2010

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Recommended Citation
O’Neill, Erin Olson; Gabel, Jodi; Huckins, Stephanie; and Harder, Jeanette, "Prevention of child abuse and neglect through church and social service collaboration" (2010). Social Work Faculty Publications. 9.
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Prevention of Child Abuse and Neglect through Church and Social Service Collaboration

Erin Olson O’Neill, Jodi Gabel, Stephanie Huckins, and Jeanette Harder

Christian churches and social service providers are committed to the care of children and families; however, there has been a historic disconnect between the two institutions concerning child abuse prevention efforts. All too often, criticisms and mistrust tend to characterize the way in which the two interact. This qualitative investigation examines the perceptions of both Christian leaders and social service providers on the church’s role in preventing and responding to child abuse and neglect. Researchers interviewed 36 church leaders and social service providers of varying Christian congregations and specialties. Interviews focused on both current and potential church programming and activities, as well as beliefs and values held by both parties concerning child protection and real or potential collaboration. Resulting themes are identified and examined, and recommendations for future collaborative child protection efforts proposed.

The Lord is my Shepherd; I shall not want.
He maketh me to lie down in green pastures:
He leadeth me beside the still waters.
He restoreth my soul.
(Psalm 23, KJV)
The Good Shepherd has long served as a Christian symbol for the protective, nurturing, healing caregiver. It brings up images of a leader who provides for the vulnerable, one who guides gently and protects his flock with the ferocity of a lion. Psalm 23 is often used to illustrate the way the Lord cares for His people; it also provides those of us who are called to protect children with a model for action. How might child protection efforts initiated by church leaders, social workers, and parents appear if these efforts truly embodied the characteristics embraced by the Good Shepherd?

Despite the church’s responsibility for the well-being of children, little has been written about the role of the church in child abuse prevention efforts. The sexual abuse scandal in the Catholic Church has deeply affected members of Christian faith communities and forced a wide range of churches to consider ways they, too, might be leaving children susceptible to danger (Kline, McMackin, Lezotte, & Kline, 2008). Yet, a gap remains.

Today, children are involved in a web of community systems such as schools, sports and music activities, civic groups, social service agencies, and church-based youth groups; thus, it has become increasingly difficult for one shepherd to oversee the flock. In other words, one individual involved in a child’s life—such as a teacher, pastor, or counselor—holds only a limited perspective on a child’s life. Church leaders, social service providers, and other community members must collaborate if they are to keep children safe and create communities committed to the healthy development of children.

This qualitative research study explored the perceptions of a group of church leaders and social service providers in the state of Nebraska regarding the church’s role in child abuse prevention efforts and opportunities for faith-secular collaborations. The insights derived from this study may help to define complementary roles for church leaders and service providers so effective alliances can emerge between these distinguished groups of caregivers. After all, greater understanding between the two groups is indeed a prerequisite to the forging of new relationships. For the purposes of this investigation, the terms “church” and “faith community” are used interchangeably.
Literature Review

The pervasiveness of child maltreatment and its cost to children and society make child protection an issue of great national importance. In 2007, 5.8 million children in the United States were suspected of being abused or neglected; an estimated 794,000 children were determined to have been victims of child abuse and neglect (Administration on Children, Youth, and Families, 2008). In Nebraska, over 13,000 cases of child abuse and neglect were investigated in 2007, with over 4,440 children identified as being either involved in or victimized by abuse, representing a child abuse and neglect victim rate of 9.43 per 1000 (Nebraska Health & Human Services System, Office of Protection & Safety, 2007).

Acts of child abuse and neglect result in physical, mental, spiritual, and economic harm. Survivors of child abuse and neglect and their families often need public and private services, including medical care, counseling, child protective services, special education, and substance abuse treatment. Both abusers and victims also incur great cost to the public justice system. Therefore, child abuse and neglect affect not only victims and their families, but also the larger society, which pays a conservative estimate of $103.8 billion annually for these vital services (Wang & Holton, 2007).

Little is known about the specific prevalence of child abuse and neglect among churches. The Christian Reformed Church is perhaps the only denomination to have completed a broad-based, comprehensive assessment of experiences of church members with abuse or neglect, and this study was conducted more than a decade ago. The study found that 28% of adult members had been victims of abuse or neglect as children. The alarming findings led to the development of The Ministry of Abuse Prevention, a pioneering effort to respond to the emotional, physical, and sexual abuse of its members (Rice & Annis, 1992). Aside from efforts by the Christian Reformed Church, few formal studies have been published on this topic, making it difficult for advocates to determine whether or not rates of child abuse among members of churches are similar to those of the general population.

