

When Faith Hurts: Recognizing and Responding to the Sin of Child Abuse

Victor I. Vieth
Director,
National Child Protection Training Center
Gundersen Health System
Winona State University
(507) 457-2894
victor.vieth@ncptc.org

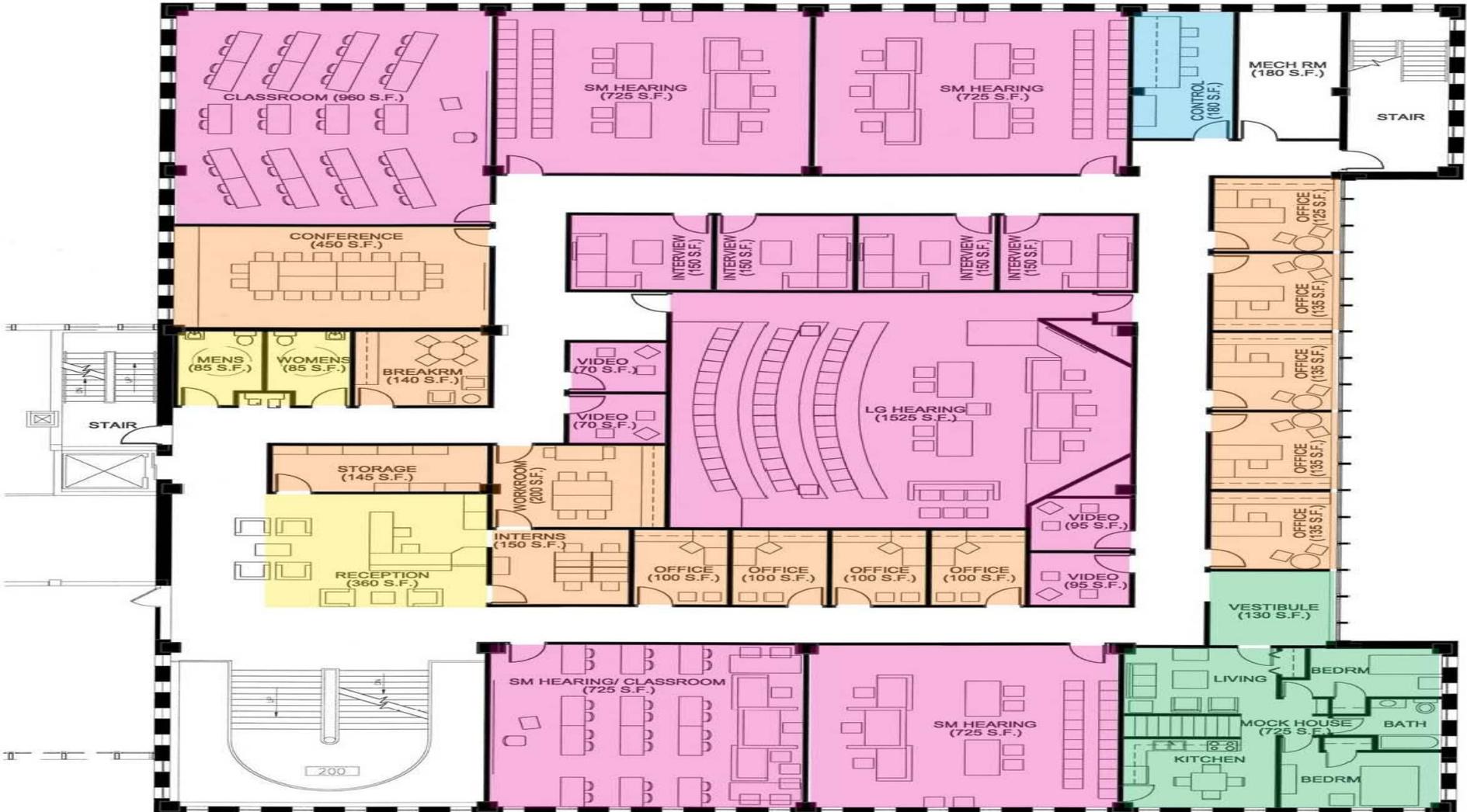
The National Child Protection Training Center







