

Spiritual care in Children's Advocacy Centers: results of a survey of CAC directors[☆]

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ABSTRACT

Many offenders against children use religion to facilitate abuse, which causes children spiritual harm. Moreover, child victims may generally suffer spiritual harm because abuse shakes their belief in a just and loving God. The spiritual harm is often exacerbated if the abuser is clergy and/or a congregation rallies around the abuser. Religion and spirituality can also be important resources for children's recovery. This research assesses spiritual harm and healing encountered in Children's Advocacy Centers (CAC), which coordinate the investigative and service response in thousands of child abuse cases. The project surveyed all 964 U.S. Children's Advocacy Centers directors and 172 responded. The results indicate that, particularly in the Southern region, many CACs are seeing spiritual harm in their practice, and some are also witnessing spirituality used to help children heal. The most common responses to children raising a spiritual question were to recommend the child discuss it with their therapist and to refer the child to a local faith community, but the survey results suggest that most members of the multidisciplinary team, including therapists, lack training on spiritual care and most CACs have limited relationships with local faith communities. Over one-third of CAC directors either strongly or somewhat favored a spiritual care program or have implemented one, but a larger percentage were uncommitted. However, most respondents reported being interested in learning more and receiving resources and guidance, suggesting that the path is open for improvement in providing spiritual care to child victims in CACs.

1. Introduction

Many offenders against children intertwine religion with abuse. Vieth and Singer (2019) detail how offenders use religion in a variety of ways to facilitate abuse. They may access children at church facilities or functions. Many tell the child that the offender's religious status entitles their behavior and that religious teachings support the abuse. Many also use religious strictures to frighten children into not disclosing the abuse. These uses of religion are especially potent if the abuser is clergy or knows the child through a house of worship (McLaughlin, 1994; Paragament, et al., 2008; Vieth, 2025).

Perpetrators' use of religion causes children spiritual harm. The harm can take a variety of forms, including religiously-themed guilt, shame, and anxiety; anger, fear or distance in children's relationship with God; loss of faith in religion and solace from it, and decreases in church attendance and involvement (Ducharme, 1988; Ellis, et al., 2022; Kane, et al., 1993; Lawson, et al., 1998; Pereda, et al., 2022; Perry, 2024; Vieth & Singer, 2019; Walker, et al., 2009). Children may suffer spiritual harm even when the perpetrator does not use religion because the abuse shakes their belief in a just and loving God (Vieth & Singer, 2019; Walker, et al., 2009). Tishelman and Fontes' (2017) interviews with child forensic interviewers and Children's Advocacy Center (CAC)

^{*} **Author Note** The survey discussed in this article was conducted as part of a program improvement project, Expanding Access to Spiritual Care for Child Abuse Victims, supported by the federal Office for Victims of Crime, 15POVC-23-GK-02773-NONFWe appreciate the contribution of the following colleagues in developing and implementing the survey: Alyssa Todd, Cindy Sweeney, Marina Awerbach, Victoria Hougham, Carrie Little, Carrie Nettles, Meagan Rides At The Door, Pete Singer, William Trucano. The first and second authors contributed to funding acquisition, research design, survey design, and data collection. The first author conducted part of the statistical analysis and did most of the writing. The second author was responsible for project administration and contributed to revising the article. The third author constructed the data file from the survey and conducted most of the statistical analysis. The authors dedicate this article to Pete Singer (1970–2025), a visionary leader who worked to address the spiritual impact of child abuse through his decades of service as a social worker, therapist, writer, trainer, and executive director of GRACE (Godly Response to Abuse in the Christian Environment). Pete served as an advisor to this study and the authors hope the final product honors Pete's legacy of compassion for the spiritually wounded.

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<https://doi.org/10.1016/j.chilyouth.2026.108767>

Received 7 March 2025; Received in revised form 9 September 2025; Accepted 8 January 2026

Available online 9 January 2026

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directors revealed a wide array of ways in which children's belief in God, sense of the divine, and spiritual presence in the world were harmed in child abuse cases. Jouriles and colleagues' (2020, 2025) used a measure of what they called *divine spiritual struggles* in surveys they conducted with adolescent clients in a Southern CAC. The average score on the measure corresponded to adolescents' feeling somewhat troubled about thoughts of God punishing them or abandoning them, and some of these youths' scores indicated that they were troubled by such thoughts quite a bit or a great deal on average (this was true of 18.7% of the youths across the two studies, E. Jouriles, personal communication, May 27, 2025). Those with high divine spiritual struggles scores were more likely to develop adjustment problems (Jouriles, et al., 2020) and trauma symptoms (Jouriles, et al., 2025). The spiritual and emotional impact are often exacerbated if the abuser is a clergy member and/or a congregation rallies around the alleged abuser in opposition to the victim (McLaughlin, 1994; Pargament, et al., 2008; Vieth, 2025). However, the specific spiritual injury inflicted by clergy may have important differences depending on the faith tradition of the victim (Pereda et al., 2022; Krinkin et al., 2022; Chowdhury, et al., 2022).

Religion and spirituality can also be important resources for children recovering from abuse (Bryant-Davis & Wong, 2013; Gower, et al., 2020). Children can gain comfort from the idea that God opposes the abuse and is ready to help them. For some children and youth, spirituality can help give children and youth perspective on the abuse and a shelter against the emotional effects of the abuse. In Jouriles and colleagues' studies of adolescent CAC clients, on average youths reported turning to God somewhat to quite a bit (41.1% of the youths across the two studies reported turning to God quite a bit or a great deal, E. Jouriles, personal communication, May 6, 2025), and turning to God for support was associated with lower levels of adjustment problems (Jouriles, et al., 2020), though not with reduced trauma symptoms (Jouriles et al., 2025).

As Tishelman and Fontes' (2017) research suggests, CACs encounter spiritual harm in the course of overseeing the investigative and service response to child abuse. CACs are a central component of the front-line response to child abuse in the U.S. They use multidisciplinary teams (MDTs) with representation from law enforcement, prosecutors, child protective services, medical professionals and other agencies to coordinate investigation and service delivery (Cross et al., 2008; Cross, Whitcomb, & Maren, 2024). As of this writing there are 964 CACs across the United States (personal communication, Alyssa Todd, Accreditation Coordinator, National Children's Alliance, February 21, 2025). Canada also has a network of children's advocacy centers (Child & Youth Advocacy Centers, 2026), and a related approach, the Barnabus model, is spreading throughout Europe (Johansson & Stefansen, 2020). Many other countries around the world use other multidisciplinary team models for responding to child abuse (European Family Justice Center Alliance, n.d.; Zafar, et al., 2021).

