an empirical perspective.

A subject of less empirical focus is found in exploring the psychological effects and coping strategies of individuals who have been falsely accused of CSA. Schultz (1990) proposed a self-help group for the population, suggesting that the experience of being falsely accused, arrested, and

convicted is associated with harsher forms of social rejection and repulsion from the accused's support network. Schultz (1990) argues that these social repercussions are associated with a loss of confidence in oneself, the criminal justice system, and faith in friendships. Schultz (1990) also documented the emergence of PTSD reactions. Wildeman, Costelloe, and Schehr (2011) have also suggested increased support for exonerees asserting that group therapy can help normalize experiences and reactions, create meaning from the opportunity to share one's narrative, and receive positive support.

Therapeutic Intervention

Telling one's story can be healing. While traditionally tight-lipped when coping with their own personal challenges, the practice of self-disclosure, whether in group or private, appears to be a significant buffer against enduring harmful psychological symptoms in clergy seeking professional psychological help (Salwen, Underwood, Dy-Liacco, & Arveson, 2017). Furthermore, Bickerton, Miner, Dowson, and Griffin (2015) noted that a clergy member's use of their own spiritual resources at work predicted increased well-being and vocational longevity. These resources included one's sense of security in proximity to God, religious coping, and divine calling (Bickerton, Miner, Dowson, & Griffin, 2015).

There is certainly no paucity of research documenting the evidence base for the consistent benefit of cognitive behavioral and trauma-informed approaches across child and adult populations for PTSD (Cohen, Mannarino, & Deblinger, 2012; Porter, 2018; Watkins, Sprang, & Rothbaum, 2018) and literature has explored the intersection of spirituality and CBT (Anderson et al., 2015; Carlson & Gonzalez-Prendes, 2016). CBT is at this time conceptualized as the primary treatment option for symptoms of PTSD and more effective than unstructured modalities (Gerger et al., 2014), as it targets client distress associated with negative self-appraisals, anxious responses and avoidance that may be associated with perceived traumatic experiences. The goal of processing one's reactions to trauma, identifying negative automatic thoughts and substituting them with healthier ones (Beck, 1975) may therefore represent a useful therapeutic approach to working with falsely accused clergy whose reactions to allegations may reflect PTSD symptomatology. Further combining the practical approach of CBT with spiritually-infused approaches (Hook et al., 2009) appears to be a reasonable approach with helping clergy cope with the aftermath of being falsely accused.

Methodology

The present case study represents a first attempt to describe a psychotherapeutic intervention with a clergy member who was falsely

accused of CSA in which I drew upon the therapeutic elements of eliciting self-disclosure, reinforcing the client's spiritual resources, and techniques from cognitive behavioral therapy to assist a client coping with symptoms of post-traumatic stress disorder. Due to the sensitive nature of this case, identifying information and incidental details, including some components of the accusation, have been altered in order to protect the identity of the minister and his community and church. While a single case study cannot be generalized to wider populations and is not intended to be scalable, I am hopeful that my description of this intervention might provide material for other clinicians and researchers to build upon in order to create empirically-validated treatments for this underserved yet important population. It is erroneous to assume that simply because current research does not focus on therapeutic interventions for this group or even acknowledge them, that they do not exist and that literature should not consider exploring ways to assist a marginalized population. We can do so while also supporting and validating the victims of clergy CSA; the two need not be mutually exclusive.

Case Presentation

Initial Course of Therapy: Symptom Management

I am a university professor who has been living in a small, conservative Christian community for nearly a decade. When I initially moved into our town, I also taught psychology to undergraduates for many years at the local college affiliated with the religious teachings of the Church, in addition to teaching students at the theological school about service learning and counseling. After leaving my position at the college, I assumed a role at a larger university outside of the community, but continue to live and conduct a small private practice there. I specialize in working with self-identified "outsiders" who are coping with life transitions, bereavement, and questions of sexual orientation and gender identity that often experience a conflict between the teachings of their religious upbringing and their life experiences. I am often invigorated by my work uniting cognitive behavioral, trauma-informed, and spiritual interventions into my practice, whereby my clients often learn that their religious orientations will accommodate and even enrich their lives.

Robert self-referred to me after a seven-month-long investigation of CSA following the accusation of a teenaged boy in his pastorate. The teenager reported that the minister had abused him on multiple occasions and engaged in gang rape of the teen with other clergy. At the time of referral, the police were due to release a report clearing Robert of any involvement in the abuse, and the teenager recanted the accusation. Robert was currently in the final stages of an additional investigation launched by his church

administration, who agreed to pay for six sessions of counseling to support Robert during this challenging time.

Robert stated that he believed he had PTSD. He reported high levels of hypervigilance following the accusation, particularly when encountering congregants and young men in the community. Although the accusations were kept confidential during the investigation, Robert feared that his accuser and his parents would informally disclose details of the case to ruin his reputation. Robert described himself as a formerly affectionate individual who was now afraid to hug his congregants. He reported being easily startled and anxious in public places and afraid of being surveilled for inappropriate behavior. As a result, Robert attempted to avoid triggers by sleeping for extended periods of time and escaping to his countryside cabin where he could be in social isolation. This was unusual behavior as he was usually engaging and energetic, as well as extremely social. However, he felt that his resiliency had been extinguished by the allegations. He also reported, tearfully, thoughts of self-harm and suicidal ideation, though he had no plan to attempt suicide. He appeared deeply distressed and demoralized, feeling as though all he had worked for was on the edge of collapse.

Spiritually, Robert maintained a close connection with God. He loved his ministry and found a particular calling in service work in the inner city, where he volunteered with his congregation in soup kitchens, children's hospitals, and homeless shelters. He continued to feel called to do the work of Christ in creating humanity and kinship with others, and his one continued sense of hope remained in his work with the downtrodden. However, he reported oscillating between a sense of peace with his situation and feeling incredibly panicked.