NCPTC Training Site



Bentonville, Arkansas



NorthWest Arkansas Community College





NCPTC Regional Center



NorthWest Arkansas Community College

The Agenda

- The prevalence of child abuse
- How children disclose sexual abuse (familial abuse)
- The impact of sexual abuse on spirituality
- Spiritual blocks to disclosure
- Behaviors indicative of sexual abuse
- Keeping kids safe in Synagogue & schools
- Deterring predators from entering Synagogues/camps/schools
- Deterring predators should they enter Synagogues/camps/schools
- Rules from the Boy Scouts

The Agenda

- **Background checks/interviews with workers**
- **Physical abuse signs**
- **Research on witnessing violence**
- **What to say to victim, offender, responding to lawsuit**
- **Policies when convicted sex offender seeks to join Synagogue or attend services**

Prevalence and impact of child abuse



Adverse Childhood Experience (ACE) Study (Centers for Disease control)

- Over 17,000 men and women surveyed on 10 types of adverse childhood experiences (sexual abuse, physical abuse, emotional abuse, neglect, witness of domestic violence, etc)
- Now over 25 ACE studies (1998 to present)

Ten Adverse Childhood Experiences

- Emotional abuse (humiliation, threats) (11%)
- Physical abuse (beating, not spanking) (28%)
- Contact sexual abuse (28% women, 16% men)
- Mother treated violently (13%)
- Household member alcoholic or drug user (27%)
- Household member imprisoned (6%)
- Household member chronically depressed, suicidal, mentally ill, psychiatric hospitalization (17%)
- Not raised by both biological parents (23%)
- Neglect—physical (10%)
- Neglect—emotional (15%)

1 or more ACE increases risk of:

- Cancer
- Heart disease
- STDs
- Liver disease
- Smoking
- Alcohol abuse
- Obesity
- Drug dependence
- IV Drug Use
- Early intercourse, pregnancy
- Depression
- Anxiety disorders
- Hallucinations
- Sleep disturbances
- Memory disturbances
- Anger problems
- Domestic violence risk
- Job problems
- Relationship problems

Recognizing sexual abuse cases

- **How children disclose sexual abuse**
- **Behaviors consistent with abuse**

*Child Sexual Abuse Accommodation Syndrome, Dr.
Roland Summit, Child Abuse & Neglect (1983)*

- **Secrecy**
- **Helplessness**
- **Entrapment and accommodation**
- **Delayed, conflicting and unconvincing disclosure**
- **Retraction**

Secrecy

- It happens only when child and perpetrator are alone
- Secrecy is a “source of fear” (bad things will happen)
- Secrecy is a “promise of safety.” (good things will happen)

Helplessness

- **The child's size and immaturity breed a feeling of helplessness**
- **Children are taught to obey**
- **Threats of harm or loss of love may make a child feel helpless**

Entrapment and accommodation

- Since the child is helpless, he or she learns to “accept the situation and survive.”
- Multiple personalities (dissociative identity disorder)
- Dissociating
- Other coping mechanisms
- If the child cannot create a “psychic economy,” feelings of rage may cause suicide, self-mutilation, promiscuity, etc.

Delayed & unconvincing disclosure

- Few children voluntarily disclose abuse
- Many disclosures are made by “rebellious adolescents or teenagers.”

Retraction

- According to Summit, “in the aftermath of disclosure, the child discovers that the bedrock fears and threats underlying the secrecy are true.”

Sorenson & Snow, How Children Tell: The Process of Disclosure in Child Sexual Abuse, 70(1) Child Welfare League of America (1991)

- **116 cases of documented abuse**
- **75% of the children initially denied abuse**
- **78% made a tentative disclosure (“I forgot”)**
- **96% made an active disclosure**
- **After active disclosure, 22% recanted**

Children lie, don't they?

