

INTRODUCTION:

The draft protocol approved by the Australian Catholic Bishops Conference for dealing with allegations of criminal behaviour by Priests and Religious throughout Australia states that 'Bishops have duties and responsibilities to their Priests, Religious and all of Christ's faithful according to natural justice and Canon Law. They have a responsibility to protect the good reputation of individuals in the Church as a whole. They have a special concern for the victims of injustice and those who are vulnerable.' (3.1). The protocol also goes on to say that 'Major Superiors have a similar duty and responsibility'. (3.2, 3.3).

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These duties and responsibilities, as stated in the protocol, include an awareness of 'personnel and facilities which are available for counselling of complainants, counselling and therapy for victims and their families, and assessment and therapy for the accused'. (5.4). It is clear that a Bishop's or Superior's ability to refer complainants, victims and their families and accused persons for appropriate counselling and therapy is a key element in the protocol and such an ability will undoubtedly indicate that Bishops and Superiors are acting 'with justice, mercy and charity' and with 'pastoral solicitude for the welfare of any complainant, victim, victim's family or accused.' (4.1.1.)

The referral by a Bishop or Superior, of any of the parties mentioned above, to a counsellor or therapist is a delicate and complex matter. Such referrals must be made with a conscientious belief that the counsellor or therapist is appropriately skilled in the area of child sexual assault, family therapy or, in the case of perpetrators, in dealing with pedophilia and related maladaptive patterns of psychosexual behaviour. The counsellors and therapists also need to clearly understand, bearing in mind their own professional code of ethics, what is being asked of them and what is being expected of them in taking such a referral.

This paper attempts to address some of these issues.

THE SITUATION REGARDING VICTIMS OF CHILD SEXUAL ASSAULT:

Individuals involved in the helping professions such as psychiatrists, psychologists and social workers are well aware that there is a dearth of professional expertise in Australia to deal with the range of problems facing a victim or survivor of sexual assault or, on the other hand, the complex nature of pedophilia and the inherent ~~recivism~~ *RECIDIVISM* of most pedophiles.

Since the creation of the Special Issues Resource Groups (5.2), attempts have been made throughout Australia to become familiar with and to access professional counsellors and therapists who are skilled and willing to undertake this work. At this stage it is clear that Father John Usher in Sydney, Father Dan Torpie in Melbourne, Father David Cappel in Adelaide

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and Father Jim Spence in Brisbane have each developed a small and competent network of professionals who are prepared to accept referrals from Bishops and Superiors. In Sydney this network of professionals is part of the Archdiocesan Agency Centacare and comprises a group of six Religious and lay professionals. In Melbourne a group of professional therapists and counsellors have been contacted by Father Dan Torpie and are also available to take such referrals. Fathers David Cappo and Jim Spence have made similar contacts in Adelaide and Brisbane and make good use of the professionals who are part of their existing Special Issues Resource Groups. At this stage the availability of such professionals in Tasmania, Western Australia and the Northern Territory is unclear.

Within each State and Territory, Government Departments have also established a network of 'child sexual assault programs'. In some States these programs are located within Catholic agencies. In general the expertise of the workers in these programs is of a high calibre. Unfortunately, though, their present workloads inhibit them from accepting, on short notice, referrals from Bishops or Superiors.

It is clear that the various Special Issues Resource Groups need to develop a good relationship with those counsellors and therapists in their State or Territory who are willing and able to take such referrals and who are able to understand the spirit of 'pastoral solicitude' with which these referrals are being made by the Bishops and Superiors.

It should be especially noted that those counsellors or therapists who are working with victims of child sexual assault, and their families, in cases where the perpetrator is a Priest or Religious, should understand the profound sense of betrayal, loss and spiritual alienation experienced by victims and their families. The counselling or therapy must not only deal with the expected feelings of betrayal, low self esteem, anger and self blame which is normally associated with child sexual assault, but such interventions must also deal with the 'spiritual destruction' which is inherent in cases involving Priests and Religious.

If the Church is to be truly responsive to the needs of God's people in this regard, it seems appropriate that some mechanisms be established to assist professionals in dealing, not simply with the normal outcomes of child sexual assault, but with the profound spiritual dimensions of the experience.

