Religion can foster, facilitate, and be used to justify child maltreatment. Yet religion-related child abuse and neglect have received little attention from social scientists. We examined 249 cases of religion-related child maltreatment reported to social service agencies, police departments, and prosecutors’ offices nationwide. We focused on cases involving maltreatment perpetrated by persons with religious authority, such as ministers and priests; the withholding of medical care for religious reasons; and abusive attempts to rid a child of supposed evil. By providing a descriptive statistical profile of the major features of these cases, we illustrate how these varieties of religion-related child maltreatment occur, who the victims and perpetrators are, and how religion-related child abuse and neglect are reported and processed by the social service and criminal justice systems. We end with a call for greater research attention to these important offenses against children. Copyright © 2015 John Wiley & Sons, Ltd.

INTRODUCTION

Organized religion can provide positive benefits to society by promoting humanitarian values and morality. However, religion and religious beliefs are also sometimes used to foster, facilitate, and justify child abuse (Capps, 1995; Greven, 1991; Heimlich, 2011; Keenan, 2012). Social scientists have paid relatively little attention to religion-related child abuse and neglect. As a result, there is only a small research base upon which to build an understanding of the ways in which religion is intertwined with maltreatment, and there is little practical knowledge to guide mental health, social service, and law enforcement professionals who encounter religion-related offenses against children. Gaining a better understanding of religion-related maltreatment and the way it is handled in the legal and social service systems is necessary for optimal identification, treatment, and prevention efforts.

We present findings from a national survey study of three forms of religion-related child maltreatment: (a) sexual and other abuse perpetrated by persons having religious
authority, such as ministers or priests using their position to gain access to a child; (b) medical neglect motivated by caretakers’ religious beliefs, such as faith-healing denominations denying children needed medical care; and (c) physical abuse perpetrated by adults because of their literal interpretations of religious writings, such as ridding children of evil by beating them. These three forms of religion-related maltreatment were profiled by Bottoms et al. (1995); Bottoms, Shaver, & Goodman, 1996; Goodman et al., 1998) based on reports of child and adult-survivor cases encountered by psychologists, psychiatrists, and social workers in their clinical practices. Although informative, many of these reports were based on information obtained in a therapeutic environment and sometimes from adult survivors of abuse experienced many years prior to disclosure. We extend that work with the present study by providing a descriptive profile of religion-related maltreatment encountered in the context of more objective and thorough investigations by a national sample of police, prosecutors, and social service agencies.

FORMS OF RELIGION-RELATED CHILD MALTREATMENT

Abuse Perpetrated by Persons Having Religious Authority

Many high profile cases of sexual abuse by Catholic priests surfaced in the 1990s, often reported years after the abuse occurred (Keenan, 2012). For example, after seeking therapy for depression, 39-year-old Frank Fitzpatrick remembered childhood sexual abuse perpetrated repeatedly when he was 12 years old by his Catholic priest, Father James Porter. More than 60 others eventually accused Porter, who finally admitted to hundreds of child molestations (Miller & France, 2002). When asked why the abuse was not discovered when it happened, Mr. Fitzpatrick answered, “A priest was so high above normal mortal human beings that it was inconceivable that we could ever tell on a priest... How can you tell on God?” Cases like this ultimately forced the Catholic Church to take responsibility for years of sexual abuse committed by priests and hidden by the Church (Berry, 1992; Blanchard, 1991; Isely & Isely, 1990; Laaser, 1991).

Media coverage suggests that most child abuse perpetrated by persons with religious authority is sexual in nature and involves Catholics (only around 25% of the U.S. population is Catholic). This belief might be fed by stereotypes that priests are closeted gays likely to sexually abuse children (Wiley & Bottoms, 2013) and that Catholic celibacy fosters child sexual abuse (Berry, 1992; Szegedy-Maszak, 2002). In fact, perpetrators and victims were Catholic in over half (54%) of the cases detailed by Bottoms et al. (1995). A study based on Catholic Church records, such as priests’ personnel files, found that 96% of 195 participating dioceses and archdioceses nationwide reported that sexual abuse allegations had been made against at least one of its priests (John Jay College Research Team, 2004), for a total of 4,392 Catholic priests and deacons whose alleged perpetration of abuse occurred between 1950 and 2002 (see also Calkins, Fargo, Jeglic, & Kerry, 2015). However, others with religious authority also abuse children (Laaser, 1991): Bottoms et al. (1995) found that the perpetrator was Protestant in 27% of their cases and Fundamentalist in 12%. In
20% of the cases, the religious authority was also a parent or step-parent of the victim.

Other common assumptions are that abuse by religious authorities is sexual in nature, is perpetrated by men rather than women, targets boys rather than girls, and involves multiple victims of lone perpetrators (Isely & Isely, 1990). In the Bottoms et al. (1995) study, nearly all abuse perpetrated by religious professionals was sexual in nature (94%) although 20% also included physical abuse. There were more men than women perpetrators, but many women (e.g., nuns) were also involved. Boy and girl victims were about equally common, even in priest cases, leading the authors to speculate that either the media emphasis on the abuse of boys is misleading, perhaps skewed by a presupposition of priests’ homosexual tendencies, or there is a substantial under-reporting of male abuse, especially given that the sample was obtained from clinicians’ reports, and women are more likely than men to seek therapy. Men are also generally less likely than women to report and perhaps even to remember sexual abuse (Alexander et al., 2005; Widom & Morris, 1997). However, the John Jay College Research Team (2004), whose sample and methodology permit stronger conclusions about general incidence rates, found that 81% of alleged priest abuse victims were boys. They also found that, during the 1950s, the average age of priest-perpetrated abuse victims was around 11 years, but this increased to 12 years during the 1960s and 1970s and to 13 in the 1980s and 1990s. Bottoms et al. (1995) reported that, across cases perpetrated by various types of religious authority, victims were on average around 10 years of age (compared with 6 or 7 years of age, on average, for other religion-related forms of abuse).