- All human beings can and do lie
- Children as young as two have been observed to engage in deception
- Children as young as 3-4 can tell lies
- By age 4, most children can consider the listener's mental state but most lies are "easy lies." (Vrij, 2002)

Do children lie about CSA?

- It's difficult for young children because lying requires "knowledge of the subject matter." Accordingly, if a child lacks knowledge of human sexuality, it will be difficult to construct a believable lie.
- The easiest lie is "no, it didn't happen." The most difficult lie is a detailed report of an event. (Tate, Warren & Hess 1992)

Studies on lying about CSA

- 1997 NCANDS report: 320,447 reports of CSA, only 1,803 “intentionally false”
- Other studies: 1% (**Jones & McGraw 1987**); 2.5% (Oates, Jones, Denson, et al 2000); 4.7-7.6% (**Everson & Boat 1989**)
- Numerous studies documenting that CSA victims lie to protect perpetrators (even strangers if there is threats): 57% of children with STDs made no disclosure when interviewed (**Lawson & Chafin 1992**)

A few more thoughts on lying

- Adolescents are more capable of lying successfully about CSA but to do so suggests the child is pathological and implies a lack of conscience (**Dr. Catherine Dixon, PhD**)
- Children view lying more harshly and seriously than adults (**Peterson, et al 1983**)
- Adults lie more frequently and successfully and numerous studies document lying among perpetrators.

Dr. Anna Salter

- “Very few of us have ever been suspected of a crime, and fewer still have been interviewed by the police about one. Under such circumstances, detection apprehension would be very high for most of us...But that would change had we practiced lying over serious matters every day, had we lived a double life, had we been questioned by upset parents or by police numerous times in the past. You are never going to run into a child molester who is not a practiced liar, even if he is not a natural one.”

– (From the book *Predators* page 202)

The impact of sexual abuse on spirituality

- What is “spirituality”?
- “Relating to religion or religious belief; relating to, or affecting the human spirit or soul as opposed to material or physical things.” Source: The Oxford American Dictionary (2001) p. 1644

The impact of abuse on spirituality

- Subjects of most studies, victims or perpetrators have Judeo-Christian background
- A study of 527 child abuse victims (physical, sexual or emotional) found these victims had a “significant” spiritual injury
- The injuries included feelings of guilt, anger, grief, despair, doubt, fear of death and belief God is unfair.
- However, the victims reported praying more frequently & having a “spiritual experience.”

--Lawson, et al, Child Abuse & Neglect (1998)

When the perpetrator is clergy, the impact on spirituality is greater

- Clergy use “religious cover” to justify abuse (i.e. their “good works” overshadow the abuse; God gave this child to me)
- Clergy often communicate this cover to the victims
- When this happens, church attendance of these survivors decreases, less likely to trust God, and their relationship with God “ceases to grow.”

McLaughlin, Devastated Spirituality: The Impact of Clergy Sexual Abuse on the Survivor’s Relationship with God (1994).

How often do offenders use religious cover in sexually abusing children?

- 93% of sex offenders describe themselves as “religious” (Abel study of 3,952 male offenders)
- In a survey of 2,864 church leaders, 20% knew of a sex offender attending/member of their church (Christianity Today 2010)
- Hard core offenders maintaining significant involvement with religious institutions “had more sexual offense convictions, more victims, and younger victims.” **Eshuys & Smallbone, *Religious Affiliations Among Adult Sexual Offenders* (2006)**
- Why?
- Gullible religious people, easy access to children, open acceptance of the offender

Examples of clergy invoking God to justify the sexual abuse of children

- “Mr. Geier, now 59, said that between the ages of 14 and 15, starting around 1965, Father Murphy molested him four times in a closet at the school. The priest, a hearing man fluent in sign language, said that God wanted him to teach the boy about sex but that he had to keep it quiet because it was under the sacrament of confession. Mr. Geier said he felt sick.” Laurie Goodseitn, New York Times, March 26, 2010
- The case of the “bedtime prayers”
- The case of the girl who “got it over with”
- “Pedophiles need to become more positive and make the claim that pedophilia is an acceptable expression of God’s will for love and unity among human beings.” Ralph Underwager, ordained Missouri Synod Lutheran minister, Journal of Paedophilia (1993)