CACs employ forensic interviewers specially trained to work with children; additionally, they offer children and families medical, therapeutic, advocacy, and other services. CACs' primary goal is to reduce the trauma from abuse and promote children and families' recovery. As a result of their findings, Tishelman and Fontes (2017) "strongly recommend" that Children's Advocacy Centers (CACs) develop "respectful understanding" of faith communities by learning about their practices and beliefs, providing education to local faith leaders on child abuse, addressing the spiritual needs of child abuse victims in team staffing of cases, increasing the religious diversity of staff, and otherwise developing collaborative relationships with area faith leaders.

These recommendations are consistent with the National Children's Alliance's (NCA) accreditation standards for CACs (National Children's Alliance, 2023). These standards note that to "effectively meet clients' needs, the CAC and MDT must be willing and able to understand the clients' worldviews, adapt practices as needed, and offer assistance in a manner in which it can be utilized. Striving toward cultural competence is an important and ongoing endeavor and integral part of a CAC's

operations and service delivery" (p. 22).

A small number of CACs across the country are providing an innovative response to the problem of spiritual harm through hiring a CAC chaplain (Vieth, et al., 2020). Chaplains respond to the spiritual harm child victims and their families experience and provide them emotional support. Chaplains can also help some victimized children draw comfort from their spirituality and gain perspective on their trauma. In addition, chaplains serve on the MDT, consult with other MDT members on spiritual matters and help them with vicarious spiritual harm. They also work with and educate local faith communities in preventing and responding to child abuse.

The concept of spiritual harm and the role of a chaplain are new in the child abuse professional community. Little is known about the frequency with which perpetrators use religion in committing abuse in CAC cases, and the prevalence of spiritual harm that results from abuse. Nor do we understand how CACs address spiritual questions and issues among the children and families they serve, how much they collaborate with faith communities, and what relevant training CAC staff and their MDT have. We do not know the level of interest across CACs in learning about spiritual harm and chaplaincies and receiving training and resources relevant to it. This study reports on a national survey of CAC directors undertaken as part of a grant from the federal Office for Victims of Crime (OVC) to help improve spiritual care in CACs. The survey helps fill gaps in knowledge needed to inform the grant's program improvement efforts. The purpose of the article is to estimate the frequency of spiritual harm and trauma CACs encounter in their cases, learn about how CACs currently respond to spiritual questions and needs, and assess CAC directors' interest in learning more about spiritual care, receiving training on it, and developing a chaplaincy program.

1.1. Methods

The authors developed a survey in collaboration with the Julie Valentine Center (JVC), a CAC in Greenville, South Carolina in the U.S. that established the first chaplaincy program. Representatives of the NCA and the Steering Committee of our spiritual care project funded by the Office for Victims of Crime also provided assistance in the survey development. The survey was designed to assess CAC directors' 1) observations related to spiritual harm and support in their cases, 2) current CAC practice regarding spiritual care, 3) training of CAC and MDT staff regarding spiritual care, 4) interest in establishing a spiritual care program and receiving training and resources on various aspects of providing spiritual care. The survey was platformed on Google forms. Through its listserv, the NCA sent a recruiting email three times from July to August 2024 to directors of all 964 CACs in NCA.

1.2. Survey Content

The survey asked for responses on the following topics:

- The frequency with which children raised religious or spiritual questions in different contexts related to their involvement with the CAC (e.g., in a forensic interview, in therapy, during a medical examination, and with a victim advocate)
- The frequency with which perpetrators used religion in different ways to facilitate their abuse.
- The frequency with which religion was used in CAC cases to help child victims.
- The amount of training CAC staff and different members of the multidisciplinary team have had.
- Elements of their CAC's current practice on spiritual care (how they handle children's spiritual questions now, their current relationships with their local faith communities)
- Their appraisal of different potential benefits of a chaplaincy program (e.g., providing children and families spiritual comfort and supporting their resilience and sense of community; providing

education and consultation to local faith leaders; providing spiritual care for agency staff, and providing continuing professional education)

- Their appraisal of different potential challenges of a chaplaincy program (e.g., a chaplain proselytizing or violating the separation of church and state; the board of directors, CAC staff, MDT members, community or key donors opposing the chaplaincy)
- Their interest in learning more and receiving resources and guidance on different topics related to a spiritual care program, including research on the spiritual impact of trauma, spiritual care skills (e.g., addressing the spiritual needs of children and families, addressing the spiritual needs of staff and the MDT, and working with local faith communities), and implementing a spiritual care program (e.g., funding a chaplaincy, writing a job description recruiting appropriate candidates)
- Characteristics of their CAC: NCA region, accreditation status, demographic characteristics of the children they serve

We employed Likert scales for most items. On items that asked respondents to estimate the frequency of different events (e.g., a child raising a spiritual question in a forensic interview), respondents chose a response indicating whether the event *never happened*, or happened *rarely or sometimes or often*. On items that asked respondents to rate the likelihood of different benefits or risks, the choices were *very unlikely, unlikely, neutral, likely and very likely*. On items that asked about the amount of training, the choices were *none, small, moderate and considerable*. On items asking about interest in learning about a topic or receiving a resource, respondents reported whether they were *not interested, slightly interested, moderately interested or very interested*.

We also asked, “What is your CAC’s position on implementing a chaplaincy or spiritual care program?”. We provided a Likert scale to respond to this (with the values *strongly favor, somewhat favor, neutral or divided, somewhat oppose, strongly oppose*), but also provided respondents a text field to write in a response if they felt that none of the Likert scale values was appropriate. We then created a derived variable from this that retained the Likert-scaled categories and also added other categories into which we sorted text responses. A small number of text responses were sorted into the Likert-scaled categories if we felt the category represented the text well. For example, “CAC staff strongly favors; however, non-profit Board of Directors and funders are much harder to convince” was assigned to the neutral or divided category in the derived variable.

For most topics on the survey, we had an *other* item in which we asked respondents if there was other information on the topic that had not been captured and then asked them to specify in a text response. Thus, for example, we asked respondents to write text responses specifying other ways in which children raised religious or spiritual questions, other ways in which perpetrators used religion in different ways to facilitate abuse, other ways religion was used to help child victims, and so forth. The responses to these *other* questions provide qualitative data that we report on below.

