

# Theological Framing and the Normalisation of Abuse

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**Editorial note:** *This paper was originally published in 2017. It has been reissued in January 2026 in response to contemporary developments — including the organised political mobilisation of complementarian theology in the United States and its growing influence in Australian Protestant contexts — which underscore the ongoing relevance of its analysis regarding theology, power, and harm within domestic settings.*

Some Protestant denominations espouse theological frameworks that have historically spiritualised abuse, amplified shame, and empowered perpetrators. In Sydney, as recently as 2015, David Ould — then rector of Glenquarie Anglican Church and an active member of the conservative Anglican Church League — publicly questioned whether it might be “*a Godly wise choice*” for women to remain with abusive husbands, citing 1 Peter 3 on wives submitting to their husbands.<sup>1</sup>

While overt expressions of this view are less common today, equivalent interpretations of Scripture continue to be promoted by some Protestant ministers. In specific cultural contexts this functions as a practical mechanism: where shame and stigma surrounding disclosure make reporting abuse socially and spiritually costly, theological framing supplies a justification for silence. In Pagelow and Johnson's 1988 chapter on religion and abuse they observed:

“*Silence within the religious community has served to keep the lid on the simmering pain that not only immobilises [sic] victims but encourages the behaviour of the perpetrators.*”

Pagelow and Johnson (1988)<sup>2</sup>

In many cases this silence reflects a deliberate theological stance: victims, including their children, are counselled to endure abuse as Christ suffered, with the expectation that prayer and submission will ultimately redeem the abuser. This is not a passive failure of awareness. It is a theological position with direct clinical consequences.

Children with highly heritable neurodevelopmental conditions such as Attention Deficit Hyperactivity Disorder (ADHD) are especially vulnerable in abusive environments, and the developmental risks that follow are well documented. ADHD is characterised by impaired emotional regulation and executive functioning, and is over-represented in domestic and family violence contexts. A substantial proportion of children with ADHD develop comorbid Oppositional Defiant Disorder (ODD). Without early intervention, approximately 40% of children with ODD progress to Conduct Disorder (CD) — characterised by persistent lying,

verbal aggression, and physical violence — and the presence of CD substantially increases the risk of later antisocial outcomes, including Antisocial Personality Disorder (ASPD).<sup>3,4</sup>

The endpoint statistics are stark. Over 80% of children in juvenile detention meet diagnostic criteria for Conduct Disorder.<sup>5</sup> Rates of Antisocial Personality Disorder among adult prison populations are estimated at approximately 35%.<sup>6</sup> These are not independent findings. They describe a pathway — from untreated neurodevelopmental vulnerability, through conduct problems, to criminal justice involvement — that is significantly moderated by the child's home environment.

The relationship between these conditions is neither inevitable nor simple: ADHD does not equate to sociopathy, nor does ADHD alone lead to ASPD. Most children with ADHD do not develop serious conduct problems. ADHD has nonetheless been associated with elevated risk of certain forms of domestic violence, particularly where emotional dysregulation is untreated.<sup>7,8</sup>

ADHD and ODD have a documented comorbidity rate of between 60% and 80%.<sup>7,8</sup> ODD is characterised by persistent anger, defiance, and emotional dysregulation. Of those diagnosed with ODD, between one-third and one-half are at elevated risk of progressing to Conduct Disorder.<sup>9</sup>

Some children internalise distress, increasing vulnerability to depression, anxiety, and post-traumatic stress disorder. Others externalise distress through anger and aggression.<sup>10,11</sup> Gender modifies this risk: boys are approximately twice as likely as girls to develop CD. Family environment is a critical moderating factor. Known risk factors for CD include aggressive parenting — particularly by fathers — and sustained exposure to domestic violence. Because ADHD is highly heritable, the likelihood that at least one parent will exhibit behavioural traits that compound family instability is elevated.

Within some Protestant congregations, theological teaching systematically obstructs the very intervention that the clinical evidence demands. ASPD does not develop in a vacuum: genetic factors establish vulnerability; the child's formative environment determines whether that vulnerability is activated or mitigated. Removal from violent environments is therefore protective. Early intervention is the single most effective modifier of these developmental trajectories.

Research indicates that devout mothers may be socially and spiritually pressured to protect abusive partners rather than remove children from harm.<sup>12,13,14</sup> Shame functions as a structural barrier: it is not merely an emotional response but a theologically sanctioned mechanism that prevents disclosure and delays help-seeking.

The result is not inadvertent. When vulnerable children are kept in abusive environments during critical developmental periods — because a theological framework counsels endurance over protection — the clinical consequences are foreseeable. Theologies that frame suffering as spiritually redemptive, and that treat disclosure as a failure of faith or loyalty, do not merely fail to protect children. They supply the justification for inaction at the moment when action is most urgently required.

This intersection is particularly acute in cases involving neurodevelopmental vulnerability. A child with ADHD living in a household where abuse is normalised and disclosure is discouraged is not simply unfortunate. That child is navigating a confluence of genetic risk, environmental harm, and institutional obstruction — each factor compounding the others, and the theological framework actively impeding the intervention that could interrupt the pathway.

## **Conclusion**

The evidence reviewed in this paper supports a specific and serious conclusion: theological frameworks that counsel endurance of abuse rather than protection from it cause measurable harm to children, and that harm is concentrated in children who are already neurologically vulnerable.

The pathway from theologically-sanctioned silence to compounded developmental harm to criminal justice involvement is not speculative. It is documented at each stage. What this paper argues is that the theological obstruction of intervention is not a background condition but an active contributor to that pathway — one that can be named, examined, and challenged.

Faith communities have the capacity to be the most effective early-intervention environments available to vulnerable families. Proximity, trust, and sustained relationship give faith communities access that clinical services rarely achieve. That capacity is wasted — and reversed — when theology is deployed to keep victims silent and perpetrators protected.

The choice between counselling endurance and demanding accountability is not theologically neutral. It has consequences that can be measured in developmental outcomes, psychiatric diagnoses, and prison statistics. Those consequences belong to the theology that produces them.

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