It would seem appropriate, therefore, that over time a series of workshops be conducted in appropriate centres to assist and support professionals in this regard. Such workshops or seminars could be open to those professionals already known to the Special Issues Resource Groups and to other counsellors and therapists who have an interest in this special work. Collaboration with schools of psychiatry, psychology and social work throughout the country could also be important.

The vexed question of collusion between a referring Bishop or Superior and a therapist who is working with a victim of child sexual assault must be seriously addressed. Any perception that the Church is colluding with certain therapists to placate victims or to minimise their rightful indignation must be openly redressed throughout the country.

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Bishops and Superiors may, from time to time, request 'feedback' from counsellors or therapists in relation to the wellbeing of particular victims. Such requests must always respect the ethics of the counsellors or therapists and, most importantly, the right to confidentiality on the part of the victims.

At no time should it be suggested or indicated that a Bishop's or Superior's willingness to refer a victim for counselling or therapy in any way diminishes the right of that victim to collaborate with civil officials in relation to the conviction of the offender, or in any way inhibit any right to compensation which a victim may wish to pursue. Clearly then, there is much work which needs to be done in offering professional training and support to the existing network of counsellors and therapists and any others who may join them. It seems appropriate that programs of professional development be offered by each Special Issues Resource Group and that programs be established as soon as possible.

Having said this, it should be noted that victims and their families must always be given the freedom to choose that therapeutic or counselling intervention which best meets their needs. It is likely, in many cases, that victims and their families will rightly choose a counsellor or therapist who is separate and apart from any Church institution or agency and who, in fact, may be unfamiliar with the Church's procedures in relation to issues of sexual assault. A decision of a victim, or a victim's family, to seek counselling or therapy from a person who is unknown or unfamiliar to a Bishop or Superior must be respected.

A decision to financially compensate a victim, or family, for costs incurred in therapeutic treatment is, of course, at the discretion of each Bishop and Superior. Nevertheless, acquiescence on the part of a Bishop or Superior to meet an agreed level of costs associated with counselling or therapy would be a sign of good faith and an expression of 'pastoral solicitude'.

SPECIAL CIRCUMSTANCES OF ADULT SURVIVORS OF SEXUAL ASSAULT:

It should be noted that, from time to time, an allegation of child sexual assault against a Priest or Religious is made by a person, now an adult, and relates to events which may have occurred 10, 20 or even 30 years previously.

Generally adult survivors make such disclosures because they are concerned that other children may still be at risk. Adults survivors are often motivated to make such disclosures following a crisis or upheaval in their own lives; an awareness of their own psychosexual problems; or even a fear of their own propensity to be perpetrators of child sexual assault.

Some of the survivors will have already dealt with their sense of betrayal, loss and anger about what happened to them through counselling or therapy or through support and care by family and friends. These survivors are often simply seeking an assurance from a Bishop or Superior that the

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perpetrator who was involved with them has no further contact with children. Such survivors are often not seeking from the Church a referral for counselling or therapy but simply an undertaking that the matter has been properly dealt with by a Bishop or Superior.

Other survivors, though, especially those whose life is disordered or dysfunctional, can be seeking information about counselling and therapy and are often motivated to seek financial assistance for such interventions. The Special Issues Resource Groups in each province of the Australian Church obviously need to be discerning about the needs of adult survivors.

It is important to ascertain from survivors information about any early intervention which may have occurred for them at the time of the assault. Questions must be asked about whether they did access counselling and therapy at the time of the assault; whether the assault was disclosed to parents and friends and the extent of their support; whether they perceived that the matter was properly dealt with by Church authorities at the time; whether the matter was 'swept under the carpet' at the time of disclosure in early life; whether the matter was never disclosed until recent years. Professional and pastoral assessments of the needs of adult survivors, depending upon the circumstances specific to their case, need to be made by the Special Issues Resource Groups who are advising the Bishops or Religious Superiors.

It is important therefore, that Special Issues Resource Groups have amongst the network of referral sources people with specific skills in dealing with adult survivors. The treatment and care of adult survivors is essentially different from those interventions which must be made available to child victims.