Abuse perpetrated by religious authorities is often psychologically damaging, characterized by guilt, betrayal of trust, and shame (Blanchard, 1991), especially as it is likely to be hidden by a church or a victim’s family and perpetrated by someone victims have been raised to revere (Press, 1993). These acts can violate a child’s physical, emotional, and spiritual integrity (Novšak, Rahne Mandelj, & Simonič, 2012; Robinson & Hanmer, 2014), and have emotional effects well into adulthood (Catherall, 2007). The use of religious scripture to heap guilt and shame on an already traumatized child can increase the trauma and a perpetrator’s control over a child (Robinson & Hanmer, 2014). Simonič, Mandelj, and Novsak (2013) recently found that religious abuse also leads to dysfunctional patterns of behavior in family relationships and disruptions in emotion regulation (see also Salter, 2012). Ultimately, recovery in the wake of religious abuse entails a long process, including victims readjusting their perspectives on life (Damiani, 2002). Consistent with the literature, mental health professionals in the Bottoms et al. (1995) study reported that their victim-clients suffered from psychological symptoms (e.g., suicidal ideation, depression, and phobias, with nearly a quarter diagnosed with post-traumatic stress disorder). The Catholic Church has paid millions of dollars to victims for therapy costs (John Jay College Research Team, 2004).

Abuse by persons with religious authority is unlikely to be disclosed by victims or discovered by the legal or social services systems, because of its secretive nature, the revered position of the perpetrator, and a lack of physical evidence. Bottoms et al. (1995) found that 70% of allegations were never reported to authorities, and allegations were unlikely to be accompanied by medical or other physical evidence. Overall, social services investigated only 17% of the cases, police investigated 21%, and prosecutors handled 6%. Similarly, the John Jay College Research Team (2004)
found that few incidents were reported to the police. In the Bottoms et al. study, however, once cases were reported, arrest, trial, and conviction were all more likely than for other forms of religion-related abuse.

**Religion-Related Medical Neglect**

Medical neglect justified by religious beliefs is another form of religion-related maltreatment (Offit, 2015). Religious groups noted for shunning modern medicine include Jehovah’s Witnesses, who refuse procedures involving blood transfusions (Dubowitz & Black, 2002), and Christian Scientists, who favor prayer treatment (Swan, 1983) over modern medical procedures (Talbot, 1983). Faith healing of various kinds is also practiced by smaller fundamentalist sects, such as the General Assembly Church of the First Born (Santa Barbara News Press, 1999; Tsai, 2000) and the Faith Assembly, which teaches that medicine, science, and education are Satan’s work (Hughes, 1990).

The majority of religiously motivated medical neglect cases reported by mental health professionals in the study by Bottoms et al. (1995) involved perpetrators from Fundamentalist groups, but a third of their cases involved more mainstream Protestant denominations. Parents were perpetrators in three-quarters of the cases; others included acquaintances or persons in trusted positions such as prayer practitioners. Nearly a quarter of the cases also involved sexual abuse. Surviving victims reportedly suffered from symptoms such as depression, somatic complaints, and aggression. Other data suggest that religiously motivated medical abuse and neglect also harm self-concept and sense of personal value (Cumella, 2005).

Fewer than half of the religion-related medical neglect cases from the Bottoms et al. (1995) study were reported to authorities: 41% were investigated by social services, and 14% by police and prosecutors. Only 14% were brought to trial and 5% ended in conviction, even though nearly all cases included compelling evidence, such as medical corroboration, perpetrator confession, and physical and emotional harm. This is not surprising, given that most states grant religious exemptions from child protection laws to parents who harm their children as a result of religious beliefs (Dubowitz & Black, 2002; Skolnick, 1994; Swan, 1997), even though the U.S. Supreme Court ruled in *Prince v. Massachusetts* (1944) that "the right to practice religion freely does not include liberty to expose the community or child to communicable disease or the latter to ill health or death" (Bullis, 1991, p. 551). Thus, when they are informed of the problem, courts can and often do intervene to order medical treatment for children at severe risk, but courts are not often notified, even by physicians (Johnson, 1993). Although there have been repeals of religious exemptions in a few states (Rogers, 2014), movement toward changes in more state laws is slow if not unlikely, especially if there continues to be so little research to document the clear danger of religiously motivated neglect (but see Dubowitz & Black, 2002).

**Physical Abuse Justified by Religious Beliefs**

Another form of religion-related maltreatment involves parents who equate children’s misbehavior with evil that must be physically exorcized. Humanities scholars such as Greven (1991) and Capps (1992) have traced the indisputable connection between traditional religion and violence against children (see also Jackson et al., 1999), but there is
little social science research on this kind of abuse. Other harmful practices, such as non-medically approved forms of male circumcision and female genital mutilation and cutting, are often associated with religiously motivated dictates (Robinson & Hanmer, 2014).

Bottoms et al. (2003) found that victims of religion-related physical abuse report that it is even more harmful than comparable non-religion-related physical abuse. Bottoms et al. (1995) established that 43% of such cases involved Fundamentalist groups, such as isolationist cults (Malcarne & Burchard, 1992). Thirty-eight percent involved other kinds of Protestant, and 16% involved Catholics (stereotypically known for exorcisms). Parents were most often the perpetrators (85%), the abuse typically occurred in the home (78%), and victims were usually between 5 and 11 years of age. Although the typical case (66%) involved physical abuse, nearly half of the cases, in addition to or instead of physical abuse, were characterized by sexual abuse (e.g., a gang rape to drive the devil from a child), and almost a third involved neglect. Frequent psychological sequelae noted by clinicians included depression and suicidal ideation; other symptoms included phobias, social withdrawal, aggression, and dissociative disorders. Investigations were performed by social services in 56% of cases and by police in fewer than 20%. Even though about half of the cases were supported by corroborative evidence, trials (12%) and convictions (9%) were rare.