Although few efforts quantify the presence of child abuse and neglect among church-going families, the literature is rich with discourse regarding the interpretation of Christian scripture and ways it has been used to either propagate harsh discipline among families or protect the innocence of children. Overall, the literature tends to cite the church as
integral to the problem rather than the solution. For example, religious entities are widely criticized in the literature for theology based in violence and oppression, a steadfast commitment to family preservation, and their premature emphasis on forgiveness before healing. Scripture and religious teachings, scholars argue, have been used as justification for harsh physical discipline and concealing known abuse (Capps 1992; Nason-Clark 2000; Pattison, 1998; Schnabel Schweitzer, 2004). Literal interpretation of scripture, coupled with a deep respect for family privacy and church leaders who often know little about the child welfare system, further compound the problem and have led some to question the church’s effectiveness in addressing child abuse in families (Capps, 1992; Couture, 2003; Nason-Clark, 2000).

Equally compelling in the literature, however, are discussions of “proper” use of theology; examples of this include scripture’s emphasis on children as holy and Jesus’ command to protect the innocence of childhood (Devries, 2001; Linder, 2006). Child advocates rely upon scripture that speaks of the holiness of children and the value of childhood:

- “Let the children come to me, do not hinder them; for to such belong the kingdom of God. Truly I say to you, whoever does not receive the kingdom of God like a child shall not enter it” (Mark 10:14-15, New International Version).
- “Things that cause people to sin are bound to come, but woe to that person through who they come. It would be better for him to be thrown into the sea with a millstone tied around his neck than for him to cause one of these little ones to sin” (Luke 17:1-2).
- “Speak up for those who cannot speak for themselves” (Proverbs 31:8).

Furthermore, studies have shown religiosity, such as one’s adherence to religious teachings, attendance at religious services, and participation in church-sponsored groups and fellowship, serves as both a protective and preventative factor against abusive behavior and a valuable resource for those recovering from abuse (Carothers, Borkowki, Burke Lefever, & Whitman, 2005; Webb & Whitmer, 2003). Involvement in a church helps families cope with stress, enhances support networks, and positively affects the individual’s worldview (Webb & Whitmer, 2003). Many believers also see pastors or other church leaders as great potential sources of guidance and support. Homiak and Singletary (2007) cite several investigations in which clergy persons
were found to be the source of support most often sought by people in crisis and distress.

Additionally, some churches directly offer traditional preventative measures aimed at parents, such as child abuse and neglect education, safe and affordable childcare, mentoring, parental education and support, and the reduction of unplanned pregnancies (Melton & Anderson, 2008; Patrick, Rhoades, Small, & Coatsworth, 2007; Thomas et al., 2003). In fact, child protection traces its earliest roots to efforts initiated by communities of faith, including many Protestant congregations and Catholic religious orders, and in some states, the organizational remnants of these efforts provide the majority of services related to child protection and family support (Garland & Chamiec-Case, 2005). Many faith communities are also equipped with an ideal structure for the inclusion of children in a caring community, such as rituals for welcoming children and programming for youth to participate in the community and even its governance, including youth councils, Scout troops, preschools, and other structured youth activities (Melton & Anderson, 2008). As such, it seems the church serves as at least a potentially natural starting point for an expansion of child protection efforts (Melton & Anderson, 2008).

Further supporting this assertion of the church's value in child abuse prevention efforts, Couture (2002) presents a model drawing upon the social work family systems model in which churches comprise one of many layers of a child's protective “nest” (see Figure 1). The first layer is comprised of the nuclear family and the second layer the extended family. The outside layer consists of the child's community, potentially including a community of faith. Research, according to Couture, has often indicated the third layer plays the most valuable role in the safety and development of the inner layers, which are vital for the protection and optimal development of children. Garland and Chamiec-Case (2005) agree, arguing that congregations are often an already established and trusted place in the community and are in one of the best positions to provide preventative services, stating “the two most significant institutions in the community able to provide…services are schools and congregations” (p. 27).
From a political perspective, Nason-Clark (2000) argues that the church is, and will continue to be, responsible for service provision in the present environment of limited public money and increasing need. Effective collaboration will be essential in the creation of comprehensive safety nets in a stringent and strained political and economic climate, regardless of which political party is in power. President George W. Bush recognized the need for a comprehensive integration of services in an April, 2007, proclamation stating that, “Family members, educators, public officials, faith-based and community organizations all play important roles in helping to ensure that children are safe and can grow surrounded by love and stability” (n.p). Similarly, President Barack Obama has expressed a strong commitment to child protection, stating in his 2009 proclamation “every American has a stake in the well-being of our Nation's children…we all have a responsibility to help” (Obama, 2009, n.p.) and has called for increased partnerships between community and faith-based organizations with the creation of the Office of Faith-Based and Neighborhood Partnerships. But despite this seeming commonality among leaders of opposing political perspectives, we have not seen a widespread, unified effort among key players. Social service agencies tend to operate in isolation and most churches lack the infrastructure and support necessary to make fundamental, systemic change (Garland & Chamiec-Case, 2005; Homiak & Singletary, 2007).

