

Report
To
Joseph Cardinal Bernardin
Archdiocese of Chicago

The Cardinal's Commission on Clerical
Sexual Misconduct with Minors

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Most Reverend John R. Gorman
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June 1992

June 11, 1992

Dear Cardinal Bernardin,

With this letter, we present to you "The Report of the Cardinal's Commission on Clerical Sexual Misconduct with Minors."

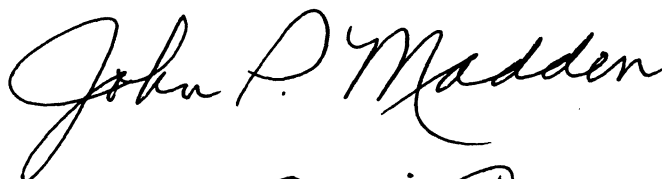
The tasks you set before us last October were formidable. We have spent hours and days listening, reading, and debating the complex issues related to each of the four mandates you gave us. We have labored at length over our recommendations and this Report because we believe that Church members and Church officials want and deserve an in depth review on how to resolve, as far as humanly possible, the issue of clerical sexual misconduct with minors.

Our deliberations brought us to consensus on the Report. We believe that it speaks for us and represents our best thoughts on the many issues encompassed by the complex matter placed before us.

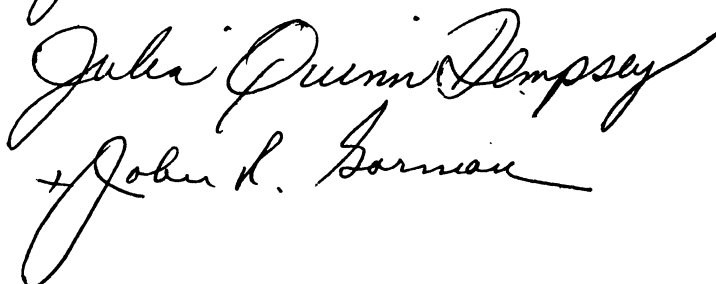
You commissioned us, and we present our Report to you. We understand that further work will be needed on your part, in accord with canonical requirements and archdiocesan policies on consultation, to implement our recommendations and to transform them into policy. From our working sessions with you, we take hope that policy will be set, promulgated, and put into practice before the end of the year. We stand ready to assist you and your advisors in the process of moving recommendations into decisions.

Our research and discussion took longer, and our Report is longer, than might have been anticipated. However, the subject is serious and the potential for good is great. We thank you for addressing the issue forthrightly and for inviting us to share our expertise. We gave our time and talents willingly, and we trust that the spirit and substance of our Report will enhance the life and ministry of the People of God in the Archdiocese of Chicago.

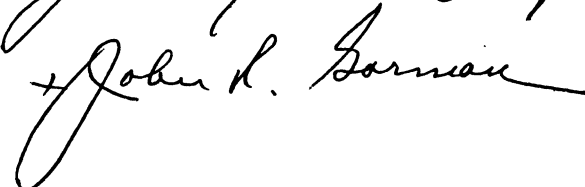
Sincerely,



John P. Madden



Julia Quinn Dempsey



John R. Gorman

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Preface

We accepted Cardinal Bernardin's invitation to serve on this special Commission because of our love for the Church and respect for the priesthood, along with a deep concern about an ever-widening scandal of sexual misconduct with minors by priests in the Archdiocese of Chicago.

We approached our task with some confidence because of our familiarity with the problem of child sexual abuse: as a judge in the Juvenile Division of the Cook County Court, as a longtime volunteer with the Maryville Academy and as a member of the Illinois Department of Children and Family Services Advisory Council, and as a clinical psychologist. Nevertheless, carrying out our mandate has been an important learning process for us. We have learned both how complex and how widespread a problem child sexual abuse is in our culture, and the traumatic impact it has on the lives of its victims. While many undoubtedly expected our Report months ago, we decided that the topic was so important and complex that we had no choice but to work on it in a careful, deliberate fashion.

The subject-matter of this Report is controversial and painful. Today, issues like child sexual abuse are easily politicized. We do not assume that everyone will agree with our conclusions or all of our recommendations. Some may say that we have gone too far, while others may accuse us of not having gone far enough. Many will also be tempted to turn immediately to a particular chapter to see how we handled a specific mandate or issue. Still, we urge

readers to read the entire text, because it stands as a whole. We have tried to avoid redundancy and repetition, and all the dimensions of the problem deserve careful attention.

Implementation of our recommendations is only a beginning because the topic itself is relatively new in the public forum in the United States. While child sexual abuse is centuries old, it has only been discussed and studied in some depth in recent years. As we worked our way through the research, we were struck with how tentative much of it is, and how many questions linger. As a matter of fact, when we formulated a series of questions to discuss with certain experts, we were told that our questions were "state of the art" and all of them needed further research. So, while we stand by our Report, we also acknowledge its limitations.

While this has been a difficult endeavor, it has helped us to recognize better the pain and suffering which child sexual abuse causes its victims. And while our hearts go out to the victims with compassion and deeper appreciation of their hurt and anger, we also recommit ourselves to eradicating this evil from our Church and society. This Report is not the end of a process, but only the beginning. To be faithful to its mission, the entire Church community must respond effectively to the physical, emotional, and sexual abuse and neglect of children. We trust that our Report will be a helpful point of departure in developing that response.

Chapter One: Introduction

The Commission's Mandates and Methods

On October 25, 1991, in a letter to all the parishes of the Archdiocese, Joseph Cardinal Bernardin, the Roman Catholic Archbishop of Chicago, appointed this Commission (a) to examine four areas of concern in regard to sexual misconduct with children by priests and (b) to make recommendations to him for action. (Cf. Appendix A for the Cardinal's letter, and Appendix B for brief biographies of the Commission members.)

One of our first items of discussion was the appropriateness of Bishop Gorman's membership on the Commission because he is the Vicar General of the Archdiocese of Chicago. Our underlying concern was: Would the Commission have the necessary independence to carry out its mandate? The two lay members thought his membership would be helpful and voted to have Bishop Gorman as a member of the Commission. We felt that his membership would facilitate access to appropriate archdiocesan files, information, and personnel. His background as a clinical psychologist was also an important asset. Moreover, he was outnumbered 2-1 by the laypersons on the Commission. At the same time, he agreed to remove himself immediately from the Advisory Committee to the Vicar for Priests' Office (cf. below) on which he had served for the previous ten months.

As the Cardinal's letter to the parishes pointed out, the first mandate to the Commission was to:

- address, without delay, any situations involving clergy assignments that might put people at risk.

Fr. Patrick O'Malley, Bishop Raymond Goedert, Fr. Robert Kealy, Fr. Andrew McDonagh, Mr. Ralph Bonnacorsi, and Mr. James Serritella gave us the information pertinent to the subject matter which we had been asked to investigate: allegations of sexual misconduct with minors by priests. After reviewing all the cases that were presented to us, we made specific recommendations to Cardinal Bernardin about each of them. Chapter Four of this report provides more details about the results of our work in regard to our first mandate.

The Cardinal gave the Commission three other mandates as well: to

- review the existing policies and procedures of the Archdiocese relative to sexual misconduct by clergy, with special attention to the issue of child sexual abuse;

- address the question of whether and under what circumstances a priest — against whom accusations of sexual misconduct have been lodged — could engage in parish ministry;
- present recommendations about how the Archdiocese might best incorporate laypersons into its review process.

After the initial review of specific cases, the Commission began to carry out these mandates in three ways: an extensive series of interviews, reading the research and literature on the various dimensions of the issue, and a request for written input from interested persons throughout the Archdiocese. All three sources of information helped shape our deliberations and this Report. We are very grateful to all who shared their expertise, experience, and views with us.

Interviews. We conducted 31 interviews (four by conference telephone calls) with a total of 41 individuals. These interviews ranged from one to six hours each. Appendix C contains the names of the persons we interviewed and brief summaries of the discussions. These persons included (a) experts in the fields of psychiatry and psychology with considerable experience in the diagnosis and treatment of both offenders and victims, as well as experts in the fields of law and law enforcement; (b) adult victims of child sexual abuse by priests and a victim's parent; (c) past and present archdiocesan personnel who could throw light on past policies and procedures and offer insights into what needs to be improved; and (d) representatives of the three archdiocesan seminaries which prepare candidates for the priesthood.

Research/Literature. Several of the persons we interviewed submitted or recommended articles or books that would be helpful to our work. In addition, we asked certain experts to review our bibliography and suggest anything else that would be very helpful in carrying out our mandate. Appendix D contains the bibliography which we used in preparing this Report.

Written Input. In mid-January, we requested written comments from concerned laity and clergy and other interested persons in regard to our three remaining mandates. We sent an announcement to all the pastors in the Archdiocese with the request that it be published in the parish bulletin for two

consecutive weekends. (Cf. Appendix E for a copy of the letter and the announcement). We sent similar requests to the presidents of the nine local Catholic colleges and universities in the Archdiocese, the presidents or administrators of the 22 Catholic hospitals here, the principals of the 50 Catholic high schools, as well as the directors of five archdiocesan institutions specializing in child care: Catholic Charities, the Maryville Academy, Misericordia North and South, and Mercy Boys' Home. The request was also published in the January 25, 1991, issue of *The New World*, the archdiocesan newspaper.

The Commission received 184 letters. Each of us personally read all of the letters, including those that were anonymous, and took the various comments into consideration in our deliberations. At our request, our secretary sent a brief acknowledgment to each letter writer who had included an address and, later, asked the correspondents' permission to list their names in an appendix. Appendix F contains the names of those who gave us permission to list their names.

Schedule. The Commission held some full-day sessions and usually met twice a week. Appendix G

lists the Commission's schedule of meetings. In addition, each of us invested considerable personal time in reading the research and literature we accumulated and reviewing the extensive written summaries of our interviews and discussions. We also met regularly with Cardinal Bernardin to review how he and other archdiocesan personnel were implementing the recommendations we had made in regard to the cases we reviewed, as well as to make further recommendations about cases since the initial review of last Fall.

We invested considerable time and energy in this endeavor because we recognized its importance for the victims, the Church, and society as a whole. At the same time, we realized that the study of the causes, treatment, and prevention of this problem could continue for years, and we needed to bring our deliberations to closure at this time. It is vital, however, that the study, education, and discussion continue at all levels of the Archdiocese. As we learn more about the phenomenon of child sexual abuse, we will be better prepared to respond to it with both compassion and competence.

Chapter Two: Historical Context

Until quite recently, the extent and effects of child sexual abuse in our society have been relatively unappreciated and unresearched. Usually, the abuse has been kept secret or known by only a few family members or close friends. Because the abuse is often not visible, most people have very little awareness of the serious trauma which sexual abuse causes in its victims. Moreover, while child sexual abuse in itself is both immoral and illegal, most persons do not recognize that it is often due to a psychological disorder, a compulsion or addiction which plagues the abuser also.

Today, the issue is beginning to be discussed more often in the open. In part, this is due to a new societal awareness of the value of children who are being valued more as human beings, as persons with rights and responsibilities. Many have attributed this new awareness to the influence of the U.N.-sponsored International Year of the Child in 1979. This new attitude has begun to influence our social policies. In the last fifteen years, for example, every state in the Union has passed mandatory reporting laws in regard to the physical, emotional, and sexual abuse and neglect of children. This legislation, along with media reports of instances of child sexual abuse and the formation of victim advocacy groups, has brought the issue to the attention of the public. However, as a society, we are only beginning to deal with it, and we still have much to learn.

This cultural context helps explain *why*, before 1983, very few cases of sexual misconduct with minors were reported to the Archdiocese and *how* the leaders of this local church responded to these reports. The cases that did arise before 1983 were handled by the Chancellor of the Archdiocese and the Archbishop, or the Vicar General. They were lumped together with other clinical problems, cases of financial misconduct, and other celibacy-related problems.

In 1983, Cardinal Bernardin established a Vicar for Priests' office. The Vicar's primary role was to be a pastor to the archdiocesan priests. The Cardinal chose Fr. Thomas Ventura as the first Vicar for Priests from a list of three names submitted by the priests themselves. He began with a brief job description, and no office or secretary. At first, priests approached him in confidence, primarily about vocational issues (leaving or returning to the

priesthood), stressful relationships in the rectory or among the pastoral staff, and requests for sabbaticals. As new allegations of priests' sexual misconduct with minors were reported, he dealt with these matters as well.

Because Fr. Ventura had no special training for this aspect of his ministry to priests, he sought the assistance of Drs. Richard Issel, James Cavanaugh, Jill Gardner, and Carroll Cradock for psychological input and Mr. James Serritella for legal advice. As the number of allegations increased, an Advisory Committee was formed in 1985 to assist the Vicar for Priests, consisting of Fr. James Roache, the Vicar General, Fr. Robert Kealy, the Chancellor, Dr. James Cavanaugh a psychiatrist with the Isaac Ray Center, and Mr. James Serritella, the archdiocesan attorney. This group, which initially met four times a year, helped the Vicar review the cases and develop standards of procedure.

In 1985, with the prompting of Mr. Serritella and the assistance of the new Chancellor, Fr. Robert Kealy, the Advisory Committee conducted a review of all priest personnel files in possession of the Chancellor's Office. The Committee discussed several cases which they found in the files and determined what needed to be done for further follow-up. They decided that all these cases should be put into the files of the Vicar for Priests so that he could monitor them. The Vicar, in turn, gave the Advisory Committee periodic reviews, updating them on specific cases. The Commission learned, however, that not all known cases were discussed by the Advisory Committee. At this time, the process was still rather informal and not followed consistently in each case.

Fr. Ventura began to deal with the victim and the victim's family, the parish, the Church as a whole, and the individual priest. In many cases, the family of the victim wanted the priest to get needed therapy but did not want to cause him harm. Most people wanted the minimum amount of publicity in these cases.

When an allegation arose about a priest, his pastor or the Vicar for Priests conducted interviews. Often, the accused denied the misconduct, a frequent initial response of child sexual abusers, as will be pointed out in the next chapter of this Report. At that time, there was a strong feeling that the accused has a right to his good name until the allegation was proven.

When an allegation was proven against a priest, he was removed from his position. The Vicar for Priests helped him get into professional diagnosis and treatment. Whether or not the priest was allowed to return to ministry depended, in part, on the reports of his therapists. Other criteria included the continuing use of medication, lack of access to children, and, in some but not in all cases, supervision by the pastor. Neither the school principal nor the parish council nor, in some cases, the pastor were informed about the priest's past history. While this practice may seem somewhat naive in terms of what we know today about sexual misconduct with minors, it seemed reasonable at the time when this behavior was viewed primarily as sinful and susceptible to correction by effort of the priest's will. There was inadequate awareness of the severity of the impact of the abuse on the victims and the inability of available therapy to cure the abusers.

