THE WAYNE GUTHRIE PROTOCOL

Protocol of the Professional Standards Unit of the Sydney Anglican Diocese
for the Care of Families who have experienced Premature Death of a Family Member
due to Child Sexual Abuse.

Introduction

The premature death of a family member or friend as a result of child sexual abuse can result in profound grief, with emotional, physical and spiritual effects. The grief experienced can be complicated and compounded by many complex feelings of the family or friend. These may include feelings of guilt, anger, sadness and a sense of having failed to protect the family member or friend from the abuse. Every person is unique in their expression of this grief and no two responses are the same.

The Professional Standards Unit aims to have integrated and trauma-informed approaches to the trauma experienced by primary and secondary victims of child sexual abuse, particularly where there has been a premature death of a family member or friend.

The Name of the Protocol

This protocol is named in honour of Wayne Guthrie. Wayne was sexually abused as a child by Simon Jacobs when he was a member of CEBS at Christ Church St Ives.

As an adult, Wayne’s abuse was reported to the local church leadership in 1993 and no action was taken. Wayne’s trust was betrayed by those who were in positions of power and authority in the church, who should have provided a safe environment for the children in their care. Many times, the church failed to believe Wayne’s story or provide him with appropriate care and support (including reporting the abuse to the police).

Wayne disclosed his abuse to the police in 2009 and made a public appeal on television for other victims to come forward. Due to his courage in making the appeal, another victim came forward and these efforts eventually led to the conviction of Simon Jacobs in 2011. Jacobs received a custodial sentence.

Wayne’s mother Marion Fortescue was a constant support for him over many years. She has worked tirelessly to see her son acknowledged for his courage in coming forward to the police, and to challenge the Sydney Anglican Diocese to provide better care and support for survivors of child sexual abuse and their families.

The Royal Commission into Institutional Responses to Child Sexual Abuse was established in 2013. Wayne came forward to the Royal Commission with his story and as a result he was due to be a witness in Case Study 36 in January 2016 at Hobart. Due to medical complications Wayne tragically died prematurely on 30 December 2015. Wayne and his mother Marion Fortescue did not have the opportunity to tell their story to the Royal Commission.
These protocols are written in honour of Wayne Guthrie. They are also written in memory of his courage and persistence in pursuing justice, in recognition of what happened to him and for other survivors.

Guidelines for caring for secondary victims after a premature death

1. In its work with secondary victims of child sexual abuse after a premature death, the Professional Standards Unit will apply the following principles of trauma-informed care:
   a) Trauma impacts all areas of life and functioning;
   b) The physical, psychological and emotional safety of the secondary victim is critically important;
   c) An emphasis on autonomy, collaboration and strength-based approaches, will empower secondary victims in their recovery;
   d) The social and cultural contexts of secondary victims (such as gender, race, culture and ethnicity) shape both their needs and their recovery and healing; and
   e) Trauma occurs in relationship, as does healing.¹

2. After the premature death of a family member or friend who suffered child sexual abuse, the Professional Standards Unit will always try to seek secondary victims’ views about what they need. Judgment and sensitivity should also be used about what is likely to be helpful in each case. If appropriate, the Professional Standards Unit Chaplain will:
   a) Contact the secondary victims to express the Diocese’s condolences;
   b) Inform the Archbishop;
   c) Attend the funeral of the victim;
   d) Send a card and flowers to the secondary victims (or donation in lieu of flowers);
   e) Offer counselling;
   f) Offer pastoral care through the Chaplain;
   g) Offer an apology meeting with the Archbishop;
   h) Encourage referrals to trauma-informed medical practitioners or psychiatrists and victims services if required;
   i) Encourage links with a local church (if requested), community groups and support groups; and
   j) Encourage connection with family and friends as primary relationships, and encourage re-establishment of relationships with family and friends that may have been lost.

3. The Professional Standards Unit has a unique relationship with each secondary victim. Some secondary victims do not want any contact with the Diocese. Other secondary victims have been in contact with the Diocese over a long period of time. In each case, the Professional Standards Unit will engage, if the secondary victims want engagement, for as long as they request.