From time to time a disclosure may be made about child sexual assault by an adult survivor who is himself or herself a Priest or Religious. Clinical evidence would suggest that such individuals, if there has not been any earlier disclosures or early interventions, are at serious risk of maladaptive psychosexual development themselves. The special nature of the therapeutic or counselling interventions required for these Priests or Religious must also be a matter for serious consideration by Special Issues Resource Groups and referrals for counselling and therapy should only be made to those known professionals who have demonstrated a thorough-going capacity to work with distressed individuals who are celibate or committed to religious vows. Special Issues Resource Groups and counsellors or therapists who are dealing with these Priests and Religious must be particularly alert to the possibility that the 'cycle of abuse' may be perpetuated in their own priestly or religious life.

INVESTIGATORY INTERVIEWS WITH OFFENDERS OR ALLEGED OFFENDERS:

The Australian Catholic Bishops Conference protocol for dealing with allegations of criminal behaviour makes it clear that 'the investigation, required and resolution of allegations of criminal behaviour against

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the accused requires a multidisciplinary approach. There are issues involving Civil Law, canon law, public relations, Church discipline, as well as individual and community welfare.' (5.1). The protocol goes on to say that 'Special Issues Resource Groups shall investigate the complaint without prejudicing any investigations which may be taking place by civil authorities. Such an investigation would generally take the form of an interview of the alleged offender with an intent of ascertaining the veracity of the complaint and, if an admission is made, the extent to which the Priest or Religious may have committed similar offences in other circumstances and at other times with the same or with different children.' (5.1)

The Special Issues Resource Groups should be clear, when conducting such interviews on behalf of a Bishop or Superior, that these interviews are investigatory and non-therapeutic. Referrals for counselling or therapy will invariably be made following those interviews but it is important for all parties to understand that any interviews conducted by Special Issues Resource Groups are designed to do the following:

- i) Inform the alleged offender that a complaint has been made by a person or persons to a Bishop or Religious Superior in relation to allegations of child sexual assault. During such an interview it is wise to refrain from disclosing the name or names of the complainants. The withholding of a complainant's name in an investigatory interview is deemed to be appropriate for the protection of the complainant and/or the victim and to minimise any possibility that the alleged offender will personally contact the complainant or victim and that such contact will be perceived as harassment.
- ii) Where there is an admission on the part of the Priest or Religious it is likely that the victim will be identified. If the admission is made in a spirit of honesty and contrition it could be appropriate to confirm the source of the disclosure.
- iii) Once an admission has been made about the case in question it is important for those conducting the interview to ascertain the extent to which there may be other victims. It is important for those conducting the interview to obtain information regarding the names, circumstances and places in which other assaults may have occurred. This information is important for Bishops and Superiors who may, in due course, on the advice of the Special Issues Resource Group, contact such victims and their families. Such contact, it seems from previous experience, with families of victims who have not yet made disclosures, demonstrates the Church's willingness to have the matter properly dealt with and ensures that early intervention in the form of counselling or therapy is accessed for those who may not as yet have disclosed the assault.
- iv) If the offending Priest or Religious makes an open and honest admission to an act or acts defined as child sexual assault, those conducting the investigatory interview must make it clear to the interviewee that in no circumstances should the victims or their families be contacted by the offender. It should also be made clear that the information disclosed in the investigatory interview will be passed onto the Bishop or Superior and that a recommendation will be

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made to the Bishop or Superior that the offender be stood down immediately from all pastoral roles and that in no circumstances should any public ministry be undertaken. The offender must also be informed if the matter is likely to be placed in the hands of the civil authorities. They should certainly be informed when the matter has already been put in the hands of civil authorities. The offender should be encouraged to co-operate with civil authorities and to make appropriate admissions to them. Finally the offender should be informed that a recommendation will be made to the Bishop or Superior regarding an appropriate referral of the offender for ongoing counselling and therapy.