On July 1, 1987, Fr. (now Bishop) Raymond Goedert succeeded Fr. Ventura as Vicar for Priests. In dealing with cases of sexual misconduct, he began to rely more and more on the services of the Isaac Ray Center at Rush-Presbyterian-St. Luke's Hospital. The Advisory Committee was reconstituted: Frs. Roache, Kealy, and Goedert. Mr. Serritella and staff from the Isaac Ray Center served as consultants to the committee. As the Vicar's workload increased, he asked that Fr. Andrew McDonagh be appointed to help him. During the past quarter century, Fr. McDonagh had worked with an archdiocesan committee which ministers to alcoholic priests and religious, their families, and their co-workers. In February, 1988, Fr. McDonagh began his tenure as a part-time associate in the Vicar for Priests' Office.

During Fr. Goedert's tenure, a more systematic approach was developed for dealing with cases of sexual misconduct with minors:

- (1) When an accusation was made against a priest, the Vicar first contacted the archdiocesan attorney to ascertain whether or not the alleged offense was reportable to civil authorities. If it was, the information was passed on immediately to the appropriate agency.
- (2) If there was potential for public scandal or litigation, the Vicar next reported the complaint to the Vicar General and, later, to the Advisory Committee.
- (3) The Vicar for Priests then contacted the person (usually a parent) making the accusation and invited the individual to meet with him, usually in the Vicar for Priests' Office. The Vicar took notes and read the story back to the person in order to ensure that the notes were accurate. He also asked the person to sign the pad on which he had taken the notes, verifying that they were accurate.
- (4) Then the Vicar called the accused priest in for an interview, usually meeting with him the same day he called him. After detailing the accusation, he asked the priest for a response. In cases where the accusation was later determined to be unfounded, the priests naturally denied the allegations. However, when sexual misconduct had occurred, many of the priests admitted their guilt, while trying to minimize the problem or denying the impropriety of what they had done. Some abusers, however, totally denied the accusation.
- (5) While the priest was still in his office, the Vicar set up a meeting in a day or two between the accused and the archdiocesan attorney who reported back to the Vicar after the interview. (The archdiocesan attorney was not the accused person's legal counsel.)
- (6) The priest was then sent to the Isaac Ray Center for an immediate, initial assessment. The Center reported back to the Vicar for Priests through the archdiocesan attorney. If the initial assessment revealed a problem, the Center also recommended the next step: usually full assessment and treatment on an outpatient or residential basis.
- (7) While the Cardinal made the final decision regarding whether the priest was eventually allowed to return to ministry, he relied on the Advisory Committee which based its recommendations on the priest's therapists' reports and the progress which he seemed to have made. The underlying intent was to rehabilitate the priest in order to return him to ministry. This was understandable, given the nature of the priesthood and the considerable investment of time and resources which the Archdiocese has in its priests. In retrospect, however, some members of the Advisory Committee told the Commission that they now think they were overly compas-

sionate and optimistic about the extent to which therapy could lessen the risks of future misconduct and additional victims.

In regard to these cases, Mr. Serritella, a nationally recognized legal expert on issues pertaining to Church and State, frequently recommended that, in responding to cases of sexual misconduct with minors, the Church do what it does best: Approach all involved — the victims, the victims' families, the parish communities, and the priests — in a pastoral, compassionate way. He recommended that the Archdiocese work primarily through its own pastorally oriented personnel, not through attorneys. He often advocated such preventative measures as in-service training for all archdiocesan personnel, including priests. He also consistently called for the removal from parish ministry of priests who had engaged in sexual misconduct with children or adolescents .

Through its interviews, the Commission learned that the archdiocesan Office of Catholic Education, the Office of Religious Education, and Catholic Charities, all of which are separate administrative entities, with the assistance of Mr. Serritella, developed policies and procedures in regard to child sexual abuse by their employees, have been consistent in implementing these policies and procedures, and have offered in-service training for all their personnel. In fact, there have been few cases of child sexual abuse by archdiocesan employees.

When allegations of sexual misconduct regarding priests arose, they were handled on a case-by-case basis. Archdiocesan policies and procedures were evolving which, while compassionate and pastoral, did not reflect a full understanding of the intractability of the problem. Moreover, in-service training about child abuse for priests has not yet taken place, although steps have been taken to remedy this next Fall. In a later chapter of this Report, we make recommendations regarding new, more effective policies and procedures for addressing the issue of sexual misconduct with minors by clergy.

The more immediate context for the establishment of this Commission arose last year. Father Patrick O'Malley succeeded Bishop Goedert as Vicar for Priests and inherited a growing workload of cases of sexual misconduct with minors. The Advisory Committee, which had begun to meet monthly,

began to meet twice a month, once each month with the Cardinal. The Archdiocese had moved from having no formal plan for dealing with such cases through various stages which were leading toward a more sophisticated plan. One case in particular persuaded Cardinal Bernardin to move more quickly and professionally to ensure that the Church's response would be appropriate and effective.

Last Spring, the Cardinal assigned a priest as pastor of a suburban parish. Accusations of sexual misconduct had been made against the priest several years ago, leading to his eventual removal from two parish assignments and entrance into therapy. In 1987, because the prognosis seemed positive, he was allowed to return to parish ministry. However, Cardinal Bernardin placed him under a "mandate" that he not be with anyone under 21 without an adult present. Again in 1990, the priest was evaluated at a clinic specializing in sexual disorders to ascertain if he would pose a risk to minors in a new assignment. The report indicated that he did not have pedophilic tendencies, and, in 1991, the new assignment was issued.

However, last July, it was learned that, not long after arriving in the parish, he had propositioned a young adult male for sex. He was immediately removed from the parish and sent to a residential treatment center. At first, his parishioners were simply told that he left the parish "for personal reasons." Last Fall, when they learned the real reason for his departure, and his past history about which they had not known, they were understandably angry. Media coverage of the story was intensive. And at the parish meeting in which the reason for his departure was disclosed, a young girl alleged that he had sexually molested her.

When these new allegations were made about the suburban pastor, Cardinal Bernardin decided to appoint this special Commission on which he could rely for expert advice. As mentioned above, the Commission, in turn, despite the expertise we brought to this task, has found this to be a significant learning process.

As the Commission began its work, the Advisory Committee was meeting much more frequently, at times on a daily basis. It was expanded to include Sister M. Brian Costello, the Cardinal's Chief of Staff, Dr. Carol Fowler, the Director of the archdiocesan

Department of Personnel Services, and Mr. Ralph Bonnacorsi, of the archdiocesan Office of Catholic Education and Executive Director of its Office of Conciliation. The Committee has continued to work with the Cardinal and the Vicar for Priests in regard to the cases about which this Commission has made recommendations.

Chapter Three: Nature of the Problem

Sexual misconduct with minors is a highly emotional issue — for the victims, their families and communities, the Church and society. This is quite understandable. Young people are vulnerable. They often trust authority figures (parents, priests, teachers, coaches) whom they expect to protect and take care of them. They are frequently eager to please adults who have power over them and are also easily intimidated by these same adults.

A child's normal sexual development spans a number of years and involves many stages — before, during, and after puberty — and problems arise if this normal development is broken by sexual activity with an adult or someone several years older than they. In our society, the abuser is seldom a stranger. While the stereotype of a "dirty old man" is still present in our culture, most often the abuser is well respected in the community or by the family and known to the victim. Such a person, an adult or older friend, may groom a child or adolescent over a period of months or years before approaching him or her sexually. The physical expression of the "friendship" or "love" may begin with a simple embrace, caress, or kiss and gradually move into more explicitly sexual activity. Unable to understand the full significance of what is happening and incapable of giving full consent to it, the youth is abused. The youth may not understand at the time that it was, indeed, abuse. He or she may have basked in the abuser's personal attention, and may have found the activity itself pleasurable. Usually no physical force or violence is used by the abuser. But, as will be discussed more fully later in this chapter, the trauma has already set in, and the victim's life will never be the same.

While the various forms of the sexual abuse or molestation differ in gravity and kind, all of them may seriously traumatize the victim. In itself, fondling may not be as serious as penetration, but the impact on the victim is another matter, one that deserves careful attention and usually requires healing.

There are indications that sexual misconduct with minors has long been a problem in our society and elsewhere. However, as we intimated earlier, in the past decade or so we have become much more aware of its prevalence and harmful impact on its victims. Nevertheless, there is often considerable confusion in regard to the precise nature of the

problem, and this also affects how people respond to reports of sexual misconduct with minors. These are complex events that require careful nuance.

A. Definition of Terms.

Pedophilia, the most widely used term for sexual misconduct with minors, is a technical psychiatric term which is often used rather loosely by the general public and the media. According to the third revised edition of the American Psychiatric Association's *Diagnostic and Statistical Manual*,

the essential feature of this disorder is recurrent, intense, sexual urges and sexually arousing fantasies, of at least six months' duration, involving sexual activity with a prepubescent child. The person has acted on these urges, or is markedly distressed by them. (p. 284)

In other words, pedophilia involves sexual misconduct with a child who has not yet reached puberty, generally someone twelve years or under. Moreover, the *Manual* notes that

Isolated sexual acts with children do not necessarily warrant the diagnosis of Pedophilia. Such acts may be precipitated by marital discord, recent loss, or intense loneliness. (p. 285)

A distinction is made between exclusive (or fixated) and nonexclusive (or regressed) pedophiles. Exclusive pedophiles are only interested in children, usually prepubescent boys, and have no sexual interest in adults, male or female. Nonexclusive pedophiles are sexually interested in both children and adults, male and/or female. Usually, such a person might at times seek out an adult for a sexual partner. However, at times, a nonexclusive or regressed pedophile may, instead, seek out a child.

A male pedophile who is sexually interested only in boys is a homosexual pedophile. However, this does not imply that he is a homosexual. If he is a nonexclusive homosexual pedophile, he may be heterosexual in his attraction to adult women.

Within the home, girls are most often the victims of pedophilic activity — usually by a family member or close, trusted friend of the family. Outside the home, boys are most often the victims — as noted above, usually by someone they know. Based on available research and statistics, the overwhelming majority of pedophiles are male.

Ephebophilia involves a recurrent, intense, sexual interest in postpubescent youths, generally between the ages of thirteen or fourteen and seventeen. While it is illegal in all fifty states, it is not listed in the *Diagnostic and Statistic Manual* as a sexual disorder or paraphilia. This, however, does not imply that its effects on teenagers are not traumatic or do not cause harm.

Again, an ephebophile may be exclusively or nonexclusively interested in adolescents. He may be a homosexual ephebophile or a heterosexual ephebophile. If a nonexclusive homosexual ephebophile is also attracted to male adults, his sexual interest in adolescents may only indicate the range of ages which attract him. However, if a nonexclusive homosexual ephebophile is also sexually attracted to female adults, he may be heterosexual. It has been estimated that approximately 90% of the priests in the U.S. who have abused minors have been homosexual ephebophiles. As will be seen in Chapter Four of this Report, that holds true of the reported cases in the Archdiocese of Chicago. And this merits further study.

At times, there may be a priest who is basically heterosexual in orientation but believes it is wrong either to feel or to express his sexual attraction to a woman because of the vow of celibacy. However, he is able to rationalize that having a sexual encounter with boys or adolescent males is not a violation of his vow of celibacy. It is, of course, and intrinsically disordered. We have also noted that some of the priests who have engaged in sexual misconduct with minors have tended to choose a victim about the age they themselves were when they first entered the seminary. This, too, needs further exploration, as two of the psychiatrists we interviewed pointed out.

Other Paraphilias include exhibitionism, frotteurism, voyeurism, and sexual sadism.

Exhibitionism, according to the *Diagnostic and Statistic Manual*, involves

the exposure of one's genitals to an unsuspecting stranger... Sometimes the person masturbates while exposing himself (or fantasizing exposing himself). If the person acts on these urges, there is no attempt at further sexual activity with the stranger, and therefore people with this disorder

are usually not physically dangerous to the victim. (p. 282)

Again, this does not imply that the impact on the victim, especially a young victim, may not be very harmful psychologically.

Frotteurism, according to the *Manual*, involves

touching and rubbing against a nonconsenting person. It is the touching, not the coercive nature of the act, that is sexually exciting (p. 283).

The person with frotteurism may fantasize that he has an exclusive, caring relationship with his unsuspecting, nonconsenting victim.

Voyeurism, according to the *Manual*, involves

the act of observing unsuspecting people, usually strangers, who are either naked, in the process of disrobing, or engaging in sexual activity (p. 289).

The very act of "peeping" causes sexual excitement, and the voyeur does not seek sexual activity with the other person.

Sexual sadism, according to the *Manual*, involves

acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting (p. 287).

While some sexual sadists may enlist consenting partners, others act on their sadistic sexual urges with nonconsenting victims.

Sexual Conduct with minors is defined in the State of Illinois Criminal Law and Procedure as

any intentional or knowing touching or fondling by the victim or the accused, either directly or through clothing, of the sex organs, anus or breast of the victim or the accused, or any part of the body of a child under 13 years of age, for the purpose of sexual gratification or arousal of the victim or the accused.

Sexual Penetration is defined in the same Illinois statutes as

any contact, however slight, between the sex organ of one person and the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one

person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.

The statutes also distinguish between criminal sexual assault and criminal sexual abuse.

Criminal Sexual Assault with a minor occurs when sexual penetration was accompanied by one of these four conditions: (a) the accused used force or the threat of force; (b) the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent; (c) the victim was under 18 years of age when the act was committed, and the accused was a family member; (d) the victim was between 13 and 18 when the act was committed, and the accused was 17 years of age or over and held a position of trust, authority, or supervision in relation to the victim.

Aggravated Sexual Assault occurs when, among other things, the victim was under 13 years of age when the act was committed.

Criminal Sexual Abuse occurs when sexual conduct, as defined above, was accompanied by one of these three conditions: (a) the accused used force or the threat of force; (b) the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent; or (c) if the accused commits an act of sexual penetration or sexual conduct with a victim who was between 13 and 16 years of age, and the accused was less than 5 years older than the victim.