The Present Study: Overview

Our national survey was nearly identical to the survey conducted by Bottoms et al. (1995), examining the same three kinds of cases from the perspective of legal and social service agencies rather than mental health professionals. Authorities’ reports would be encountered under very different circumstances than therapeutic situations. For example, legal and social service reports are made because of the need for legal intervention and usually involve recently experienced as opposed to long-past crimes reported by adult survivors. Cases likely come to the attention of authorities when they are particularly egregious. Further, whereas mental health professionals naturally focus on clinical symptoms and clients’ claims, authorities systematically investigate all forms of evidence with higher evidentiary standards. Such differences allow the present study to provide an important and novel perspective on the nature, circumstances, investigation, and prosecution patterns of religion-related maltreatment.

METHOD: SURVEY INSTRUMENT, SAMPLE, AND CASE DEFINITION

Our survey was conducted in two phases in the 1990s: Phase 1 was a postcard survey that served only to identify agencies that had encountered relevant cases, and Phase 2 was a detailed follow-up survey that gathered the detailed case information for this study. The Phase 1 postcards were sent to every county-level prosecutor’s office (as listed by the National Police Chiefs and Sheriffs Information Bureau, N = 2,690), county-level social service department (as listed by the National Directory of Children and Youth Services, 1990–1991, N = 3,056), and
municipal-level law enforcement office (as listed in the 1989 National Directory of Law Enforcement Administrators, \(N = 15,859\)) in the United States. The postcards were accompanied by a cover letter explaining that we were interested in child abuse allegations involving ritualistic, ceremonial, supernatural, religious, or mystical practices; examples included abuse in which the perpetrator was a member of a cult (e.g., a satanic or other religious cult) or in which someone tried to rid a child of the devil or evil spirits. Respondents were also given a detailed listing of specific case features to help them understand what cases fit our definition. Respondents simply reported the number of any such cases they had encountered during the 1980s and early 1990s, without specifying type of case. They could also indicate zero cases. This postcard survey was part of a larger study of so-called “satanic ritual abuse” (SRA) that is described in detail by Bottoms et al. (1996); see also Bottoms and Davis (1997). As in the work of Bottoms et al. (1995) and Goodman et al. (1998), we focus herein only on reports of non-SRA forms of religion-related maltreatment.

After the initial and one reminder mailing of postcards, there were 4,655 valid agency respondents (at the minimum a 22% response rate, given that our bulk-mailing method undoubtedly missed many targets). At least one SRA or religion-related child maltreatment case was reported by 1,079 agencies (23% of respondents: 213 prosecutors, 457 social service agencies, and 409 law enforcement agencies).

During Phase 2, we mailed a detailed, four-page follow-up survey questionnaire to these 1,079 agencies, accompanied by a letter defining religion-related abuse as "cases in which more traditional religious beliefs are involved; for example, withholding medical treatment for religious reasons or beating a child to rid him or her of the devil," and containing the same set of specific descriptive features as listed on the postcard. The features defining religion-related abuse were (a) “abuse involving the withholding of medical care for religious reasons, resulting in harm to a child”; (b) “abuse related to attempts to rid a child of the devil or evil spirits”; and (c) “abuse by religious professionals such as priests, rabbis, or ministers.” Any of the cases could have (and often did) include a fourth feature—abuse committed in a religious setting, a religious school, or a religious daycare center—which was generally not analyzed separately.

Respondents were asked to describe up to eight cases—all they had personally encountered if that number was fewer than nine, or eight representative cases if more than eight had been encountered. This Phase 2 survey was the same as that given to clinicians and reported by Bottoms et al. (1995) and Goodman et al. (1998), except that the agency survey did not contain questions inappropriate for this sample (e.g., detailed questions about the victim’s psychological symptoms and diagnoses). As detailed below in the Results section, the survey questions concerned the nature of the abuse (type of maltreatment, setting of abuse), victim and perpetrator characteristics (number, gender, religion, and for victims only age; relationship of perpetrator to victim), and details about the case evidence and outcome (evidence for victims’ claims, perceived credibility of victims’ claims, type of investigation conducted, legal outcome of the investigation). Respondents had the opportunity to write additional comments at the end of the questionnaire.

The response rate to this detailed survey was 25% (\(N = 266\) agencies: 55 district attorney offices, 118 social service departments, and 93 law enforcement agencies), spanning rural, suburban, and urban areas. The 266 agencies provided information about a
total of 739 cases of SRA or religion-related abuse. Based on examination of the case features respondents reported, we excluded the SRA cases from all further consideration. This left 271 religion-related (non-SRA) cases involving one or more of the designated religion-related features. We examined only pure instances of these types of abuse—those involving only one of the three religion-related features (for details about cases that involve multiple types of abuse, see Goodman et al., 1998). This left 249 religion-related child maltreatment cases reported by 86 agencies (N = 22 district attorney offices, 66 social service departments, and 36 law enforcement agencies): 88 cases involving medical neglect, 84 involving attempts to rid a child of evil, and 77 in which the abuse was perpetrated by a religious authority figure. For example, a medical neglect case involved parents who “did not seek medical care/hospitalization. After several days of seizures and vomiting, child died. Parent used prayer to heal.” In a ridding-evil case, a respondent said that an abused girl’s father told the authorities “he was beating the devil out of her with the Bible’s permission.” A religious authority case involved “child pornography magazines with children engaged in various sexual activities… [The] main defendant was the head minister of this city’s largest Baptist church.”

The specific personnel who completed our surveys had worked at their agencies for 11 years on average (M = 136 months, SD = 73). They indicated that they based their survey responses on their own experience (21%), agency files (7%), or both (72%).