Spirituality-Based Blocks to Disclosing Child Abuse

Vieth, When Faith Hurts: Overcoming Spirituality Based Blocks & Problems Before, During and After the Forensic Interview (Revised & Expanded), 2(10) CenterPiece (2011)

Perpetrator Induced

- Perpetrator manipulates child's faith to convince the child that he/she is sinful (i.e. child's biological reaction means child enjoyed contact as much as perpetrator)
- The victim who initiated sexual contact as means of "getting it over with."

Child induced

- Even if perpetrator does not manipulate child's faith, the victim's own analysis of religious doctrine may cause a block
- Example: my conversation with a 13 year old
- Seven year old: "Am I still a virgin in G-d's eyes?"

Doctrinal induced

- **A child may correctly understand a religious doctrine—and may be tormented by its application**
- **The police officer in the back of the room**

Institution induced

- Many faith institutions are more interested in addressing the spiritual needs of perpetrators than victims
- Many members of a congregation will rally around the perpetrator
- Even if a perpetrator confesses, many faith leaders urge reconciliation (the case of the faith based teacher)
- The case of the crowded courtroom

Religious leader induced

- Numerous studies document that when the perpetrator is a faith leader, the damage to the child's psyche is particularly pronounced
- One victim's comments about the Eucharist

Religious institutions often provide easy access to children

- **“Any situation that provides ideal conditions for pedophiles will draw them, and it will be very difficult to distinguish them from their nonpedophilic and entirely moral colleagues...boarding schools, overnight camps, male choirs—any setting that puts groups of kids regularly together under the supervision and care of a ‘counselor’ or other adult for overnight trips will draw pedophiles...”**
 - Dr. Anna Salter
- **Conversations with faith based camps**

What have we learned so far?

- Child abuse impacts spirituality (sense of betrayal, doubts, guilt and decreases involvement in religion)
- Spiritual harm is greater when the perpetrator is a member of clergy
- However, victims often report being more spiritual than non-victims (i.e. increased prayer activity)

The role of spirituality in coping with abuse

- Researchers have found a victim’s “spiritual coping behavior” may play a positive or negative role in the ability to cope with the abuse
- Victims of severe abuse and very young victims are more likely to remain “stuck” in their spiritual development (i.e. remain angry with God)
- Nonetheless many victims reporting “greater resolution” of childhood abuse were able to “actively turn to their spirituality to cope...rather than attempt to cope on their own.” *Gall, Spirituality and Coping with Life Stress Among Adult Survivors of Childhood Sexual Abuse, 30 Child Abuse & Neglect 829 (2006)*

What can the faith community do?

Educate yourselves about the dynamics of abuse and report (Ohio study: only 22% of 143 clergy required by denomination to receive child abuse training. Study also documented under-reporting of abuse no matter how clear the evidence)

The training must not be a one time event

Create an environment where kids feels safe

- Personal safety classes (more important than fire safety & it's not sex education)
- Make sure kids know the difference between sinning and being the victim of sin (13 year old girl)
- Offer classes for parents (parenting, Internet safety, abduction, teaching kids personal safety—boys and girls)

Train workers about suspicious behaviors—but cautiously

- Behaviors are not diagnostic**
- Most behaviors consistent with abuse are consistent with other causes**
- Some behaviors, though, strongly suggest abuse**

Have thorough knowledge of normal sexual behaviors

- Birth to 3 may touch genitals, though “rhythmic manipulation with hand” doesn’t occur until at least 3
- May show genitals, interested in bathroom functions, use dirty language for bathroom functions, might insert something in body cavities but will stop if pain, may play house or doctor but play will mimic only what they’ve seen
 - **Toni Cavanaugh Johnson, Sexualized Children**

Abnormal Sexual Behavior

(CSBI, Wm. Friedrich, Mayo Clinic)

- Placing child's mouth on sex part
- asking to engage in sex acts
- masturbating with object
- inserting objects in vagina/anus
- imitating intercourse
- making sexual sounds
- french kissing

- undressing other people
- asking to watch sexually explicit television
- imitating sexual behavior with dolls

Don't be gullible

“If children can be silenced and the average person is easy to fool, many offenders report that religious people are even easier to fool than most people.”