Aggravated Sexual Abuse occurs when, among other things, (a) the accused is 17 years of age or over and the victim who was under 13 years of age when the act was committed or (b) the victim was between 13 and 18 years of age when the act was committed and the accused was 17 years of age or over and held a position of trust, authority, or supervision in relation to the victim.

Sexual Misconduct With Minors is a broader term which includes various behaviors that may not be criminally chargeable as sexual abuse or sexual assault. It would include any paraphilic behavior with a child, fondling, other inappropriate touching, showing pornography to a minor, and so on.

In this report, the Commission will generally use the term "sexual misconduct with minors" to refer to the various kinds of behavior under consideration.

B. Scope of the Problem

In 1980, the National Center on Child Abuse and Neglect (NCCAN) published a study, in which it estimated that professionals knew about nearly 45,000 cases of child sexual abuse in 1979. In a follow-up study in 1988, NCCAN estimated that the number of known cases had more than tripled. The study attributed this dramatic increase to better awareness of the symptoms, and hence better diagnosis, rather than to an increase in the number of actual cases. However, it also estimated that the number of new cases of child sexual abuse may be as high as 200,000.

There is another way of ascertaining the number of cases. Several often-quoted studies have estimated that, by the time they reach the age of 18, 1 out of 4 girls in the U.S., and 1 out of 6 to 10 boys, have been sexually abused. Clearly the matter has already reached epidemic proportions. Imagine yourself as a teacher looking out over a class of 24 students — or a priest looking out over a congregation of 1000 parishioners. Estimate the number of victims who may be sitting right before your eyes!

Dr. Gene Abel, Dr. Judith Becker, and their colleagues reported in the 1987 *Journal of Interpersonal Violence* (cf. Appendix D, Bibliography) that, in a study they conducted of paraphilic acts committed by 561 subjects, only .3% involved rape of an adult, while 21.9% involved molestation of a child. As the authors commented on this surprising finding:

This is certainly in contrast to the media depictions of these two offenses, which suggest that rape is more frequent or as frequent as child molestation. Since adults have greater access to the media than children, it is not surprising that our current media presentations focus more on crimes affecting adult victims and less on the more frequent crime of child molestation. (p. 22)

We tend to defend ourselves from such statistics about child abuse by claiming that our class or our parish is different from others. Such things do not happen here, we may argue. However, all the literature we surveyed indicated that child sexual abuse

has no boundaries. It cuts across all racial, ethnic, cultural, and socioeconomic borders. It pervades our entire society.

Even if no priest in the Archdiocese had ever been accused of sexual misconduct with minors, the Church — bishops, priests, deacons, religious, laypersons — need to address the issue of child sexual abuse because it is undermining the stability of our society and ruining the lives of its victims. However, the focus of this Report is primarily on sexual misconduct by the clergy, and we need to look at the pastoral dimensions of that behavior.

C. Pastoral Dimensions

Each day, parents and governmental agencies entrust tens of thousands of children and adolescents to the care of the Archdiocese of Chicago — in its schools and religious education programs, in residential care institutions (for example, the Maryville Academy, Misericordia North and South, and Mercy Home for Boys and Girls), in sports and youth activities, in social and cultural programs. That is a very sacred trust, indeed.

Most Catholics experience the Church most directly in their parish community. It is there that they celebrate the important events of their lives — from baptisms to funerals. They gather there often with other believers to celebrate the Eucharist and to ask God's forgiveness and help. While there has been an expansion of lay ministries in the last thirty years, the priest remains an indispensable part of parish life. Not only is he empowered to celebrate the sacraments with us; his leadership abilities and capacity to work with others are also important assets in building a true community of faith.

His understanding of Scripture and the Church's teaching help to guide and form Catholics of all ages. People entrust him with some of the most private concerns of their lives. Moreover, because of his ordination, he does not act on his own. He represents the Church and helps carry out the Church's mission and ministry, which is Jesus' own mission and ministry. A priest mediates between God and the people he serves.

Because of the nature of the priest's role in the Church, there is a sacred trust between him and those he serves. This is necessary for him to be

accepted in the local community and effective in his ministry. People simply must be able to trust him.

In accord with long-standing tradition in the Latin Rite, the revised Code of Canon Law makes it quite clear that

Clerics are obliged to observe perfect and perpetual continence for the sake of the kingdom of heaven and therefore are obliged to observe celibacy, which is a special gift of God... (Canon 277, §1).

Any sexual misconduct by a priest or a religious is a clear violation of celibacy and chastity. It also has the potential for causing considerable harm to the Church and the persons involved, especially if the matter becomes publicly known. Catholics have a right to expect their priests to live in accord with the Church's teaching and discipline. Sexual misconduct undermines people's trust in a priest. As noted above, the focus of this Report is on sexual misconduct with minors.

Impact on the Victim(s). Sexual misconduct by a priest with a minor, in addition to being a violation of celibacy and chastity, almost always has serious harmful effects on the victims, whether the matter becomes publicly known or not. They suffer a loss of self-esteem. They often find it difficult to trust an adult again. They may feel guilty, or be made to feel guilty by the abuser. They often experience sexual confusion. They may not feel they will be believed, or they encounter actual disbelief on the part of significant persons in their lives, for example, a parent, a pastor. They may keep the matter hidden or repress it, displacing their anger at the Church, the priesthood, even God.

Victims' capacity to develop a trusting relationship with other clergy is impeded. They may begin to lose faith in the sacraments of the Eucharist and Penance because they are administered by priests. If diocesan leaders do not respond effectively to victims' reports of sexual abuse by clergy, the victims often become further alienated from the Church. They may also ask themselves why God is allowing all this to happen to them. Often, they cease being an active member of the Church, a tragic loss for the community of faith. The psychological impact upon victims will be discussed in more detail below; here

the issue is the spiritual harm caused and the need for a compassionate, effective pastoral response.

Impact on the Victims' Families. When the victim's family learns of the sexual abuse or misconduct, they too experience a serious trauma. How parents respond to the information plays an important role on how much of an emotional impact the experience has. If they do not believe what their child tells them, or if they react in a highly emotional way, the impact may be much greater on an individual who has already been victimized. So, families, too, need help in responding to these incidents. In the past, the Church, like many other communities and institutions, has not shown sufficient awareness of the harmful effects of sexual abuse on the victims and, therefore, has not adequately reached out to them and their families in an appropriate way. More recently, the Archdiocese has moved more in that direction by offering victims counselling and helping their families cope with the traumatic experience they have undergone. But much more needs to be done, as the Commission itself recognizes, and as all of the victims it interviewed pointed out.

Impact on the Priest. Sexual misconduct or abuse with any minor is a tragedy. But when the offender is a priest, or when a priest is falsely accused of such a transgression, the tragedy is greatly heightened. Both sexual misconduct and false accusations breach the sacred trust that must exist between a priest and the people he serves.

Because sexual misconduct involves a serious breach of trust by the priest, one may rightly ask whether the necessary trust between that person and a community can ever be sufficiently restored to allow him to minister again effectively in a parish setting or — in certain serious, notorious cases — anywhere again. With his future priestly ministry in jeopardy, the priest himself may find it difficult to pray and may also feel alienated from the Church he has served — often well.

Impact on his Family, Friends, Classmates. It does not take much imagination to assume the trauma which his family, friends, and classmates go through when their priest son or brother is accused of sexual misconduct with minors. They, too, need understanding, compassion, and healing.

Impact on the Parishes. Incidents of sexual misconduct with minors, when they become known, also have a severely negative impact on the parish communities where the priests have served. As we have seen this past year, some of the communities have become divided between a priest's supporters and opponents. The Commission received letters from both groups. On the one hand, some excoriated us and the Archdiocese for the "shameful," "unchristian" way we treated a particular priest who had engaged in sexual misconduct with minors. Others were very angry that they had not been told in advance of earlier allegations against him, indicating that they might well not have accepted him into their parish had they known about his background.

It will take time for these communities to be healed. If an individual priest's supporters understood the nature of his illness or knew the details of his misconduct, they might still be willing to forgive the priests' actions, but they would also understand why certain decisions had to be made in order to remove the risk he posed to further potential victims. In these situations, that must be the Church's *primary concern*: to ensure the safety of the people the Church serves and to do all that it reasonably can do to ensure that no harm comes to our children and teenagers.

Some may ask, Why not make all the cases and details public? This will be discussed in more detail below, in the section of this chapter on the legal dimensions of the problem. Suffice it to say here that, often, victims who have come forward with allegations of sexual misconduct have requested that the matter be kept confidential in order to protect their right to privacy. When some have come forward and this has become public knowledge, they have suffered the reproach of their fellow parishioners and/or the additional trauma of media coverage of very painful experiences. Moreover, many victims and their families wanted the priest to get the psychological help he needed, but did not want to make the matter public.

This may appear to be a "dodge" or a "cover-up," but the Church also must respect the request for confidentiality or privacy under these circumstances. At the same time, archdiocesan officials also have a responsibility to the larger community of faith in

terms of damage control. Often when the sexual misconduct was eventually made public, it was because the victims and their families were dissatisfied with the Church's response to the matter and felt they had no resort but to go to civil authorities with the allegation.

Impact on the Priests in the Archdiocese. The priests who serve in the Archdiocese have also suffered from the revelation of multiple cases of fellow priests' sexual misconduct with minors. Priests have been put on the defensive, and their morale has been seriously affected. While some appear to be relieved that these matters have finally come out into the open, many resent the fact that some of the cases have become public. At the same time, there are rumors that many priests knew of the sexual misconduct of some of the priests who have been charged or investigated recently but did not come forward with that information — because of a cynicism that nothing would be done to remedy the situation or simply because of an unwillingness to confront a fellow priest with his misconduct.

Priests' ministry to children and teenagers may be hampered by the present situation. They may be fearful of touching or even blessing children. This would be a great tragedy — for the young people as well as for the priests themselves.

Very often, allegations of child sexual abuse have not been handled well in the Church because the overriding concern has been to do everything possible to protect the rights of priests, at times leading to an infringement of the rights of the victims. This dimension of the problem will be taken up in more detail below under legal dimensions of the problem of sexual misconduct with minors.

Impact on the Whole Church. The members of the Commission are personally well aware of the negative effect which the issue of sexual misconduct by the clergy has had on the entire Archdiocese and the wider Church. Our friends and relatives have broached the topic with us often since we were appointed to the Commission. In many cases, it has eroded Catholics' confidence in their priests and bishops. They are embarrassed by the revelations of sexual misconduct by clergy. Those who are struggling with their faith find it eroded by these reports. It has attracted considerable media attention, much of the reporting quite careful, some of it quite

exploitative and sensational, all of it painful to see and hear. The letters we received from concerned laity and clergy were often as eloquent as they were poignant. Many simply wish that the whole matter would go away and never be raised again.

However, we must put this problem into its appropriate context. Several people whom we interviewed told us that the Catholic Church, and specifically the Archdiocese of Chicago, is one of the first large communities or organizations in this nation which is now facing this complex issue directly, despite the pain associated with it. We have an opportunity to educate ourselves and others about the nature of this problem and the necessary steps we must take in order to prevent child abuse to the extent that we can and to respond to its victims, their families, and their communities with compassion and assistance — and to help those who have committed the abuse in ways that are consonant with the Church's mission and ministry.

Child abuse is clearly one of the "signs of the times" in the 1990's. It has already reached epidemic proportions. The Church can be a leader in raising people's consciousness about the problem and its impact on young people and in helping to bring healing to their lives. In other words, this is a time of opportunity to be prophetic like the Lord Jesus and to learn from the Good Shepherd to take better care of our younger brothers and sisters.

D. Psychiatric and Psychological Dimensions.

This section of the Report will briefly cover (1) the impact of child sexual abuse on the victim and (2) the illness of the abuser.

1. Impact of Child Sexual Abuse on the Victim

This is perhaps the least understood aspect of the problem. As a Commission, we have had ready access to experts and literature which dealt with the illness of the abuser. But, especially after we had interviewed some survivors of child sexual abuse, we began a more intense search for experts who treat the victims. We discovered that, until recently, there has not been much research on the victims — juvenile or adult — of child sexual abuse. Happily we found some such experts and were able to obtain some helpful studies about the short-term and long-term effects of child sexual abuse. All of

these studies acknowledged, however, that much more needs to be done in this fledgling field.

The effects of child sexual abuse cover a considerable range. For some, there does not appear to be any obvious serious emotional trauma as a result of the victimization. For others, one can identify very serious emotional trauma, including serious substance abuse, self-injurious behavior, Post-Traumatic Stress Disorder, and suicidal depression. About 20% of child victims, including boys, experience no immediate trauma. However, the pain may surface at puberty, when they establish their first intimate relationship, or when they attempt to establish their first stable relationship.

It makes a difference at what age a victim seeks help, and what the time interval is between seeking help and the abuse itself. When the abuse is discovered fairly quickly, and the child or young adolescent is provided with counselling, there is a much greater likelihood that the abuse will not have as serious, longlasting effects. However, when the abuse remains hidden until much later, the prognosis is much less favorable.

Psychiatrists we talked with said that, often, when a young person seeks the assistance of a counselor, there has been multiple abuse, not all of it sexual, but all of it detrimental to the person. Child victims of priests, as in cases of incest, may come from broken homes, have an alcoholic parent, or possess few social skills. In fact, the sexual abuse itself may not be interpreted by the youth as abuse or even a problem.

Another factor that plays an important role in determining how serious an impact sexual abuse has on a youth is how people respond to the revelation about it, especially significant persons in the individual's life: parents, teachers, confessors. Do parents support the child or blame him or her? Is their reaction hysterical or calm? If the first reaction is one of disbelief or blaming the youth for what happened, the individual will usually repress what happened, and it will fester inside. If a parent reacts with great shock or hysteria, the victim undergoes further distress. However, if a parent, a teacher, or a confessor reacts to the report of sexual abuse with true concern, compassion, and a sense of calm, and helps the youth get the help he or she needs, the prognosis is very hopeful.

Many young people are so embarrassed or simply unaware of how the abuse has impacted their lives — or even that it was abuse — that they tell no one, often for years. There is also a cultural bias against males coming forward and acknowledging that they have been victimized. Boys may ask themselves what the abuser saw in them and worry that they may be feminine or effeminate. At times they were victimized simply because they were the only ones available. But they are not aware of this simple fact. At the same time, the physical trauma is not so strong for boys as it is for girls. Victims may "forget" about what occurred. However, at a later time in their life, it may resurface, and its serious impact be uncovered.