1.3. Analysis and IRB review

Analysis was conducted using SPSS Version 29. The primary statistical analysis consisted of computation of frequency distributions for the variables on the survey. Because polling data (e.g., Norman, 2018; Pew Research Center, 2025) indicates substantial regional differences in religiosity in the U.S, we also looked for differences on survey response variables based on NCA region. The Southern region includes states in the southeast and middle south of the U.S. such as Georgia and Texas (Regional Children’s Advocacy Centers, 2024a). The Northeast region includes the New England and Mid-Atlantic states. The Midwest region includes states around the Great Lakes (e.g., Illinois, Michigan) and prairie states (e.g., Nebraska, the Dakotas). The Western region includes Rocky Mountain states (e.g., Colorado, Wyoming), southwestern states

(Arizona, New Mexico) and states on the Pacific Ocean (e.g., California, Oregon). For nominal dependent variables, comparisons were computed using crosstabulations with Pearson χ^2 tests of independence. However, numerous expected frequencies in these cross-tabulations were less than 5 because of the small number of respondents from the Western region, which increases the likelihood of invalid χ^2 test results (Howell, 2013). For these analyses, we used so-called exact tests, available in SPSS (Mehta & Patel, 2013). We were unable to calculate an exact test for the relationship between region and CAC relationship with faith communities because of a large number of sparse cells. For the ordinal Likert scaled items, we used the Kruskal-Wallis Test for comparison by region. The institutional review board of the University of Illinois at Urbana-Champaign deemed that this was a quality improvement project and not human subjects research and thus was exempt from standard human subjects protection review.

2. Results

2.1. 2.1 Sample and Sample Characteristics

In total there were 172 respondents. Given that there are 964 CACs in the NCA, this indicates that 17.8% of CACs responded. The vast majority of the CACs represented in the study (85.1%) were accredited; 8.9% were associate or developing CACs, 2.9% were CAC affiliates, and 3.0% were not affiliated with NCA.

The distribution by the NCA’s four regions was as follows: 49% in the Southern region, 27% in the Midwest region, 17% in the Northeast region, and 7% in the Western region. This differed significantly from the regional distribution of all CACs nationally, which was provided to us by NCA, (personal communication, Erin Casey, Program Evaluation Manager, November 5, 2024). The significant difference (χ^2 goodness of fit test (3, N = 169) = 14.78, $p < 0.01$) was almost entirely due to underrepresentation from the Western region (18% nationally but only 7% in our sample).

All but two of the CACs represented in the study served all youth under the age of 18. Respondents were asked to estimate the percentage of their child clients in different racial-ethnic groups by choosing a decile for each group (i.e., 0% to 9%, 10% to 19%, etc.) According to the respondents, the median decile for White children in their CACs was 70% to 79%, the median decile for Black children was 20% to 29%, the median decile of Latino children was 10% to 19%, and the median decile of other groups (Asian, biracial, other) were each 0% to 9%.

2.2. Spiritual harm and healing in CAC cases

2.2.1. Children raising a religious or spiritual question related to their abuse

Fig. 1 depicts results from respondents’ answers on the frequency with which children raised religious and spiritual questions in different CAC-related contexts. The most common context in which children raised religious or spiritual questions was in therapy and counseling: the majority of respondents reported that this happened sometimes (48.3%) or often (11.3%). The next most common contexts in which children reportedly raised a religious or spiritual question were with a victim advocate (37.3% sometimes, 2.5% often) and in a forensic interview (34.3% sometimes, 0% often). Respondents’ answers indicated that it was much less common in the context of a forensic medical examination (18.2% sometimes, 0.7% often), a criminal investigation (11.8% sometimes, 0.7% often), or in other contexts (12.5% sometimes, 2.3% often, with only 88 respondents providing an answer). In response to questions about whether children raised religious or spiritual questions in other relevant contexts, few respondents reported other contexts in which it occurred sometimes or often. The comments below mention other contexts such as family or community:

Caregivers often say the child asks questions like “Why did God let this happen to me?”

In general conversation with family members while at the CAC.

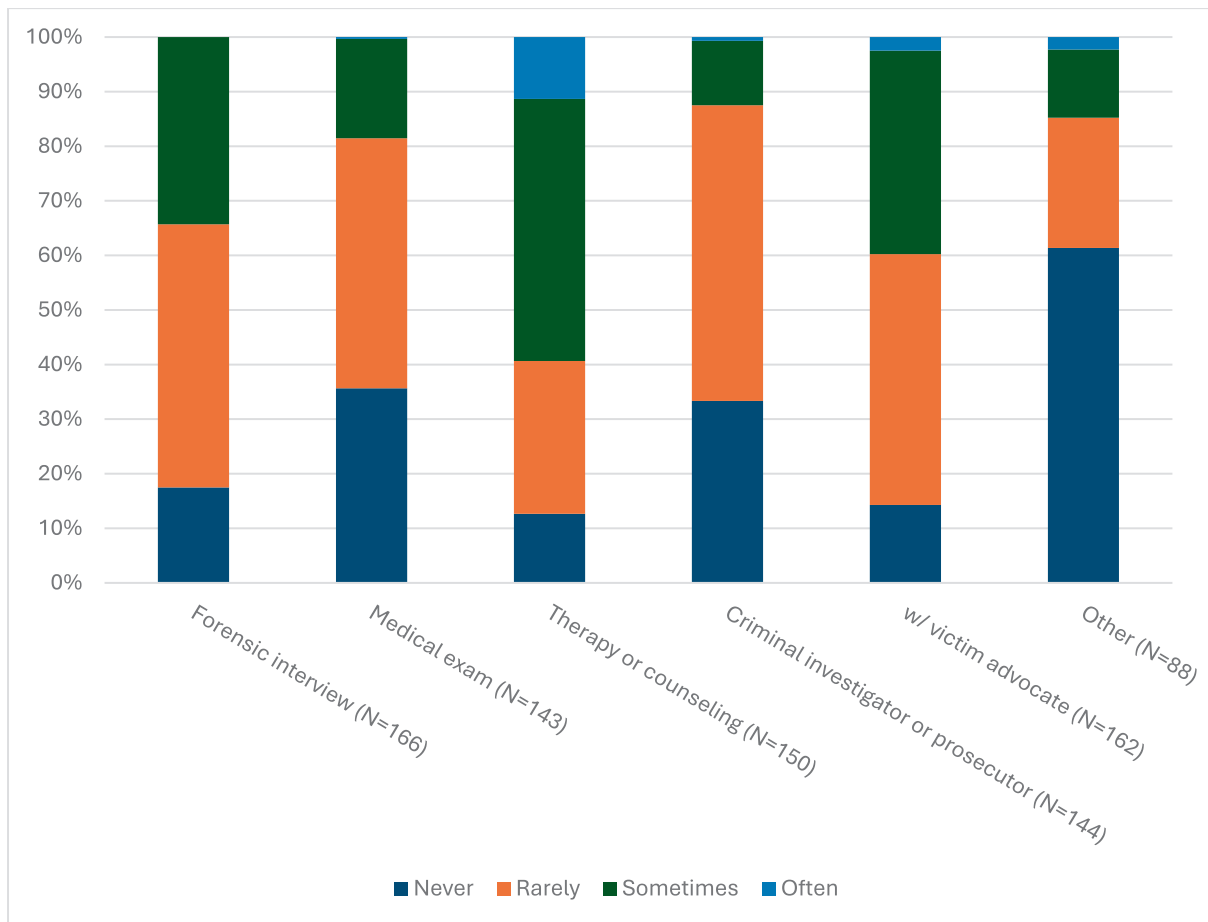


Fig. 1. Frequency of Children Raising a Religious or Spiritual Question or Issue, in Different Contexts.