RESULTS

As in prior studies (e.g., Bottoms et al., 1995, 1996), we performed a series of one-way analyses of variance (ANOVAs, acceptable for our data in a sample this size; Lunney, 1970) comparing the three types of religion-related maltreatment cases on (a) characteristics of the maltreatment, (b) characteristics of victims and perpetrators, and (c) credibility of allegations and legal outcomes of the cases. Main effects of case type were followed up with Tukey tests of pairwise comparisons (Keppel, 1982). In rare cases when ANOVA assumptions were violated (e.g., M = 0.00 or 1.00), we simply describe the results. There were different Ns reflected in degrees of freedom across analyses, due to incomplete surveys. When proportions appear as the cell means, analyses were based on dichotomous (present vs. not present) variables (the mean of a 0–1 variable is equal to the proportion of 1s).

Characteristics of Maltreatment

Forms of Maltreatment

Respondents were asked to specify whether child victim(s) in the case experienced maltreatment that was sexual, physical, psychological, neglect, and/or murder, terms that were not specifically defined. Sexual abuse, physical abuse, psychological abuse, and neglect were present at significantly different levels across the three case types (Table 1). Specifically, sexual abuse was far more likely in religious authority cases (e.g., “fondling by priest,” “inappropriate touching by parochial school teacher”) than in ridding-evil or medical neglect cases. Compared with religious authority and medical neglect cases, physical abuse was most common in ridding-evil cases.
Agencies reported, for example, "markings on skin—black and blue," "whippings making a cross mark," "removal of a child’s eye," "spanking to beat devil out of child," and "excessive physical abuse to make the children ‘good’ in the eyes of the Lord." In one case, a child had been “not fed, locked under the bathroom sink, murdered weeks later.” In another, the perpetrator forced victims to kneel on broom handles and pray for the perpetrator’s strength before beatings.

Psychological abuse was reported significantly more often in ridding-evil cases and religious authority cases than in medical neglect cases. By definition, neglect characterized all medical neglect cases, but also occurred in some ridding-evil and religious authority cases. One agency reported a case in which a child suffered third-degree burns after falling into a barbeque pit, but was treated only by a faith healer. A child was murdered in 6% of the cases. For example, in a ridding-evil case, a father reportedly stated he was killing the devil when he killed his child.

**Settings of Maltreatment**

Agencies specified whether cases occurred in a day-care center, a parent or relative’s home, and/or “other.” We invited respondents to write in what the “other” setting was. The most frequently mentioned other setting was a religious setting (e.g., church, church school, or religious camp), which we analyzed separately (Table 1). Overall, few cases occurred in a day-care setting (only religious authority cases), and most medical neglect and ridding-evil cases occurred in the home. Abuse by religious authorities was most likely to occur in religious settings (32%).

**Characteristics of Victims and Perpetrators**

**Number and Gender**

For each case, respondents wrote in the total number of child victims and the number of boys and girls, and the number of perpetrators and the number of men and women. Religious authority cases involved more victims (more boys and girls) than either...
neglect or ridding-evil cases (Table 2). There were about the same numbers of perpetra tors across case types, but fewer women and somewhat more men in the religious authority cases than the others.

Victim Age

In response to specific questions, agencies indicated that victims of medical neglect and ridding evil were on average between 5 and 7 years of age when the maltreatment began, whereas in religious authority cases they indicated that abuse began, on average, significantly later, with children 10–11 years of age (Table 2). The maltreatment lasted approximately a year in neglect cases, a year and a half in ridding-evil cases, and two years in religious authority cases. The maltreatment generally ended when the cases were discovered, presumably when our agency respondents became involved.

Relationship of Perpetrator to Victim

Perpetrators were nearly always people the children knew and trusted (Table 2). A trusted non-parent (e.g., teacher, relative, or minister) was more likely to be the

Table 2. Characteristics of perpetrators and victims

<table>
<thead>
<tr>
<th>Case type</th>
<th>Medical neglect</th>
<th>Ridding evil</th>
<th>Religious authority</th>
<th>ANOVA results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of victims</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both genders</td>
<td>1.31 (.89)</td>
<td>1.82 (1.52)</td>
<td>3.97 (4.90)</td>
<td>F(2, 197) = 15.01, p &lt; .001</td>
</tr>
<tr>
<td>Boy victims</td>
<td>.73 (.69)</td>
<td>.97 (1.19)</td>
<td>2.07 (2.98)</td>
<td>F(2, 189) = 9.22, p &lt; .001</td>
</tr>
<tr>
<td>Girl victims</td>
<td>.52 (.61)</td>
<td>.81 (.89)</td>
<td>1.21 (1.64)</td>
<td>F(2, 188) = 6.16, p &lt; .01</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both genders</td>
<td>2.02 (2.24)</td>
<td>1.50 (.96)</td>
<td>1.42 (1.16)</td>
<td>F(2, 189) = 2.73, p = .07</td>
</tr>
<tr>
<td>Men perpetrators</td>
<td>.96 (1.15)</td>
<td>.66 (.69)</td>
<td>1.11 (.60)</td>
<td>F(2, 182) = 4.84, p &lt; .01</td>
</tr>
<tr>
<td>Women perpetrators</td>
<td>.96 (.89)</td>
<td>.78 (.74)</td>
<td>.22 (.58)</td>
<td>F(2, 181) = 16.54, p &lt; .001</td>
</tr>
<tr>
<td>Victim age (M in years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When abuse began</td>
<td>5.33 (4.35)</td>
<td>6.74 (4.28)</td>
<td>10.39 (4.53)</td>
<td>F(2, 166) = 20.02, p &lt; .001</td>
</tr>
<tr>
<td>When abuse ended</td>
<td>6.36 (5.45)</td>
<td>8.51 (5.01)</td>
<td>11.72 (4.33)</td>
<td>F(2, 149) = 14.75, p &lt; .001</td>
</tr>
<tr>
<td>When abuse discovered</td>
<td>6.33 (5.31)</td>
<td>8.16 (4.70)</td>
<td>11.75 (4.44)</td>
<td>F(2, 160) = 17.14, p &lt; .001</td>
</tr>
<tr>
<td>Relationship of perpetrators to victims (proportion of cases)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent or step-parent</td>
<td>.97 (.17)</td>
<td>.93 (.26)</td>
<td>.26 (.44)</td>
<td>F(2, 210) = 114.92, p &lt; .001</td>
</tr>
<tr>
<td>Other person in position of trust (e.g., teacher, relative)</td>
<td>.03 (.17)</td>
<td>.15 (.36)</td>
<td>.75 (.44)</td>
<td>F(2, 210) = 89.92, p &lt; .001</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>.01 (.12)</td>
<td>.04 (.20)</td>
<td>.00 (.00)</td>
<td>NA</td>
</tr>
<tr>
<td>Stranger</td>
<td>.01 (.12)</td>
<td>.00 (.00)</td>
<td>.01 (.12)</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: Means within a row that share the same subscript do not significantly differ from each other at p < .05. Standard deviations are noted in parentheses. “Both genders” is not a simple summation of separate male and female totals, because some respondents provided only a total number of victims or perpetrators, without specifying gender. Outliers were defined conservatively as values more than three standard deviations above the mean and substantially removed from the next highest values. These results do not include the following outliers: for total number of perpetrators (gender unspecified), one report of 100; for number of female perpetrators, one report of 50; for number of male perpetrators, one report of 50; for total number of victims (gender unspecified), one report of 66; for number of girl victims, one report each of 24 and 37; for number of boy victims, one report each of 26 and 29. NA = ANOVA assumptions violated.
perpetrator in a religious authority case than in medical neglect or ridding-evil cases. For the latter two categories, almost all of the cases involved parent perpetrators.