A variety of symptoms may be manifest in cases involving minors or adult survivors who have been sexually abused as children. They may have difficulty in achieving a normal sexual life. Adolescent males who have been abused by an older male may have serious questions about the possibility of their being homosexual, something they hide from others. Ambiguity about sexual orientation can be very confusing for older children or young adolescents.

If the issue is not resolved, they carry this ambiguity into early adulthood and beyond. They may run away from home and be lured into prostitution. This, in turn, often compels them to withdraw from their peers and develop a solitary lifestyle, which, in turn, makes them more vulnerable to further sexual victimization and erosion of self-esteem. Anxiety and fear, and bouts of depression, lead some to become suicidal. Others are prone to become addicted to drugs and/or alcohol or to develop personality disorders. It is often a lonely, painful path for victims of child sexual abuse who do not get the help they need as soon as possible after the abuse.

Other factors play a role in the impact which sexual abuse has on minors. Generally, the younger the age of the victim, the greater the trauma. However, this is primarily true of prepubescent children. The matter becomes reversed during adolescence. Despite popular belief, postpubertal abuse often causes deeper trauma than prepubertal abuse, especially in terms of confusion about sexual identity and a sense of self-worth. Another variable is the duration of the abuse; the longer it takes place, usually the greater the trauma will be.

The sex of the victim also plays a role in assessing the impact of child sexual abuse on an individual. In the general population, the victims of sexual abuse are predominantly girls. So, the majority of studies have focused on female victims. Based on the few studies that have dealt with male victims, researchers conclude that the effects on this part of the population include sexual dysfunction, conflicts of gender identity, and an increased risk of themselves becoming sex offenders against minors.

Another variable factor involves the relationship of the victim to the offender. Abuse perpetrated by a father-figure — including a respected priest — is likely to be more traumatic than abusive behavior by others. In part, this is due to the greater betrayal and loss of trust between the victim and the offender. The abuse within the context of a trust relationship may be more protracted and more frequent without its being discovered or, at any rate, stopped.

If force is used, the long-term impact is usually much greater. And while abuse which involves penetration is often assumed to be more traumatic than other forms of abuse, scientific studies disagree about whether intercourse and penetration are demonstrably more serious than less invasive forms of abuse. It depends upon the perception and interpretation of the youth who is abused. In other words, a youth may be seriously traumatized by an act which, in the perception of adults, appears to be less injurious in and of itself.

When the impact of sexual abuse is not detected or revealed until later in life, therapy is often necessarily long-term. The therapist is challenged with treating multiple symptoms which may also be related to other forms of abusive behavior or causes. The literature we read and the interviews we conducted were unanimous in pointing out that retrospective accounts from adults who were sexually abused as children may involve reinterpretation. It is also necessary to distinguish between the effects of sexual abuse itself and those of any other subsequent trauma. As pointed out above, many victims were vulnerable in the first place. They may use the sexual victimization as a focalpoint and lose sight of the larger context. It is difficult to be sure to what extent an adult's problems are exclusively long-term effects of earlier sexual abuse and to what extent they may also be the results of other familial or environmental

problems. This difficulty helps explain why treatment often takes years before the person is able to move beyond the victimization and the status of a survivor.

Another complicating factor arises when a victim turns to individuals or institutions like the Church for help and none is forthcoming. Some have referred to this as the "second injury." Moreover, when the Church does not respond with compassion and assistance to a victim of child sexual abuse perpetrated by clergy or religious, the victim's alienation from the Church becomes even more severe, often a tragic loss to the community of faith. Moreover, the victim's road to healing may also become longer and more arduous. The Church simply cannot allow this to continue or happen in the future.

What has become quite clear to the Commission is that it is vital to identify victims as soon as possible and to provide them with the assistance they need to move through and beyond the effects of the abuse to a more productive life.

2. The illness of sexual abuse.

In the past, many people considered the sexual abuse of minors primarily as a problem of immorality. If the abuser repented and made a firm commitment to amend his life, it was assumed that he would be able to control his sexual appetite in the future. After doing such, a priest who had sexually abused children was sometimes assigned to a different parish, or sent to another diocese, and the bishop or religious superior hoped that the priest had learned his lesson. Happily, this simplistic approach has been largely abandoned in the past decade.

However, some still view the matter in this way. They argue that the priest who repents should be both forgiven and allowed to resume his ministry. While the Commission agrees that forgiveness is an important pastoral dimension of the problem, one must also understand the nature of the offense and its psychological dimensions.

The sexual abuse of minors is a very complex phenomenon. Pedophilia and ephebophilia are often spoken of in terms analogous to alcoholism. In the past, alcoholism was also considered primarily as a moral problem and, hence, went untreated. Today, we recognize that alcoholism is an addiction, a dis-

ease. It can be treated successfully, but it cannot be cured. Through following a rigorous regime of personal discipline and group support, usually for the rest of their lives, alcoholics can learn to control their problem.

Something similar appears to be true of pedophilia and ephebophilia. They are diseases. They are treatable today but, at this stage of medical science, not curable. While persons afflicted with this problem may be able to learn to control their behavior, they will have to follow a rigorous program of personal discipline, group support, and supervision or monitoring, probably for the rest of their lives. Just as alcoholics can fall into old patterns of behavior which put them at the risk of relapse, so, too, can ephebophiles and pedophiles. There is a stark distinction between alcoholics and sex offenders. If an alcoholic lapses once, he hurts himself but may not hurt anyone else. If an ephebophile or pedophile lapses, there is always a victim. In other words, they remain risks to the extent that they have access to children and/or adolescents.

As a society, we are only beginning to study these sexual disorders or paraphilia in more depth. The field is still relatively new, and there are many theories to explain what "causes" pedophilia or ephebophilia — and therefore how to treat them.

As Dr. Fred Berlin has often pointed out, we do not choose what will sexually attract us. We discover it. A pedophile discovers that he is sexually attracted to children, an ephebophile to young adolescents. Such a person did not choose to experience these feelings. Neither can a person simply decide to change his or her sexual preference. Once a sexual orientation is established, it apparently cannot be changed. If a phenomenon like this causes suffering or damage, we call it a "disease" or a "disorder." Because pedophilia does this, we identify it as a disorder.

This does not mean that someone who engages in sexual misconduct with minors need not be held responsible for his actions. Like an alcoholic, a pedophile or ephebophile must be accountable for his actions, even though he is afflicted with a disease or disorder. While he may have an illness, he is also the instrument of harm to others. If he knows he has a problem but has decided not to get help, it is similar to a diabetic not following a diet or taking insulin.

There is some evidence that certain biological factors may predispose a person to become a pedophile. Dr. L.M. Lothstein and others have pointed out that scientists are attempting to learn what effect the brain has on paraphilic behavior. Can deviant sexual arousal be attributed to brain illness or damage? Sophisticated technologies that can "image" the brain have been used in the study of pedophiles. Almost all these studies detected some kind of brain abnormality or damage in these individuals, not attributable to substance abuse or other adult behavior. Some studies have found that certain kinds of injuries to the head were common to a number of pedophiles under study. Dr. Lothstein and others have

found that the frontal and temporal parts of the brain are dysfunctional in pedophiles and in other paraphiles. Damage to the frontal part of the brain leads to disinhibition, poor judgment, anxiety, low frustration tolerance, and impulsivity. Damage to the temporal parts of the brain may lead to deviant fantasizing, compulsive thinking about sexuality, and hypersexuality. (*Slayer of the Soul*, p. 31)

Others are exploring the relationship between male hormonal levels and both aggressive and paraphilic behavior. Some researchers have concluded that many pedophiles have hormonal abnormalities (involving testosterone, follicle stimulating hormone, and leuteinizing hormones).

Moreover, some studies have demonstrated that an unborn child can be adversely affected by its mother's stress or drugs she took during pregnancy. This can apparently affect certain of the baby's behavioral patterns, including sexual identity and orientation. While these effects are not manifested until later in life, research today is tracing their origins back to the womb.

Frequently but not always, pedophiles and ephebophiles also have problems with alcohol or drugs. However, there is absolutely no evidence that alcohol or drugs themselves cause the problem, nor do they help us understand the nature of the disorder. Often, the abusers use alcohol or drugs as a way of lowering their inhibitions before engaging in paraphilic behavior. While alcohol does lower one's inhibitions, it also heightens one's level of impulsiveness.

Life events may also influence one's sexual orientation. There is growing evidence that a high percentage of sexual offenders come from dysfunctional families. Moreover, sexual excitement is pleasurable, even if it is the result of abuse. Sexual experiences early in life may well become an important influence in one's later life. At the same time, he or she may feel guilty about what happened, and this, too, may inhibit the development of a normal sexuality. Through a complicated process of psychosexual development, a victim of child sexual abuse, if not treated therapeutically, may act out sexually with children as an adult.

There is often a pattern to paraphilic behavior of this kind. Pedophiles and ephebophiles spend an inordinate amount of time with children or adolescents. More often than not they truly enjoy the companionship of the youths. Very often the young people like and trust the eventual abuser, and the affection may well be mutual. That is why it is very harmful, for example, when people tell victims of incest that their father never loved them, rather than explaining that their father expressed his love in an inappropriate way.

Power and control are critical factors for the pedophile and ephebophile. Often they do not recognize that they are using any coercion and totally deny that they used force. True, many of them do not employ physical force or violence. However, the fact that they are older than the child and often in roles of authority (parent, teacher, priest) indicates that there is an emotional coercion. The abuser often argues that no abuse took place because the minor enjoyed both the sex act and the attention. They also often claim that the minor, especially if an adolescent, consented to the behavior. The victim could have refused, they reason, and the abuser would not have used physical force.

However, this fails to recognize the power which an adult has over a youth. Abusers often treat children or adolescents as their peers, as adults, but the victims remain minors. This attitude shows little if any awareness of how the action impacts the young person's life, perhaps scarring him or her for a lifetime. As noted earlier, when others learn of the abusive behavior and react with disbelief, anger, or blame towards the victim, the victimization penetrates deeper into the youngster's life and the resulting

trauma may be expected to be even greater and the prognosis for healing poorer. As Dr. Lothstein has pointed out,

pedophilia or ephebophilia is always an aggressive act. The perpetrator's lack of awareness of the aggressive component in the relationship is akin to disavowal or denial and is a delusional suspension of reality. Such persons may rationalize their molestation as serving a caretaker or parental role, performing an educational function, or providing friendship. (*Slayer of the Soul*, p. 37)

This "delusional suspension of reality" is often referred to as cognitive distortion. It leads the abuser to deny that any abuse has taken place, despite evidence to the contrary. Even when confronted with the abuse, the offender often interprets the evidence as anything but abusive. One of the most important dimensions of treatment of sex offenders against minors, therefore, is enabling them to acknowledge their abusive behavior and develop an empathy with their victim(s).

Most individuals become privately aware of sexual attractions in their early teens. The next step is to begin to act on these desires. While most eventually marry someone, few go back to where they were in prepubescence or early postpubescence. An ephebophile may be aware of his sexual preference during adolescence, but may not act on it. As a person progresses, however, and acts more fully on his pedophilic or ephebophilic desires, he will usually not go back to simply being aware of the desire without acting on it, unless there is an intervention.

From all that has been said about these paraphilic disorders, their addictive character, and the fact that they are merely treatable and controllable, but not curable, it readily follows that we must look for ways to identify the individuals afflicted with these disorders, help them to control their problem, and ensure that children are not put at risk in their presence.

Until recently, no effective screening procedure has been available for identifying those with pedophilic or ephebophilic tendencies. There is no simple psychological profile for pedophiles or ephebophiles. We asked each of the experts we interviewed about this. Some profiles do exist and are used primarily

by volunteer organizations, but they have not yet been tested enough and validated. And even if we could draw an accurate profile, we were told, it would not be of much help. For example, many pedophiles or ephebophiles are unassertive, passive-aggressive individuals, but people with such characteristics are not necessarily sex offenders!

Within the last four years, Dr. Gene Abel of the Behavioral Institute of Atlanta has developed a new screening process and is now able to use it beyond the confines of his own Institute. It offers great promise for the future because it has been very successful in identifying pedophiles and ephebophiles over against control groups of people who are not afflicted with these disorders. (Cf. Appendix G for a description of the Abel Screen.)

Some words of caution need to be added about the diagnosis of pedophilia or ephebophilia. As Drs. Fred Berlin and Carl Meinecke have pointed out, "diagnosis of a paraphiliac syndrome cannot be made on the basis of sexual behavior alone because similar behaviors can occur for a variety of reasons. Not all sex offenses are committed by persons manifesting a sexual deviation disorder or paraphilia" (the *American Journal of Psychiatry*, cf. Appendix D). A psychiatrist examines a person's cognitive, emotional, and behavioral state as well as physical and laboratory examinations which may reveal associated organic pathologies.

At the same time, the diagnosis of a person as a pedophile or ephebophile does not say anything about his temperament or traits of character. Drs. Berlin and Edgar Krout have stated that "a diagnosis of pedophilia does not necessarily mean that a person is lacking in conscience, diminished in intellectual capabilities, or somehow 'characterologically flawed'" (the *American Journal of Forensic Psychiatry*, cf. Appendix D).

Conclusion

Given this brief description of the psychological dimensions of the problem of sexual misconduct with minors, two conclusions may be drawn.

First, child sexual abuse usually has a deleterious impact on the victim, and it is essential that this individual get the needed help as soon as possible. Otherwise, the personal cost to the individual, and to some extent society and the Church, will be very great.

Second, child abusers are inflicted with an illness which, to date, is incurable. They also need help, and, as a Christian community, we should offer them the therapeutic assistance they require. While we understand the anger of those who have been victimized by priests in this Archdiocese, we are also called to a humane approach to people who are afflicted with this illness.

Some people are struggling and have not yet found a way to integrate their sexual needs into their lives. Many offenders were themselves abused as children. There are many such people in our society — and in the Church. Unless we show concern, compassion, and a willingness to help them, their problems will remain hidden. And this will continue to pose a risk to our children.

E. Legal Dimensions

In his Preface to *Slayer of the Soul*, Brother Sean Sammon offers a concise, helpful statement about why sexual misconduct with minors is wrong:

Sexual abuse occurs when dependent, developmentally immature children and adolescents become involved in sexual activity which they do not understand fully and to which they cannot freely give informed consent. (p. vi)

The issue of informed consent is the point of departure for the mandatory reporting laws of the fifty states described below. In essence, as a society, we have determined that minors (under 18 years of age) are not free to consent to a sexual act of any kind with an adult. While the reality may differ somewhat with teenagers, given the variety of ages, degree of sexual knowledge, and difference of personal development, such behavior is often harmful (and illegal).