*In the waiting room.
With a tribal or community member.*

2.2.2. Perpetrators' use of religion to facilitate abuse

Fig. 2 reports results from respondents' answers estimating the frequency with which perpetrators in CAC cases used religion as a tool to facilitate abuse. Over half of respondents reported that perpetrators used religion to groom child victims sometimes (50.9%) or often (5.9%) and more than half reported that perpetrators used religion to discourage children from disclosing abuse sometimes (47.6%) or often (7.7%).

Most respondents also answered a question asking if perpetrators used religion in other ways to facilitate abuse. Almost half of these respondents to this question reported that perpetrators used religion in other ways sometimes (42.0%) or often (5.3%). Text responses discussed such matters as the opportunity church activities gave to access children, the use of the perpetrator's spirituality or pastoral status to excuse or deny the abuse or intimidate the child, and the use of scripture or the child's relationship to God and their religion to facilitate the abuse or prevent disclosure. Below are a sample of text responses on these themes across multiple respondents:

- Access to the child at religious events.*
- Meet through church or are members of church.*
- Use spiritual facilities for abuse, bring support from those places to court.*
- Children being submissive/obedient to parents.*
- God or parents will be disappointed in your behavior/morality.*
- Confess to the church and you don't have to tell anyone else.*
- Purity culture in religion has had an effect on their disclosure.*
- Just making it really clear what a spiritual man he was- Bible open all the time, pictures of Jesus in his wallet, etc.*

Keeping secrets for God.

Pastors and youth pastors, [telling the] ...child [that she] is no longer a virgin and [the] church will be upset to keep child quiet, keeping abuse disclosures in the congregation and hiding it or "counseling" the offender and victim

Perpetrator used religion to justify the abuse to the victim as the "will of God," and the victim's path to heaven.

*Quoting distorted versions of scripture to the victim.
Swear on the Bible not to tell.*

Threatening a child not to tell because the maltreater is faithful and no one will believe [the child]

We had a victim whose perpetrator told her that if she disclosed the abuse, she would go to hell.

Youth minister/teacher using his position of control. Children believe in his trust and believed they should do what the adult told them to do.

2.2.3. Positive uses of religion in their cases

Fig. 3 shows the CAC directors' estimates of how often there were positive uses of religion to help children with abuse in their cases. Most CAC directors thought that religion was never or rarely used in their cases to empower a child to disclose abuse, aid a child in coping with trauma, or address guilt or shame. But a small percentage reported that it was sometimes or often used to empower a child to disclose abuse, 32.7% that it was sometimes or often used to aid a child in coping with trauma and 29.5% that it was sometimes or often used to address guilt or shame. Of the 99 respondents who answered a question about whether religion was used in other ways to help children, the majority reported

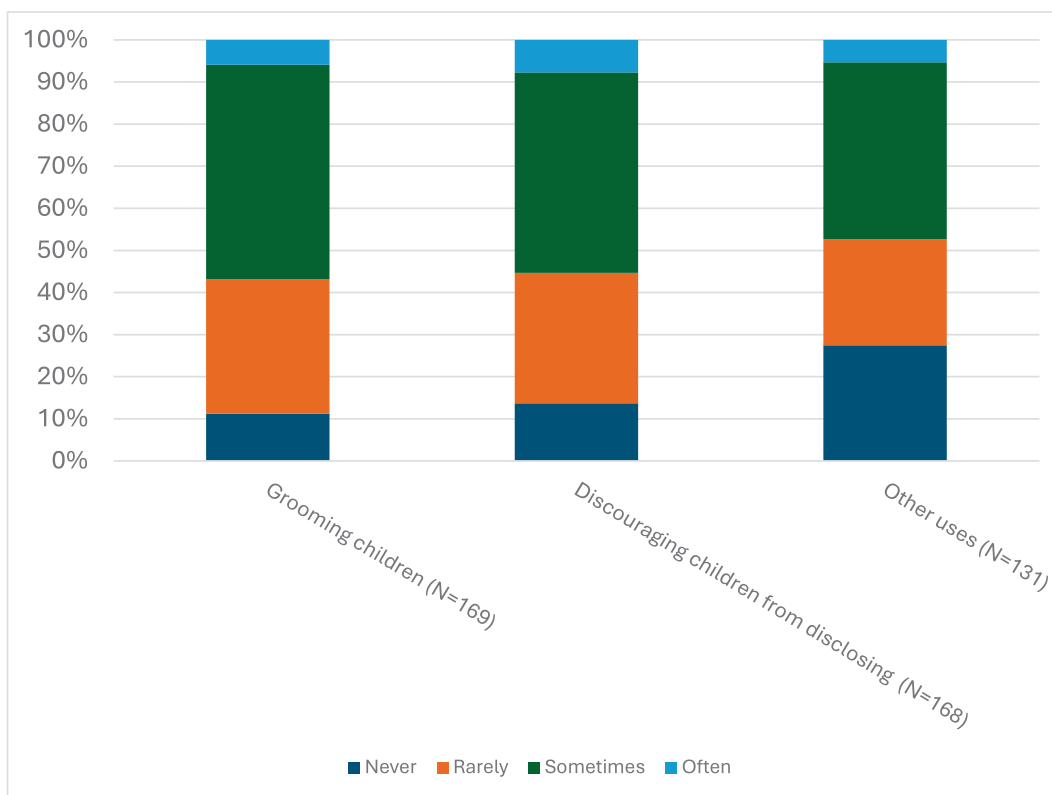


Fig. 2. Perpetrator Methods of Using Religion to Abuse Children.