Despite all of these assertions, however, very little is actually documented, particularly in the social work literature, regarding both the actual and perceived role of Christian churches in mainstream child protection.
efforts. In a search of several prominent databases, including Ebscohost and PsychInfo, only a handful of articles were found related to the junction of child abuse and faith communities, and none directly addressed the actual or perceived role of individual faith communities in child protection efforts. Of those that were found, most focused primarily on risk management and case finding within the confines of the church walls. While isolated programs and trial partnerships may exist in individual communities, social workers have little empirical evidence upon which to draw in order to establish and grow productive and successful partnerships with Christian faith communities (Melton & Anderson, 2008). A vital question remains: How can social workers effectively tap the unharnessed power of churches in child protection efforts? Since little is known about the perceptions of leaders of Christian churches, this study seeks to inform collaborations between churches and service providers. In fact, several preliminary articles have called for such an investigation (Garland & ChamieC-Case, 2005; Homiak & Singletary, 2007; Pellebon & Caselman, 2008). These findings may serve as a call to action and a starting point for conversation.

Research Methodology

Research Questions

The goal of this research study was to look at the perspectives of social service providers and church leaders on preparing churches to help prevent child abuse and neglect. More specifically, the study sought to gain participants’ perceptions to inform the following research questions:

1. What is the role of churches in preventing child abuse and neglect as perceived by social workers/service providers and church leaders?
2. What are churches doing to prevent child abuse?
3. Are churches and service providers collaborating in prevention efforts?
4. How might communities increase collaborations among service providers and churches?

In this inductive research project, a grounded theory approach was used. As this research study began, processes were employed to develop goals, questions, and hypotheses. The researchers developed conceptual maps. The maps looked at how to prevent child abuse and neglect by identifying the relationships between child abuse and the following:
community action, churches, religious tradition, education, resources, and collaboration between churches and social service providers. The final conceptual map utilized the Johari Window, a paradigm that is used to look at disclosure and feedback of individuals (Yolm, 2005), to illustrate the disjointed collaborations that tend to characterize current child abuse prevention efforts and the qualities that will describe productive collaborative ventures.

**Figure 2: The Johari Window**

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<th>Churches</th>
<th>Service Providers</th>
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<td><strong>Known to Self</strong></td>
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<td><strong>Known to Self</strong></td>
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<td><strong>Unknown to Self</strong></td>
<td><strong>Unknown to Others</strong></td>
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The researchers developed the hypothesis that there may be commonalities in the beliefs or perspectives among churches and social service agencies regarding child abuse prevention. The researchers speculated that both churches and social service providers care about children and strive to do what is best for children. However, the two separate entities may not be aware of what the other is doing and they might define what is best for children differently. Recognizing that churches and social service providers are two separate entities, the researchers wondered what the goals of churches and service providers were and how they could benefit each other. This raises the question, “How do we identify and expand on common ground, increase awareness, and promote collaboration among the churches and the social service providers to prevent child abuse and neglect?” Prevention efforts will be more effective and powerful when churches and service providers work together. However, before collaboration can occur, the role of the church needs to be defined.
Research Design

Researchers utilized semi-structured, qualitative interviewing. Three researchers conducted individual, face-to-face interviews, and two participants were interviewed via telephone. In most cases, a researcher went to the participant’s office to conduct the interview, which lasted from 30-60 minutes.

At the beginning of each interview, the researcher reviewed confidentiality, consent, and the purpose of the study with the participant before asking a series of questions. Participants were offered confidentiality rather than anonymity due to the researcher’s ability to connect the data back to the participants. Participants were promised that neither their names nor affiliation would be identified in the reports. With permission, the researchers tape-recorded all interviews and made written notes.

Measurement Tool

Two sets of specific open-ended questions were used for the interviews. One set, totaling 22 questions, served as a guide for interview with church leaders and the other set, totaling 13 questions, was used in interviews with service providers. The first questions for both church leaders and service providers were demographic questions designed to build rapport and establish context. Next, church leaders were asked questions about their church programming, experiences with child abuse and neglect, and policies/programming specific to child abuse and neglect. Finally, the church leaders were asked questions regarding their perceived role in child abuse prevention. Service providers were asked questions regarding church involvement with families and the role of faith communities in preventing child abuse and neglect. Although there were two sets of questions, all questions were aimed at gathering information about the role of faith communities in prevention efforts.