While there are important legal issues involved in cases of sexual misconduct with minors, there are many misconceptions in the general public and the media about these matters. This section of our Report will briefly discuss child abuse reporting laws, the Illinois agency to whom reports of child abuse are made, and investigations by the State's Attorney or law enforcement agencies. It will point out what is involved in each of these and their limitations in regard to protecting children and removing offenders from access to children.

As noted earlier, in the last ten to fifteen years all fifty states enacted *reporting laws* in regard to the

physical, emotional, and sexual abuse or neglect of minors. Their basic intent is to protect children by mandating that specified persons who have reasonable cause to believe that a child under the age of 18 is being abused or neglected by a caretaker is to report this to the appropriate agency. The persons who must report such abuse or neglect include, among many others, doctors, teachers, social workers, directors of day care centers, foster parents, homemakers — but not clergy.

The dramatic increase in the number of known cases of child abuse are due, in large part, to these reporting laws. This has helped, to some extent, to protect children who have been abused and lessen the risk to other potential victims. However, there are also some drawbacks to these civil statutes. Because many of them include psychiatrists and psychologists among those who must report disclosures of child abuse, most child abusers are no longer willing to come forward and disclose to a therapist that they have abused or are abusing children.

Recently, Dr. Fred Berlin and his colleagues published an article in the *American Journal of Psychiatry* (Cf. Appendix D) in which they questioned whether mandatory reporting of suspected sexual abuse of children by psychiatrists (which eliminates confidentiality) is truly serving its intended purpose. In their prior experience in Maryland, approximately seven child abusers per year (73 over a decade) had entered treatment on their own, making it also possible to identify and help their victims. However, in 1988, the State of Maryland enacted legislation which mandated psychiatrists to report disclosure by adult patients about child sexual abuse which they had committed while they were in treatment. The next year, this was extended to include disclosures of such abuse which had occurred before treatment. As a result, not a single person has come forward since then and disclosed being an abuser. This means that none of their victims have been identified, and unidentified children remain at risk. The intent of the legislation was noble, but it may prove to be counterproductive in the long run — even dangerous to the very children it seeks to protect.

In Illinois, the agency to which such reports are made is the Department of Children and Family Services (DCFS). DCFS is basically a child welfare

agency. Its primary purpose is to protect the child. While DCFS is not an investigative agency as such, it does conduct an investigation when a case of child abuse is reported to it.

DCFS makes its decision about what to do about an allegation of child abuse or neglect in terms of probable cause. A case is determined to be founded if there is probable cause that the abuse has occurred or is occurring. If a case is founded, this does not mean that criminal charges will be filed against the offender. DCFS does not usually report the case to the State's Attorney or law enforcement agencies, nor does it give any information to the media about it. In fact, very rarely does DCFS or anyone else go after the perpetrator. If a case is unfounded, this does not of itself mean that the accused person is innocent.

It may come as a surprise to many that DCFS usually does not turn the case over to the local police or the State's Attorney. However, the agency's immediate concern is to protect the child. Confidentiality helps ensure candor and depth in the interviews. As noted earlier, usually the victim knows the abuser well; he most frequently is a member of the child's family. Knowing that the abuser would be criminally prosecuted if confidentiality is not assured would naturally prompt many victims or their families to refrain from coming forward with allegations. By law, investigative files, unlike police reports, cannot be made public. This helps ensure the victim's privacy and that of his or her family. At the same time, it allows DCFS to take action to protect him or her from further abuse.

There is another consideration, also related to protecting the victim. The U.S. Constitution does not guarantee one's right to work or to live with his or her children. A DCFS investigative process, which is not leading to a criminal procedure, only needs to establish probable cause in order to take action against an abuser. When dealing with an outcome less than removing someone's freedom, preponderance of evidence is sufficient. In such a process, the weight is given to the alleged victim. This is different from a criminal process which requires evidence "beyond a reasonable doubt" because it aims at removing a person's freedom (sending him to jail or prison). This is a higher standard to meet than preponderance of evidence.

In the case of sexual abuse within the home, DCFS files a petition in the Juvenile Court Division to gain custody of the child, usually after removal of the child from the home. Most of the cases which DCFS investigates are allegations of abuse in the home. When a case involves a teacher or similar caretaker, DCFS issues a founded report to the person's supervisor and informs the person who called the complaint in to the Department. At times, the court will reject the results of the DCFS investigation and dismiss the case. Administrative appeals of DCFS findings also result in reversals, at times.

In the light of how DCFS usually proceeds in these cases, it is not clear what DCFS can realistically do when a priest is accused of sexual misconduct with a minor. Moreover, the agency does not consider clergy to be caretakers. The Illinois statutes (Chapter 38) have a taxative list of caretakers, and priests, ministers, and rabbis are not listed. DCFS interprets the law strictly and has usually refused to get involved when an allegation is raised against a priest unless he is a teacher or a counselor. Nevertheless, there is a moral obligation, if not a legal one, to report all child sexual abuse to DCFS, and the Commission recommends that the Archdiocese continue to fulfill this obligation. However, if DCFS considers it inappropriate to become involved in such cases, or the Department returns a case unfounded, the Church still needs a mechanism to investigate the allegation and ensure that children are not at risk.

While DCFS is the agency which investigates allegations of child abuse or neglect in order to protect the child, *other agencies* may conduct independent investigations, if contacted: the local police department, the sheriff's department, the State's Attorney's Office, the State Police. However, the police and the State's Attorney's office often share information with the media, and this sometimes means that the victim's privacy and confidentiality will not be protected.

Civil authorities are often not interested in prosecuting cases involving events that happened many years ago. Moreover, the civil authorities do not necessarily get involved immediately when someone calls local law enforcement personnel.

There is no legal obligation to report all child sexual abuse to law enforcement personnel. No law requires a citizen to report crimes. Neither is there a moral

obligation to report all child sexual abuse to civil authorities for the purpose of criminal prosecution.

At the same time, the victims or their families have a right to approach the civil authorities on their own with allegations of sexual misconduct by priests. Of course, if they do so, the Church must cooperate with civil authorities. The Church also has a pastoral responsibility to bring about healing beyond any civil processes. Turning over a case to civil authorities does not deal with the problems within the Church — the harm done to the victim(s) and their families, the parish, the Archdiocese as a whole.

The decision to initiate a criminal investigation resides with the victim and/or the victim's parents, not with the Church. Indeed, it has not been archdiocesan policy in the past to contact civil authorities unless mandated to do so. This naturally leaves the Church open to the charge of attempting to cover up the matter. The Commission is well aware of this because this is precisely what has been charged in the past and up to the present. We discussed this at some length and asked ourselves whether it would be wise policy for the Archdiocese to turn to civil authorities rather than conduct its own internal investigation.

However, if a person approaches the Church with a complaint, rather than the civil authorities, and requests that the matter be kept confidential, the Church should, when possible, honor that request. It would be quite presumptuous for the Church to report to law enforcement personnel if the victims or their families do not want to come forward in the public arena. After all, the Church is generally neither legally nor morally obligated to report the matter to criminal justice authorities for prosecution. Moreover, if the Church were to report all allegations of sexual misconduct with minors to law enforcement personnel, this would have a chilling effect on victims and their families, many of whom are willing to come forward with an allegation only if their privacy is assured.

The efforts of the Church to ensure the safety of the people whom the Church serves and to see that no harm comes to our children are not the equivalent of a cover-up, provided that the Church has an effective investigative process that ensures fairness, objectivity, consistency, and credibility.

In regard to this position which we are taking, there are other considerations which, to us, are compelling. The criminal justice system looks for proof beyond a reasonable doubt. One of the maxims often cited by defenders of priests who have been accused of sexual misconduct is that, in the United States, a person is considered innocent until *proven* (beyond a reasonable doubt) guilty. This is a rigorous standard to meet, and the U.S. legal and judicial systems are careful to protect the rights of the accused since liberty interests are at stake.

In child sexual abuse cases, there are usually no witnesses to the alleged misconduct, at least no witnesses willing to come forward into the public arena of a courtroom. It is often difficult for young victims to testify and be subjected to cross-examination. In the courtroom it is basically the child against the alleged perpetrator. Many abusers do have a preferential sexual interest in children, but the credibility and competency of the child victims is often poor. Many children who are sexually abused are from dysfunctional families; they are fearful, threatened, and often noncommunicative.

It has become somewhat of an axiom in some circles that children and adolescents do not lie about matters involving sexual abuse or misconduct. The matter is not so simple as that. Sometimes children do not tell the truth, or misinterpret what happened. Moreover, younger children are often eager to please those who are important to them or have authority. Parents and professionals can influence children and, wittingly or unwittingly, put ideas in their heads. We can teach children the answers we want whether we are aware of it or not. That is why the person who interviews young children should be well trained. If the youths are in junior high or high school, we assume they are competent and can

express themselves adequately. It is always important, however, to use open-ended, rather than leading, questions.

What happens to a true victim, if the case is not prosecuted for lack of evidence? Or what happens to a true victim if it is prosecuted, but the offender is acquitted because there was not evidence "beyond a reasonable doubt" to support the charge? Sexual misconduct may also be treated as a misdemeanor, instead of a felony, if there has been considerable delay between the alleged incident and the complaint, or if there is a lack of sufficient biological, medical, or physical evidence. At times, if there is not enough evidence, it may be wiser and cause less harm to minors to get them counselling rather than put them through the trauma of the full judicial process.

For all of the foregoing reasons, the Commission does not believe that the Church can rely only on criminal investigation and prosecution by civil authorities to deal with this matter. In Chapter Five, the Commission recommends a process for the Church to use when allegations of sexual misconduct with children or adolescents arise. This process does not replace what civil authorities may do, but it does allow the Church to act in its own and its children's best interest in these cases. The Church needs only to have proof by a preponderance of the evidence in order to take remedial action, the same lower standard of evidence which suffices in a civil suit (e.g., suing a child abuser for damages). If it is proven that it is more likely than not that an accused priest has engaged in sexual misconduct with a child, and the Church takes action based on that standard of proof, in the long run, the Commission thinks this will prove effective in protecting children and the Church.

Chapter Four: Review of Cases

A. The Commission's Methodology.

Two principles guided our review of the cases which were presented to us. First, the Commission believed that there is no acceptable level of risk to children and adolescents in regard to sexual misconduct. Second, the Commission believed that any right a priest may have to engage in parish ministry must give way to the greater right of minors to be safe in their parish, and the greater right of the entire parish community not to have its trust broken.

All doubts about individual cases, therefore, have been resolved in favor of the minors and the Church community. We reviewed the cases to determine if it was more likely than not to believe that the accused priest had engaged in sexual misconduct with a minor. This preponderance of evidence standard can be stated in this way: Would a reasonable person, viewing the evidence in the light most favorable to the victims, believe it was more likely than not that the alleged acts occurred, that they constituted sexual misconduct, and that the priest committed the acts. Hearsay is acceptable evidence to reach this conclusion. Its reliability determines the weight given to it; its reliability is determined by the Commission (the trier of fact) from the totality of the circumstances.

B. The Commission's Findings.

During the years from 1951 to 1991, 2,252 diocesan priests have served in the Archdiocese of Chicago. We reviewed 57 cases involving archdiocesan priests with various degrees of documentation. We also reviewed the cases of two externs (from other dioceses) and three other cases where, we eventually learned, the victims were adults, not children.

The earliest case which we reviewed was reported to the Archdiocese in 1963. The following chart lists the number of cases reported each year:

1963	1	1985	3
1966	1	1986	7
1968	1	1987	5
1970	1	1988	5
1979	1	1989	3
1980	1	1990	11
1982	2	1991	8
1983	3	1992	3
1984	1		

It should be noted that the offenses in some cases predated the reports by years, even decades in a few cases.

The information which the Commission acquired indicates that the alleged offenses occurred as follows:

1952	2	1980	4
1956	3	1981	2
1960	1	1982	5
1962	2	1983	1
1964	1	1984	1
1967	2	1985	6
1968	2	1986	6
1970	2	1987	2
1971	2	1988	2
1973	1	1989	1
1976	1	1990	1
1978	1	1991	4
1979	2		

Twelve cases involved girls only, all of them teenagers except for two 6-year-old nieces who were abused by an incestuous pedophile priest-uncle.

Two cases involved both boys and girls, one with a number of 6-year-olds and one with several boys and one girl in their early teens. Both of these were found not to be sexual misconduct with minors.

Forty-three cases involved boys only. Of this number, 39 involved boys from ages 12 through 17, most of them aged 15-16. The other four cases involved prepubescent boys; the Commission found that none were sexual misconduct. The overwhelming number of cases, in other words, involved homosexual ephebophiles, that is, priests sexually attracted to young teen-aged boys.

While media reports have long focused on "pedophile priests" in the Archdiocese, our findings are quite different. There was only one founded case of pedophilia involving a priest-uncle with two 6-year-old nieces, as noted above. The other allegations of pedophilia, as also noted above, were unfounded. One involved a priest who was accused by two different 7-year-old boys. After an extensive review of the evidence in both cases, the Commission concluded that the charges were unfounded. Another with several 6-year-old girls and boys in a first-grade classroom involved only tickling

and questionable language. A third involved a 3-year-old boy where the priest was accused by the parish secretary after threatening to report her to DCFS for neglect of her child. And the last involved the discipline of an 11-year-old with a pants-down spanking.

C. The Commission's Conclusions

In sixty-two cases, the Commission engaged in an active review of the files, reports, and allegations. Three of the sixty-two involved adults and were dropped from the process of review because our mandate was to review cases involving sexual misconduct with minors. Of the remaining fifty-nine cases, two involved externs, one of whom was residing at a parish, both of whom committed the offenses outside the Archdiocese prior to being given priestly faculties in the Archdiocese to minister, one at a hospital and another at a retirement home. The Commission recommended immediate removal of the extern priest who was residing in a parish. The faculties of both priests have since been removed, and both are out of the Archdiocese now. They have returned to their dioceses of origin, with full disclosure made to their Ordinaries.

In eleven cases, the Commission received reports from the Vicar for Priests and the Cardinal, and since they were cases where action had been taken for removal, the Commission concurred. In six other cases, no Commission action was required since the priests, two of whom had resigned, two of whom had retired, and two of whom had died, were no longer a risk to children.

In eighteen cases, the finding was that no sexual misconduct had occurred. In four cases, the charges were found to be groundless and without substance. In fourteen cases, there was inappropriate and immature behavior which did not rise to the level of child sexual abuse or molestation. The Commission recommended counselling in these cases.