- v) The offender should then be invited to ask any questions and in the light of those questions be given advice about possible legal proceedings, the prognosis of any treatment which may be entered into and the general requirements of the Australian Catholic Bishops Conference protocol. In passing on such information those conducting the interview should be sensitive to the distress of the offender, the ~~preference~~ ^{probability} for further inappropriate sexual conduct and the possibility of maladaptive reactions such as drug and alcohol abuse or even suicide.
- vi) In cases where it seems, during the investigatory interview, that the allegations are true but that the behaviour of the alleged offender was 'imprudent' rather than 'sexual', then such a person should be informed that, in the opinion of the interviewees, the acts were 'probably imprudent' and not malicious in intent. Nevertheless, the alleged offender should still be informed that this is only a probable opinion and that a recommendation will be made to the Bishop or Superior that he be stood down from all pastoral duties pending further investigations. If the matter has already been reported to the civil authorities the suspension from pastoral duties should remain in place until those authorities have completed their investigations and any decision regarding ongoing pastoral activity will be at the absolute discretion of the Bishop or Superior following a report from the Special Issues Resource Group. Again, in these cases, it is important that the distress of the alleged offender be attended to and that appropriate referrals be made for counselling and therapy and that he be informed that such recommendations for referral will be made to the Bishop or Superior. In cases where the matter has not been reported to the civil authorities, it should be pointed out by those conducting the interview, that there is a likelihood that such a report will be made and that it would not be appropriate for the Bishop or Superior to take any actions which may prejudice a complainant's right to make such a report. At the conclusion of such an investigatory interview those conducting it should indicate to the alleged offender that they will be recommending to the Bishop or Superior that he be formally advised about the inappropriateness of his past behaviour and about the dangers of any ongoing imprudent or familiar contact with children or young people.
- vii) In cases where an alleged offender categorically denies any inappropriate behaviour it is crucial that those conducting the interview not disclose the source of the complaint and, to the best of their ability, evoke answers to questions which will test the

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veracity of the denial. At the end of such an interview the Special Issues Resource Group should indicate to the alleged offender that, in spite of the denial, formal complaints have been made to a Bishop or Superior and that judgements on the truthfulness of the denial must be weighed up against the statements of the complainants, the seriousness of the complaint and other matters relating to the life situation and past conduct of the alleged offender. The alleged offender should be advised that final judgements about the truthfulness of the denial rest with the Bishop or Superior. In most cases those conducting the interview, using professional judgement, will be in a position to advise the Bishop or Superior regarding their belief or disbelief of the person's innocence. It is generally prudent not to disclose to the alleged offender what this advice will be at the time of the interview. Such advice may need to be shaped by further information which may not be available to the interviewees at the time of the interview. The alleged offender should be told that the Bishop or Superior will inform him of the recommendations of the committee. Nevertheless, as in the case those who have made admissions, the alleged offender should be informed that a recommendation will be made for him to be stood down pending further investigations. If the matter has been reported to the civil authorities he should be informed that it will be recommended that he be stood down until at least those civil investigations have been completed. During such interviews the interviewees should be attentive to the distress of the alleged offender and indicate to him that, in spite of his statement of innocence, they will be making recommendations to the Bishop or Superior that he be referred for counselling or therapy so that his anger and stress following the accusation can be properly dealt with.

During the above types of investigatory interview the question often arises regarding the appropriateness of a Bishop or Superior being present. In normal circumstances such presence, in the light of experience, is detrimental to the process of evoking an admission from an alleged offender and is certainly detrimental to admissions of other earlier offences. Nevertheless, there are circumstances where a Bishop or Superior may deem it appropriate for them to be present at an investigatory interview because it is known that admissions are not in jeopardy or that the particular distress of the alleged offender warrants the presence of the Bishop or Superior in a spirit of pastoral care and concern. A decision to attend or not attend an investigatory interview on the part of a Bishop or Superior must at all times be at the discretion of the Bishop or Superior. If decisions are made by Bishops or Superiors to attend such interviews, experience suggests, that their roles should be less intrusive than the other interviewees so that their presence can be perceived more as an act of 'pastoral solicitude' than as participating interviewers. The rightful role of Bishops or Superiors is to interview the alleged offender after recommendations from the Special Issues Resource Group are forthcoming.

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REFERRALS OF OFFENDERS OR ALLEGED OFFENDERS FOR COUNSELLING OR THERAPY:

As mentioned previously some Special Issues Resource Groups have developed a network of counsellors and therapists who are prepared to work with offenders who have made an admission, or alleged offenders who have made limited admissions, or who have denied the accusations. It is now clear that there are networks of counsellors and therapists in Sydney, Melbourne, Adelaide and Brisbane and that such networks are being developed in Perth, Hobart and Darwin. In some States there are also counsellors and therapists located in non-metropolitan centres who are known to Special Issues Resource Groups.