Validity and Reliability

Reliability was essential in conducting the interviews. All of the researchers had an understanding of the dynamics of child abuse and professional experience within the child welfare system. Because three researchers conducted interviews, the researchers followed a protocol
established ahead of time to ensure interrater reliability. The questions were carefully selected to ensure consistency. No leading questions were asked and the researchers remained indifferent so as not to guide the conversation or answers. The interviewers also utilized role-play before the interviews to ensure interviews would be conducted in the same manner. The interviews were tape-recorded and field notes were taken during and immediately after the interview. After the interviews were completed, the audiotapes were transcribed. To ensure accuracy, the researcher who conducted the interview completed the transcribing. Researchers also monitored themselves and the other researchers to avoid biases. All data was coded and themed by at least two researchers. All relationships and variables were analyzed and put into categories. Negative cases were not discounted. Patterns and themes in concepts or theories were discovered and tested. All categories, patterns, and themes were checked by at least two researchers to ensure checks and balances. It was important that the concepts or theories were credible and consistent.

**Sampling Plan**

Interview participants included church leaders and social service providers. The term “church leader” refers to pastors and head or assistant youth pastor involved in church programming and administrative activities. The terms “social service provider” and “service provider” refer to human service professionals who specialize in youth and/or family treatment, possess knowledge of child abuse, and have contact with victims of child abuse or those at risk of being abused. Service providers include employees of not-for-profit and public agencies.

The sampling plan was nonprobability and purposive. There was convenience sampling as the researchers identified participants with whom they already had relationships or a connection through others they knew. Because of the sensitivity of this subject, having prior connections with the participants was helpful. This helped not only in gaining entry but also in broaching the topic of child abuse and neglect. Snowball sampling was also used as faith community leaders or service providers were recommended to the researchers to participate in an interview. The researchers also invited and aimed to involve Christian churches representing a wide variety of denominations and theological traditions, as well as ethnically and economically diverse congregations to have
better representation of the population. Churches included were Baptist, Catholic, Evangelical, Lutheran, Methodist, Nondenominational, and Pentecostal. A variety of child welfare service providers were also selected from secular to faith-based agencies and from those who were involved in working with clients directly to those who have an impact on child abuse indirectly through policy development and education.

Invitation letters were sent to 40 identified churches and service providers in urban, suburban, and rural areas in the Omaha, Lincoln, and surrounding areas in Nebraska. The participants were then contacted by phone to set up an interview. Of the 40 contacted, 36 agreed to be interviewed. Of the four who did not initially agree, two churches said “no” to the interview, one faith-based service provider said “no,” and one church said “no” at first, but later another leader from that faith community agreed to the interview. In total, 19 faith community leaders and 17 service providers participated in interviews.

Findings

The following themes emerged during interviews with church leaders and services providers regarding the church’s role in prevention efforts: (1) church leaders must engage their communities in education and problem-solving; (2) the optimal role for churches is the provision of general support for families; (3) churches need to report abuse and neglect; (4) churches possess genuine concern for the safety of children; and (5) despite expressed desire for collaboration, churches and social service organizations rarely coordinate child abuse prevention efforts.

The Church’s Role in Education and Problem-Solving

The majority of church leaders interviewed are aware that child abuse and neglect is a problem in all communities. Of the 19 church leaders, 15 had experienced child abuse/neglect within their church community. Many participants stated they were not surprised to learn of these situations, so there was an expressed level of awareness among church leaders.

Although church leaders participating in the study appeared, for the most part, to be well-aware of the magnitude of the problem of child abuse/neglect, many acknowledged the challenge of conveying the information to other members of the church (i.e., laypersons, staff,
and volunteers). A majority of church leaders believe that one of the church’s roles in prevention efforts is to generate awareness among colleagues and congregants. In turn, the larger community would be infused with knowledge as it trickles out of the church into the mainstream discourse. In other words, church leaders stated that education within the church would have a simultaneous effect on the culture and norms of both religious and secular communities. Three specific themes emerged regarding awareness.

First, faith leaders said churches need to overcome a sense of denial that abuse exists within churches and admit that children of church members are not immune to abuse and neglect. One participant said, “The more educated the churches are and the more they make [child abuse] a comfortable topic to come up in terms of learning and support, the better it will be.”

Second, church leaders stated that churches need education regarding the scope of the problem and the nature of abuse. One pastor stated that churches need “to understand the signs of abuse and neglect so they can properly identify families… and get those families the services they need.” Most service providers agreed that education is fundamental. One stated that it is essential for churches “to train congregations to recognize the red flags of abuse, recognize signs and symptoms.” Another stated, “I think there is a huge role for educating [church] members about what child abuse and neglect is.”

Finally, there was a general consensus among church leaders that a precursor to fundamental change is agreement that it is the church’s responsibility to engage in efforts to curb abuse outside of the church facility. In other words, not only do churches need to be aware that a problem exists, but also understand they can and should help.

Despite widespread recognition of child protection issues among church leaders, a minority contended that churches are a sanctuary from the social ills of child abuse. Some participants denied that abuse is a problem for their church. One church leader said, “We have good people that are from good families.” Another spoke of the Midwest as a safe haven from abuse stating, “It's just the good Midwestern life. People tend to be good and virtuous.”