Professional Standards Unit staff

The Director

1. The Director of the Professional Standards Unit oversees the complaints process of the Diocese, including reporting complaints of criminal conduct to the police and other organisations. The Director is legally trained.

2. The Director can give advice to secondary victims.

3. The Director can also support secondary victims by informing them of prohibition orders from the Diocese against an offender, and help them with any parole submissions when a convicted offender is due for release.

Contact Persons

1. Contact Persons are available by telephone and email to be a contact point for complainants, victims and informants, to assist them with information regarding the complaints process, and to receive complaints or information relevant to the code of conduct, *Faithfulness in Service*.

2. All Contact Persons have suitable qualifications and professional experience (for example, they are trained as psychologists, social workers or counsellors).

3. As well as providing information and receiving complaints, Contact Persons make referrals (for example, for counselling and/or legal advice).

4. The Contact Person’s role is to help the complainant by providing information, making referrals, enabling disclosure, documenting complaints or information and making reports to the Director. However, a complainant is likely to have wide-ranging needs and may feel depressed, anxious, angry or confused. The Contact Person must be alert to their needs and help them find appropriate support services.

The Chaplain

1. The Chaplain’s role is to work from the victim’s and secondary victims’ perspective, including an understanding of how they see the trauma they have suffered. The Chaplain can do this by listening, reflecting back, clarifying and allowing and facilitating expressions of emotion. Then a way forward can be agreed upon.

2. It is important for the Chaplain to offer skilled grief counselling or psychological therapy to secondary victims. Care should be taken to ensure that the offer of counselling is made clearly, yet not forced upon the family.
3. The Chaplain is not a grief counsellor, psychologist or medical expert. Referrals to these specialists are to be made as needed.

4. This therapy can be complemented by other support from a local church and specific support groups which those experiencing the trauma may wish to access.

**The Parish Recovery Team**

1. The Anglican Church, Diocese of Sydney, has a trained team of consultants to help parishes recover from the impact of sexual abuse and misconduct. The team focuses primarily on the journey of recovery, while allowing the parish leadership to continue running the church.

2. Parish Recovery Team consultants offer objectivity and a clear goal for recovery. Consultancy teams should ideally be activated immediately, once a parish crisis is known.

**Definitions**

**Premature death**

A premature death is death before a person reaches an expected life age of 75 years. Victims of child sexual abuse may die prematurely due to suicide or due to medical and social complications. Medical, social and psychological complications may arise as a result of risk taking and antisocial behaviours.

**Primary victim**

A primary victim is a person who is impacted emotionally, physically and/or spiritually as a direct result of child sexual abuse having been committed against them.

**Secondary victim**

A secondary victim is a close family member or friend of a primary victim who has been impacted emotionally, physically and/or spiritually as a direct result of child sexual abuse suffered by the primary victim.

Following the premature death of a family member or friend, due to child sexual abuse, a secondary victim suffers significant loss and a lack of closure. Resolution is often not possible because justice cannot be done. While the person is alive, there is still the possibility of the system doing some remedial work through the police and other services. When a victim dies prematurely, however, the opportunity for acknowledgement of the offence and holding the perpetrator to account through the criminal justice system is lost. The secondary victim is often left to seek an appropriate response which can result in their becoming the voice for the person who has died prematurely.

**Tertiary victims**

Tertiary victims are the wider community, church or a group of individuals who are impacted emotionally, physically and/or spiritually as a direct result of child sexual abuse
suffered by the primary victim. Tertiary victims may also be those providing support for secondary victims.

**Trauma-informed care**

Trauma-informed care involves an appreciation of the traumatic impact of victimisation, within all levels of an organisation. Applying the principles of trauma-informed care, the primary aim of the Professional Standards Unit in its dealings with primary, secondary and tertiary victims is to promote and facilitate recovery and to minimise the possibilities of re-traumatisation.²

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