Religion of Victims and Perpetrators

Agencies reported the perpetrators’ and victims’ religious affiliation in response to an open-ended question (Table 3). We collapsed responses into categories of Fundamentalist (e.g., Mormon, Pentecostal, Seventh Day Adventists, Faith Assembly World Wide Church of Christ, Jehovah’s Witnesses, Christian Scientists, Mennonite, Amish); Protestant (e.g., Baptist, Methodist, Presbyterian); Catholic (i.e., Roman Catholic, Greek or Russian Orthodox); and “other” (i.e., diverse religions each mentioned infrequently and not logically placed within the previous categories: e.g., Jewish, “no religion,” Atheist).

Medical neglect cases involved a relatively high proportion of Fundamentalist perpetrators, although Fundamentalist perpetrators were not any more or less likely to be involved in neglect than in the other two forms of maltreatment. One respondent wrote about Mennonite and Amish groups,

...the child died because the parents failed to follow through with the recommended medical care. Many other children are also gravely ill. I am certain that a number of children are never reported to this agency because of the parents’ withholding medical care and using instead, prayer, ‘pow wow’ doctors, herbalist remedies, etc.

Non-fundamentalist Protestants were less likely to be involved in medical neglect cases than the other two types of cases. Significantly more Catholic perpetrators (priests and nuns) were involved in religious authority than neglect cases, neither of which differed statistically from ridding-evil cases.

With regard to the child victim’s religious affiliation, non-fundamentalist Protestant children were statistically less likely to be involved in medical neglect than the other cases (Table 3). Fundamentalist victims were almost twice as likely to be in medical neglect cases as in ridding-evil or religious authority cases. Catholic children were most likely to be involved as victims in religious authority cases and least likely to be involved

Table 3. Proportion of cases regarding religious affiliation of perpetrators and victims at time of maltreatment per case type

<table>
<thead>
<tr>
<th>Case type</th>
<th>Medical neglect</th>
<th>Ridding evil</th>
<th>Religious authority</th>
<th>ANOVA results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>.14 (.35)</td>
<td>.39 (.49)</td>
<td>.38 (.49)</td>
<td><em>F</em>(2, 127) = 4.12, <em>p</em> &lt; .05</td>
</tr>
<tr>
<td>Fundamentalist</td>
<td>.59 (.50)</td>
<td>.37 (.49)</td>
<td>.38 (.49)</td>
<td><em>F</em>(2, 127) = 2.86, <em>p</em> = .06</td>
</tr>
<tr>
<td>Catholic</td>
<td>.03 (.15)</td>
<td>.12 (.33)</td>
<td>.23 (.43)</td>
<td><em>F</em>(2, 127) = 4.54, <em>p</em> &lt; .05</td>
</tr>
<tr>
<td>Other</td>
<td>.24 (.43)</td>
<td>.12 (.33)</td>
<td>.00 (.00)</td>
<td>NA</td>
</tr>
<tr>
<td>Victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>.12 (.32)</td>
<td>.37 (.49)</td>
<td>.40 (.49)</td>
<td><em>F</em>(2, 134) = 5.32, <em>p</em> &lt; .01</td>
</tr>
<tr>
<td>Fundamentalist</td>
<td>.63 (.50)</td>
<td>.35 (.48)</td>
<td>.33 (.48)</td>
<td><em>F</em>(2, 134) = 5.26, <em>p</em> &lt; .01</td>
</tr>
<tr>
<td>Catholic</td>
<td>.02 (.15)</td>
<td>.15 (.36)</td>
<td>.27 (.45)</td>
<td><em>F</em>(2, 134) = 5.68, <em>p</em> &lt; .01</td>
</tr>
<tr>
<td>Other</td>
<td>.23 (.43)</td>
<td>.13 (.34)</td>
<td>.00 (.00)</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Note: Means within a row that share the same subscript do not significantly differ from each other at *p* < .05. Standard deviations are noted in parentheses. NA = ANOVA assumption violated.*
in medical neglect cases. Although Catholicism is known for exorcism, Catholic victims were involved in relatively few ridding-evil cases.