Church leaders’ failure to recognize child abuse and neglect as problems in the church community is a barrier to collaboration and prevention efforts, according to several of the service providers. All of the service providers interviewed believed that church leaders should be
aware of child abuse and neglect, be able to recognize its signs and symptoms, and be prepared to make referrals to community resources.

The Church's Role in the Provision of Support

The second role of the church identified by participants is the provision of support for individuals and families. Every church leader and service provider identified this role for the church in some form, so its importance cannot be ignored. All of the church leaders—even those that denied abuse exists in their church community—view support in the form of relationships and religious education as protective measures against child maltreatment. Church leaders stated they offer emotional and spiritual support, positive social interactions, and ongoing commitment/follow-up, which includes long-term accountability. Most churches have programs for young children, school-age children, adolescents, parents, and older adults; therefore, churches are among the few institutions that serve members across the lifespan.

Church leaders believe that building a sense of community and positive peer relationships among parents helps prevent child abuse and neglect. One stated, “Part of our mission as a church is to model that love of Christ, not only to one another within the church but to the community at large. So we try very hard to not judge one another and we try very hard to be there for one another.” Another stated that the role of the church is “…to build that faith component in families… They’ve got tools that families outside of the church don’t have.”

In addition to the enhancement of social capital, church leaders stated they believe prayer is an extremely powerful and comforting act. Participants identified prayer as essential to building healthy families, healing victims, and reforming abusers. Participants also characterized study of the gospel and Christian living skills as tools to build stronger, healthier families. One church leader said, “We really believe that God and his Word influence every area of our lives all the way down to how we parent and how we raise our children and people here are really committed to living life according to what the bible teaches—there’s a measure of protection against abuse and neglect in that.” In summary, church leaders said that a strong relationship with Christ will help individuals to heal in the face of abuse and neglect.

Service providers, on the other hand, described support services offered by churches more broadly. One service provider described the
church’s role this way: “To be that informal support that is always there for them. They are never going to be high and dry.” Another participant stated the church’s role is to “Come along side of them, to encourage them, give them support.” In summary, service providers stated that material, emotional, and spiritual support are central to prevention of child abuse and neglect and, given the restrictive financial climate facing public and not-for-profit organizations today, social service providers said they will rely increasingly on churches to fill in the gaps.

The Church’s Role in the Reporting of Abuse and Neglect

A majority of church leaders voluntarily stated that one of their roles is to report abuse, in accordance with state law. Despite the fact that church leaders know they are mandatory reporters, many of them mentioned that they observe a family in question over a period of time or look for significant evidence prior to making a report. Church leaders were, as a whole, concerned about falsely accusing families and feared pushing families away from the church, which many feel would be the worst outcome because they would lose the opportunity to intervene. One church leader said, “What we’re seeing with research is it’s very difficult to have children removed from situations and sometimes it’s damaging to have them removed. If you can work with the families and keep them in that environment it ends up being a better situation.” Another stated, “You need to be kind of reluctant because you don’t want to over-react, but from my end the primary principle is protecting the children.” Others church leaders said, “You have to have the guts to report it if you see it,” and “You need to be bold enough to ask.”

The responses imply that reporting abuse is often a difficult decision for church leaders who tend to know relatively little about the child welfare system. Some leaders expressed their frustration with inaction on the part of CPS after they filed reports. Others were concerned that a child would undoubtedly be removed if they filed a report. Lack of knowledge about the system and fear of losing families seemed to contribute largely to leaders’ reluctance to file reports with Child Protective Services.

The majority of service providers stated they believe churches do not report as often or as soon as they should because pastors prefer to help families internally. For example, one service provider said, “I think a lot of times [churches] try to manage [abuse] on their own and do not report it when it needs to be reported.”
The Church’s Genuine Concern for the Safety of Children

Many church leaders acknowledged that protecting children is a great responsibility and a heavy burden. Faith leaders said things like, “My attitude is no kid in our church is going to be hurt on my watch. We’re gonna make sure that the children are protected,” and “We take protection of our children on campus very, very seriously.” When asked about prevention efforts, most church leaders were quick to point to policies and procedures that protect children on-site or in church programming off campus, including security desks, background checks for volunteers, cameras, hall monitors, and proper adult/child ratios. Although many churches said they have formal security procedures, most lacked reporting procedures or preventative programming. Findings indicate that the focus of churches, by in large, is prevention on-site rather than in the larger community. One pastor said, “We try to make it the safest environment possible for children that come to us, but as far as preventing [child abuse] outside of the walls of the church I would say we’re not prepared at all.”