Robert wanted to re-establish a sense of control in his life, as he currently felt powerless. He also wanted to "get my spark back" and experience a return to higher levels of energy. I noted that he was a good candidate for cognitive behavioral therapy (CBT), because he expressed a desire to better understand the underlying assumptions that were leading him to negative self-valuations despite knowing that the police supported his innocence. He felt that avoiding these thoughts might be reinforcing some of his symptoms of PTSD, which he believed preyed on his false assumptions. He knew he was being triggered by both his internal thought processes as well as external circumstances.

During our first session, I explained the philosophy behind CBT, and discussed the connection between one's thoughts, emotional responses, and actions. We discussed automatic thoughts (Beck, 1975), and how these could be labeled as irrational but common human cognitions. Individuals must first gain an awareness of these thoughts in order to challenge or dispute them. I asked Robert to provide an example of recent automatic thoughts, and he reported the following:

There's a teenaged kid, maybe 16, around my son's age, who I pass every day on my walk to work. Usually I greet him with a 'hi' or a high-five. We catch up on his life and chat for a few minutes. Now, when I see him, I cross the street and I'm afraid to talk to him. I'm so worried that someone might see us and, what if I hug him, say, if he's done good on a test, and someone sees that and accuses me of having sexual thoughts about him or preying on him? What if they report me?

Together, Robert and I worked through identifying and challenging his automatic thoughts in the above example. We identified the erroneous assumption that others knew about his prior accusations, for which he had no evidence. We also acknowledged that he was espousing a belief of mind-reading, that others could somehow (mis)read his thoughts to attribute erroneous sexual intentions. We explored why anybody who had seen Robert and the boy interact on a daily basis would have any reason to become suspicious. After deconstructing this example, Robert felt both validated that he could challenge his assumptions but frustrated for allowing himself to be swayed by irrationality.

To help him understand why he might be more prone toward irrational thinking during a time of stress, I referred to Siegel's (2012) basic model of "flipping your lid" and trauma. I used my thumb to represent the brain stem and more primitive functions of the brain, which is usually protected by the rational and reasoning cortex, represented by four fingers tucked over the thumb. We discussed how trauma triggers may cause an individual to "flip their lid" and lose the support of the cortex, relying on the internal structures of the brain seeking alert and safety. I connected this to other cognitive distortions that Robert stated he was experiencing, such as mentally filtering out positive conclusions that did not support his hyper vigilant state of self-preservation. By seeking a coping strategy of identifying external, rational challenges to irrational assumptions: one for each finger, I encouraged Robert that he could replace the lid and help calm himself. Finally, I encouraged him to help center himself in moments of panic with his favorite Bible verse: "Be not afraid" (Deuteronomy 31:8).

Robert was excited learning about this new approach as well as incorporating it with prayer and, potentially, other spiritual interventions. I provided him with a handout. I asked him to complete a daily record of automatic thoughts until our next session. In this record he would identify triggers, automatic irrational responses, and the level of distress associated with these. Then, he would create a substitute rational thought. I also asked him to continue to explore useful passages from The Word to use as tools to ground and re-center himself when needed. Robert was enthusiastic about completing this assignment until the following week.

The next session built upon Robert's homework in order to commence an integration of Christian principles with cognitive restructuring. When we met again, Robert reported struggling with many automatic and irrational thoughts. Though he was completing his daily record, he was experiencing some personal challenges with his wife, who had long suffered from untreated depression and was experiencing a particularly difficult episode. His wife was berating him and was, at times, verbally abusive, calling him names accusing him of being a "phony". Robert's response was to retreat to his cabin and avoid his wife. However, his wife's verbal abuse created some fear that she might tell others about the accusations against him. I began to notice a repeated pattern in his narrative, which I identified.

Clinician: Robert, I notice that you seem to dismiss your worries or concerns.

Robert: What do you mean?

Clinician: Well, for example, you'll begin a sentence by saying 'It's stupid, but...', or 'I know it's dumb', or 'It's ridiculous'...and then describe an understandable concern based on your experience, like your wife outing your accusation.

Robert: I never noticed that I do that.

Clinician: It's reflective, perhaps, of an automatic irrational thought that you might have internalized, that your own fears or troubles are not worth the same care or consideration as others. Take, for example, your pastorate. Are there times where you think a member of the congregation's concerns are stupid or ridiculous?

Robert: Of course not. They bring me important issues, and they're important to them.

Clinician: But you don't seem to feel the same way about your own worries.

Robert: I really didn't realize that I was saying that, but maybe it's true.

Clinician: In our church, the pastor is the Lord's representative on earth. And you reflect the Lord's unconditional acceptance of His people by welcoming and validating the worries of your pastorate.

Robert: Yes. The Lord is always open for hearing all of humanity's concerns, no matter how 'trivial'.

Clinician: I'm wondering about this concept of radical acceptance, of throwing yourself into self-acceptance, unconditionally, the way you might envision the Lord does for us. He leaves us in freedom to come to Him with our worries, and he acknowledges them. He embraces them, and us.

Robert: The Lord accepts us, faults and all, with His loving kindness.

God, Robert believed, was not judgmental but believed that his creations were capable of engaging in the hard work of spiritual regeneration by mindfully making different choices and challenging areas of sin in their lives. Robert stated that this was a useful metaphor, as he continued to report feeling supported, loved, and held by God during these very challenging times. I noted the contrast in how Robert felt supported by God as compared to his desire to run away from his wife's anger and depression. Robert disclosed that he had always been labeled as "the strong one" in his relationship and I interpreted that this label may have created high expectations Robert felt he could never fulfill. In his countryside cabin, he could escape his wife and feelings of inadequacy.

Robert continued to describe numerous incidents of self-doubt and concern when engaging in formerly easy interpersonal interactions. He was concerned about kissing a friend on the cheek and chastised himself for approaching a former congregant with a hug after not seeing him for years. When I encouraged Robert to express the thoughts that were connected to his feelings of self-doubt, he stated that he felt transported to his childhood, where he grew up in a rough neighborhood and had to "fly under the radar" and stifle his personality to avoid becoming a target. When I reminded Robert that his outgoing personality was a strength in his congregation and drew his parishioners to the church, he appeared comforted. He committed to continuing to journal about his thoughts and avoid running from difficult feelings or "flying under the radar" but committing to confronting and experiencing them. He stated that he hoped to stay present with trauma triggers in the hope of being less distressed by them and gaining back his self-confidence. He believed that this would help him better assess how to communicate with his wife.