–Anna Salter

How sex offenders view us

- “I consider church people easy to fool...They have a trust that comes from being (religious)...They tend to be better folks all around. And they seem to want to believe in the good that exists in all people...I think they want to believe in people. And because of that, you can easily convince, with or without convincing words.”
- The case of the choir director

A youth minister with over 100 victims (p. 199 Salter)

- “(T)here was a great amount of pride. Well, I pulled this one off again. You’re a good one...There were times when little old ladies would pat me on the back and say, ‘You’re one of the best young men that I have ever known.’ I would think back and think ‘If you really knew me, you wouldn’t think that.’”

How do predators select victims?

- Q. At church, you did not molest all the children. How did you choose?
- A. “First of all you start the grooming process from day one...the children that you’re interested in...You find a child you might be attracted to...For me, it might be nobody fat. It had to be a you know, a nice looking child...You maybe look at a kid that doesn’t have a father image at home, or a father that cares about them...if you’ve got a group of 25 kids, you might find 9 that are appealing...then you start looking at their family backgrounds. You find out all you can...which ones are the most accessible...you get it down to one that is the easiest target, and that’s the one you do.”

Understand that clergy abusers are just as dangerous as non-clergy offenders

- Share characteristics of other offenders
- More skilled/better educated
- Careful selection of victims
- More likely to use force
- Treatment the same
 - Langevin, et al, *A Study of Clerics Who Commit Sexual Offenses*, 24 Child Abuse & Neglect 535 (2000)

Would predators be interested in working with a Synagogue youth group?

- “Any situation that provides ideal conditions for pedophiles will draw them, and it will be very difficult to distinguish them from their nonpedophilic and entirely moral colleagues...boarding schools, overnight camps, male choirs—any setting that puts groups of kids regularly together under the supervision and care of a ‘counselor’ or other adult for overnight trips will draw pedophiles...”
– Dr. Anna Salter

Would a predator abuse a child with others present?

- 54.9% of child molesters offended when another child present (The Tricky Part by Martin Moran)
- 23.9% offended when another adult present Underwood, et al, *Do sexual offenders Molest when Other Persons are Present?* 11(3) Journal of Research and Treatment (1999)
- Note—it may be subtle (under the blankets)
- Why? Increases power over child, the chance of getting caught enhances arousal, etc.

CDC standards for protecting children

- Screening/selection of employees & volunteers
- Guidelines on interactions
- Monitoring behavior
- Ensuring safe environments
- Responding to inappropriate behavior
- Training of employees, caregivers, youth

Preventing Child Sexual Abuse Within Youth-serving Organizations:

Getting Started on Policies and Procedures



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Detering predators

- **Criminal background checks (but note that most predators have never been caught—Abel study, etc)**
- **Google search and search newspapers where counselors/employees may have worked**
- **Ask for references and call them**

Three simple rules in hiring

- **Have a written child protection policy & make every applicant read it**
- **Have an application that not only includes a background check but explores child abuse issues**
- **Conduct an oral screening**

Church Camps: Lessons from the Boys Scouts

- **Two deep leadership—at least two adults on “all trips and outings”**
- **No one on one contact (if there is some reason for a private discussion with a child, do it in the view of others)**
- **Respect for privacy—no counselor should watch a child change clothes or shower nor should a child see a counselor naked**

Church Camps: Lessons from the Boys Scouts

- **Separate sleeping accommodations for counselors and children**
- **Limit or prohibit events at workers homes**
- **Appropriate attire (no skinny dipping, etc)**
- **Windows and open doors**
- **Sexual comments, jokes, and behaviors around children strictly prohibited**
- **Prohibiting corporal punishment**
- **Limiting cameras, imaging, digital devices**
- **Bullying prohibited**