**Credibility of Allegations and Legal Outcomes of Cases**

*Perceived Credibility*

In an open-ended question, we asked respondents whether they believed the claims of harm. Overwhelmingly, they did. For example, an agency representative who reported encountering 4,000 maltreatment cases noted “In my opinion, the use of severe physical abuse with religious justification is very common.” In fact, there were only 13 cases in which the reporting agencies expressed disbelief, 8 of which involved sexual abuse by religious authorities. For example, one respondent reported that his/her religious authority case was “totally without substance... made by a person who was later diagnosed as having paranoid delusions.” To explore this further, we categorized the level of belief in respondent’s answers: 0 (*did not believe claims*), 1 (*believed the claims were possibly true, but expressed some doubt*), 2 (*believed the claims*). ANOVA revealed that respondents were less likely to believe the allegations of harm in cases of religious authority, \( M = 1.74, SD = .66, \) than ridding evil, \( M = 1.97, SD = .24, F(2, 194) = 3.64, p < .05. \) The mean for belief of medical neglect, \( M = 1.83, SD = .53, \) fell non-significantly between the other two.

*Evidence for the Cases*

Agencies responded to an open-ended request to specify the evidence in their cases for (a) the harm itself and (b) religious aspects of the case. Responses to the harm question were coded into four non-mutually exclusive categories: (a) victim’s psychological/emotional symptoms (including the victim having psychological or physical symptoms of abuse, special knowledge relevant to the abuse, or convincing memories); (b) victim’s claims; (c) physical or other corroborative evidence; and (d) miscellaneous. We further categorized the physical/corroborative evidence into four sub-criteria (not all of the evidence met this more rigorous categorization): (a) testimony by a witness or another victim; (b) physical evidence; (c) medical evidence; and (d) confession or admission by the accused (Table 4).

Medical neglect cases had more corroborating evidence than did ridding-evil cases, and both involved more corroborating evidence than did religious authority cases, which were particularly likely to be supported only by victims’ claims. Psychological symptoms were reported more for ridding-evil and religious authority cases compared with medical neglect cases. Regarding specific types of corroborating evidence, eyewitness and physical corroboration and confessions were infrequent. Medical evidence was reported in most neglect cases, but also existed in more than a third of ridding-evil and 21% of religious authority cases. In 9% of the medical neglect cases, the victim’s death constituted the physical evidence; in other such cases, other medical evidence existed, such as when parents from the Church of the First Born had to be forced by court order to seek treatment for a newborn whose intestine was exposed. Evidence in ridding-evil cases included “bruises,” “broken jaw,” and “old healed fractures”; and in religious authority cases evidence included
medical findings from genital examinations and child pornography at the perpetrator’s residence.

We categorized the evidence for the religious aspects of the case into five non-mutually exclusive categories: (a) victim’s report seemed convincing (e.g., dramatic expressions of emotion); (b) victim’s claim; (c) physical or other corroborative evidence; (d) skepticism expressed by the respondent regarding the validity of the abuse; and (e) miscellaneous. The corroborative evidence category for religious aspects was coded further into (a) testimony by a witness or another victim, (b) physical evidence, (c) accused’s confession or admission, and (d) medical evidence (Table 4). Fully 90% of medical neglect cases and 91% of ridding-evil cases had corroborative evidence regarding religious aspects, significantly more than did religious authority cases. Religious authority cases were about twice as likely as the other cases to be based on victims’ claims. Confessions (e.g., parents explaining that they were directed by God to punish their children, performing exorcisms, “praying out” demons, freeing their children from evil) were present in over a third of the ridding-evil cases, significantly more than in the other cases. Eyewitness and physical evidence, while not common, were particularly likely in ridding-evil cases. Medical evidence was present almost exclusively in the neglect cases.

**Type of Investigation and Legal Outcomes**

As shown in Table 5, about 13% of the cases were open at the time of the survey. Social services investigated fewer religious authority than ridding-evil or neglect cases.
Religious authority cases were more likely to be investigated by police than ridding-evil cases, which were more likely to be investigated than medical neglect cases. Prosecutorial involvement did not differ across cases.

Given the findings presented thus far, including the fact that religious authority cases were believed less by agencies, less likely to be supported by “hard” evidence, and involved claims of sexual abuse that are typically treated skeptically, one might expect to find less legal action taken in religious authority cases than other cases. In fact, on the one hand, although there were no significant differences among the case types in likelihood of being “unfounded” by social services, social service agencies were least likely to substantiate religious authority cases. On the other hand, arrests were twice as likely in religious authority as in medical neglect cases. When there was an arrest, plea bargains were equally likely to be arranged and accepted in the three types of case, and about half went to trial. When there was a trial, conviction was equally and highly likely across all three case types—over 80%. We further coded the legal outcome into seven categories: 1, never reported; 2, social services unsubstantiated; 3, social services substantiated; 4, arrest; 5, plea bargain; 6, trial; 7, trial conviction. Categorizations were made in a mutually exclusive manner, so, for example, if a case had involved social service substantiation and a criminal conviction, only the highest level outcome (conviction) would have been scored. Higher legal outcomes were reached in cases of religious authority, $M = 4.60$, than in medical neglect cases, $M = 3.43$, $F(2, 182) = 6.61$, $p < .01$. For ridding-evil cases, $M = 3.94$, the mean was not significantly different from the other two.

Table 5. Proportion of cases for types of investigation and case outcomes per case type