By the third session, the police report was completed and forwarded to Robert's boss. He expressed relief that the document provided validation of his innocence. As last time, the discussion turned to a conversation about his wife and her inability to support him, and how, during depressive episodes, she threatened to tell others about who he "really was." I suggested that Robert had internalized his wife's messages about being secretly bad or "no good," which propagated doubt and compounded his reactions to the allegations. We spent much time identifying and challenging irrational self-schemas that his wife's words cultivated. I suggested that Robert attempt to engage his wife in couple's therapy, but he believed that she would reject the suggestion. We role-played different approaches to the topic, and he left agreeing to try to have the conversation. Unfortunately, he notified me later that she refused therapy.

Later Sessions: Institution, Investigation, and Helplessness

Our last two sessions focused on Robert's struggle to continue to practice within his church administration. They were taking their time completing

their internal investigation and had not been forthcoming in expressing their support of his innocence. He stated that he wanted an unequivocal nod from his bosses that the charges were false, but had not yet received this. Further, he expressed disenchantment with a church that he reported espoused beliefs that were incompatible with God's will. Robert was supportive of gay marriage and women in the ministry, but was told by his bishop that he could not preach about these beliefs during his sermons, or engage in any community activities to support them. Being labeled as overly progressive, Robert believed that he was purposely excluded from church committees and social events, and he wondered if the church's slower investigation into the allegations were an underhanded way of forcing him to leave the church. He felt that God would challenge him when he arrived in the afterlife, and would ask him why he was part of a system that disenfranchised and excluded homosexuals and women among others. He was greatly conflicted regarding his love of ministry and service juxtaposed against the constraints of the organized and prescriptive administration of the church. He joined the church as a younger, more conservative minister, but had become more liberal over the course of his career. Sometimes, now, he even fantasized about leaving the church and working in a coffee shop, but, on the edge of retirement in five more years, he knew he would not receive his retirement package compensation if he quit.

I challenged Robert's black and white understanding of God and we explored whether the God he believed in might be sympathetic about his challenges in the ministry, as well as appreciative of his overall personal and professional growth. Could God recognize the ways that Robert had grown over his years in the church and how he had attempted to create a space for parishioners who may have been otherwise ostracized? Would He value Robert's attempts to creatively work around the church prescription against women in the ministry by hiring women on his sermon-writing team? Was Robert truly as "bad" as he worried the Lord might accuse him of being, or had he tried to follow the example of Christ as best he could, within his organizational constraints? Robert agreed that God would have empathy and forgiveness for him. Robert informed me that the original etiology of the word "sin" referenced the concept of an arrow missing its target. We agreed that in God's eyes, humans might continually miss the bulls-eye, but they have the capacity to work towards growth and learning as a result.

Robert further stated that he felt "boxed in" by his organization and his trauma. I also suggested that he felt similarly oppressed by his wife. He validated this interpretation and stated that he felt as though there were a pile of bricks on his chest: the accusations of CSA, the organization, his wife. Every now and then he was able to take a deep breath by connecting with congregants or engaging in service work, but he felt it wasn't enough to sustain him. Because Robert was familiar with mindfulness and meditation practices, I suggested we engage in a deep breathing exercise where I guided him through envisioning the bricks removed from his chest. He agreed, and noted feeling more hopeful after completing the exercise.

Positive Outcomes

As our sessions together drew to a close, I began to evaluate the effectiveness of therapy with Robert. During our final discussion, Robert reported that six weeks of journaling and challenging his automatic thoughts were helping him to become more mindful and accepting himself. He was more comfortable reengaging with his congregants and felt less of a need to run away to his country cabin. He could acknowledge his fear about allegations becoming public and work to challenge those concerns. He felt recommitted to his service work and loved and supported by God. Joyfully, his first grandchild had arrived, and Robert and his wife were united in providing support to their daughter as she parented for the first time. Robert stated that he knew his marriage needed work but if his wife was unable to commit to therapy, he resolved to change his own reactions and committed to speaking his mind more instead of running away. We discussed having hope for the relationship as he continued not to “fly under the radar” when she critiqued him but expressed his feelings.

We also had a larger conversation about his challenges working within the church, and I suggested that while he must answer to the administration, he still was permitted to run his individual congregation with a certain level of freedom where he could explore better ways to bring people together of different backgrounds and orientations. I suggested that shouldering the burden of changing the entire organization or even the opinions of another person beyond himself was far too weighty, and I encouraged him to begin to approach others in the organization with opposing viewpoints to have conversations about difficult issues. He reported feeling fear, shame, and vulnerability when others criticize his approach, but committed to radically accepting these feelings and engage in gratitude for the unique ways he continued to minister to others despite constraints. He appeared far happier, more positive, and overall in a better place than he was when we first met. He promised to continue with his journaling, and he reported that his brief time in therapy was very helpful.

Discussion

Robert's case reflects a number of parallels demonstrated by the research on individuals falsely accused of CSA: he experienced symptoms of post-traumatic stress, challenges to interpersonal relationships, disenchantment, and fear. Furthermore, he also maintained spiritual resources that helped him cope with his experience and assisted his growth in therapy. However, his situation was compounded by numerous stressors that existed prior to the allegations: a strained relationship with his wife as well as a crisis related to working in an administration that did not support or allow him to preach

progressive beliefs. It is not unusual that social work practice with a client may begin addressing one issue, only for others to emerge over the course of therapy. Indeed, the biopsychosocial-spiritual approach ensures that all areas of a client's life and functioning are relevant to assessment and treatment.

My work with Robert suggests that there are useful therapeutic modalities available to work with clergy falsely accused of CSA, despite any formal research on using spiritually-adapted protocols with this group. There is no dearth of research and advocacy promoting the integration of religious interventions and cognitive behavioral therapy and the significant benefits resulting from adapting faith into the practice (Anderson et al., 2015; Carlson & Gonzalez-Prendes, 2016). Indeed, efforts have been underway to bring such therapies into mainstream healthcare environments (Richards, Sanders, Lea, McBride, & Kawika Allen, 2015). In Robert's case, CBT combined with faith-adapted or spiritually-based interventions such as prayer, mindfulness, and radical acceptance created a useful therapeutic approach to address the numerous challenges he encountered in the aftermath of the allegations.