Keep an eye out at camp

- At the camp, does a counselor single out a child for gifts, particularly expensive gifts, or other favors? (Bakken's buddy)
- Is that child from a family where parents are divorced or where parents are not involved?
- Do they make unusual statements such as commenting on a boy or girl's development? (Bakken would slam on car breaks and call the behavior a "ball busting" episode)
- Do they find a way to "accidentally" see the child undressing or going to the bathroom? (Bakken's bathroom rules)
- Trust your gut (Bakken's instructions to sleep in underwear with sleeping bags undone, Bakken's "bedwetting" excuse, faith-based school pornography case)

Other ways to help

- Does your Synagogue offices have windows?
- Become member of MDT/Citizen Review Panels
- Be a support person
- Periodically deliver a sermon about child abuse
- HALOS/GRACE
- Model seminars
- Does your Synagogue library have materials on child abuse?
If not, obtain materials.

Polyvictimization research

- Exposure to multiple forms of victimization was common.
- Almost 66% of the sample was exposed to more than one type of victimization, 30% experienced five or more types, and 10% experienced 11 or more different forms of victimization in their lifetimes.
- Poly-victims comprise a substantial portion of the children who would be identified by screening for an individual victimization type, such as sexual assault or witnessing parental violence.
- Poly-victimization is more highly related to trauma symptoms than experiencing repeated victimizations of a single type and explains a large part of the associations between individual forms of victimization and symptom levels.
 - (Turner, Finkelhor, et al, 2010)

Signs of physical abuse

Most children are hit (Gershoff 2008)

- 85% of children physically punished prior to high school
- 51% of all children have been hit with instruments
- Approximately 2/3rds of parents report hitting children below the age of two

Let's remember how little these kids are



Location of injuries

- Children are forward moving and frontal explorers, most accidental injuries are to “frontal” locations (forehead, nose, chin, palms, elbows, shins)
- Injuries to buttocks, genitalia, abdomen, back, lateral areas of body more likely to indicate abuse
- Does child’s description make sense? (the coffee table account)

Suspicious injuries

- Always bruised—particularly in unlikely areas
- “Control” injuries (hair, arms, etc)
- “Patterned” injuries (hand slap—2 or 3 lines)



The exposure of children to domestic violence



Types of Exposure

- **Hearing a violent event**
 - Children's reports of witnessing violence significantly higher than parent's reports (Richters and Martinez, 1993)
- **Direct involvement**
 - Eyewitness
 - Intervention
 - Used as part of violent event (i.e., shield)
- **Experiencing aftermath of violent event**

Understand effects of IPV on children through drawings

An eight-year-old was asked to draw a picture of his father. He wrote in Spanish:

“This is how I see my father because he often gets angry and drunk and his eyes turn red.”

© CONNECT – Family Violence Prevention Fund



Effects of Exposure to IPV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Behavioral	<ul style="list-style-type: none"> •Fussy •Decreased responsiveness •Trouble sleeping •Trouble eating 	<ul style="list-style-type: none"> •Aggression •Behavior problems •Regressive behavior •Yelling, irritability •Trouble sleeping 	<ul style="list-style-type: none"> •Aggression •Conduct problems •Disobedience •Regressive behavior 	<ul style="list-style-type: none"> •Dating violence •Delinquency •Running away •Truancy •Early sexual activity
Social		<ul style="list-style-type: none"> •Trouble interacting with peers •Stranger anxiety 	<ul style="list-style-type: none"> •Few and low quality peer relations 	<ul style="list-style-type: none"> •Dating violence (victim or perpetrator) •Increased risk for teen pregnancy

Effects of Exposure to IPV

(Summers, 2006)

