Chaplains and CACs: Effective Collaborations to Address the Spiritual Impact of Abuse
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Julie Valentine Center became the first Center in the United States to add a full time Chaplain to their team.

“Victor Vieth, the senior director and founder of the Gundersen National Child Protection Training Center, called the hiring of Nettles historic. “Although hospitals, military branches, and law enforcement agencies have long benefitted from incorporating chaplains into their response to trauma, the child protection field has been slow to embrace a reform that is solidly supported by research. I’m hopeful the decision of the Julie Valentine Center to add a chaplain to their team will become a model for CACs across the county,” Vieth said.

Agenda
• History
• Research
• Implementation (3 years later)
• Vision for the Future

Dear children, let us not love with words or speech but with actions and in truth.
1 John 3:18

According to the Pew Research Center, South Carolina is the 5th most religious State in the US, with 70% of adults identifying as “highly religious.”
“This is the bible belt. There are more churches here than fast food restaurants.”
-Silent Tears SC

“I want nothing to do with their God. But I say that with a caveat...the same God that rescued me from (my perpetrator) and allowed me to graduate university and have my dream job against all odds, this is a God I believe in. He actually hears my desperate cries and does something. I believe in a God that is good. It doesn’t mean what happens is good, but he is good...I did not learn about God at BJU. And, the spiritual abuse I experienced there SIGNIFICANTLY impacts my current walk with GOD.”
- GRACE Report for the Investigatory Review of Sexual Abuse Disclosures and Institutional Responses at Bob Jones University

Religiosity & Spirituality

- 89% of Americans believe in “God”*
- 77% of Americans claim a religious affiliation*
- 60% of Americans identify a sense of “spiritual peace”*
- 46% of Americans experience “wonder about the universe”*
- 30% of Americans who identify as “nothing in particular” consider religion important in their lives

*Pew Research Center, 2014

100% of human beings are spiritual beings

Relational Consciousness and Existential Limits

From the work of Aloneness
Spirituality

- Connection
- Values
- Purpose
- Identity
- Meaning-making

Spiritual Themes

- Love and belonging
- Forgiveness
- Trust and intimacy
- Hope
- Gratitude
- Meaning
- Identity
- Peace

Suffering

- “Man is not destroyed by suffering; he is destroyed by suffering without meaning.” – Viktor Frankl, *Man’s Search for Meaning*
- “Trauma makes theologians of us all.” – Shelly Rambo, *Spirit and Trauma*

Theodicy

- Branch of theology and philosophy which attempts to justify the reality of a good, benevolent, omniscient and fair God with the reality of suffering
- Multifaith perspectives

Theological Questions

- “Where is God?” ... “Does [God] care?”
- “Why is this happening?”
- “What did I do to deserve this?”
- “What does God want of me?”
- “Who am I now?”
- “What’s going to happen to me now?”
- “Where is [my loved one] now?”
- “Where is God in all of this?”

Stories

- Thirty year old woman, lifelong participation in church, still searching for God
- Fifty year old transgendered man, dragged when a teenager from the altar rail and thrown outside church, told he is “evil” and a “freak of nature”
- Ten year old boy asks, “Am I going to ‘bad heaven?’”
- Thirteen year old girl told she is a “reprobate” who is “abhorrent to God” after caregiver catches her own intimate partner raping child
- Nine year old asks, “Why did God leave me there?”
- Forty year old woman confronts father
- Six year old child survivor inspires adult fictive aunt
Cultural Competency

- An ability to recognize and attend to matters of religious/spiritual nuance in the trauma and healing narrative of an individual
- An awareness of regional variance, unaffiliated religious persons, “spiritual but not religious” persons, an increasing rise of “nones”
- An ability to “code switch”
- A use of themes, play, art, and story to welcome questions and search for meaning

*Healthcare Chaplaincy Network*

Cultural Competency

Proactive, culturally competent planning and outreach should focus on culture and degree of acculturation, ethnicity, religion, socioeconomic status, disability, gender, gender identity and expression, and sexual orientation. These factors contribute to a client’s experiences and perspectives, and must be considered and accommodated throughout the investigation, intervention, and case management processes. Addressing these factors in a culturally sensitive environment helps children and families of all backgrounds feel welcomed, valued, and respected by staff, MDT members and volunteers.

- 2017 NCA Standards

Research

Victims may find comfort in their faith or abandon it all together.

“Many survivors live a personal spiritual life somewhere in between these two positions—uncertain of what to make of the experience, that is, how to make personal meaning about it’s occurrence, or how to reconcile it with religious or spiritual beliefs and practices.”

-Walker (2009)

In a review of 34 studies, including over 19,000 participants:

- 14 studies suggested a decrease in spirituality as a result of trauma
  - “When abuse decreases personal religiousness/spirituality, it appears to do so by damaging the individual’s view of and relationship with God.”
  - (Walker 2009)

- 8 studies suggested an increase in spirituality
  - These studies suggested that “It helps victims to find personal meaning of some sort in the experiences and that it might be a culturally supported means of coping with the abuse itself.”
  - (Walker 2009)
“Victims who have maintained some connection to their personal faith (even if it was damaged as a result of abuse) experienced better mental health outcomes compared to adult survivors who did not.” - Walker (2010)

In a study of 39 child forensic interviewers and CAC directors in the US, the following religious influences were reported:
- Abuse within the religious community
- Religious grooming, justification and disclosure suppression
- Religion and engagement with formal systems including CACs