<table>
<thead>
<tr>
<th>Case type</th>
<th>Medical neglect</th>
<th>Ridding evil</th>
<th>Religious authority</th>
<th>ANOVA results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of investigation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No investigation</td>
<td>.00 (.00)</td>
<td>.01 (.12)</td>
<td>.01 (.12)</td>
<td>NA</td>
</tr>
<tr>
<td>Social service</td>
<td>.84 (.37)</td>
<td>.85 (.36)</td>
<td>.69 (.46)</td>
<td>$F(2, 212) = 3.45$, $p &lt; .05$</td>
</tr>
<tr>
<td>Police</td>
<td>.46 (.50)</td>
<td>.64 (.48)</td>
<td>.85 (.36)</td>
<td>$F(2, 212) = 13.20$, $p &lt; .001$</td>
</tr>
<tr>
<td>District attorney</td>
<td>.21 (.41)</td>
<td>.18 (.39)</td>
<td>.24 (.43)</td>
<td>$F(2, 212) = .37$, $p = .69$</td>
</tr>
<tr>
<td><strong>Case outcome</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never reported</td>
<td>.01 (.12)</td>
<td>.05 (.23)</td>
<td>.00 (.00)</td>
<td>NA</td>
</tr>
<tr>
<td>Social services unfounded</td>
<td>.09 (.29)</td>
<td>.05 (.23)</td>
<td>.10 (.30)</td>
<td>$F(2, 208) = .52$, $p = .60$</td>
</tr>
<tr>
<td>Social services substantiated</td>
<td>.70 (.46)</td>
<td>.67 (.47)</td>
<td>.34 (.48)</td>
<td>$F(2, 208) = 12.94$, $p &lt; .001$</td>
</tr>
<tr>
<td>Arrest</td>
<td>.19 (.40)</td>
<td>.34 (.48)</td>
<td>.44 (.50)</td>
<td>$F(2, 208) = 4.82$, $p &lt; .05$</td>
</tr>
<tr>
<td>Of those cases in which there was an arrest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plea bargain</td>
<td>.31 (.48)</td>
<td>.20 (.41)</td>
<td>.35 (.49)</td>
<td>$F(2, 66) = .80$, $p = .45$</td>
</tr>
<tr>
<td>Trial</td>
<td>.46 (.52)</td>
<td>.64 (.49)</td>
<td>.68 (.48)</td>
<td>$F(2, 66) = .92$, $p = .41$</td>
</tr>
<tr>
<td>Of those cases that went to trial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conviction</td>
<td>.83 (.41)</td>
<td>.88 (.34)</td>
<td>.86 (.36)</td>
<td>$F(2, 40) = .03$, $p = .97$</td>
</tr>
</tbody>
</table>

Note: Means within a row that share the same subscript do not significantly differ from each other at $p < .05$. Standard deviations are noted in parentheses. Cases could have involved more than one kind of investigation and outcome. NA= ANOVA assumption violated.
DISCUSSION

Our work provides a descriptive profile of three forms of religion-related child maltreatment as reported to legal and social service agencies, extending our prior work. Much like the findings by Bottoms et al. (1995) with a clinical sample, nearly all medical neglect and attempts to rid children of evil were perpetrated in the home by parents motivated by Fundamentalist or other Protestant teachings. Victims were usually one or two children around 5–7 years old when the abuse or neglect began (young enough to be relatively compliant).

Cases involving religious authorities were different. Consistent with claims in the popular press and professional literature, compared with other forms of religion-related maltreatment, religious authority cases involved more sexual abuse, more men than women perpetrators, and more and older victims, who, compared with younger children, are presumably freer of adult supervision, hence more accessible to abusive religious authorities. Our findings are similar to those of Bottoms et al. (1995), except that in the clinical sample cases were discovered much later (while victims were in therapy), more likely to occur in a religious place, and involved fewer victims, fewer Fundamentalist victims and perpetrators, and more Catholics (see also Calkins et al., 2015). These differences probably reflect the fact that the present sample included fewer cases of strictly extrafamilial sexual abuse by religious leaders, and instead included more cases in which an abusive parent occupied a position of religious authority and more cases in which the religious leader (parent or not) practiced multiple forms of maltreatment.

Some of our findings regarding the religious authority cases are consistent with findings from the John Jay College Research Team’s (2004) national study of priests, but some are not. For one example, our victims were as likely to be girls as boys (see also Langevin, Curnoe, & Bain, 2000; Loftus & Camargo, 1993), whereas 81% of the John Jay victims were boys (see also Firestone, Moulden, & Wexler, 2009). Such differences are to be expected, because our religious authority cases were not restricted to Catholic priests. Even among our Catholic cases, some maltreatment was not sexual in nature and was perpetrated by non-priests (i.e., nuns). Of note, our survey, conducted in the 1990s, uncovered only 11 cases of abuse perpetrated by a Catholic priest. This underscores how hidden the many cases of abuse by Catholic priests have been until recently, so hidden that they were not reported to authorities, even though they were being reported to mental health professionals, as revealed by the Bottoms et al. (1995) study, and to the Catholic Church, as revealed by the John Jay study. Our data are unique in providing information about non-sexual maltreatment perpetrated by non-Catholic-priest religious authorities. In fact, we know of no other data concerning non-sexual maltreatment perpetrated by religious figures and reported to U.S. authorities.

To illustrate the circumstances surrounding our religious authority cases, it is informative to consider qualitative data provided by our respondents: “Many pedophiles attach themselves to youth groups, including church groups, as a means of access to potential victims... truly an everyday problem in our communities.” Our respondents said that leaders sometimes invoked their religious positions to ensure victims’ cooperation. In one case, for example, a pastor “claimed that God played a role in his activities and he was testing the victim to see if she was truthful.” Perhaps surprisingly given the stereotype of priest abuse, many of the
religious authorities in our cases did not act alone, as illustrated in this respondents’ case description:

...case involved a minister and his wife. She would watch and later participate... [in] one instance, she presented the 16-year-old to her husband, with Indian trappings, even to the extent of each person having an Indian name. Another victim described her first intercourse with the minister as being a special occasion with his wife preparing a special meal, seeing her dressed in an outfit, and presenting the victim to the waiting minister.

Some of our multiple-perpetrator cases involved fringe sects or cults in which several religious leaders were all directly responsible for the child maltreatment, or in which a charismatic leader encouraged parents to follow his abusive instructions. For example, one respondent described a leader who convinced a group “that he was Christ reincarnated... There were unsubstantiated reports of the death of one child [at his hands, and] no question of the abuse here. Most of the parents eventually pled guilty to child abuse... The abuse was ‘Christian discipline’ for bad acts [which made] children unholy.”