	Infants	Preschool Age	School Age	Adolescents
Emotional/ Psychological	<ul style="list-style-type: none"> •Attachment needs not met 	<ul style="list-style-type: none"> •Fear/anxiety, sadness, worry •PTSD •Negative affect •Feeling unsafe •Separation anxiety 	<ul style="list-style-type: none"> •Somatic complaints •Fear & anxiety, depression, low self-esteem, shame •PTSD •Limited emotional response 	<ul style="list-style-type: none"> •Substance abuse •Depression •Suicidal ideation •PTSD •Feeling rage, shame •Unresponsiveness
Cognitive	<ul style="list-style-type: none"> •Inability to understand 	<ul style="list-style-type: none"> •Self-blame 	<ul style="list-style-type: none"> •Self-blame •Distracted, inattentive •Pro-violent attitude 	<ul style="list-style-type: none"> •Short attention span •Pro-violent attitude •Defensive

When a victim sues

1. Offer an “unequivocal apology”
2. Symbolic gestures (i.e. a memorial or rock garden)
3. Changes in policies (two deep leadership, proper screening, immediate reporting to the authorities—no exceptions)
4. Archive the past (victims want the assurance there will never be a revisionist history)
5. The practical (Synagogue should pay for mental health and medical services) Kelly Clark, *Institutional Child Sexual Abuse—Not Just a Catholic Thing*, William Mitchell Law Review (2009) (on jump drive)

When a perpetrator confesses to sexual abuse

- Inform him that sexual abuse contributes to significant health risks and that he should fully disclose his conduct to a medical care provider to ensure the child's physical well-being (Centers for Disease Control, ACE studies)
- Inform him that sexual abuse has a significant impact on a child's mental health and therefore the victim should be referred to an appropriate mental health provider (CDC, ACE studies)
- Inform him that SA results in significant spiritual damage and, in consultation with a mental health professional, and Rabbi, we will need to address this issue. Diane Langberg, *Counseling Survivors of Sexual Abuse* (2003)
- Inform him, he has committed a serious crime and that he should turn himself in to the police and be assessed by and follow the recommendations of a sex offender treatment provider
- If he refuses any of the above, his "repentance" should be questioned and the Synagogue should exercise appropriate discipline

Assessing a perpetrator's repentance

- **Have you informed your spouse? If your spouse wants you to move out, are you willing to do so? If your child victim(s) want you to move out, are you willing to do so?**
- **Have you informed your child's medical provider? Have you referred your child to a therapist?**
- **Do you hold yourself fully responsible—or do you believe your child in some way contributed to the abuse?**
- **Have you turned yourself into the police? Will you be confessing and pleading guilty or will you make the government “prove it”? Will you allow your attorney to grill your victim at trial?**
- **Are you willing to enroll in a sex offender treatment program?**

Policies for sex offenders seeking to join a Synagogue or attend services

1. Compliance with the law. Speak to the offender's probation officer and/or the local prosecutor.
2. Consultation with the sex offender's treatment provider. This will determine potential dangers and help the Synagogue in meeting the offender's needs.
3. Review court and investigative records. What charges were dismissed? What did the offender confess to?
4. Determine level of supervision necessary. Low risk may require a shadow, high risk separate services.
5. Sex offender should not be allowed to attend services with victim. This is true even if low risk.
6. If SO goes to different congregation—let them know of risks.
7. Be sensitive to the fears of parents and the emotions of all survivors.
8. Have a public congregational meeting (when appropriate).

Synagogues can build resilience



What is resilience?

- Resilience has been used to describe behavior, intellect, emotional well-being, social functioning or all of the above (Houshyar, 2005)
- Between a third to half of all individuals who have experienced sexual abuse do not (or at least no longer) exhibit adult psychiatric or psychological problems and can therefore be referred to as 'resilient' (Fergusson & Mullen, 1999; McGloin & Widom, 2001)

What makes a child resilient?