There are two cases pending where non-specific charges are currently being looked into by the Vicar for Priests. No names of victims or specific charges of sexual acts with children have been provided. The priests have not been removed because, at present, there is no probable cause to believe misconduct has occurred.

There is one case where the priest has been charged, out of state, by the criminal justice authorities. The Archdiocese had removed this priest from parish ministry prior to the charges being filed. No further action is recommended by the Commission pending the outcome of those criminal charges.

Then, in those cases where sexual misconduct was found, the Commission weighed the seriousness of the misconduct, the number and age of the victim(s), the dates of the offenses, the present circumstances of the respective priest's assignment. Then we made a recommendation to Cardinal Bernardin regarding the present risk of those assignments.

In five cases, we recommended the immediate removal of the priests from parish ministry because of the serious nature of the offenses and the present danger the priests posed to children in their parishes.

In six cases, the Archdiocese had already removed the priests from parish ministry. After reviewing these cases, the Commission concurred in regard to the serious nature of the cases and the risk which those priests had posed to minors. In two of the cases, the Commission recommended removing the priests from residence in parishes.

Of the remaining eight, the Commission has made recommendations and the Archdiocese is in the process of implementing these. All the men have been professionally evaluated and all are under close supervision. Several are in the process of being reassigned to non-parish ministries.

Chapter Five: Recommendations Regarding Archdiocesan Policies and Procedures for Responding to Allegations of Child Sexual Abuse by Priests

A. Introduction

The integrity of the Archdiocese has been impugned by the cases of priests' sexual misconduct with minors, and many people feel there has been a cover-up in the way the Archdiocese handled these cases. Nevertheless, while some see the process as a whitewash, others view it as a witch hunt.

The purpose of an archdiocesan internal inquiry is to determine (a) whether or not a priest has acted in a manner that precludes his functioning any longer in a parish setting or (b) whether or not he has merely acted imprudently and needs guidance or supervision. It is important to avoid conflicts in the process of inquiry in order to ensure fairness, objectivity, consistency, and credibility for all concerned.

The important ingredients for an effective response to allegations of sexual abuse by priests include: (a) the expertise of the person who conducts the inquiry and professionals who help evaluate the evidence, (b) the involvement of both peers and laity in the inquiry process, (c) the keeping of appropriate records, and (d) the decision of the Cardinal based on the information generated and the recommendations of these persons.

As noted above, one of the inherent problems in pedophilia and ephebophilia is the cognitive distortion which leads abusers to deny any wrongdoing. So, there is an issue of credibility whenever an accused person denies that he has sexually abused a minor. On the other hand, an allegation does not of itself imply that a person is guilty until proven innocent.

There is also an issue of credibility whenever a minor or an adult comes forward with an allegation of child sexual abuse.

When young children make such allegations, they usually carry great credibility, especially if the child is obviously distressed and is specific about what happened. However, it is also important to ascertain whether anyone is exploiting the child. There are circumstances today which lead to false accusations: for example, custody battles, divorce disputes, or cases where large sums of money are involved. This issue has been greatly politicized, and the rallying cry is "Children don't lie about such matters." This is an oversimplification. Each complaint must be

examined very seriously. It is important to know to whom the child has been talking, what pressures or influences he or she may be subject to, and how the investigation was conducted. The same is true of older children and adolescents.

General accusations coming later in life present more of a problem. Many people have not thought about these matters for many years. Things they recall much later in life may not be true, even though they sincerely believe that they are true. The human memory is fallible. Every allegation must be taken seriously in order to begin a healing process. One does not want to add insult to injury by not believing a person who eventually comes forward with an allegation regarding earlier child sexual abuse. Nevertheless, it is also terribly agonizing to be falsely accused of such behavior.

It is the function of the process of inquiry to assess all of the relevant factors to determine as best as possible where the truth lies when allegations have been made. This would mean that, while there may be no objective corroboration — such as eyewitnesses or medical reports — there can still be an evaluation of factors such as internal consistency of the story told, the demeanor of the accuser, other independently verifiable information given by the victim that lends credibility to the accuser's story, other accusations or information in the accused priest's personnel files, and so on.

The process of inquiry which the Commission is recommending to Cardinal Bernardin may still appear as a cover-up to some. However, an appropriate approach to confidentiality is not the same as a cover-up. The Archdiocese needs a way of intervening and confronting individuals, letting them know that a mechanism exists to help them. Preserving the rights of those involved to confidentiality does not mean avoiding the Church's responsibilities.

The Commission thinks that the following structure and procedure is both appropriate and necessary at the present time in the Archdiocese of Chicago. We feel it will remove some of the problems of the past and ensure that the process is fair, objective, consistent, and credible. We weighed the possibility of isolating the Cardinal from this process because of his pastoral and ecclesial relationship with his priests.

However, we decided that, in the present situation, he needs to be personally involved in the process. Indeed, we have every indication that he *wants* to be involved in it.

The Commission discussed often and at length whether there should be a different procedure for dealing with priests accused of sexual misconduct with minors and other archdiocesan personnel or volunteers. We concluded that there should be a separate procedure for responding to allegations involving priests for several reasons. First, by reason of their ordination and incardination, they have a special role in the Church, and they carry a sacred trust because they are priests. Secondly, they are not employees of the Archdiocese. Thirdly, the Church's own Code of Canon Law requires that priests be treated in a certain way because of their vocation. Finally, the majority of problems in recent years have by far involved priests rather than other archdiocesan personnel. This, in itself, calls for special attention and a separate procedure. This does not imply, however, that the structure and procedures we recommend could not be adapted for use with allegations of sexual misconduct by others.

The Commission recognizes that any policies and procedures adopted or implemented by the Archdiocese must be consistent with the requirements of the Church's Revised Code of Canon Law. To that end, the Commission has met and discussed the following policies and procedures with three eminent canonists: Fr. Francis Morrissey, O.M.I., an internationally recognized canonical expert in the area of clergy sexual misconduct with minors, Fr. Robert Kealy, the former Chancellor of the Archdiocese, and Fr. Thomas Paprocki, the current Chancellor. The Commission believes that the recommendations which follow are in accord with the requirements of canon law.

B. Recommendations

The Commission recommends that Cardinal Bernardin take immediate action to appoint a nine-person Permanent Review Board. It should consist of three lay professionals (a psychiatrist and a psychologist or social worker with experience in this area, and an attorney), three priests (one of whom should be in parish ministry), and three lay

representatives of the Church-at-large (a parent, a victim of child sexual abuse or a parent of a victim, and a parish council member).

All the lay members of this Board should not be employees of the Archdiocese. This Board receives evidence, consults, deliberates, and makes recommendations to the Cardinal who makes the final decisions in each case. This Permanent Review Board will replace the Advisory Committee to the Vicar for Priests' Office in cases of child sexual misconduct. The Board will meet monthly to monitor ongoing cases and on an ad hoc basis as new cases arise. It reports directly to the Cardinal. The Board needs direct access to the Cardinal or, in his absence, his delegate.

The Chancellor will be the contact person for the case manager (cf. below) in dealing with other archdiocesan administrators, with the Vicar General as a backup. The Cardinal or his delegate will sit in on all Board meetings, but will not chair the group or vote on its recommendations. The Cardinal may also bring other advisors to the meetings so that they, too, will hear firsthand what is said by the Board. The advisors are not present to impede the process, but we recognize the liability concerns of the Archdiocese that may follow from allegations of misconduct, just as pastoral responsibilities may follow from them. Our recommendations are premised on the need to protect the safety of the children and the integrity of the institution and should not be impeded by liability considerations.

The Cardinal's delegate will *not* be one of the three priests on the Board. Moreover, none of the members of the Board should discuss cases with the Cardinal on an individual basis (outside the meetings) nor should any member have individual contact with the victim(s) or priest(s). The Board needs to be independent. Further, beyond notifying the Cardinal whenever an allegation is made, the case manager, who also must remain objective and independent, should not discuss any case alone with the Cardinal.

The Commission recommends that the Permanent Review Board immediately hire a lay professional case manager who will need support staff.

The case manager's office is accountable to the Permanent Review Board. For administrative purposes, the office should be housed in the Chancellor's Office, but it does not report to the Chancellor. The administrative purposes are: physical location, budgeting, supplies, scheduling, secure files, and payroll. Besides conducting investigations into allegations of sexual misconduct by priests, the case manager will monitor the progress of all cases involving priests and the supervision of these priests. He will notify the Vicar for Priests when a priest is not meeting a mandate or therapeutic goal.

The Commission discussed whether the case manager should be an employee of the Archdiocese or not. Such a person needs to be available on short notice and needs to be able to deal effectively with both the victim and the accused. We concluded that the person should be employed by the Archdiocese to ensure both availability and competence. At the same time, the case manager will need a backup for times when he or she may be sick or on vacation.

The Commission recommends that the Vicar for Priests' files be moved to the case manager's office as soon as it is established.

The case manager, in consultation with the Permanent Review Board, will follow through on all past and present cases of sexual misconduct with minors by priests as well as any new ones which may arise. It is very important that the case manager be professionally trained and sensitive to the vulnerability of young victims. Someone with a legal-psychological background, and experience in the area of child sexual abuse, would be the best kind of person for this task. The case manager's task is to obtain all the pertinent information and to present it to the Permanent Review Board for decisions.

The Commission also recommends that the Archdiocese of Chicago establish a 24-hour hotline to receive all allegations of child sexual abuse by priests. The Commission would have no objection to this hotline being used for allegations regarding other archdiocesan personnel or volunteers.

Charges of sexual misconduct usually come from the victim or the victim's family. If a pastor, principal, or archdiocesan employee receives a complaint regarding an archdiocesan priest, orally or in writing, he or

she forwards the complaint immediately to the archdiocesan hotline. All such complaints are to be reported. The victim or victim's family may also directly call the hotline at any time in order to make a charge or allegation of child sexual abuse. The call will be immediately directed to the case manager's office.

The Commission recommends the following administrative procedure to Cardinal Bernardin in regard to allegations of child sexual abuse by priests:

1. **An allegation of child sexual abuse by a priest is made to the archdiocesan hotline.**
 - 1.1 **It is immediately forwarded to the case manager's office.**
 - 1.2 **All allegations involving a priest are to be forwarded of this office.**
 - 1.3 **The allegation may be oral or in writing.**
2. **The case manager's office takes immediate action.**
 - 2.1 **If the case manager did not personally receive notification from the hotline, he or she is notified.**
 - 2.2 **If applicable and not already done by someone else, the case manager immediately notifies the Illinois Department of Children and Family Services.**
 - 2.3 **The case manager notifies the Cardinal that an allegation has been made against a priest and its contents.**
 - 2.4 **The case manager then notifies the full Permanent Review Board that an allegation has been made against a priest and gives them the date, time, and place of their next meeting which is to take place within 48 hours.**
 - 2.5 **The case manager notifies the accused priest of the allegation.**

It is the Commission's position that the Cardinal should not meet with the accused priest until the first-stage investigation has been concluded and the Permanent Review Board has made its report to the Cardinal. There are certain administrative actions that the Cardinal would make during this initial period, independent of the investigative process, such as initiating a pastoral response, where appropriate, and notifying the archdiocesan director of legal services, the archdiocesan attorney, and the underwriters of archdiocesan insurance.

Assuming that the matter has not been made public, the investigative process is strictly confidential to protect the rights of the alleged victim(s) and the priest who has been accused. Confidentiality, moreover, helps ensure candor and depth during the interviews that follow. Because the Permanent Review Board will conduct its work in confidentiality, each member will be asked to sign a statement to that effect before being appointed.

The accused priest usually is not automatically placed on an administrative leave from his assignment as soon as an allegation is received. While not preventing him from exercising his office during the first-stage investigation (within 48 hours) may involve some risk, it also protects his rights, including the rights to confidentiality and his good name. Moreover, when he is notified that a charge has been made and a preliminary investigation will take place within the next 48 hours, this, too, should lessen the possibility of risk to others.

If the initial allegation is made to civil authorities, and archdiocesan officials learn of this directly from them or indirectly through the media, the case manager begins the process simply by notifying the full Board of its next meeting within 48 hours. In either case, the first-stage of the investigation follows.

3. First Stage Investigation

3.1 The first-stage of the investigation begins immediately.

The purpose of the initial investigation is to ascertain probable cause: Is there a basis for the allegation? The underlying concern is: Should the accused priest be in a ministerial position with access to minors? This investigation is an administrative, not a criminal, procedure.

3.2 The case manager creates a file on all cases.

All the reports will use the same format and will include both electronic and written copies. The case manager will also follow the same formal time schedule for all cases.

3.3 The case manager interviews the relevant persons: the victim, the victim's family, the accused person, and others as the case manager deems appropriate at this initial phase.

The case manager will tell the accused who made the accusation and what is being charged, in as detailed a fashion as necessary. The accused does not have a right to the investigative file, however, because corroborating witnesses may not want their names used. If such information is given to the accused, these witnesses may not cooperate with the investigation. Again, the primary purpose of this first-stage investigation is to ascertain the truth and protect victims and potential victims from risk.

An accused priest, like others, has a right to be treated fairly and justly. However, this does not imply that he must have an attorney present during this first-stage investigation. At the same time, by reason of their special vocation and their promise, at ordination, of obedience to their Ordinary and his successors, they have certain responsibilities to the Church and its pastors. If the priest refuses to talk with the case manager, the case manager will inform the Permanent Review Board about this.

However, if the priest admits the allegation and volunteers to leave his current assignment, the case manager should notify the Cardinal's delegate and proceed accordingly to make arrangements for housing and therapy.

3.4 The case manager obtains all of the priest's pertinent personnel files and any reports that may have been drawn up by civil authorities.

3.5 The case manager then prepares his or her confidential report for the Permanent Review Board.

Because of the limited time period of this first-stage inquiry, this report may be given orally. However,

after meeting with the Board, the case manager will draft a written report of the investigation for the file.

4. The next step is the first-stage Permanent Review Board meeting.

4.1 The Board meets with the case manager within 48 hours of the complaint to the archdiocesan hotline.

4.2 The Board receives and discusses the case manager's initial report.

The case manager is present to give the report and answer any questions, but does not participate in the Board's deliberations. The case manager may tell the Board whether or not he or she thinks further investigation is warranted.

4.3 A quorum consists of five members, requiring at least one each of the priests, professionals and lay members. The Cardinal or his delegate attends the meeting.

As noted above, the Cardinal may also bring other key advisors to the meeting. Neither the Cardinal nor his delegate chairs the meeting or votes.