Furthermore, identifying cognitive distortions created a structure and language that we used to explore areas in Robert's life that were both affected by the false allegations as well as compounding them. Common themes arose across Robert's life stressors: feeling inadequate, running away, and feeling disenchanted or struggling with his role in the church. By creating awareness of Robert's automatic thoughts and challenging him to consider the higher perspective of God in his life, Robert began to feel supported by not only myself, his therapist, but also the Lord.

Indeed, Robert's journey was far from over by the end of our sessions together. He was still struggling with his marriage and organization, but he now possessed tools to explore and challenge his responses to difficult life circumstances. His acute symptoms following the allegations and investigation of CSA brought him to my door, but we were able to identify some other significant challenges present in his life.

Limitations

Certainly, some limitations arise in this discussion. The first, notably, lies with the case study method itself. Case study methodology relies on a constructivist paradigm acknowledging the relativity of truth as rooted within each individual's perspective (Baxter & Jack, 2008). Thus, Robert's narrative is told from my own subjective viewpoint, with emphasis on key points of struggle and success as I clinically conceived of them. I must acknowledge my own reflexivity and potential selective memory bias. As an LCSW, I am not required to obtain supervision but do so anyway with a more experienced clinician who works in the same field of practice. I have discussed and strategized about Robert with the help of this peer supervision, but my

analysis and interpretation, while grounded in research-informed practice, is still limited by my own lenses. As a self-identified “insider-outsider” (Goldblatt Hyatt, *in press*) in the community myself, I am aware that I may also be more likely to empathize with individuals with this same orientation. This may lead, at times, to clinical prejudice and I may more enthusiastically accept the client’s narrative without further critical inquiry. In good faith, I hope that supervision has provided a form of data triangulation to increase the dependability of the case study method as reported in this paper (Baxter & Jack, 2008), and afforded me the time, space, and feedback to avoid a lack of clinical acumen.

Furthermore, Hyett, Kenny, and Dixon-Swift (2014) acknowledge that the variety in approaches to employing case study methodology has resulted in a lack of rigor. Indeed, the intention of this paper was, in narrative case form, to identify a problem and provide a retrospective exploration of successful therapy; thus, work with Robert was not conducted according to a more standardized and validated single-case subject design approach. In addition, I must acknowledge that the aim of any case study is not to produce generalizable research or to provide data for statistical comparison (Thomas, 2011). Cases are selected according to particularity, usually because they are outliers (Hyett, Kenny, & Dixon-Swift, 2014). This was the case with Robert. Certainly, work with this client, in particular, cannot be generalized across populations or even amongst other ministers who have experienced the fallout of a false allegation.

Robert’s case represents a single client journey following false accusations of CSA. He also had a relatively resilient temperament which helped him commit to succeeding his therapy, and because he was not experiencing a crisis of personal faith, his love of God and service work also served as a buffer against further challenges to coping. Not every client will be so motivated or successful in very short-term therapy. He benefitted from the police’s support of his innocence, and his church administration supporting his engagement in therapy. I was also very familiar with his religious and spiritual beliefs, which assisted me in quickly creating an appropriate intervention. Other clinicians working short-term with less common religious denominations may need to do their homework on those belief systems and if faith-adapted CBT would be beneficial, and they may not have enough time to gain a proficient understanding in six sessions. Those with longer time frames may be better situated for success.

Conclusion

Despite the above limitations, Robert’s case is the first of its kind to narrate a clinical social work intervention with a clergy member falsely accused of CSA. As Christian helping professionals, we may feel compelled

to help individuals within our spiritual worlds presenting for treatment despite the controversial climate of CSA. Again, this discussion should not be mistaken for casting doubt upon the cries of the many vulnerable individuals who have been preyed upon and have suffered the grievous injuries and institutional betrayal. It would be useful to conduct further research on the topic in order to develop treatments that are supported by a strong evidence base. CBT provides a useful therapeutic orientation due to its reputation of achieving success across multiple environments and disorders. An incorporation of spiritually relevant or faith-adapted interventions into treatment with this vulnerable population provides a first attempt to provide assistance to an underserved group in need. ♦

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Keywords: false accusation; child sexual abuse; faith-adapted cognitive behavioral therapy; clergy; religion

BOOK REVIEWS

Waking Marissa; Hawke's Tale; Forgiving Sean.

Gaffney, Jessica, (2012-2015). Collapse Series, Volumes 1 – 3. California: Custom Book Press.

In this book series, author Jessica Gaffney's novels open the door to communicate with teens about real life issues. In book one the reader enters the lives of fictional characters Marissa and Sean. Their encounter of love, separation, and loss leaves the reader spellbound, wondering what is about to unfold. A third main character, Hawke appears in book one and becomes the focus in book two. It is not until book three that the reader finds out how Sean, Marissa, and Hawke's journeys conclude. As the reader connects with each character, the books become less easy to put down.

The author's experiences in the world of professional social work provided an in-depth perspective on the struggles many teenagers face. Her book series provides a gateway for others to open up conversations with teens about topics that are often difficult to disclose. The books also provide hope and encouragement to people who are hurting, and examples to the reader who desires to help but does not know where to begin. This series presents fictional examples that are applicable to real life situations.

In *Waking Marissa*, *Hawke's Tale*, and *Forgiving Sean*, Jessica Gaffney provides accurate information about suicidal ideation, depression, drug abuse, alcohol consumption, self-hatred, and abandonment. Her character's challenges are presented in a realistic manner. Their desire for emotional healing is universal to humankind. In book one, *Waking Marissa*, characters Marissa and Sean fall in love. In book two, *Hawke's Tale*, the story of redemption is found in an unexpected place and Hawke's heart is changed as a result. In the final book of the trilogy, *Forgiving Sean*, all three characters come together as the ending to their stories unfold.