- Perceived social support and social reactions to abuse can influence mental health outcomes and recovery from trauma (Futa et al, 2003; Krause, Kaltman, Goodman, & Dutton, 2008; Ullman, Filipas, Townsend, & Starzynski, 2007)
- Accordingly, if a YSO is supportive of a child making an outcry, this may build resiliency

Healthy relationships & emotional support

- The ability to find supportive relationships outside of the family helps overcome the aftermath of abuse (Lauterbach et al., 2007)
- The availability of emotional support at the time of the abuse will strengthen the ability of an individual to draw support from others in adulthood, thereby engendering resilient functioning (Collishaw et al., 2007)
- If YSO's respond compassionately to an abused child, and provide one or more healthy relationships with adults or peers, this builds resiliency

Strong family dynamics

- A study with hundreds of university students who had experienced childhood abuse found that family characteristics (family conflict or cohesion) affected resilience in adult life far more than the length or type of abuse people had suffered (McClure, Chavez, Agars, Peacock, & Matosian, 2007)
- To the extent YSOs build stronger family dynamics, we are also building resiliency

Laughter and imagination

- **Outgoing personality, good sense of humor, strong intellect, an active imagination decrease risk factors (Pickering, Farmer, & McGuffin, 2004).**
- **To the extent YSO's make a child's personality stronger or encourage his or her imagination and intellect, even humor, we are building resiliency.**

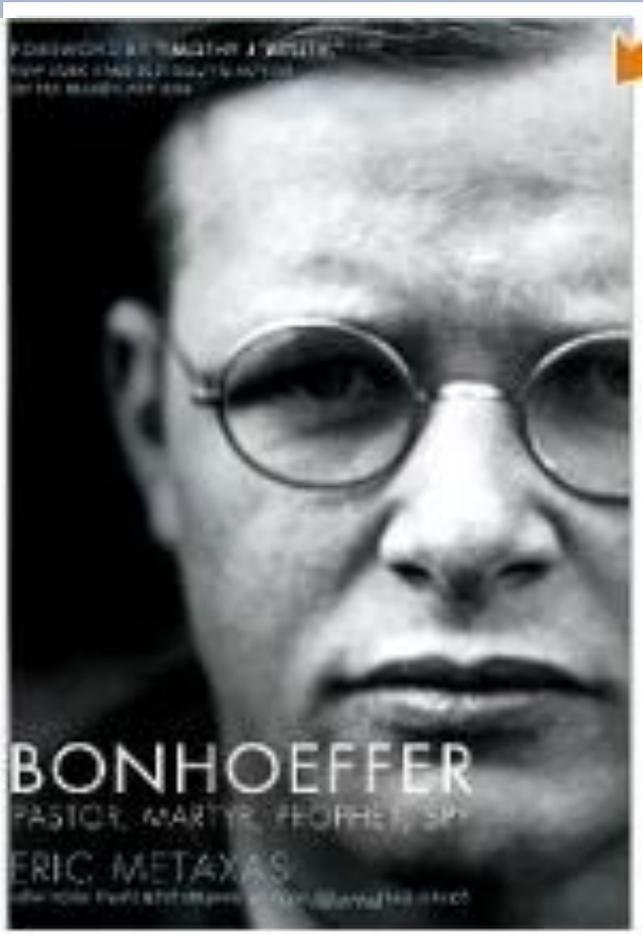
Self esteem

- Research suggests that high self-esteem, external attributions of blame, and individuals' coping strategies all predict more positive outcomes (see Collishaw et al., 2007).
- To the extent YSOs build self esteem and coping strategies, and reinforce that children are not to be blamed for abuse, we are building resiliency

Religion and well-being

- Even when controlling for age, race, ethnicity, region, socio-economic status, marital and child bearing status, “very religious” people scored higher than “moderately religious” or “non-religious” on Gallup’s “well-being index”
- This index measures life evaluation, physical health, emotional health, healthy behaviors, and work environment.
- Why?
 - Religions promote healthy behavior
 - Belief in God provides unique comfort in times of sorrow
 - Religion provides “super-charged” friends (Newport 2012)
- Helps cope with trauma

“Till the night be passed”



**“Silence in the
face of evil is
itself evil. Not to
act is to act.”**

– Dietrich Bonhoeffer