The Tension between Expressed Desire for Collaborative Relationships and Functional Lack of Coordinated Prevention Efforts

Churches cherish the collaborative relationships they have with social service providers and strongly desire more partnerships that will bolster their role in protecting children and strengthening families. Church leaders stated that successful partnerships emerge when a church and social service agency recognize the complementary nature of their strengths and weaknesses. For example, service providers may offer training for congregation members while the church provides leadership in volunteer recruitment. The benefits of church/service provider collaboration are illustrated by programs like HALO, which matches CPS workers with church congregations to provide for the needs of the worker’s caseload or mentoring programs for young mothers. One church leader said, “I’m very appreciative of [service providers’] expertise, their willingness to help, their abilities, and what they provide.” Another stated, “We’re all about the same thing—we’re all about raising healthy children and healthy families—if we could just partner together in that… No church can operate in isolation.”
Since many church leaders acknowledged they lack the expertise they believe is needed to lead an effective awareness initiative, they said they need the expertise of service providers to make fundamental change, and they also need to be held accountable by service providers. One pastor said, for example, “I want to be available and intentional and not just spinning my wheels. You service providers need to hold me accountable.”

Most service providers stated that they would like to work with churches and cite education as their primary role in collaborations. One service provider said, “I’d like to see [agencies] getting more involved with training congregations and clergy to recognize the red flags of abuse, recognize the signs and symptoms.”

The need and desire for collaboration is indeed great among both social service professionals and church leaders; nonetheless, the lack of long-standing collaborative ventures points to a separation between desire and realized integration of the two bodies. Both service providers and church leaders stated they lack time to initiate new collaborative activities. In addition, service providers acknowledged they do not necessarily trust churches enough to initiate relationships with them. Church leaders described similar feelings of mistrust toward social service professionals with whom they do not have a personal relationship. According to one pastor:

We don’t know one another to know whether or not we can call upon you or you can call upon us, and I think that there’s also a perception, on the part of agencies, that churches can do a lot of things that churches can’t do and there’s a perception that agencies can do a lot of things that they can’t do. And there’s not a lot of conversation back and forth.

Mistrust, then, was not so much about failed prior relationships, but lack of opportunities to get to know one another and establish relationships on an individual basis. Service providers and church leaders stated they are likely to call on someone with whom they have a personal connection, but admitted that few relationships exist between the two relationship-focused fields.

An overwhelming majority of pastors stated they do not know what types of services or support agencies would provide them. Service providers echoed the sentiments of pastors, stating that they do not
know how to connect with pastors or call upon them to support work on issues in which churches share an interest, such as child welfare, poverty, and strong families.

Participants from both groups stated that misperceptions and mistrust among service providers and church leaders have divided the two communities. One misperception is the mistaken assumption on the part of churches that social service agencies or public institutions are already raising the necessary awareness of abuse and overseeing effective prevention efforts. Furthermore, church leaders stated that many members of the religious community do not recognize child abuse and neglect prevention as part of their job because it has not been the church's role traditionally.

Participants and service providers tended to have extreme views of one another. Church leaders believed providers will not honor an individual's religious beliefs and that Child Protective Services will either do nothing or immediately remove children from the home. Service providers, on the other hand, perceived churches as largely ill-equipped to deal with the immediate needs of an abusive family. Some service providers fear that church leaders will focus on preaching rather than practical intervention. Both church leaders and service providers believe that the forging of new relationships between churches and social service agencies is necessary to dismantle misconceptions of one another.

Lack of dialogue between the two groups has also led to a “pass the buck” mentality in response to the question: “Whose job is it to protect children?” Service providers tend to think churches need to play a leading role in prevention efforts and conversation with families, whereas, churches may view other community organizations as the central figure in the lives of modern families. Service providers stated churches have more access to children than they do, but churches believe social service agencies have more regular access since many church-going families are at church only an hour each week.

Collaborations among service providers and churches offer hope for the future of prevention efforts, but it is evident that faith leaders and service providers must first dismantle misperceptions and establish personal connections with one another. Church leaders revealed a sense of readiness for collaboration with social service agencies. A majority of church leaders recognize that child abuse is a problem within their congregations, and all of the church leaders understood mandatory reporting laws. Awareness of child maltreatment is indeed a prerequi-
site to action; still, church leaders stated they need the assistance and support of experts who are also working to ensure children are safe. The challenge, then, is how to actualize the potential expressed by participants.

**Discussion**

Child abuse and neglect is a pervasive problem that cannot be solved by churches, government, or social service agencies in isolation. If churches are to uphold their duty to nurture and protect children, then they must initiate efforts in the context of their larger community. Collaboration is the only way to ensure that children receive the swift response they deserve in times of crisis and parents receive the regular support they need to raise healthy families. Although the Christian church has faced significant challenges, findings reveal that church teaching, tradition, and infrastructure offer struggling families promise and hope for the future, along with material resources and social capital.