The real dilemmas facing these therapists or counsellors flows out of their professional knowledge that any prognosis for 'a cure' for people who admit to acts of sexual misconduct in relation to children and young people is remote. Overseas and local clinical experience indicates that the possibility of any offender returning to full active ministry is unlikely.

Arrangements whereby such offenders return to some form of 'special ministry' in the Church under supervision is a possibility and there are models of such arrangements in the process of development in Canada and the United States of America.

Therapists and counsellors, therefore, must become aware that their task is generally limited to interventions which deal with the offender's personal distress, shame, anger and sense of failure. These interventions are particularly significant during those periods when formal investigations are taking place prior to some action by civil authorities and prior to a hearing in a civil court.

In cases where alleged offenders are adamant about their innocence there tends to be a reluctance to pursue counselling or therapy as it is seen by them as intrusive and sometimes as a covert admission of guilt. Counselling or therapy is not feasible if a person is unwilling to co-operate with the counsellor or therapist or is clearly hostile with the process.

The other critical issue facing counsellors and therapists who receive referrals of offenders or alleged offenders who are Priests or Religious concerns the freedom or otherwise, of the counsellor or therapist, to report back to the Bishop or Superior who made the referral regarding the individual's ongoing attitudes, behaviours and spirit of co-operation. Clearly, professional ethics in psychiatry, psychology and social work would prohibit any such reports unless it was made clear, prior to the commencement of counselling or therapy that such reports would be forthcoming. Obviously, therefore, those therapists and counsellors to whom referrals are made must be informed, in advance, that reports to the Bishops or Superiors, at appropriate points in time, will be expected.

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In making a report back to a Bishop or Superior counsellors or therapists will rightly be circumspect, in the light of local and overseas clinical experience, about any prognosis for change and about any minimisation of recidivism. This circumspection is heightened by the fact that, at the present time, no intensive treatment centres operate in Australia and no ongoing mechanisms for the supervision of Priests and Religious exists in the post-treatment phase. *RECIDIVISM*

It seems therefore that, in the short term, the present network of counsellors and therapists which have been developed by each of the Special Issues Resource Groups should generally be used for purposes of assessment, diagnosis and short-term therapy.

In the early phases of these interventions, an assessment and/or diagnostic report should be made available, with the full knowledge of the person being assessed, to that person's Bishop or Superior. Such a report would normally be accompanied by an additional recommendation for ongoing short-term therapy (with that counsellor or therapist or by referral to another counsellor or therapist). In cases where admissions have been made regarding child sexual assault this short-term therapeutic or counselling intervention should be seen as preliminary to a further referral to an intensive therapeutic program overseas or in Australia.

The intensive therapeutic programs, which are mainly residential settings, in Canada and the United States of America have established supervisory mechanisms for all participants at the end of the intensive process. These centres and supervisory mechanisms do not yet exist in Australia. A number of Bishops and Superiors, who have referred Priests or Religious to overseas settings, have discovered that the guarantees of rehabilitation are not forthcoming at the end of the process and that, in the absence of any local supervisory arrangements, any reassignment of the Priest or Religious is problematic.

Clearly the number of cases which have already come to light in Australia, and the obvious limitations of what can be achieved by the present network of counsellors and therapists, indicates a need for the establishment of a small but well resourced centre of intensive therapy in Australia.

It would be appropriate that any therapeutic centre which is established in Australia be directly accountable to the Bishops and the Religious Superiors. The centre could be an outreach of the work of an existing counselling agency of the Church or an extension of the work of a particular Religious congregation. It may, of course, operate independently of all existing Church organisations. The key elements of such a centre would be to receive referrals from Bishops and Superiors following initial assessment/diagnoses at the local level.

The initial cost of establishing such a centre would have to be met by the Bishops and Superiors but the ongoing operating costs, as is the case in Canada and the United States, could probably be met by participants in the program either personally or by their Bishops or Superiors. Most importantly, such a centre must ensure that mechanisms for the ongoing supervision of participants are in place in the post treatment phase. These mechanisms must enable Bishops and Superiors to make more considered

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decisions regarding the reassignment of such Priests and Religious into non public aspects of ongoing ministry.