Woven throughout this book series is a Christian worldview. In *Hawke's Tale* the reader enters the life of a troubled young man whose potential is first seen by a pastor Rod Stallings. After a wise judge sentences Hawke to community service at Rod's church, his life slowly begins to change for the good. As Hawke is held accountable he learns about responsibility and unconditional love. *Hawke's Tale* highlights the positive impact of authentic relationships and lived out grace.

Jessica Gaffney's book series could be used for discussion in small groups, one on one mentoring, or educational programs for teens. Faith based programs may also find this book series useful in positively

influencing the lives of youth. The trilogy is a recommended reading for anyone who enjoys a well written novel. The books raise questions about self-esteem, loss/grief, acceptance, and forgiveness. Author Jessica Gaffney draws upon her knowledge of the generalist social work perspective as she develops her characters. Youth workers, mentors, and individuals who enjoy getting lost in a good story can benefit from the insights depicted in this book.

Jessica Gaffney is a bachelor level social worker who uses her gift of writing to help teens. Her books bring awareness to the struggles teenagers face and open the door to healthy communication. ♦

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Brave, strong, true: The modern warrior's battle for balance.

Kate Hendriks Thomas (2015). Collierville, TN: Innovo Publishing.

In this book, Dr. Thomas presents a resiliency framework for those individuals who serve in the armed forces. Her honesty in detailing the responsibilities of service personnel serves as a strong catalyst for social workers to better understand the challenges facing this population. Born from her own military experience, the author combines research data with personal experience to present a well-articulated, practical model that can be implemented within the armed forces' training.

The author begins by establishing the need for such a framework, describing the current mental health crisis facing the military and defining the unique mental health challenges of veterans. A key point in understanding the crisis is the recognition that military training and service reinforce a culture where need is synonymous with weakness; therefore, veterans rarely access available services post-deployment. Thomas argues the key to addressing the mental health needs of military personnel is to shift from a focus on treatment to the proactive development of resiliency during military training.

Thomas identifies three key elements for the resiliency framework: social support, self-care, and faith. Military personnel face a level of isolation in society, due in part because contemporary wars are no longer central in American society; concurrently, studies highlight the positive influence of social support for military personnel upon returning home from deployment. Therefore, part of developing resiliency is intentionally

building a meaningful social network for veterans, post-deployment. In discussing self-care, Thomas encourages balanced self-care. She advocates for self-care that incorporates nutrition, physical movement and meditation.

The third component of Thomas' resiliency framework is faith. She defines faith as "organized religiosity," which is inclusive of both a person's belief system and his or her practices such as church attendance, community and volunteer activities (p. 103). Sharing her own journey of faith and current research on the impact of faith, Thomas examines the practical, psychological, and spiritual benefits of a faith system with application to the needs of veterans. Her emphasis is not only on the healing power of a belief system, but also on the impact of living out one's faith.

The book concludes with a summary of the framework and its application to current military practices, making recommendations for its inclusion in military training. The author also briefly discusses the framework's application outside the military culture.

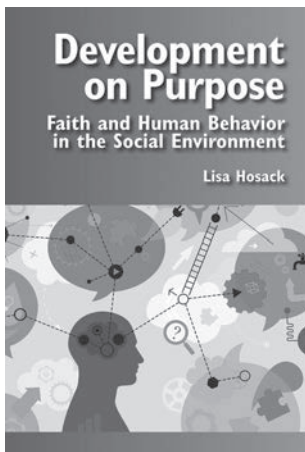
Dr. Thomas does a good job detailing the needs of this population and advocating for services that are positioned to work with veterans. The strength of the book is primarily in the practical nature of the resiliency framework. Well-defined, the author presents a framework that can be employed by social workers in a variety of fields, especially those in military social work. Additionally, the blend of the author's experience with empirical research allows the reader to come away with both a qualitative and quantitative understanding of the issue. A strong advantage of the book is the Endnotes, with references to applicable studies and brief annotations, allowing for further reading and exploration. For Christians in social work, the inclusion of faith into the framework reinforces the centrality of faith for this population, and the discussion of faith provides further knowledge on the role of faith in healing and wellness.

One challenge in reading this book is the writing style. The book is written informally. The author's blend of her voice and research can be confusing, making it difficult to follow her logic. The level of informality weakens her presentation which, in turn, can lead one to view the resiliency framework as deceptively simple.

A clear use for this book is with military social workers and chaplains. Social workers and chaplains within the military can advocate for the inclusion of the framework into training pre-deployment. This can be a helpful text for both the classroom and for continuing education, introducing the needs of veterans. For those working with military personnel post-deployment, the book provides a framework that can be incorporated into treatment. Another possible use is with church staff. An understanding of the role of social support, faith, and self-care for

this population can equip church staff to come alongside veterans in their congregations and advocate proactively for these framework elements. ❖

*Reviewed by **C. Jean Roberson, DSW, MSW, LCSW**, Director of Field Education & Instructor, Department of Social Work, College of Health Sciences, Samford University, 800 Lakeshore Drive, Birmingham, AL 35229. Telephone: (205) 726-4669; Email: croberso@samford.edu.*



DEVELOPMENT ON PURPOSE: FAITH AND HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT

(2019) by Lisa Hosack , MSW, PhD.

Development on Purpose provides both students and seasoned professionals with a coherent framework for considering human behavior in the social environment from a Christian perspective. It was developed to be a companion text for HBSE and related courses at both undergraduate and graduate levels.

Courses in human behavior and the social environment raise important questions about the nature of persons and our multi-layered social world. The Christian faith offers compelling answers to these deep questions about human nature and our relationships with one another and the world by providing a defining purpose for human development.

Steeped within the Reformed tradition, *Development on Purpose* describes how this grand purpose informs our understanding of the trajectory of our lived experience and sustains our work on behalf of those at risk in the world. Check out the introductory chapter and video introducing you to this important new book for Christians in social work!

