AUSTRALIAN CATHOLIC BISHOPS' CONFERENCE AUSTRALIAN CONFERENCE OF LEADERS OF RELIGIOUS INSTITUTES

PROFESSIONAL STANDARDS RESEARCH PROJECT

INTERIM RESEARCH SUMMARY AND RECOMMENDATIONS

The starting point for the current research project is the resolve of the Australian Catholic Bishops Conference and the Australian Conference of Leaders of Religious Institutes to address as clearly and as comprehensively as possible the criminal sexual abuse of children by priests and religious.

The research team has been aware of a sense of ugency because of the current climate in society and in the Church about pastoral sexual abuse; it has also been conscious of the range of behaviours and of difficulties implicit in the phrase "sexual disorders".

After meeting with groups of professional people in consultations in every state,consulting with clinicians, and making a comprehensive review of literature both clinical and pastoral, we are able to state that we consider a programme to be feasible and to have theoretical and practical support.
This summary will give some further shape to a possible model.

SOME DEFINITION OF TERMS

There are some clarifications that need to be made as a background to reporting on what has been undertaken in relation to those terms of reference.

The expressions "child abuse", "sexual abuse", "sexual assault", "sexual misconduct" "sexualised behaviour", "sexual contact" can all be used to distinguish accurately between modes of behaviour. Writers from Church perspective use the terms "clergy sexual abuse", or more recently, "pastoral sexual abuse" to identify the special dimensions of breach of trust that are

associated with offenders who are religious or ministers of the Church.

Some of the distinctions made by Jan Craney may be helpful:

> The specific psychiatric conditions seen as operating in cases of child sexual abuse are, **paedophilia** , characterised by recurring urges or sexual activity with a pre-pubescent child, and **ephebophilia**, in which the object of recurring sexual urges or activity is a post-pubescent juvenile. In much of the commentary on clergy sexual abuse, paedophilia is used to cover both conditions. Both of these conditions in turn are examples of a larger class of sexual disorders called **paraphilias**, in which sexual arousal follows a "non-normative pattern ... which may interfere with the capacity for reciprocal affectionate activity", and which includes sexual activity with non-consenting persons. The issue of consent is frequently contested by perpetrators of child sexual abuse, who claim that children willingly participated. In legal terms, consent is not possible while a child is a minor. Sexual activity with a minor is an illegal act.
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> Paedophilia and ephebophilia can be homosexual, heterosexual or bisexual. They can also be divided clinically into two groups: **fixated** (or exclusive), in which a person always requires paraphilic fantasies or stimuli for sexual arousal: and **regressed** (or non-exclusive type), in which paraphilic urges are periodic and may occur during periods of stress, and sexual arousal with adults is sometimes possible. The prognosis is said to be poor for fixated paraphilias, but more favourable for regressed, which may respond to treatment according to the addiction model.
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> ...The emphasis on paedophilia and ephebophilia in the literature on clergy sexual abuse obscures an important reality discussed by Canice Connors, president of the St.Luke Institute Maryland, which treats clergy with sexual problems. In the largest study of sexually disordered or dysfunctinal clergy yet undertaken, involving 500 priests and brothers over a ten year period, only 44 were diagnosed as paedophiles. 185 were diagnosed as ephebophiles, 142 as **compulsives**, who experience sex as beyond the pale of free will, and 165 as persons with **unintegrated sexuality**, who have avoided or postponed incorporating a sex drive or identity into their conscious selves.

Whether the orientation and behaviour be fixated or opportunistic, the literature and the experience of practitioners highlight some common characteristics. Such people are adults who have sought out and enjoyed a high level of trust from the children against whom they have offended . Most of them tend to be people who would prefer to be with children rather than adult peers, though this is not exclusively the case.

Because fixated persons have from a very early age tried to fight their deep-seated desire for intimacy with children, they invariably fantasise, on a regular basis, about their encounters with children, even though one may assess their behaviour as spasmodic or opportunistic. The obsessed or fixated person certainly fantasises consistently about sexual encounters with children. Both the fixated and the opportunistic person would fantasise about sexual encounters with children much more than the homosexual or heterosexually oriented person would fantasise about encounters with peers.

At the same time, colleagues in consultation and writers on offenders highlight the reality that most such men are skilled at masking and concealing both their fantasies and their activities, and go to great lengths to minimise the outward signs of sexual maladjustment. More importantly, they have a highly developed ability, both internally and socially, to deny their sexual maladjustment as a disorder, to the point that their behaviour is quite amoral. It becomes almost impossible for such persons to rationally analyse their strange sexual urges; irrationality underpins fantasies and behaviours, which make little sense even to them. For the person with paraphilia, not only does the behaviour not make sense to him, but the very irrationality enables him to minimise any sense of guilt, and to grossly understate any dealing that there may be with victims or communities .

Literature suggests, and the consultations that have been held confirm, that denial is a key aspect of any person with paraphilic tendencies, and becomes a key component of personality. It is this denial that explains the offenders inability to manifest any sense of understanding response to either victims or communities. Most importantly, it seems to be universally agreed that such a person will minimise the scope and extent of his actions and do this so convincingly that the most astute observer, even a therapist, can be deceived.

Because there is such clear agreement about the limited options and negative prognosis for the minister with fixated paraphilic behaviour, we would conclude that the most critical component of any programme for offenders is a highly professional assessment procedure.