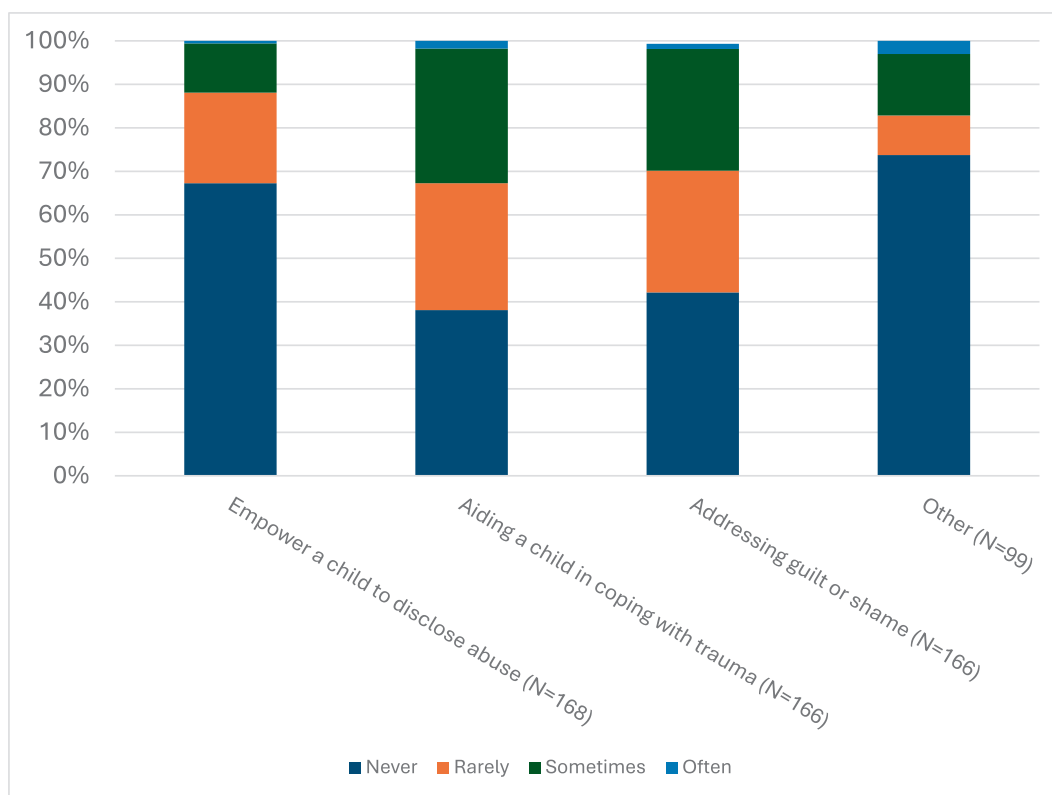


Fig. 3. Positive Uses of Religion in their Cases.

that it was never or rarely used in other ways, but 14 (14.1%) answered that there were sometimes other positive uses of religion. Below are

presented text responses from two respondents about how it was used in other ways.

If the family is well connected to a religious community, that community can be a source of support for the child.

We constantly pray for the children at our Center, before interviews, after, throughout, but behind the scenes because we have to

2.2.4. Significant differences in religious trauma and healing by region

The Kruskal-Wallis tests revealed that CAC directors from the Southern region had higher estimates than other CAC directors on the frequency with which religion was involved in several aspects of CAC cases. Fig. 4 shows the differences for the six items for which there were statistically significant differences by region (there were also statistically significant regional differences on Other variables, but these are difficult to interpret because of the ambiguity of what Other refers to). The Southern directors were much more likely than Northeast directors to report that religion or spirituality was involved sometimes or often. As Fig. 4 shows, this pertains to two items on children raising spiritual questions, two on perpetrators using religion to facilitate abuse, and two on religion being used to help child victims. On three of these items, Southern directors were also slightly more likely than Midwest and Western directors to report that religion was involved sometimes or often, and Southern directors were also substantially more likely than Western directors to report that religion was used sometimes or often to help children cope with trauma.

2.3. CACs current preparation and practice related to spiritual care

2.3.1. Training

Majorities of respondents were able to complete most questions about the training of the members of the MDT, but significant proportions (30.6% to 56.1%) answered “I don’t know” on those questions that asked about members of the MDT that were not employed by the CAC. For those CAC directors who were able to answer, Fig. 5 depicts their appraisal of the amount of training CAC staff and the multidisciplinary team related to spirituality and abuse. An initial question on training (the leftmost bar in Fig. 5) concerned how much training the CAC and the multidisciplinary team had received on research that has

found that spirituality may be a critical source of resilience and can positively influence the medical and mental health of maltreated children. Almost all the respondents reported that they had received no training or a small amount of training on this topic. All other training questions concerned how much training different professionals on the MDT had received on providing a trauma-informed response to the spiritual impact of child abuse. According to the CAC directors, the vast majority of each group had received no training or a small amount of training on this knowledge and skill. This was true for 87% or more of the following groups: forensic interviewers, medical professionals, law enforcement, prosecutors, child protective services, and interns. Mental health professionals were judged to have slightly more training: 15.6% of respondents judged them to have a moderate amount of this training and 2.4% a considerable amount of training. Training of mental health professionals differed significantly by region: 22.2% of respondents in the Western region and 20.6% in the Southern region reported that mental health professionals had moderate training, while 11.1% of directors in the Northeast region reported that mental health professionals had moderate training and 14.1% of directors in the Midwest region reported that mental health professionals had moderate or considerable training.

2.3.2. Current CAC practice related to spiritual care

Table 1 shows the results for two questions about CACs’ current practice related to spiritual care. One question asked, “If a child raises a spiritual or religious question (e.g. “Am I still a virgin in God’s eyes”, or “Why me?”) or otherwise indicates they have been spiritually impacted by abuse, how is this issue being addressed at your CAC and within the MDT?” and presented a checklist for options (including an “other” category). Respondents could check more than one option. Most respondents checked an item indicating that children are encouraged to discuss their spiritual questions with a therapist. A sizeable minority checked an item indicating that children with spiritual questions are referred to a local member of the faith community. Smaller percentage checked that spiritual questions are brought to case review or “other.” Just over one in twenty (5.2%) of the CACs represented in the sample