The first half of *Development on Purpose* outlines a purpose for human development, examining biological, psychological, and social theories through the lens of faith. This includes chapters on:

- Biblical Themes to Ground Us
- A Theological Model for Understanding Human Behavior in the Social Environment (HBSE)
- The Perspectives of Social Work from the Lens of Faith
- The Biological Dimension
- The Psychological Dimension
- The Social Dimension

The second half of *Development on Purpose* then uses detailed case examples to illuminate the way that faith can relate to work with persons across the lifespan. This includes chapters on:

- Infancy: Early Growth toward God and Others
- Childhood: Playing and Learning (ages 3-12)

- Adolescence: Leaning into Identity (ages 13-18)
- Emerging Adulthood: Feeling In-Between
- Middle Adulthood: At the Intersection of Growth and Decline
- Older Adulthood: Finishing Well

In showing how a Christian understanding of people can inform the study of human behavior throughout the life course, *Development on Purpose* is an excellent companion text for Human Behavior in the Social Environment and related courses in faith-based social work programs. To support the use of this book in the classroom, NACSW is developing a collection of online teaching resources for your use. These free resources will include summaries of key concepts and terms found in *Development on Purpose*, discussion questions, suggested class activities and assignments, and an annotated bibliography.

Hear What Others Are Saying About *Development on Purpose*

Gaynor Yancey, Professor & Baylor Master Teacher at the Diana R. Garland School of Social Work & George W. Truett Theological Seminary, says that: "In *Development on Purpose*, Lisa Hosack does a great job of not only encouraging readers to be knowledgeable in the theories and practices of human development, but she also includes the added dimension of faith as a vital and necessary element for social workers to consider in our work with people in various stages of the life course. The author's purpose is not to replace one focus of practice (social work theories and skills) with theology. Rather, she is encouraging all Christians in the social work profession not to neglect the theological context of how we are made, in God's image, when we address various behaviors across the life course. This book will serve as wonderful addition to the preparation of social work professionals. This work truly celebrates the link of social work with our Christian faith tradition! What a gift it is to all of us!"

Marleen Milner, Ph.D., MSSW, BSW, Professor of Social Work and BSW Program Director at Southeastern University, writes that: "In *Development on Purpose*, Lisa Hosack provides a long overdue faith-based perspective on critical social work theories on human development and the environment, highlighting the significance of spirituality in human flourishing. The author offers a systematic biblical critique of micro, mezzo, and macro social work theories, drawing on both social work and theological literature. Part 1 provides an excellent and coherent overview of commonly used social work theories with commentary on the agreement and tensions with a biblical worldview. Part 2 covers developmental theories across the life span. A significant strength of the text is the detailed case studies which will facilitate the application of the theoretical and biblical perspectives to assessments in the various life stages. This book will be a beneficial addition

to an HBSE course at the undergraduate or graduate level, or a course on the integration of spirituality and social work practice.”

Regina Chow Trammel, Ph.D., LCSW, Assistant Professor of Social Work at Azusa Pacific University, says that “Lisa Hosack’s *Development on Purpose: Faith and Human Behavior in the Social Environment* is an important contribution to the field of social work. She provides a comprehensive, clear, and sound integration of Christian theology with social work theory and practice concepts. This book is a needed resource for any social worker and easily used as a primary or supplemental text in any HBSE classroom. Lisa engages readers and primes them for deeper learning through the use of case studies, and discussion questions to apply the learning material in each chapter. This is a deep and rich text that I am looking forward to using in my classroom.”

Kristen Alford, Ph.D., MSW, MPH, Associate Professor of Social Work at Calvin University offers that “Dr. Lisa Hosack’s *Development on Purpose: Faith and Human Behavior in the Social Environment* provides a comprehensive understanding of the role of faith in human development and social work practice. The book allows students to fully investigate the interplay of faith and spirituality with biological, social, and psychological functioning. It also provides students with tools to critically evaluate social work and related theories and practices using a lens of Christian faith. *Development on Purpose* is a useful companion to other HBSE resources as it provides a foundation for understanding the role of faith, an oft-overlooked yet essential area of human flourishing.”

Helen Wilson Harris, Ed.D, LCSW, Associate Professor of Social Work at the Diana R. Garland School of Social Work at Baylor University, writes that: “Dr. Lisa Hosack has written a highly integrative companion textbook for Christians interested in a theological/faith perspective of human behavior and the social environment. *Development on Purpose* addresses in two parts both major theories and Old and New Testament scripture and themes specific to human behavior and social work practice. The author provides both a broad overview of human development theory from the various disciplines and application of theological and scriptural content to that theory and to case studies across developmental levels. The social worker seeking to apply relational theology to social work practice will find resonance the author’s stated goal of social work to assist clients in human development and relationships including those with God, with themselves, and with all aspects of creation including other persons and the world.”

David Sherwood, Ph.D., LICSW, ACSW, Past Editor in Chief of Social Work & Christianity for 34 years, says: “Lisa Hosack’s *Development on*

Purpose: Faith and Human Behavior in the Social Environment provides Christian social work students, faculty, and practitioners with a helpful resource for thinking about the complexities of understanding and evaluating theoretical frameworks and their application in social work practice. Dr. Hosack acknowledges both the limitations and the importance of our models as we try to understand and help others. Using her Reformed Christian perspective, Dr. Hosack applies Biblical themes of relationality, fallenness and the need for redemption, embodiment, and agency to gain insight into human behavior in the social environment. This is an important complement to the literature in the field.”

Scott Sanders, MSW, PhD, Professor of Social Work and Program Director at Cornerstone University, writes that “*Development on Purpose* is divided in two sections. The first introduces the reader to a biblical and theological understanding of human behavior in the social environment and then uses that lens to provide an overview of theoretical frameworks commonly used in HBSE study. The second walks the reader through the developmental lifespan, using case examples to highlight an integration of the theoretical foundations discussed in the previous section. A useful companion text, and I think, the first of its kind, for aspiring social workers studying human behavior in the social environment who also care deeply about the integration of that knowledge with a Christian worldview.”