As mentioned previously, some models for reassignment are being developed overseas. These models offer Bishops and Superiors certain guidelines to assist them in the longterm reassignment of Priests and Religious who have been child sexual assault offenders. Such models include a temporary suspension from all active ministry pending assessment/diagnosis; a commitment to short-term supportive therapy pending civil investigations and formal hearings; a commitment to intensive longterm therapy in a residential setting; a commitment to work under supervision, possibly in the lay state, for a period of time. If a participant agrees to co-operate with these processes and does so, then a reassignment to a non public ministry under strict supervision could be considered at a future time.

CONCLUSION:

The issues raised in this discussion paper suggest several courses of action. These courses of action are as follows:

- i) That each Special Issues Resource Group develop a high level of co-operation and collaboration with local civil and departmental authorities regarding the care of victims of child sexual assault perpetrated by Priests or Religious.
- ii) That Special Issues Resource Groups develop a network of counsellors and therapists who are especially skilled in dealing victims of child sexual assault and that this network of counsellors and therapists be given special training to assist them in providing the best possible help for people who have been abused by Priests or Religious. This help, or inservice training, should endeavour to assist therapists and counsellors to understand the profound sense of Religious betrayal and loss following an offence so that they in their turn can deal not only with the processes of psychological rehabilitation, but with the religious dimensions of the problem for both the victim and the family.
- iii) That among the counsellors and therapists who are known to Special Issues Resource Groups, some of them be especially skilled in working with adult survivors of child sexual assault. Such survivors have needs very different from those of children as it is likely that disclosures of child sexual assault later in life correspond with other longstanding personal difficulties in interpersonal relationships and psychosexual development. Furthermore, that the special situation of adult survivors, who are themselves Priest or Religious, be carefully attended to.

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- iv) That a clear distinction be made between those interviews which are conducted by Special Issues Resource Groups at the time of the disclosure and later ongoing interviews which take the form of counselling or therapy. The former must be seen as investigatory interviews only and must never be confused with any processes of counselling or therapy.
- v) That Special Issues Resource Groups endeavour to follow similar procedures in investigatory interviews with Priests or Religious who are alleged to have offended as child sexual assault perpetrators. (Certain procedures are suggested in this paper).
- vi) That Bishops and Superiors, in normal circumstances, endeavour to exclude themselves from investigatory interviews which are conducted by Special Issues Resource Groups but in cases where they do attend for good reasons their presence should be seen as supportive and pastoral.
- vii) That Special Issues Resource Groups establish a special network of counsellors and therapists who are prepared to deal with persons who are alleged child sexual assault offenders. The selection of such counsellors and therapists should depend upon their skills and expertise in handling such work; their willingness to report back to Bishops and Superiors regarding the progress of their clients; and their willingness to undertake this work, under contract or agreement, on a short term basis pending a referral to a more comprehensive treatment program.
- viii) That a special inservice program for those counsellors and therapists, who are likely to work with Priests and Religious who are accused of child sexual assault, be provided so that practices and procedures in relation to collaboration with Bishops and Superiors will be consistent.
- ix) That serious consideration be given to the establishment of a small, but professionally resourced, therapeutic centre in Australia for the longterm treatment and supervision of those who are known to be child sexual assault offenders. Such a centre may have a generic focus and may also provide services to Priests and Religious with other personal, addictive, or psychosexual problems. Such a centre could be part of an existing Church agency or could be sponsored by a Religious Order or Congregation willing to take on this work. It could, on the other hand, be independent of existing Church organisations. Such a centre's establishment would need to be funded by Bishops and Religious Superiors but its ongoing operational costs could be met by the clients or their dioceses or Religious Orders.
- x) That clear guidelines or models for the reassignment of Priests or Religious following 'treatment' be developed. Such models are already being developed in Canada and the United States of America. Such models may involve short-term therapy prior to investigations or hearings by Civil Authorities; referral to a long-term treatment centre; assignment of a supervisor over an agreed period of time; a willingness to work under supervision in a lay capacity prior to reassignment; and following compliance with all the prior requirements, a reassignment to a non public pastoral ministry, under supervision, in the particular diocese or religious congregation.