We contend that the initiation of child-centered partnerships comprised of church and social service leaders is an effective child abuse prevention strategy. Such partnerships will be founded on communication regarding goals, resources, and capacity, and they cannot come to fruition without an improved understanding of the perceptions of both church leaders and service providers in regards to child abuse prevention. The Johari Window (Figure 3) illustrates the importance of transparency in relationship building. Originally created “to explain and encourage interpersonal communication by making participants aware of how they perceive others and how others may perceive them,” the Johari Window also points to the importance of interorganizational communication (Sole, 1997, p. 481). The more a relationship among individuals or organizations is characterized by awareness of self and other, the greater its potential for success. Thus, the qualities of the highlighted quadrant, which participants in this study confirmed are currently deficient in church/service provider relationships, will be central to effective collaborations.

The fact that church leaders were largely unaware of the services provided by local agencies, for example, is one barrier to collaboration that can be overcome by improved communication. Findings indicate that agency services are often “known to self [the agency]” and “un-
known to others [churches].” When service providers clarify the nature of the services they offer, inter-organizational awareness (what is “known to self” and “known to others”) improves. Thus, the two organizations will be one step closer to effective collaboration.

**Figure 3: The Johari Window:**
Creating Stronger Collaborative Relationships

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Although the dichotomy between churches and service providers has historically prevented collaboration, participants in this study disconfirmed the notion that churches and agencies are unwilling to engage in cooperative programming efforts, as well as the notion that the two groups have different goals in regards to child abuse and neglect issues. Church activities (i.e. biblical study, spiritual growth, and moral teaching) and social service programming (i.e. parenting education, skill building, addiction treatment, and mental health services) are committed to the same goal: to strengthen individual and family functioning. Therefore, although churches and service providers often utilize different means, their goals significantly overlap and the rift between the religious and the secular is perhaps less insurmountable than originally believed. Further, participants stated that collaborative relationships would be mutually beneficial. Churches need training,
consultation, and support from service providers, and service providers could benefit from the referrals, sponsorship, and material and social resources churches provide to members.

Over the past decade, academics and mainstream media have popularized occurrences of religious-based denial; this negative attention has undoubtedly led some members of the social service community to question the professionalism or integrity of pastors. Nonetheless, it is evident that most church leaders clearly understand the prevalence of child abuse and neglect and desire an active role in child protection efforts. The findings also disconfirmed the notion that scripture and religious teachings are often used as justification for harsh physical discipline and concealing known abuse (Capps 1992; Nason-Clark 2000; Pattison, 1998; Schnabel Schweitzer, 2004). Rather, the vast majority of church leaders interviewed promote healthy parenting, understand their duty to report abuse, and believe that scripture clearly appoints all adults as protectors of children.

The widely held belief among church leaders that prayer has the potential to strengthen healthy families, heal victims, and reform abusers is indeed a point of contention between the religious community and some social service professionals. However, benefits of practices such as prayer are supported in the literature. Prayer has been linked to improved quality of life among cancer patients and post-operative cardiac patients (Ai, Corley, Peterson, Bu Huang & Tice, 2009; Holt, Caplan, Schulz, Blake, Southward, Buckner & Lawrence, 2009). Additionally, family therapists have confirmed that prayer serves as an effective conflict resolution tool and improves clients’ level of change responsibility (Sabloff, 2002). Church leaders in this study emphasized prayer’s connection to healing and personal change. These findings are supported by studies that confirm that religiosity can indeed serve as a factor in preventing abuse (Carothers, Borkowki, Burke Lefever, & Whitman, 2005; Webb & Whitmer, 2001).

The reluctance of some church leaders to report abuse or refer congregants to social service professionals is not surprising, since previous studies have established that clergy often feel ill-equipped to counsel or make referrals in domestic violence situations (Nason-Clark, 1999, 2000). Still, this finding is troubling, since the literature does not support the idea that churches can effectively handle abuse cases without the support of the professional community. Treatment for child abuse is outside of the scope of practice of church leaders who, according to
these findings, have little training on child abuse or child abuse interventions. Such interventions are often complex, time-consuming, and tend to involve multiple intervention targets including child treatment needs, parent/caregiver treatment needs, and problems related to the family context (Wolfe, 1993). Thus, social workers recognize that these interventions require a certain level of expertise. The implications of this study’s findings, coupled with the existing literature on child abuse and the role of Christian faith communities is clear: churches and service providers need to integrate efforts to adequately prevent child abuse and properly treat existing cases.

Opening the door to partnerships designed to prevent child abuse is indeed a monumental task, but one that social service providers and churches believe they are equipped to undertake. Overall, a sense of optimism and receptiveness characterized the interviews with church leaders. And service providers recognized that child welfare professionals will need to take the lead in collaborative efforts. One provider said, “The more the non-profit sector can define what the needs are and identify the faith community as a resource I think they will respond.”