The Vicar for Priests will not be part of the investigative process. The accused priest may invite the Vicar to minister to him. The Vicar will not have access to the investigative file of the case manager's office. He will minister to priests only in the internal nonsacramental forum. He has a responsibility to report any sexual misconduct to the Cardinal. He will not report however, to the case manager any sexual misconduct which priests may reveal to him.

The Permanent Review Board reviews the priest's personnel file, seminary file, and former Vicar for Priests' file if there is one (all of which will be forwarded to the Board by the Chancellor).

4.4 The Board determines whether there is probable cause to the allegation.

In effect, this determination helps the Cardinal assess risk. The Board's task is not to conduct a criminal procedure with a view towards taking away a person's freedom and sending him to prison. Because freedom is a constitutional right, taking it away requires "proof beyond a reasonable doubt." When the issue is restricting a person's access to

children or preventing him from temporarily exercising his priestly office, probable cause suffices. The principle that a person is innocent until *proven* (beyond a reasonable doubt) guilty is operative in criminal, not administrative, procedures.

Using the same criteria for all cases, the Permanent Review Board recommends what future action, if any, is to be taken. While it does so in the Cardinal's presence (or in that of his delegate), it also provides him with a written report, a copy of which is also given to the accused priest.

The Board has four fundamental options to choose in making its recommendations at the conclusion of the first-stage meeting.

4.5 If the Board concludes that there is no probable cause, they may (a) close the case or (b) restrict and monitor the priest's behavior, if appropriate.

(a) If the case is unfounded — that is, the Board concludes that there is no probable cause to believe that the priest engaged in sexual misconduct — and merits no further inquiry, the Board signs off on the file and the case. The file is kept in confidential archives, and the priest is notified that the case is closed.

(b) If the case is unfounded, but the Board concludes that the priest has acted imprudently, the Board may recommend that his activities be restricted and he be supervised, monitored, or counselled. In such case it will recommend that the Cardinal (1) send a letter to the priest outlining the specific restrictions and imposing the supervision and (2) notify the pastor. If the case involves a pastor, the Cardinal will notify his dean. If deemed appropriate, other parish and school personnel will also be notified.

4.6 If the Board concludes that there is probable cause, they will recommend that the priest be put on an immediate administrative leave with pay, pending the second-stage investigation.

If the Permanent Review Board determines there is probable cause to believe an allegation, it will continue the process. During this second-stage investi-

gation, the Cardinal or his delegate will place the priest on an immediate administrative leave with pay, away from his parish assignment and residence. The Permanent Review Board will not make this matter public, because the accused has the right to confidentiality until a final decision is made. The priest's right to confidentiality at this point outweighs the laity's right to know exactly what is happening.

There may be circumstances where a second-stage investigation is not necessary, because of the priest's admission of guilt. In those cases the Board will recommend that the Cardinal permanently remove the priest from his place of assignment and residence. The Cardinal or his delegate will send a letter of removal to the priest and notify his pastor. If the priest is a pastor, the Cardinal or his delegate will notify the pastor's dean.

4.7 The investigator notifies the victim of the Board's conclusions and recommendations to the Cardinal.

If the Board determines that there is probable cause, the second-stage investigation of between 30 and 40 days begins immediately. For serious reasons, the Board may grant an extension of this timeframe. During this time, the priest lives in a setting which does not provide him access to minors, and his activities are carefully monitored.

5. Second Stage Investigation

5.1 The priest is sent to the Isaac Ray Center at Rush-St. Luke's-Presbyterian Medical Center for a complete psychiatric/psychological assessment. If the Archdiocese decides to use a different facility, that center should do all the assessments.

The Center's reports are sent to the case manager, who shares them with the Permanent Review Board and the accused priest, but not with the Vicar for Priests, unless the accused priest wants him to have access to them.

5.2 The case manager may interview others; for example, key persons in previous parishes where the priest had been assigned.

5.3 The case manager prepares written statements and reports.

The case manager may also obtain police, other investigative reports, and other relevant material.

5.4 The case manager notifies the Permanent Review Board of the date, time, and place of the second-stage meeting which takes place within 30-40 days of the first-stage meeting.

5.5 The case manager prepares his or her full written report for this second-stage meeting.

The second-stage Permanent Review Board meeting is still an administrative procedure, not a criminal trial. While it may be informal, it may also be adversarial.

6. Second Stage Permanent Review Board Meeting

6.1 The same quorum is required, that is, five members of the Board, as long as all three categories are represented: professionals, priests, and laity. The Cardinal or his delegate also attends.

As in the first-stage meeting, the Cardinal may also bring key advisors to the session.

6.2 The Permanent Review Board reviews the case manager's full report and any written evidence which it has received.

Staff from the psychiatric evaluation center may be present to answer questions or elaborate on the written psychological report.

6.3 The accused priest may appear before the Board or submit a written statement.

6.4 The victim or the victim's parent may appear before the Board or submit a written statement.

6.5 Other witnesses determined relevant by the case manager may also appear.

6.6 Affidavits may be submitted.

Both the accused and the victim(s) have the right, but not the obligation, to appear before the Board during this second-stage hearing. The accused may have the Vicar for Priests, his attorney, and/or witnesses for his defense present. However, the Board may limit the number of witnesses lest the process become unwieldy.

6.7 After reading and hearing all the evidence, the Board votes on whether or not there is a preponderance of evidence to support the allegation.

6.8 After this determination has been made, the Board recommends to the Cardinal how to proceed.

The Board's final recommendation may be (a) restricted access to minors, (b) removal from parochial ministry, (c) conditions for a possible return to ministry, (d) retirement from the active ministry, (e) permanent removal (resignation and/or laicization) or (f) such action as the Board may deem appropriate. The Board may also recommend ongoing individual and group therapy and treatment, as well as ongoing supervision.

6.9 The case manager notifies the victim of the final decision(s).

The Commission recommends this notification of the victim after both the first-stage and second-stage meetings because, in the past, victims were left in the dark about what the Archdiocese was doing in regard to their allegations. This contributed both to their anxiety and their anger. This runs counter to the compassionate healing process which should be the hallmark of archdiocesan responses to allegations of child sexual abuse.

The Permanent Review Board is the appropriate group to monitor ongoing cases and make recommendations if the issue of a priest's possible return to ministry arises.

The Commission recommends that, as soon as these recommendations become final archdiocesan policy, they be printed in a special edition and distributed to all priests. A form should also be drawn up and distributed requiring every priest — archdiocesan,

religious, or extern — to sign it, indicating that he has read and, therefore, is familiar with the new policies and procedures. This form should then be sent to the Chancellor's Office and kept in the priest's file.

No policy and procedure is effective unless it is communicated to those for whom it was established. While priests may object to signing such a form, it is an essential step in preventing and eradicating child sexual abuse.

The Commission also recommends that the Cardinal tell the priests that they are expected to cooperate with the case manager and the Permanent Review Board.

This seems rather obvious given their special vocation and promise of obedience to their Ordinary.

The Commission fully recognizes that this proposed set of policies and procedures is not the last word. We recommend that Cardinal Bernardin accept it as a pilot program which can be revised and improved in the future. It will be essential to keep careful documentation in order for the process to be effective. It might be advisable to conduct a survey a year or two from now of the persons whose lives were impacted by the process to learn what its strengths and weaknesses are and to make the necessary adjustments.

C. Related Issues.

1. Vicar for Priests' Office. When Cardinal Bernardin arrived in the Archdiocese of Chicago, he established the Vicar for Priests' office to show his care and love for the priests. While this was a very worthy purpose, asking the Vicar for Priests to handle allegations and cases of priests' sexual misconduct with minors eventually tended to overwhelm the office and distort the Vicar's appropriate role.

The Vicar for Priests dealt with priests in a pastoral way, but he also had a responsibility to the larger Church because, in some of these cases, criminal behavior had occurred. There was a built-in tension between trying to be an advocate for the priests and an advocate for the Archdiocese. Many of the priests who had engaged in sexual misconduct admitted their guilt because of their personal rapport with the respective Vicar for Priests. However, in the past year, the credibility of the Vicar's role as pastor has been significantly diminished among the archdioc-

san priests. If he is ever to be seen again as an advocate or pastor for priests, he can no longer be the one who investigates allegations, but may be involved in the treatment and aftercare of priests who have offended.

We have great admiration for the three priests who have exercised the office of Vicar for Priests, as well as for Fr. Andrew McDonagh who has assisted on a part-time basis. Theirs has been a very difficult task, and it has taken a personal toll on them. The office deserves to be restored to its original purpose.

That is why we recommend that the Vicar for Priests no longer be involved in investigating new allegations of sexual misconduct with minors or in monitoring the existing cases. Likewise, while the Advisory Committee to the Vicar for Priests' Office may continue to advise the Vicar, its role in regard to allegations and cases of priests' sexual misconduct with minors will be assumed by the new Permanent Review Board.

2. Laity and the Review of these Cases. Our fourth mandate was to "present recommendations about how the Archdiocese might best incorporate laypersons into its review process." It should be clear that we have concluded that laypersons should be involved in the process as case manager and on the Permanent Review Board.

The issue was raised in many of our interviews, especially with archdiocesan personnel. There was widespread agreement that authentic lay participation, especially by women, is essential in this process. While very few of the letters we received from concerned laypersons and clergy objected to any lay involvement in this process, the vast majority said that lay involvement was necessary in order to restore credibility to the process.

As a Commission, we agree with this assessment. All of us in the Church have been hurt by the cases of priests' sexual misconduct with minors. And all of us share a responsibility for the Church's mission and ministry. Moreover, it is vital that the proposed Permanent Review Board include professionals who are not archdiocesan employees.

Because the Board will conduct its work in confidentiality, it is essential that its members be trustworthy. Because the workload, especially initially, will be very heavy, the members of the Board will have to be very dedicated and committed to their work. Because they will be called on short notice if a new allegation arises, they will also have to be flexible and generous with their time. We are confident that such people can be found in the Archdiocese.

Investigative Procedure

Allegation to Hotline	Office of Case Manager	First Stage Investigation	First Stage Permanent Review Board Meeting	Second Stage Investigation	Second Stage Permanent Review Board Meeting
1.1 Forward to Inquiry Office	2.1 Notify investigator	3.1 Commence investigation immediately	4.1 Within 48 hrs. of report to hotline	5.1 Psychiatric evaluation	6.1 Same quorum required, Cardinal or designee to attend
1.2 All to be forwarded	2.2 Report to DCFS	3.2 Create a file	4.2 Receive & discuss investigator's report	5.2 Further investigation	6.2 Review report and written evidence
1.3 Oral or written	2.3 Notify Ordinary	3.3 Interview relevant persons	4.3 Quorum of 5, Cardinal or designees to attend	5.3 Prepare written statements and reports	6.3 Priest may appear or submit written statement
	2.4 Notify full board of meeting within 48 hours hence	3.4 Obtain all Reports and files	4.4 Determine probable cause, yes or no	5.4 Schedule next meeting within 30-40 days	6.4 Victim may appear or submit written statement
	2.5 Notify accused	3.5 Prepare report for board	4.5 If no p.c., recommend close case or restrict & monitor, if appropriate	5.5 Prepare report	6.5 Appropriate witnesses may appear
			4.6 If p.c., recommend administrative leave with pay, further proceedings		6.6 Affidavits may be submitted
			4.7 Notify victim		6.7 Board vote on preponderance of evidence
					6.8 Recommendation to Ordinary
					6.9 Notify victim..

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Chapter Six: Care of Victims and Priests

The Church's basic response to the victims of child sexual abuse — as well as their families and communities — and to the priests who have committed the abuse should be in accord with the Church's pastoral mission. The ultimate goal is healing for all. The most effective approach is compassion and fairness toward all.

The healing process extends beyond the victim(s) and the priest who sexually abused them. Especially in cases which become public knowledge, the entire Church is affected. We all need healing, and we all need to be part of the healing process. All the members of the Archdiocese comprise the Church in metropolitan Chicago. We all share responsibility for the Church's mission and ministry. Part of that responsibility is to reach out with compassion and fairness toward all affected by these cases.

While we all share this responsibility, pastors and other priests have a key role to play in regard to parishioners who have been the victims of sexual abuse. It is very important that priests become sensitive to the needs and feelings of these victims. It is not only a question of responding appropriately to someone who approaches a priest and reveals a history of sexual abuse. It is also very important to establish an environment in the parish, and a personal reputation for sensitivity in this regard. Priests who use disclaimers (e.g., "I am not a child sexual abuser") may be reacting defensively to the cases which have surfaced in the last year or two. While such defensiveness in itself is understandable, a victim who hears this may well not come forward for healing. And this would compound the tragedy.

A. Care of Victims

Church representatives should explain to victims and/or their families how important it is to get appropriate treatment and should offer to cover the costs of this treatment for those who have been sexually victimized by priests. The Archdiocese has been offering such help in known cases, and the Commission urges that it continue to do so. There are other victims whose names the Archdiocese does not know. Many are probably adults now and may be experiencing serious difficulties as a result of the abuse. The Church wants to help them with counselling, and the Commission urges them to come forward to receive this assistance. If victims and/or their families are alienated from the Church

as a result of the abuse, Church representatives should also gently invite them to return to the community of faith, at their own pace.

The Church should be prepared to respond to a full spectrum of victim responses. At one extreme, some want to see the perpetrators imprisoned for the rest of their lives. Most of the families of victims and adult survivors of child sexual abuse are more moderate.

The victims' anger and hurt are understandable. Victims of sexual abuse by clergy are deeply hurt and angry — not only at the priest, but usually with the Church also. However, anger is like an umbrella. It is important to discover what lies beneath it: e.g., hurt, humiliation, fear, a deep sense of betrayal. The individual has a right to be angry and to feel outraged. At the early stage of treatment the therapist often joins the person in his or her distress.

However, there are stages beyond this, and it is important not to be trapped by one's anger for the rest of one's life. As Dr. Suzanne Sgroi pointed out to us, some victims may also displace much anger on the priest and the Church, especially when they are going through their own spiritual struggles. For example, they may be negotiating normal spiritual developmental stages, but because boundaries were, indeed, violated by the clergy abuser, there is additional confusion.

Dr. Sgroi told us that she tells the adult survivors of child sexual abuse, "You were a child victim. You are an adult survivor. When you finish working through the issues surrounding your abuse, you will be a human being with a history that does not drive your life." It is counterproductive to lock people in dysfunction. Memories may crop up in the future, but they need not continually drive the person's life — to the extent that she or he has developed healthy relationships, better self-esteem, and the capacity to trust. Some will take longer to be healed than others.