About the Author

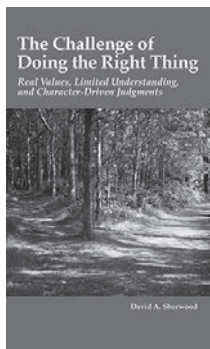
Lisa Hosack (MSW, University of Illinois-Chicago; PhD, Michigan State University) is an associate professor at Grove City College where she founded and directs the social work program. Prior to her teaching career, Dr. Hosack was a practitioner for over twenty years, working in child welfare and clinical social work in Chicago and Grand Rapids, MI. Additionally, she ran a college counseling center at small Christian college for six years. The sum of these experiences is a passion for reclaiming social work's roots in Christianity. Her research and writing focuses on the intersection of theology, human development, and social work. She is married and the proud mother of three grown daughters.

Exam Copies and Ordering Information

Development on Purpose: Faith and Human Behavior in the Social Environment (ISBN # 978-0-9897581-5-4) is over 225 pages long, and has 12 chapters. *Development on Purpose* costs only \$24.95 or only \$19.99 for NACSW members (plus shipping).

THE CHALLENGE OF DOING THE RIGHT THING: REAL VALUES, LIMITED UNDERSTANDING, AND CHARACTER-DRIVEN JUDGMENTS

David A. Sherwood. (2018). Botsford CT: NACSW. \$21.95 U.S., \$17.55 for NACSW members or orders of 10 or more copies. Available as an eBook only. For price in Canadian dollars, use current exchange rate.

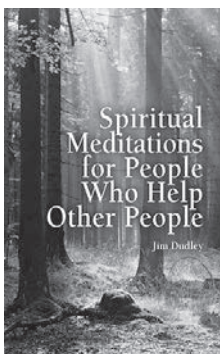


The Challenge of Doing the Right Thing: Real Values, Limited Understanding, and Character-Driven Judgments is a 450-page collection of 44 editorials and articles written by David Sherwood for *Social Work & Christianity* and for the North American Association of Christians in Social Work between 1981 and 2017 focused on integrating Christian faith, values, and ethics with competent professional social work practice. In this book, Dr. Sherwood argues that in ethical decision-making, decisions frequently involve making judgments that functionally prioritize legitimate values that are in tension with each other. He contends that the

mission of NACSW and *Social Work & Christianity* has been to walk the difficult middle road—clearly committed to both Christian faith and competent social work practice, not presuming to have the final answers in either, and helping members and readers to come as close to faithfulness and competence as possible.

SPIRITUAL MEDITATIONS FOR PEOPLE WHO HELP OTHER PEOPLE

James R. Dudley (2019). Botsford, CT: NACSW. \$20.75 U.S., \$16.60 for NACSW members or orders of 10 or more copies. Available as an eBook only. For price in Canadian dollars, use current exchange rate.

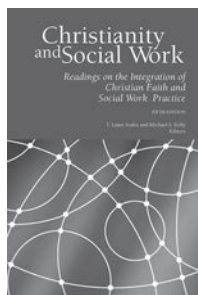


Spiritual Meditations for People Who Help Other People is written for social workers and others who devote their lives to helping other people. The 25 spiritual meditations in this book are designed to nurture and strengthen caregivers, focusing on ways that we can enhance our relationship with God. Finding God in times of stillness, experimenting with different forms of prayer, and growing our patience and gratitude are examples. The meditations also focus on our relationships with the people we help. These meditations help us view our clients and our services as sacred territory, urge us to celebrate

our clients, help us love our adversaries, and encourage more openness to miracles. *Spiritual Meditations* contains more than 25 individual meditations.

CHRISTIANITY AND SOCIAL WORK: READINGS ON THE INTEGRATION OF CHRISTIAN FAITH & SOCIAL WORK PRACTICE (FIFTH EDITION)

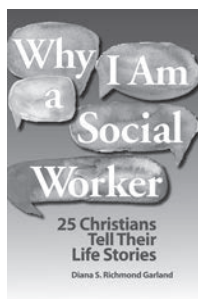
T. Laine Scales and Michael S. Kelly (Editors). (2016). Botsford, CT: NACSW. \$55.00 U.S., \$42.99 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



At over 400 pages and with 19 chapters, this extensively-revised fifth edition of *Christianity and Social Work* includes six new chapters and six significantly revised chapters in response to requests by readers of previous editions including chapters on evidence based practice (EBP), congregational Social Work, military social work, working with clients from the LGBT community, human trafficking – and much more! The fifth edition of *Christianity and Social Work* is written for social workers whose motivations to enter the profession are informed by their Christian faith, and who desire to develop faithfully Christian approaches to helping. It addresses a breadth of curriculum areas such as social welfare history, human behavior and the social environment, social policy, and practice at micro, mezzo, and macro levels. *Christianity and Social Work* is organized so that it can be used as a textbook or supplemental text in a social work class, or as a training or reference materials for practitioners and has an online companion volume of teaching tools entitled *Instructor's Resources*.

WHY I AM A SOCIAL WORKER: 25 CHRISTIANS TELL THEIR LIFE STORIES

Diana R. Garland. (2015). Botsford, CT: NACSW. \$29.95 U.S., \$23.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



Why I Am a Social Worker describes the rich diversity and nature of the profession of social work through the 25 stories of daily lives and professional journeys chosen to represent the different people, groups and human situations where social workers serve. Many social workers of faith express that they feel “called” to help people – sometimes a specific population of people such as abused children or people who live in poverty. Often they describe this calling as a way of living out their faith. *Why I Am a Social*

Worker serves as a resource for Christians in social work as they reflect on their sense of calling, and provides direction to guide them in this process.

Why I Am a Social Worker addresses a range of critical questions such as:

How do social workers describe the relationship of their faith and their work?

What is their daily work-life like, with its challenges, frustrations, joys and triumphs?

What was their path into social work, and more particularly, the kind of social work they chose?

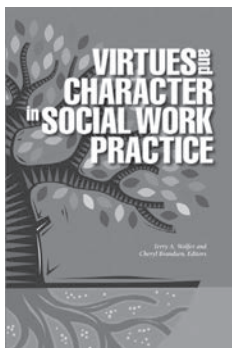
What roles do their religious beliefs and spiritual practices have in sustaining them for the work, and how has their work, in turn, shaped their religious and spiritual life?

