



November 3, 2014

To Whom It May Concern,

My name is Mark Vander Vennen, and I serve as the Executive Director of the Shalem Mental Health Network in Ontario, Canada. I am marriage and family psychotherapist and a social worker with over 25 years of experience in the field. I am also a certified Restorative Practice Trainer.

Restorative practice is a key area of our work at Shalem. One of our major foci is working with faith communities to grow healthy relationships and safer, stronger communities through the embrace of restorative practice. This has included the use of restorative practice to address institutional (church) sexual violence. I have come to view restorative practice as “best practice” in working with these situations—providing it is well understood, articulated and applied.

This may seem remarkable, because I am a psychotherapist. I do not consider the varieties of psychotherapy available to be nearly as effective as restorative practice in such situations.

In my experience, victims want three things: 1) to be reconnected to those closest and most meaningful to them, especially their own family members; 2) to be able to describe face to face, in a safe and thorough way, what the impact of the abuse has been on them to the perpetrator (or representative), in the presence of the people who matter most to them; and 3) to regain some sense of faith and meaning. Victims are prepared to go through the ordeal of this to be able to leave the abuse behind and move on, and to ensure that the perpetrator cannot or does not offend again against someone else.

In my experience, psychotherapy does not lend itself well to these objectives. In a contested family situation, if a therapist is working individually with a victim, and there is movement to engage family members, family members invariably view the therapist with suspicion, because they are “aligned” with the client (Objective 1). This significantly diminishes the outcome, along with the fact that there is no prescribed therapeutic practice, supported by evidence, that would help to make this happen. Secondly, no field is better at creating the conditions for a face to face conversation with both family and the perpetrator (Objective 2) than restorative practice. In my experience, if therapists attempt this without the benefit of training and practice in restorative practice, the meeting usually creates more harm, because the therapist is hampered in his or her ability to create safety for the group.

In relation to faith and meaning (Objective 3), let me quote Theo Gavrilides, a leading restorative justice practitioner in the U.K. He writes:

...according to Farrell, Dworkin, Keenan, and Spierings, clergy child sexual abuse is “a distinct form of sexual trauma,” which “generates unique posttraumatic symptoms not accounted for within the existing PTSD conceptual frameworks.” These symptoms

include significant anxiety and distress in areas such as theological belief, crises of faith, and fears about one's mortality.<sup>1</sup>

Psychotherapists routinely, as a matter of practice, seem to avoid direct confrontation with the perpetrator, focusing on "inner growth" for the client instead, through individual therapy and/or through clustering other victims together in a support group. Yet, in my experience with victims, nothing accomplishes growth and health in this area of harm more effectively than a successful engagement with all of those affected in the "arena of harm", including the perpetrator.

For the past five years, Terry O'Connell has been a significant mentor and teacher to us at Shalem in these areas of work, both in person in trainings and conversations, and through email and other forms of communication. He is clearly an international leader in field, someone whose practice is explicit and second to none. I know of no one internationally working at his level of competence and insight in this area. His experience and wisdom have allowed me to make sense of the limitations I have run into in my own field (psychotherapy) in relation to institutional sexual abuse. Conversely, I have watched with wonder and amazement at the profound, lasting therapeutic effects of successful restorative engagement in the area of institutional sexual abuse. I have shared these effects with colleagues, both psychotherapists and advocates in the area of institutional sexual violence, in both the United States and Canada, and will continue to do so.

Best regards,



Mark Vander Vennen, MA, M.Ed, R.S.W.  
Executive Director

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<sup>1</sup> Theo Gavrielides, "Clergy Child Sexual Abuse and the Restorative Justice Dialogue", *Journal of Church and State*, p. 9, retrieved at <http://jcs.oxfordjournals.org/>, April 25, 2012.