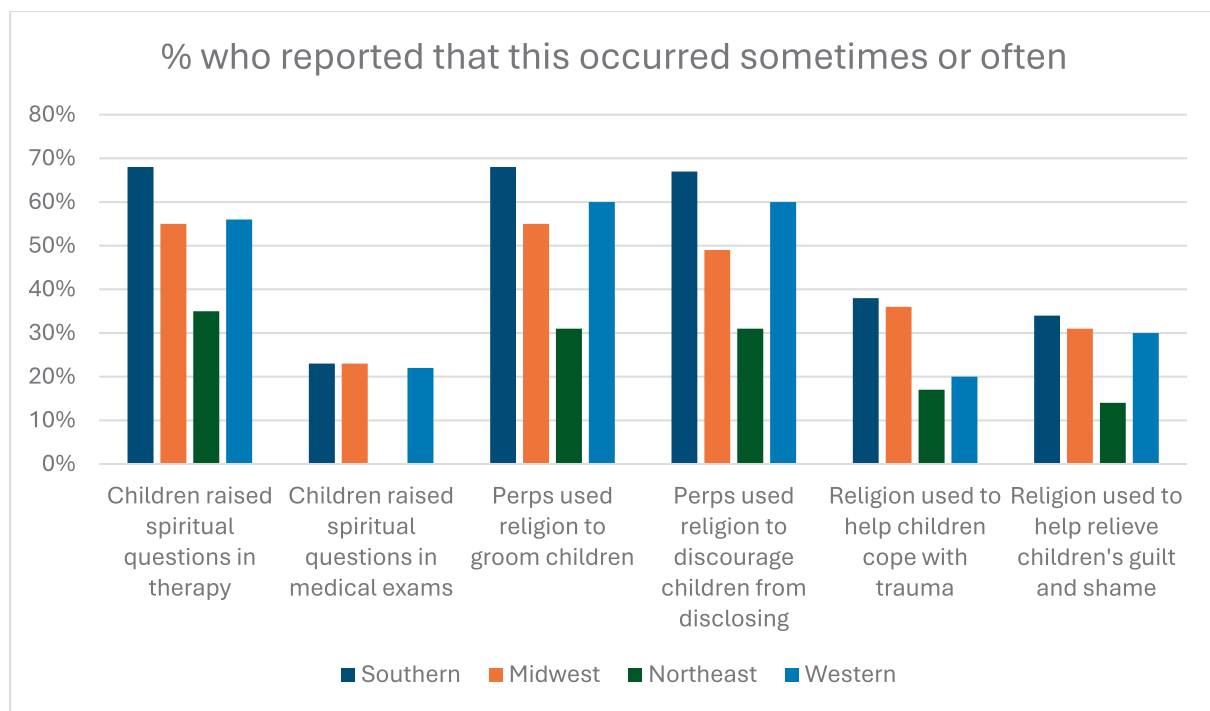


Fig. 4. Differences by Region on Spiritual Harm and Spiritual Healing Items Note. None of the Northeast directors reported that children raised spiritual questions in medical exams sometimes or often.

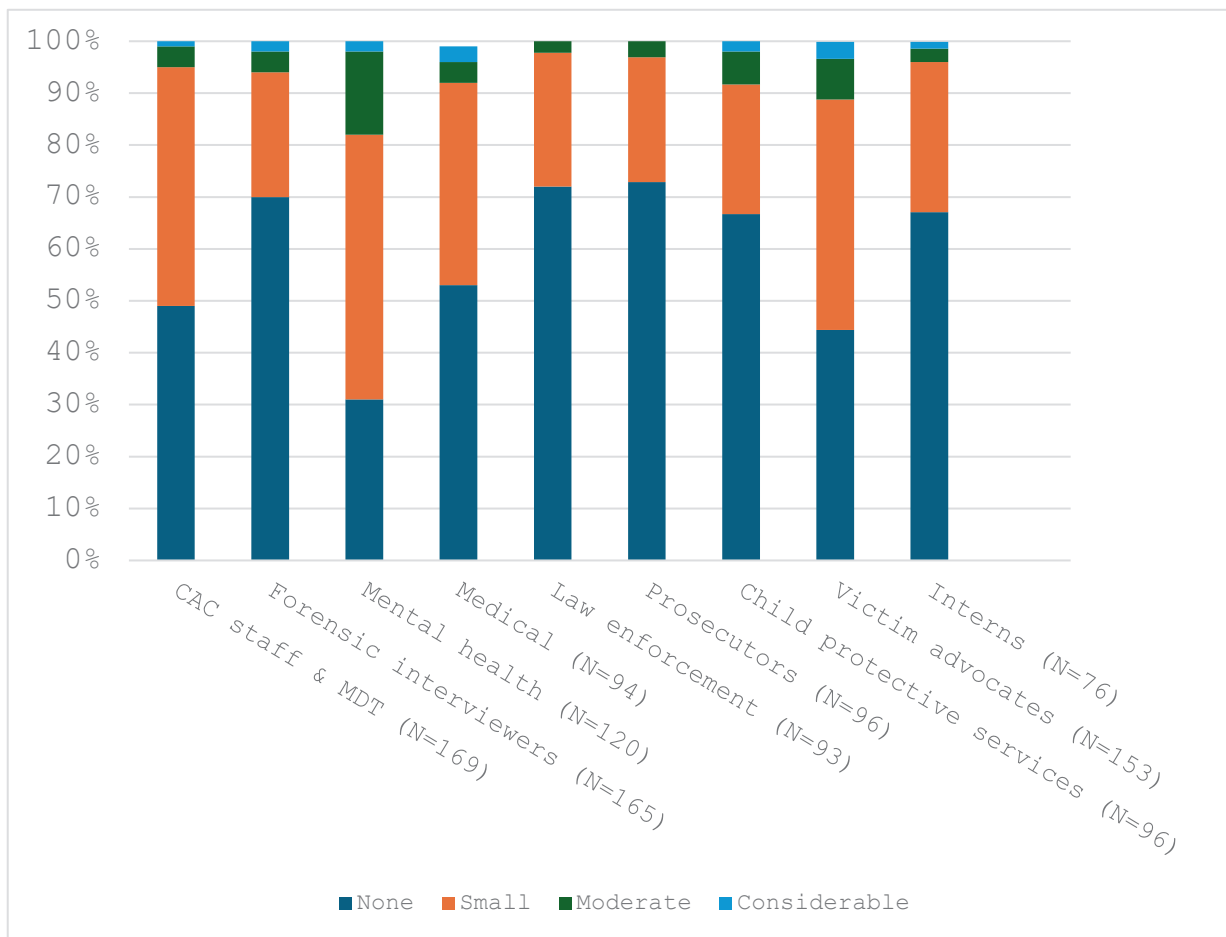


Fig. 5. Ratings of MDT Members' Amount of Relevant Training. *Note.* The first item asked how much training the CAC staff and MDT had received on research that showed that spirituality may be a critical source of resilience and can positively influence the medical and mental health of maltreated children. All other items asked how much training each group had received on providing a trauma-informed response to the spiritual impact of child abuse. CAC = Children's Advocacy Center, MDT = multidisciplinary team.

had a chaplain or spiritual care professional. There were no significant differences by region or other CAC characteristics on these variables.