No assessment strategy, except those made in hindsight, can be a guarantee that the person so

assessed is definitely not fixated or obsessed. Nevertheless, a person who is assessed as less than fixated could move into a programme based on a strategy that would give the professionals associated with such a person further opportunity for assessment, by testing the more optimistic diagnosis over a longer period of time(as much as twelve months)

The person assessed from the outset as fixated would benefit from an intervention that simply enables him to move into a role completely removed from children and young people. It has to be noted, though, that those with whom we consulted, on the whole doubted that such a role exists for a diocesan priest, although community life may provide that option in some religious congregations.

In the light of the research undertaken thus far, there are a number of clear additional statements that can be made:-

1. Some models of priesthood, workloads, life style, etc., do create stress in ministers. But stress in itself is not, and cannot be, an explanation for gross sexual maladjustment.

2. Other addictive behaviours, such as alcohol, substance abuse, gambling, can be associated with, but are not causal of, gross sexual malfunction.

3. There is no evidence to identify the discipline of celibacy as related to criminal sexual offence. But there is some support for a view that some men are attracted to a celibate lifestyle as a possible "remedy" for perceived problems and tendencies.

4. Any sexual relationship, not simply criminal sexual offences, that results from a pastoral care role, is by definition unprofessional and an abuse of a sacred trust. Any priest or religious who stays in a sexual relationship with another adult, while holding a pastoral position in the Church, is in an abusive relationship.

   The programme under consideration could be appropriate to assist priests who are in abusive, adult sexual relationships as well as those with paraphilic behaviour. But it is not recommended that this programme should be used for priests and religious with other

addictive behaviours such as alcohol abuse. Programmes for non-sexual addictive behaviours are currently available in Australia, notably through Catholic Health Care institutions.

NATURE AND SCOPE OF THE PROGRAMME

The research brief refers to "treatment " and that was received with caution by many of those consulted. "Treatment" can be misconstrued to imply "cure", whereas for most clients of the programme, a form of reality therapy is envisaged which entails confronting people with the reality of their future as priests and religious. This is not to say, as indicated above, that for the opportunistic offender, there may not be a more optimistic prognosis. But such a prognosis must never be presumed at the outset.

The following classifications of persons would be suitable candidates for a programme.

1. Persons who believe that their fantasies/behaviours are paraphilic in nature, (or in the case of heterosexual/ homosexual priests and religious, adult oriented). Their behaviour is abusive in nature, but they have not been accused of offences or identified as offenders. Enrolment into a programme so as to minimise risk of any future sexual abuse to others would be very acceptable. It has been suggested that such candidates for a programme hold the best prospects for a positive outcome.

2. Persons who have been accused of an offence against children, or of sexual abuse against adults, who admit to such abuse, where the victim has not proceded to take legal action in either criminal or civil jurisdiction.

3. Persons who have been charged with an offence against children, have been convicted of such an offence by a criminal court and have been granted a bond, because of special circumstances or because of minimal evidence against them.

4. Persons who have been convicted of an offence against a child or young person, have

been sentenced to gaol and have completed a term in prison

Note A programme could not offer admission to a person who has been alleged to have committed an offence against children or young people, who has categorically denied such an offence in all forums.

It should be noted that a person may, on legal advice, deny in criminal court having committed an offence; he may privately admit that there is truth to the allegations. Such a person could be a suitable candidate for a programme, but only after acquittal in the criminal court.

Scope of the Programme

A programme suitable to the needs of priests and religious, and of the Church, would have the following components.

Assessment a sense of knowing the nature of the behaviour of the offender as a starting point.

Placement of the person in a programme framework really suited to particular needs.

Review of progress of intervention and therapy at regular intervals

Outplacement transition from programme to ordinary living as priest or religious

Assignment and Supervision to the extent that return to ministry is appropriate, assistance with assignment - ongoing counselling in all cases.

Research an important function of providing better knowledge and management of sexual offence by priests and religious. In time, a resource body for the Church to ensure validity and accountability of programmes.

Recommendations on the Nature of the Programme

1. **A three- tiered model** to allow for the accommodation of:
   - residential possibilities in the case of multiple disorder.
   - a non-residential outpatient type programme for most clients
   - a research function which would have professional credibility, offer an educational network and be a consultancy resource for the Church

2. The **residential requirement would be met by an existing facility**, either of the Catholic Church or of the Health Care sector.

3. Persons in the normal operation of the programme would live in **private accommodation and attend day sessions.** Such a model would probably suggest, though not demand, situation of the programme in a metropolitan setting.

4. As would be clear from all the foregoing, the programme would have a **specific sexual disorder focus.**

5. The programme should operate in a setting of professional rooms and draw its image from **professional practice** more than from Church sponsorship.

6 The programme would be managed by a **clinical director** who would
   - establish protocols and procedures especially in relation to bishops and religious leaders
   - have responsibility for client assessment and programmes
   - be initially responsible for the research aspects of the programme

7 The programme would be managed by an **independent Board**, answerable to the Bishops and Religious Leaders, with function of overseeing the whole programme but quite politically and professionally separate from it.

8. **Costs** associated with such a programme would be considerable, but ones principally associated with the salary of a professional clinical director and staff for the programme

and the research. One estimate suggested an amount of financial outlay of some $500,000 over a period of five years. Much of this, however, would be cost recoverable on a fee-for-service basis. Details of financing the programme would be more closely looked at in a later stage of planning.

9. **Timing for implementation** If decision were to be arrived at by April 1996, it would be feasible to have programme availability by 1997.

COMPLETION OF THE RESEARCH PROJECT

To complete the research project, it was proposed that bishops and congregational leaders would be consulted individually on the recommendations above. The result of those individual consultations would be incorporated into the material of a final report.

The full research report would be circulated by the next meeting of the Australian Bishops" Conference, containing final proposals for discussion and decision.