Dr. David Sherwood, recently retired Editor-in-Chief of *Social Work & Christianity*, says about *Why I Am a Social Worker* that:

I think this book will make a very important contribution. ... The diversity of settings, populations, and roles illustrated by the personal stories of the social workers interviewed will bring the possibilities of social work to life in ways that standard introductory books can never do. The stories also have strong themes of integration of faith and practice that will both challenge and encourage students and seasoned practitioners alike.

VIRTUE AND CHARACTER IN SOCIAL WORK PRACTICE

Edited by Terry A. Wolfer and Cheryl Brandsen. (2015). Botsford, CT: NACSW. \$23.75 U.S., \$19.00 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.

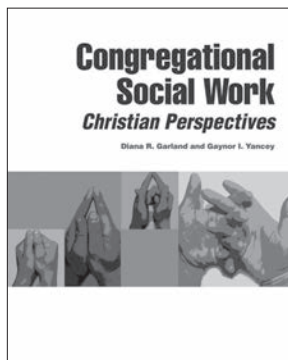


Virtues and Character in Social Work Practice offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve their clients and communities well.

This book is for social work practitioners who, as social change agents, spend much of their time examining social structures and advocating for policies and programs to advance justice and increase opportunity.

CONGREGATIONAL SOCIAL WORK: CHRISTIAN PERSPECTIVES

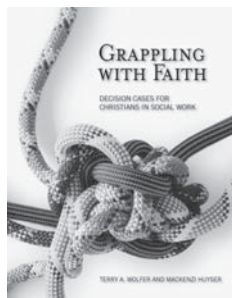
Diana Garland and Gaynor Yancey. (2014). Botsford, CT: NACSW. \$39.95 U.S., \$31.95 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



Congregational Social Work offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *Congregational Social Work* shares illuminating stories and experiences from social workers engaged in powerful and effective work within and in support of congregations throughout the US.

GRAPPLING WITH FAITH: DECISION CASES FOR CHRISTIANS IN SOCIAL WORK

Terry A. Wolfer and Mackenzi Huyser. (2010). \$23.75 (\$18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.

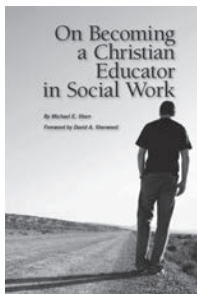


Grappling with Faith: Decision Cases for Christians in Social Work presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found in a wide variety of areas of social work practice, provoking active decision making and helping develop readers' critical thinking skills. Each case provides a clear focal point for initiating stimulating, in-depth discussions for use in social

work classroom or training settings. These discussions require that students use their knowledge of social work theory and research, their skills of analysis and problem solving, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and decide what to do in these complex and difficult situations.

ON BECOMING A CHRISTIAN EDUCATOR IN SOCIAL WORK

Michael Sherr. (2010). \$21.75 (\$17.50 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



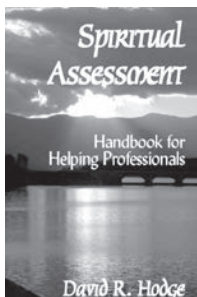
On Becoming a Christian Educator is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to connect their personal faith journeys to effective teaching practices with their students. Frank B. Raymond, Dean Emeritus at the College of Social Work at the University of South Carolina suggests that “Professor Sherr’s book should be on the bookshelf of every

social work educator who wants to integrate the Christian faith with classroom teaching. Christian social work educators can learn much from Professor Sherr’s spiritual and vocational journey as they continue their own journeys and seek to integrate faith, learning and practice in their classrooms.”

SPIRITUAL ASSESSMENT: HELPING HANDBOOK FOR HELPING PROFESSIONALS

David Hodge. (2003). Botsford CT: NACSW. \$20.00 U.S. (\$16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

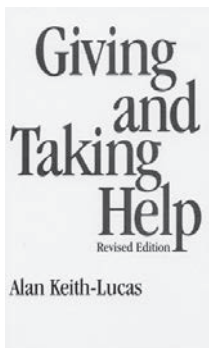
A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment. David Hodge’s *Spiritual Assessment: Helping Handbook for Helping*



Professionals, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment “toolbox” containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.

GIVING AND TAKING HELP (REVISED EDITION)

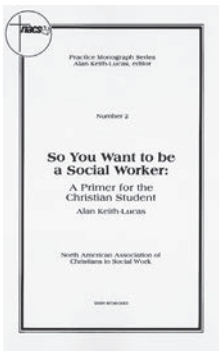
Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Alan Keith-Lucas' *Giving and Taking Help*, first published in 1972, has become a classic in the social work literature on the helping relationship. *Giving and taking help* is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.

SO YOU WANT TO BE A SOCIAL WORKER: A PRIMER FOR THE CHRISTIAN STUDENT

Alan Keith-Lucas. (1985). Botsford, CT: NACSW. *Social Work Practice Monograph Series*. \$11.50 U.S. (\$9.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



So You Want to Be a Social Worker has proven itself to be an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of “imposition of values,” the problem of sin, and the need for both courage and humility.

HEARTS STRANGELY WARMED: REFLECTIONS ON BIBLICAL PASSAGES RELEVANT TO SOCIAL WORK

Lawrence E. Ressler (Editor). (1994). Botsford, CT: North American Association of Christians in Social Work. \$9.25 U.S. (\$7.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

Hearts Strangely Warmed: Reflections on Biblical Passages Relevant to Social Work is a collection of devotional readings or reflective essays on 42 scriptures pertinent to social work. The passages demonstrate the ways the Bible can be a source of hope, inspiration, and conviction to social workers.

THE POOR YOU HAVE WITH YOU ALWAYS: CONCEPTS OF AID TO THE POOR IN THE WESTERN WORLD FROM BIBLICAL TIMES TO THE PRESENT

Alan Keith-Lucas. (1989). Botsford, CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members). For price in Canadian dollars, use current exchange rate.

ENCOUNTERS WITH CHILDREN: STORIES THAT HELP US UNDERSTAND AND HELP THEM

Alan Keith-Lucas. (1991). Botsford, CT: North American Association of Christians in Social Work. \$11.50 U.S. (\$9.00 for NACSW members). For price in Canadian dollars, use current exchange rate.

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of Christians in Social Work*

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