Below are representative examples across multiple respondents of the text responses that the respondents provided when they checked the item indicating that their CAC handled spiritual questions in other ways:

Children are encouraged to discuss this with a trusted adult of the same faith.

Children are not necessarily referred but we tell them to talk to their pastor.

We ask them to discuss it with their family.

We would likely consult with their caregiver and have them help address. We are open to listening but find it tricky to offer spiritual feedback or answer questions given multiple factors.

Honestly, we have members on our staff that would gladly guide a child through spiritual or religious questions. We just aren't sure what we can say or that we could speak to it even if the child brought it up.

Honestly don't know that anything has been done. We will validate the child's question but I don't know that we even have a plan on how to actually get those questions answered for the child

We are just not trained on what to say.

Table 1 also shows results on an item asking respondents about their CAC's relationship with their local faith community. Almost half of respondents had some working relationships with some faith leaders, but more than a quarter had no working relationships with faith leaders. Just over one-fifth of respondents had close working relationships with

any faith leaders, and only 5.2% had close working relationships with most or all faith leaders.

2.4. Respondents' Opinions about spiritual care program and Additional learning and resources

2.4.1. CACs' appraisal of the idea of a chaplaincy or spiritual care program

Fig. 6 presents results on the CAC directors' response to the question about their CAC's position on implementing a chaplaincy or spiritual care program. Over one-third of respondents either strongly favored implementing a chaplaincy or spiritual care program or somewhat favored one, and 3.6% had implemented or were implementing such a program. About one-third of respondents chose the response indicating that their CAC was neutral or divided about implementing a chaplaincy or spiritual care program. Smaller percentages strongly opposed (4.2%) or somewhat opposed (9.0%) implementing a chaplaincy or spiritual care program. Small numbers of CAC directors provided a response indicating a) being concerned or conflicted (e.g., *confidentiality concerns in [our] very small rural...communities; if we open the door to one, we have to open the door to all, which is concerning to some of our staff*), b) the topic not having been discussed at the CAC or the CAC director being uncertain, or c) something other (e.g., *we are a hospital-based CAC and have a chaplaincy program that we could probably access; as a non-profit we cannot promote any religion*). There were no significant differences by region or other CAC characteristics on this variable.

Most respondents were able to answer the questions about the

Table 1
Current CAC Practice Related to Spiritual Care.

Variable/category	n	%
How spiritual/religious questions and impact are being addressed at their CAC (N = 155)		
Children are encouraged to discuss their spiritual questions with a therapist	102	65.8%
Children with spiritual questions are referred to a local member of the faith community	63	40.6%
Spiritual questions are brought to case review meetings and a plan for responding to these questions is addressed	29	18.7%
Other	28	18.1%
Relationship with their local faith community (N = 172)		
Chaplain or other spiritual care professional	8	5.2%
Some working relationships with some faith leaders		
Some working relationships with some faith leaders	77	44.8%
No working relationships with faith leaders	47	27.3%
Close working relationships with some faith leaders	30	17.4%
Close working relationships with most or all faith leaders	9	5.2%
Some working relationship with most or all faith leaders	7	4.1%
Something else	2	1.2%

Note. CAC = Children’s Advocacy Center

potential benefits and risks of a chaplaincy or spiritual care program, but significant minorities (22.0% to 36.4%) answered “I don’t have enough

information to respond”. For those who answered, most of the potential benefits of a chaplaincy or spiritual care program listed in the survey were judged to be likely (40% to 50%) or very likely (23% to 40%) (see Supplemental Online Fig. S7).

Among those who were able to answer the questions about the risks of a chaplaincy or spiritual care program, the most frequent response was that these risks were unlikely (35% to 47%) or very unlikely (10% to 18%) (see Supplemental Online Fig. S8). A noteworthy minority (20% or 27%) were neutral on these questions. Moreover, a noticeable minority perceived troubling risks, such as the chaplain proselytizing children (15% likely and 5% very likely) and the separation of church and state being violated (20% likely and 8% very likely). Minorities also perceived that their staff, their board, their community or their donors would oppose a chaplaincy program– most notably, 18% thought it was likely and 6% very likely that their staff would oppose it.

2.4.2. Interest in learning more and in receiving resources and/or guidance

Across topics related to spiritual care, the percentage that were very interested in learning more was 50% to 60% and the percentage moderately interested was 20% to 25%. Across a list of resources and forms of guidance related to spiritual care, the percentage very interested in receiving each was 39% to 52% and the percentage moderately interested in receiving each was 20% to 27%. See Supplemental Online Figs. 9 and 10 for the results for specific learning topics, types of resources, and forms of guidance.

3. Discussion

The results indicate that many CACs are seeing spiritual harm in their practice, and some are also witnessing how spirituality can help children heal. This is consistent with the findings of Tishelman and Fontes’ (2017) interviews with CAC forensic interviewers and directors and Jouriles and colleagues’ (2020, 2025) studies of adolescent CAC clients. Evidence of spiritual harm and healing appear to be common in Southern CACs, somewhat less common in Midwestern and Western CACs, and substantially less common in Northeastern CACs.

However, most CACs have little preparation for providing spiritual care and do not have specific practices developed for it. By far the most common response to children raising a spiritual question was to recommend the child discuss it with their therapist, yet over 80% of

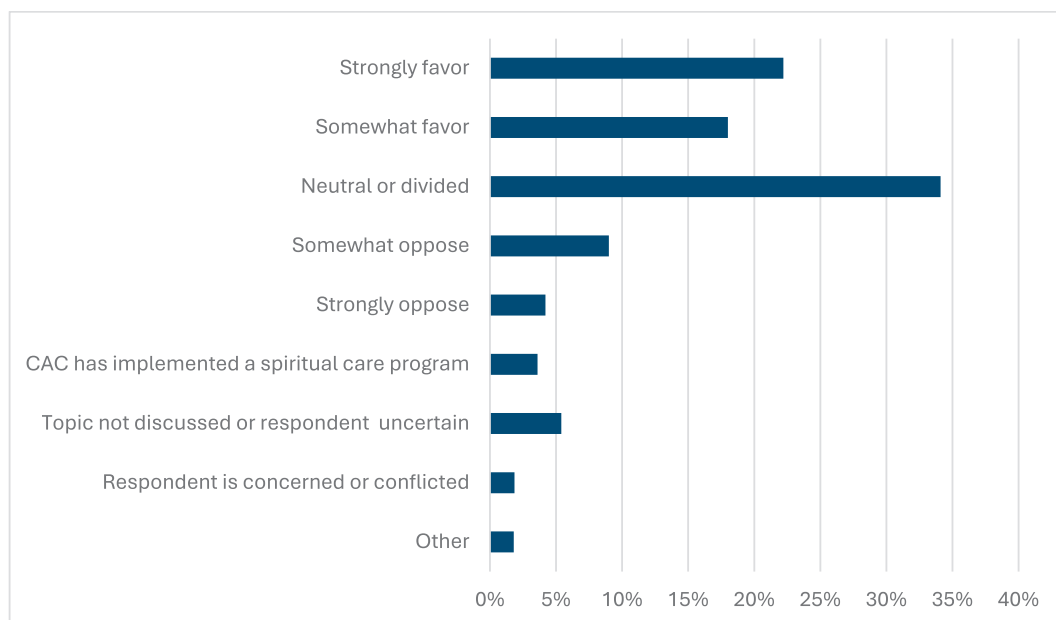


Fig. 6. CACs’ position on implementing a spiritual care program *Note.* CAC = Children’s Advocacy Center.