Nearly all of the cases reported to us were considered to be credible by the reporting agencies, and many involved solid corroborating evidence. The clinical sample reported remarkably similar patterns and amounts of evidence. Given the respected position of religious authorities in the community, the fact that these cases often involved sexual abuse, which rarely leaves outward marks, and the fact that others have noted delays in charges being filed against cleric perpetrators of sexual abuse (e.g., Langevin et al., 2000), it might have been expected that agencies would be more skeptical of religious authority cases compared with others. In fact, religious authority cases were perceived as a little less credible than ridding-evil claims (Bottoms et al., 1995, found no significant difference in credence clinicians expressed with reference to the three types of case). The mild skepticism exhibited by the present sample of agencies probably stems from the fact that there was less evidence in these cases compared with cases of medical neglect and ridding evil (which involve serious physical maltreatment, more likely to leave overt indicators).

By definition, nearly all cases in the present sample were officially investigated. Arrests were most common in religious authority cases, whereas social services were less likely to investigate and substantiate such cases. This reflects the nature of the different agencies’ jurisdictions: Social service agencies are more likely to be involved when maltreatment is intrafamilial, and police are less likely to become involved in “family affairs” and/or parenting rights issues than in cases involving non-familial perpetrators.

Of particular interest, the arrest rate was higher in religious authority than in medical neglect cases, even though religious authority cases were accompanied by less corroborative evidence. Authorities may be biased not to take legal action against perpetrators who are also family members (which was more likely to occur in our neglect cases), but it might also reflect the fact that parental medical neglect based on religious beliefs is not legally actionable in most states. In the previously mentioned neglect case involving serious burns, a judge ordered the child to be treated at hospital, but no charges were filed because “the prosecutor felt the parents... made a bad choice in the type of treatment given.” A high level of social services involvement in medical neglect cases is encouraging from a child welfare
perspective because it suggests that authorities are not always hesitant to interfere with parents’ desire to raise their children in accordance with religious beliefs if the children’s lives are at stake. Even so, results from the study of clinical cases indicate that many such cases go unreported.

Once an arrest was made, there was little difference among the three kinds of cases in terms of their likelihood of going to trial and ending in conviction, a rate that matches the general outcome of most cases in American courts (e.g., U.S. Attorneys’ Annual Statistical Report, 2014). Yet this was only 14% (35) of the 249 cases reported to us. Adding in plea bargains (N = 22), many of which would have resulted in perpetrators serving time in prison, the percentage increases to 23%, which is still a small percentage given the amount of evidence in these cases. Even so, this is better than the picture presented by the John Jay College Research Team (2004) for religious authority cases: Police investigated only 14% of priest suspects, of whom 64% were convicted (i.e., 3% of all priests against whom allegations were made).

Strengths, Limitations, and Conclusions

Ours is the only study we know of profiling religion-related child maltreatment encountered by a national sample of legal and social service agencies. We provided a great deal of specific information about prototypical cases. There is good reason to believe that our data are reliable: Only 2% of agencies indicated that they were relying on their recollections only with no reference to case files. Also, the general similarity of findings to those of the Bottoms et al. (1995) clinical sample suggest that we have opened two windows onto the same phenomena, providing confidence in our original characterization of religion-related child maltreatment. Yet this new perspective permitted us to gather new information, such as the number of cases that ended in murder—something clinician-reported cases would not likely include. Also, we were able to see more cases with “hard” evidence, whereas the clinical sample included more sexual abuse cases with little corroborating evidence, probably because sexual abuse is more likely to be reported in private therapy situations than in conversations with legal authorities, less likely than other forms of maltreatment to leave overt signs, and thus more easily concealed and less likely to attract the attention of legal agencies.

Clearly, our findings, as well as those from the clinical sample (Bottoms et al., 1995) and other findings from a non-clinical victim sample (Bottoms et al., 2003), indicate that sufficient harm is caused by religion-related maltreatment to warrant its continued empirical investigation. Yet our study leaves some questions unanswered. For example, we have no way of moving from our data to current base rates in the general population. Also, we investigated only three forms of religion-related child maltreatment. We may have missed the most common form of maltreatment encouraged by some sects’ religious beliefs—corporal punishment perpetrated by Biblical literalists practicing “spare the rod, spoil the child” discipline (Capps, 1992; Ellison, Bartkowski, & Segal, 1996; Greven, 1991; Wiehe, 1990), because such abuse might not be severe enough to attract the attention of authorities. Although corporal punishment has negative consequences (Gershoff, 2002), its practice is firmly established in this country (counter to laws in a growing number of
other countries. As a respondent put it, “Spare the rod and spoil the child is a basic belief and closely tied to good parenting. Child abuse prevention advocates are perceived as attempting to undermine parental authority and God’s law.”

Future research should address those issues and identify factors that mediate and moderate relations between religious teachings and the actual commitment of child maltreatment, such as individual differences in parents themselves (e.g., parental mental health, religiosity). Research is also needed to determine whether maltreatment perpetrated by religious authorities differs in significant ways from maltreatment perpetrated by other adults in trusted, authoritative positions, such as Boy Scout leaders and teachers. Disch and Avery (2001) found few differences in psychological outcome for persons sexually victimized by clergy versus physicians or mental health professionals. Yet in the study by Bottoms et al. (2003), victims who experienced religion-related physical abuse felt more harmed than those who experienced similar abuse unrelated to religion.

In conclusion, one of our respondents wrote “Interesting and needed research. We have few or no resources to deal with these phenomena when we encounter them.” We hope that our findings will help give child protective services, legal professionals, psychologists, and others a better understanding of the nature of religion-related child maltreatment, which may in turn assist them in their efforts to investigate, treat, and prevent all forms of child maltreatment. We also hope our work will convince religious organizations to turn their attention to child maltreatment perpetrated by their leaders and to the ways in which some of their texts and teachings promote child maltreatment. The freedom to choose and practice religious faiths will, and should, always be legally protected. The freedom to abuse and neglect children in the course of these practices, however, needs to end.

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REFERENCES