A series of guidelines for collaboration emerged from interviews with church leaders and service providers:

1. **Recognize shared values and individual strengths.** Churches and service providers share a common set of values and overlapping missions. Both have a vested interest in the well-being of children and families. In addition, both churches and service providers care for the physical, emotional, and social needs of individuals. Partnering organizations need to be intentional about identifying the core values of their collaborative efforts. Amidst conflict, values serve as a reminder of the importance of collaborative ventures and re-affirm members’ commitment to the partnership.

2. **Articulate goals for the collaborative relationship.** Partnering organizations need to establish a vision and clear goals at the beginning of the relationship. Goal setting does not need to be time-consuming or complicated, but it should produce a level of agreement among members regarding the direction of the collaboration. Goals should be recorded, distributed among group members, and regularly revisited.
3. **Clearly define responsibilities.** Too often, collaborations between churches and service providers fall apart after a short period of time, often due to simple miscommunication or misunderstanding among partnering organizations. Findings from this study suggest that the informal nature of many church/service provider partnerships can hamper results. We recommend that partnering organizations clearly define each member’s responsibilities and establish open lines of communication.

4. **Hold partners accountable.** Church leaders, in particular, mentioned the need for accountability in collaborative relationships. Since collaborative projects compete with other projects for time, partnering organizations will need to establish a culture of accountability. Sometimes a simple reminder or word of encouragement is enough to re-energize a project.

5. **Start small.** Strong relationships take time to develop, as do strong collaborations. Set realistic goals and expectations to avoid discouragement. Or test the waters by extending a simple invitation to a potential partner to visit your organization. A series of small invitations can bring churches into the network of organizations involved in child abuse prevention efforts.

Together, service providers and churches have the potential to throw a blanket of security over families and children, replacing the all too permeable cover that exists in today’s social service system. The degree to which churches can contribute to ending child abuse in the non-church-going community is uncertain since outreach efforts demand a great deal of time and manpower, and it is difficult to determine whether or not personal relationships between church members and individuals in the community at large contribute to utilization of church resources. Nonetheless, the potential of churches to impact their communities is great.

This study confirms that significant commonalities exist among the beliefs of church leaders and social service providers in terms of collaboration and the prominent role of the church in prevention efforts. When churches and service providers unify their forces, prevention efforts will be more effective and truly powerful, and the church will be one step closer to fulfilling its role as a good shepherd of children.
Limitations

Every attempt was made to collect valid and reliable information. Due to the qualitative nature of the investigation, however, several limitations arose during the course of the analysis. Perhaps the most significant limitations are related to the study’s participant sample. Due to the depth of interviews, researchers utilized a relatively small sample size. This sample was limited in its demographic diversity, largely due to the limited cooperation and availability of more diverse congregations in the area. Additionally, the majority of participants were from the largest urban cities in Nebraska, a population certainly not reflective of the geographic population of the state. This particular demographic characteristic may have influenced the views of participants, as churches in urban areas are more likely to have knowledge of and access to social service agencies. Because all participants were solely from the state of Nebraska, results may not reflect the social, political, and cultural views of other regions.

Due to the sensitive nature of the topic, researchers first approached churches in which some sort of connection was already present, either with the researcher personally or with another colleague or member of the research team. Although every effort was made to maintain objectivity, there is also no way of knowing whether these relationships influenced participant responses. Convenience and snowball sampling ultimately increased the study’s sample size and improved access to often closed institutions.

Although generalizations should be made with caution, the study offers meaningful insight, particularly for service providers who wish to strengthen relationships with local congregations and church leaders who are committed to child protection. The project might serve as a model for those interested in community-based collaborative efforts involving churches.

Conclusion

The findings of this investigation clearly indicate existing potential for the integration of churches and social workers in the area of child protection. Both parties, in general, share similar ideological goals regarding the protection and care of children, and are greatly concerned about the well-being of children and families. Although fundamental
differences exist between faith communities and secular agencies, there is indeed a strong foundation for partnerships that strengthen families and prevent child abuse.

Discussion of strategies for forming collaborative relationships was beyond the scope of this investigation, but might include the development of educational groups and committees, dual consultative relationships, and the sharing of resources in order to build trust between churches and service providers. Indeed, lack of trust is currently a major barrier to initiating collaborative relationships that needs to be overcome in order to better serve and protect children. Lack of trust, along with constraints on time and money, impede the progress of collaborative projects and discourage community members from embarking on new ones. While it will take patience and a strong commitment to children to overcome these obstacles, the commonalities and passion that exists surrounding child protection certainly make these barriers surmountable.

Given the exploratory nature of the present study, future investigations might focus on perceptions of diverse churches, including congregations from other geographic regions, racially diverse congregations, and non-Christian communities. In addition, future research might evaluate the effectiveness of church/service provider collaborations and strategies for the management of child-centered alliances.

REFERENCES


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**Key Words**: child abuse and neglect, collaboration, church-community relationships, prevention, religiosity, qualitative