Implementation

Chaplains for Children: Twelve Potential Roles for a Theologian on the MDT
1. Investigative consultant on institutional abuse within a religious setting
2. Consultant to the mental health professionals working with victims
3. Clergy as a support person
4. Providing child protection professionals with additional resources
5. Prevention
6. Addressing the vicarious trauma of MDT members
7. Consulting on culturally sensitive child placements
8. Empowering victims to disclose
9. Empowering offenders to confess
10. Establishment community credibility
11. Spokesperson in explaining MDT actions to the faith community
12. Developing ethical responses to maltreatment

Vieth 2013

My Average Day at JVC

• What is an average day?
• Receive referrals from victim advocates, therapists, or self-referrals
• Research
• Occasional ER accompaniment for rape kit
• Direct services (face-to-face, phone conversation)
• Presence in CAC waiting area
• Staff support
• Phone calls and/or emails with clients to schedule visit
• Meetings
  • Weekly: rape crisis, MDT, crisis team
  • Quarterly: SART, Victim Advocate Roundtable, SC chaplains

Integrating into JVC Culture

• Adding literature to Red Folders (ER accompaniments & Family Advocate resources)
• Creating spiritual care pamphlets (similar to other service lit.)
• Adding pages to our Survivor’s Guide
• Adding direct intake questions re: spiritual care
• Adding a more to therapeutic assessment
• Adding spiritual screening and assessment tools
• Lunch and learns with the chaplain (Harry Potter clips)
• Godly Play

Professional Chaplains

• Graduated from an accredited Divinity School or Seminary (M.Div., Th.M., MTS)
• Completed at least four units of CPE (Clinical Pastoral Education) in an accredited program
• Endorsement from faith group
• Board Certified or Board Certified eligible
• (CACs may want to consider adding an experience requirement that relates to child protection field/children’s hospital/residential facility)
Professional Competencies
Pediatric Chaplains Network

1. Self-knowledge and Personal Maturity
   - An awareness of one’s temperament and ministry style, including strengths and weaknesses.
   - A commitment to one’s own continuing education and growth.
   - Actions and attitudes that show respect and compassion for all persons.
   - An ability to be a non-anxious presence in stressful situations.
   - Self-discipline and a respect for professional boundaries necessary to protect vulnerable populations.
   - Honesty and personal integrity.
   - Good self-care and a vital spiritual life evidenced by faith, hope, love, forgiveness and joy.

2. Knowledge and Skills in Theology
   - A pastoral theology that is well-founded and thoughtfully examined.
   - An ability to assist others in considering the spiritual dimensions of relationships, situations, crises, and decisions.
   - A respect and appreciation for the basic tenets, practices, holy days, taboos, and rites of diverse faith groups and a resourcefulness in finding ways to meet the spiritual needs of patients/families from those groups.
   - Skills as an advocate for the rights of persons to determine their own religious expression and for the special protections needed against proselytizing in vulnerable populations.
   - An understanding of the toxic possibilities in belief systems, and an ability to assist persons who have been damaged by religious beliefs.
   - An understanding of key theological elements, such as Prayer, Hope, Reconciliation, Theodicy, etc., and their importance in a healthcare setting.

3a. Knowledge and Skills in Pastoral Care
   - An understanding of the faith development process in human beings at various ages and stages.
   - An understanding of human coping styles that are healthy and destructive.
   - An understanding of psychosocial development, family systems, and relational dynamics.
   - An ability to translate developmental understanding into meaningful pastoral relationships with infants, children, adolescents, and adults.
   - The ability to relate pastorally to diverse forms of family units, respecting their culture and style of making decisions, offering them opportunities to express their faith in ways that are meaningful to them, and serving as a resource in responding to their own and their children’s spiritual needs.
   - Skill as an advocate for the rights, responsibilities, needs, and values of pediatric patients, families, and healthcare professionals in the process of medical decision-making.
   - Knowledge of the laws concerning child abuse and how those affect pastoral conversations.
   - Skills in mediating disputes.

3b. Knowledge and Skills in Pastoral Care
   - Skills in debriefing crisis intervention health professionals and responding to the spiritual crises and day-to-day spiritual needs of staff.
   - Skills in active listening, counseling, referral, and group leadership with children, adolescents, adult family members, and staff.
   - Knowledge of bereavement processes and pastoral skill in relating to grieving persons.
   - A respect for the confidentiality of pastoral conversations and the vulnerability of persons seeking help.
   - Crisis intervention skills with children and adults.
   - Spiritual assessment skills.
   - Basic knowledge of terminology and care for major illnesses, injuries and syndromes most commonly treated in one’s healthcare setting.
   - Understanding and skill in end-of-life issues and the pastoral role in these.
   - Skills in training, supervising, and ministering to pastoral volunteers.

4a. Leadership Ability
   - Skills in planning/leading worship for children, adolescents, and adults.
   - Skills in teaching children, adolescents, and adult family members.
   - Skills in preparing and conducting in-service education for staff.
   - Skills in developing programs, interventions, and printed material to address the spiritual needs in one’s particular healthcare setting.
   - Knowledge and skills to serve as a resource in ethical decision making.
   - Skills in developing cooperative relationships with faith congregations and service providers in the community, as well as pediatric chaplains in other settings.
   - Skills and judgment needed to serve as a pastoral voice on committees within the healthcare setting and for the institution to the wider community.

4b. Leadership Ability
   - The ability to foster a spiritual dimension of care throughout the healthcare setting, consistent with appropriate accreditation standards.
   - An understanding of and commitment to the overall mission of the healthcare setting and the role of pastoral care in that mission.
   - Good stewardship of time, energy, and financial resources.
   - An ability to work as a cooperative member of the healthcare team through appropriate chart entries, use of common healthcare terminology, hand washing and other safety precautions, referrals, interdisciplinary conferences, quality improvement projects, and collegial relationships.
Vision For the Future