respondents reported that mental health professionals working with their CAC had little or no training on providing spiritual care, among those who were able to answer that question. The second most common response was to refer children to a local member of a faith community, but most CACs lacked close working relationships with faith leaders, and more than a quarter had no working relationships with faith communities. Moreover, referring a child and family community may be problematic if clergy or a member of the faith community was the abuser and/or the faith community supports the abuser. Even if a faith community is not associated with an abuser and wants to support the child, many seminaries provide very little education on addressing the spiritual needs of survivors of abuse (Vieth 2024) and thus may not be able to provide meaningful care or may unwittingly provide care that is not trauma-informed (Singer, 2024).

Over one-third of CAC directors either strongly or somewhat favor a spiritual care program or have implemented one, but a larger percentage are uncommitted. One possible explanation for the uncommitted responses on the CAC's position on spiritual care is that it is a nascent idea that the CACs have not fully considered and thus do not have a well-developed opinion on. The fact that a number of responses reflect division, conflict and concern suggests that the idea of providing spiritual care is one that needs to be considered carefully and worked through. The finding that most respondents were interested in learning more and in receiving resources and guidance suggests the potential for spiritual care to be considered more thoroughly by CACs in the future. There was relatively little opposition to the idea of a spiritual care program.

3.1. Practice Implications

These findings indicate that CACs and MDTs encounter spiritual harm in their cases and serve children with spiritual questions but lack both training in spiritual care and input from spiritual care professionals. Many could benefit from a CAC chaplain or other spiritual care services. This points to the value of the work of the OVC-funded project from which this survey arose, the Enhancing Access to Spiritual Care for Child Abuse Victims Project, which is developing a toolkit and training curriculum to empower CACs to implement spiritual care programs. The finding that most respondents were interested in learning more and in receiving resources and guidance further supports this project and other efforts to develop spiritual care. The need was not universally high, however, as some respondents reported that spiritual harm and children's spiritual questions were rare in their caseloads, particularly those respondents from the Northeast. This suggests that efforts to develop spiritual care services may need to be targeted to those CACs that frequently encounter spiritual harm and feel the need to develop spiritual care services. The regional differences we found suggest that the efforts to develop spiritual care services may benefit from being concentrated in the Southern, Midwest, and Western regions. On the other hand, the finding that respondents across regions expressed an interest in learning more and receiving resources and guidance suggests that disseminating knowledge, resources, and guidance broadly is justified. The role of the Regional Children's Advocacy Centers (RCACs) should be explored. Each of the four regions studied here has an RCAC funded to provide training and technical assistance within its region (Regional Children's Advocacy Center, 2024b). Regions in which the need overall is low may still benefit from the development of a spiritual care capacity at a regional level that could respond to individual CACs or even individual cases within the region.

Individual CACs can also take the initiative by developing relationships with local faith leaders and congregations and providing training on child abuse to local faith communities. They can also conduct needs assessments around spiritual harm and spiritual care services in their CAC, include religious professionals on their multidisciplinary teams, and engage religious professionals to provide chaplaincies or other spiritual care services.

The study findings are also relevant for other countries that have

multidisciplinary child abuse response teams (see Zafar, et al., 2021) and have cases of abuse causing religious harm (see, e.g., Express Tribune, 2017, Hurcombe, et al., 2019; Langeland et al., 2015). These MDTs may enhance their response to children by developing spiritual care services responsive to children in different faith communities, particularly in regions of their country with greater religiosity.

3.2. Limitations

The limitations of this research need to be acknowledged. Our response rate was low, and only a small number of CAC directors from the Western region participated, raising questions about the representativeness of the sample and the generalizability of the results. Our low response rate is consistent with a historical trend of declining response rates in surveys (Keeter, 2018). The underrepresentation of the Western region means that a response bias based on region may have influenced the results and thus our findings may not be fully representative of all CACs.

Another limitation is that we do not know *how* the survey was completed. CAC directors may have done it unassisted, they may have consulted or received help from staff or the multidisciplinary team, or they may have delegated it to staff entirely. This is likely to have created variation in the results that we cannot measure.

Another limitation is that many survey respondents reported that they did not know about the level of relevant training of different members of their MDT. Many also reported that they did not have information to respond to questions about the benefits and risks of a chaplaincy or spiritual care program. This limitation speaks to a theme we identified above: respondents' lack of knowledge about spiritual care. This lack of knowledge may also mean that some CAC professionals are not fluent enough on the research in this area to recognize signs that children are spiritually impacted by child abuse or are seeking a spiritual resolution to their experience of trauma. If this is true, then the extent of spiritual injuries among the children seen at CACs may be underrepresented in the survey results.

Because this was the first study in this area of inquiry and was exploratory, we conducted a large number of statistical comparisons, which increases the risk of so-called family wise error – finding a statistically significant result that does not correspond to a true difference in the population (see Howell, 2013). Our findings on regional differences strike us as robust, however, given that they applied in a consistent way to a number of variables. Despite the limitations of this research, we feel that our results provide a useful portrait of the current state of spiritual harm, resources and care at an important time: just as spiritual care in CACs is emerging as an area of practice.

3.3. Conclusion

The results suggest that many CACs are dealing with spiritual harm but not currently providing spiritual care that is supported by training or the involvement of faith communities or spiritual care professionals. The results further suggest that the idea of spiritual care in the CAC world is new but in development. The openness of most respondents to learning more and receiving resources and guidance suggests that the path is open for positive change in providing spiritual care to child victims in CACs.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chy.2025.108767>.

[org/10.1016/j.chi.2026.108767](https://doi.org/10.1016/j.chi.2026.108767).

Data availability

The data that has been used is confidential.

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