The Emotional Impact of Treating Child Abuse

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ABSTRACT: The author agrees with the need for pastoral intervention in child abuse and neglect, but warns that pastors need to be prepared to handle the intense emotional effects that result. The emotional impact of treating child abuse and neglect is examined under the rubric “countertransference.” Three sources of countertransference are outlined: identification with the child, identification with the parent, and encountering resistance. Finally, ways to cope with countertransference engendered by treating child abuse and neglect are explored. The need for quality supervision is especially stressed.

Our society has become increasingly sensitized to the pervasive existence of child abuse and neglect. In response to this heightened awareness, persuasive cases have recently been made for pastoral involvement in abusive situations. Garbarino and Hershberger, who view current social science paradigms as unable to face the evil in child abuse fully because of amoral presuppositions, argue that pastors are in a unique position to respond to the evil inherent in child abuse.¹ They also contend that the church’s traditional practice of pastoral care offers excellent opportunities for responding to abusive situations. These opportunities include: 1) access to families through pastoral visitation, 2) the confessional quality of pastoral care, and 3) the movement toward conversion to healthy patterns of relating.² Bentley likewise contends that pastors have a unique role in ameliorating child abuse situations.³ He states that secular approaches are limited by an objective, deterministic framework. A pastor, on the other hand, can respond uniquely to the client’s subjective world, using a religious framework to help the client become “open to the grace of God’s actions within.”⁴

In addition to the unique quality of pastoral care, there is another salient reason for pastors to learn how to intervene in abuse and neglect cases: the high probability of encountering child abuse and neglect. Given the base rates of abuse and neglect as well as a pastor’s familiarity with parishoners, it is highly unlikely that a pastor will not encounter abuse and neglect in the course of pastoral work. For this reason, pastors ought to know how to respond when an abuse or neglect situation is detected. There are very difficult ethical and legal dilemmas associated with child abuse and neglect intervention (for

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example, possible conflicts between state reporting laws and privileged communication). However, the one response that is clearly off-limits is denial.

Even when primary treatment is given by other professionals, pastors should offer ongoing pastoral support. Secular treatment does not lessen the need for traditional pastoral care (for example, prayer and confession/absolution). Ideally, such ongoing pastoral care can be coordinated with other professional treatment in a teamwork approach.

The need for pastoral intervention in child abuse and neglect is clear; however, there are high emotional costs for pastors who attempt to treat abuse and neglect. These costs can be generally categorized under the psychotherapeutic rubric of “countertransference.” I will first discuss the general phenomenon of countertransference. Second, I will identify three sources of pastoral countertransference in abuse and neglect situations. And third, I will discuss ways to cope effectively with the emotions engendered by treating abuse and neglect.

Countertransference

Freud originally used the term “countertransference” to refer to an unconscious process whereby the analyst would project feelings about past figures onto the patient (analysand). That definition has broadened considerably, so that today “countertransference” commonly refers to any feeling, positive or negative, that helpers develop toward those they are helping. It is viewed as inevitable and, if understood and properly handled, can even enhance therapeutic efficacy. However, left unattended, negative countertransference (for example, anger in particular) may impair effectiveness and in some cases may diminish helper empathy. When negative countertransference is prolonged, it can be a primary source of burnout including such symptoms as alienation, depression, apathy, and somatization.

Child abuse intervention can especially engender intense negative affect. This negative countertransference, when sustained, puts pastors working with abuse and neglect at particularly high risk for burnout in its most severe forms.

Sources of countertransference

Identification with the child. Powerful feelings toward abusive parents can originate from identifying with abused children. Even as adults, pastors can maintain deep feelings of childhood vulnerability that are easily tapped when seeing children hurt by their parents. It is easy to identify with the defenseless position children appear to have. We have all felt defenseless as children and sometimes still do as adults. The combination of perceiving abused children as helpless victims and the identification with their hurt and vulnerability can create intense anger. Perhaps some of the anger may not be for the abused child only; it may extend to include anger for the still vulnerable “child”