In responding to the victims of child sexual abuse by priests, it is important to acknowledge that the Church is human. While we may remind the victims that they were sexually abused by a single priest, not by the whole Church, we must be both honest and humble about this. Both the individual priest and the Church must be accountable for what occurred.

There needs to be a visible accountability process that may or may not include legal punishment. Victims need to hear clearly the acknowledgment that something did happen, and that it should not have. Even in regard to victims of abuse that took place a long time ago, there still needs to be accountability. When the process of accountability is exacting, but not extreme, an abuser may have a greater capacity to admit what he has done. If the process is extreme, it may drive abusers further underground. Many priests who have engaged in sexual misconduct with minors admit what they have done, even though they may try, initially, to minimize it or its effects. This has been the Commission's experience in the cases involving archdiocesan priests which we reviewed. Such an acknowledgment is itself part of the healing process.

If a priest has sexually abused someone, there should be an opportunity for him to offer an apology, but only if the victim and his or her therapist thinks the victim can cope with this. It may be in the form of a therapeutically supervised face-to-face meeting, in the form of a letter and sent to the victim (through the victim's therapist or parents), or audiotaped or videotaped. The last can be reviewed in a paced way in a therapeutic setting. However, such an apology must not interfere with the victim's treatment or well-being. It is very important that the victim's feelings and circumstances be respected in this regard. The person may not want any contact at all with the abuser. If so, this should be respected. On the other hand, if the abuser had a significant relationship with the victim, the child may feel relief that the abuse is over, yet, may miss the abuser and feel guilty about reporting the offense. It might be very helpful for the victim to know that reporting the offense was the correct thing to do.

The appropriate treatment for an individual victim will vary. Adult survivors of child sexual abuse often experience longer-term effects. They often have very serious problems with relationships, intimacy, and trust. Being in a longer relationship of victimization compounds the problem. Moreover, if there is multiple abuse — e.g., by a priest and a parent — there are diverse reactions.

It is important to recognize that the victim need not be permanently scarred. Some victims fall prey to a so-called "damaged goods" syndrome, assuming that

they can never return to a normal life. Each of the psychiatrists we interviewed firmly stated that it is important to go beyond the concept of being a mere survivor. Support groups are helpful, but keeping victims as survivors for the rest of their lives can be very counterproductive.

There is another important ingredient in the Church's pastoral response to child abuse in our culture. While the present focus is, and should be, on the victims of child sexual abuse by priests, the Archdiocese can also take an important leadership role in (a) educating people about the widespread problem of child sexual abuse in our society, (b) facilitating the entrance of victims into therapy groups, and (c) establishing support groups for victims. The victims or survivors would also be in individual therapy and may receive help from their pastoral ministers or spiritual directors. These support groups need not be limited to priests' victims.

A support group is not the same as a therapy group. A therapy group should consist of 5 to 10 people, no less, no more. The participants have a legitimate expectation of receiving therapy, and their attendance must be consistent. The group monitors the therapy needs of the individuals. Support groups have more flexibility. A support group could consist of more than 10 people. If there are 15, for example, there should be three professional leaders. Support groups do not require the same need for consistent attendance. They have more of an educational, self-help focus. Their orientation is toward ritual healing, not a therapy modality, and this needs to be made explicit.

Creating groups solely for the victims of clergy sexual misconduct with minors could communicate that they endured a particularly stigmatizing form of childhood sexual abuse and contribute to their feelings of isolation. If the groups are mixed with members whose histories included sexual abuse by parents and other family members, clergy, religious, or other extrafamilial abusers, this might bring about more balance. There will be similar issues, pains, and needs for healing. However, to be the only person who was abused by a priest in a group where all other members were victims of intrafamilial sexual abuse may decrease the effectiveness of the group for that person. The reverse may also be true.

These support groups would require careful planning. It would demand the use of the resources of those who are very familiar with both pastoral ministry and clinical issues. It could be a very healing process. At the same time, the Church needs to accept responsibility for not seeing the abuse or the potential for it sooner. That is why it is important that a representative of the clergy be included in each support group. This would help the group deal with issues involving both the Church and God. As noted in an earlier chapter, child sexual abuse by a priest also causes deep spiritual problems, including, often, a person's relationship to God. The representative of the clergy should be cycled out of the group regularly to avoid vicarious traumatization.

In establishing these groups it is important to keep several things in perspective. The needs of adults who were abused as children or adolescents are different from those of children or adolescents who have been recently abused. And the needs of the parents of a child who has recently been abused are different from the other two. Sometimes the same pastoral counsellor or minister might work with all three groups, but sometimes not. In a diocese as large as Chicago, it would be feasible to establish several support groups for parents, several for adult-survivor groups, and several for child and/or adolescent victims. At times, it may be appropriate to bring a parent group and an adult survivor group together. Planning and oversight in the management of these groups would enable the counsellors or ministers to decide whether this would be timely or not. However, it would not be helpful to combine child victim groups with adult survivor groups.

A ritual could be developed to bring these support groups to closure — that is, for those who wanted some sort of healing ritual. One of the therapeutic goals is forgiveness. But this is a very individual issue. One cannot rush this and should avoid communicating to the participants that this is an automatic process or expectation. The timeframe of each participant must be respected, but a healing ritual often is more effective when experienced in the company of others.

Educating the public about child sexual abuse in our society and establishing archdiocesan-sponsored support groups for its victims will tell the victims, their

families, and their communities that the Church wants to be part of the healing process. That, in itself, will bring a degree of healing to this local church.

B. Care of Priests.

The Archdiocese has used the services of the Isaac Ray Center in Chicago for the past six years, and the Commission is not recommending that the Archdiocese discontinue this relationship. However, the Commission's concern is that the Archdiocese use the best available provider of diagnosis and treatment. We encourage an ongoing consultation and dialogue with the Center to ensure that the Archdiocese is using the best available provider in regard to such matters as coherent philosophy, structured environment, tracking of treatment outcome, and familiarity with priestly ministry and lifestyle. We also encourage the Archdiocese to have the Isaac Ray Center explore the possibility of using the new Abel Screen, developed by Dr. Gene Abel in Atlanta, in their assessment and evaluation (cf. Appendix 11).

Based on the initial psychiatric assessment, the treatment center recommends whether the priest enter into residential or outpatient treatment. Usually, two types of treatment are used: antiandrogen medication, such as Depo-Provera, and behavioral techniques.

By suppressing sexual fantasies and overt sexual behavior, the antiandrogen medication gives a chance for behavior modification strategies to work. However, the medication itself is not a cure. While it does not work in all cases, it helps in many cases. However, there is a high relapse rate after it is discontinued. That is why many are moving towards long-term management instead.

The cognitive behavioral component deals with both the cognitive distortion and the deviant or inappropriate arousal patterns. Such therapy enables the offender to realize that he was meeting his own needs in the relationship and sexual interaction and having a harmful influence on the child's developing sexuality. Developing victim empathy is also an important goal of therapy. One of the limitations of behavioral therapy is that it does not necessarily indicate what a person's behavior will be in the community, that is, outside the laboratory.

If the behavior is compulsive and follows a repetitive pattern, there is no cure at present. The offender will need support and assistance in chronic care for the rest of his life. He may not need medication for the rest of his life, but he should be cautioned and closely monitored. An aftercare program is essential.

In assessing the risks involved in each case, it is important to know whether or not the priest acknowledges that he committed the offense and whether or not he wants help. The Church has made a substantial investment of time and resources in its priests. These people do have problems, but, if we can help them, we will have learned something from this and from them. How can the Archdiocese address the priest's needs and public safety at the same time?

One needs to make a prudential, sound judgment in allowing such a priest to return to any kind of ministry (cf. Chapter Eight for a fuller discussion of this issue). Mistakes will inevitably be made. As one of the psychiatrists we interviewed pointed out: If our goal is the "safest" society possible, then we would have to incarcerate drunken drivers for life. Tracking the cooperation and progress of priests in treatment is the key. The Archdiocese needs a consistent feedback mechanism so that it can track each case. And the priests should know how the Church will deal with failure to cooperate.

Moreover, during and after initial treatment, a strict surveillance monitoring system will be needed. That is the avenue which many are taking to help prevent recidivism or reoffending by sex offenders. Day-to-day supervisors must be well trained and required to receive continuing education. The priest-offender also needs ongoing education.

A written contract should be drawn up stating the respective responsibilities of the Archdiocese and the individual priest. If he is unable to meet all the conditions or violates them, as the contract would clearly state, he would be permanently removed

from ministry. The contracts must be strict. Because the collar is a sign of power and authority, a priest in treatment or under restrictions might be allowed to wear it during work hours (e.g., at a nursing home or the archdiocesan pastoral center) but forbidden to wear it after work or on days off. He should not be allowed to identify himself as a priest or to visit alone parks or other places where he may have access to minors.

The Catholic Church, not only the offender, is paying for his offense. This is also true of all the priests of the Archdiocese. As in individual matters, and as related to therapy, there needs to be some form of restitution. What are these priests going to give back to the Church? We recommend that each case be evaluated as to the ability of each individual to contribute to the costs of his own support, housing, therapy, and monitoring.

A Related Issue. The Archdiocese has developed a crisis outreach program for parishes and schools where sexual misconduct with minors has occurred. The teams consist of trained consultants from the archdiocesan Office of Catholic Education and Office of Religious Education and health care professionals, including three psychologists, one specializing in children's issues, Dr. Carla Leoni, and the other two in community-crisis and adults' issues, Dr. Jill Gardner and Dr. Carroll Cradock. The professional consultants help the teams plan strategies before going to a parish or school and also make presentations on site, when needed. They offer a framework of understanding for children, parents, and other adults, are available to answer individual questions, and are able to refer victims and/or their families to health care professionals when this is needed and requested. The team also gives direct support and counsel to the staff of the parish and/or school. The services of these teams are also available to adult survivors of child sexual abuse by priests.

The Commission urges that this program continue to be used and expanded, as necessary.

Chapter Seven: Recommendations Regarding Other Issues

A. New Agreements

Besides archdiocesan priests, who are ordained for and/or incardinated in the Archdiocese of Chicago, religious order and extern priests also minister here. Externs are defined in the Archdiocesan Directory as "priests living outside the jurisdiction of their diocese or religious community." Most are diocesan priests, but some externs are religious whose communities do not have an established house or community in the Archdiocese. Last November, there were about 800 religious order priests and 90 extern priests in the Archdiocese.

Many religious do not have a direct ministry with the Archdiocese, but minister within their respective community (e.g., the Jesuits at Loyola University). Some, however, minister in archdiocesan parishes. Others simply live here, with or without archdiocesan faculties (in retirement or while studying at a local university). Some externs simply come and stay here without the knowledge of archdiocesan officials, usually for a short time. Others arrive without previous announcement and the required papers.

Both religious order and extern priests must receive faculties from the Archdiocese in order to minister here. As soon as the Archdiocese gives them faculties, it has, in effect, licensed them to minister here and is liable for their actions. The Commission has learned that the Archdiocese does not have a full protocol for dealing with the assignment of religious or externs in the Archdiocese. That is why

we recommend that the Archdiocese establish new standard agreements with all religious communities and dioceses whose members work in the Archdiocese or who present members for faculties here. These new protocols should clearly state that (a) the religious communities and dioceses will not present for faculties anyone who has a history of sexual misconduct with minors and will certify that, to their knowledge, no accusation pertaining to sexual misconduct with minors has ever been made against him, and (b) the community or diocese will be expected to abide by archdiocesan policies and procedures in cases of sexual misconduct with minors, or (c) they will immediately remove the priest from ministry in the Archdiocese.

When an allegation arises about a religious order priest, his community has to take appropriate actions. When a religious community removes a priest from ministry in the Archdiocese because of sexual misconduct with minors, the community must notify the Archdiocese about this action. When the Archdiocese receives an allegation against a religious order priest, it must immediately notify his community about this.

B. Screening

One of the most important ways of preventing child sexual abuse is to screen everyone who has access to or works with children. While this applies to all priests, deacons, men and women religious, archdiocesan employees and volunteers, the Commission's primary focus is upon religious and extern priests, archdiocesan seminarians, and permanent deacons.

1. **Religious**, who are not technically externs and who apply for archdiocesan faculties, currently need a letter from their major religious superior and a recent statement on their suitability to work with minor children. This procedure was developed recently by the Conference of Major Superiors of Men. This statement may appear as a separate document or as a paragraph in the letter from the man's major superior. While we fully support this new procedure, we learned that only one religious community currently provides a comprehensive report on all their priests whom they want to assign within the Archdiocese.

We recommend that all religious communities be required to submit such comprehensive reports, especially informing the Archdiocese about a history of sexual misconduct with minors. We believe a provincial superior has a moral duty to inform the local Ordinary in these cases.

2. **Externs** who apply for archdiocesan faculties must complete an Extern Application Form and submit a letter from his bishop or major religious superior. The letter is supposed to include a description of his current status, explicit permission to come to Chicago, the length of time for such permission, an assessment of the priest's skills and abilities, and a description of other special considerations which pertain to his stay here. We have also learned that, in March, 1990, the National Conference of Catholic

Bishops and its Committee on Migration developed a very complex, but very good, policy in regard to externs from abroad.

We recommend that the Archdiocese not give faculties to an extern until all the pertinent written information is in.

3. Archdiocesan Seminarians

a. *Psychological Screening.* The Commission met with the leaders of the three archdiocesan seminaries: Archbishop Quigley Preparatory Seminary, Niles College Seminary, and Mundelein Seminary. Among other things, we reviewed their screening processes from our particular perspective and have some recommendations to make.

Archbishop Quigley Preparatory Seminary requires no psychological testing as part of its screening process. After a student is admitted, the seminary conducts no psychological testing unless one of its counsellors or the quarterly faculty evaluations recommends this. When this recommendation is made, a psychologist administers the MMPI (Minnesota Multiphasic Personality Inventory). The Commission was told that the seminary plans to use appropriate levels of the MPD (Ministry Potential Discerner) with its 1st and 3rd year students. We were also told that the MPD indicates if a student needs to take the MMPI. The faculty apparently bases its recommendations to use psychological testing upon disciplinary problems with a student over a long period of time.

Until this year, Niles College has required the MMPI of every applicant, but no longer plans to use it because the school considers the test to be "culturally biased." Beginning this year, Niles requires that every incoming student take the MPD (Ministry Potential Discerner) which primarily assesses the candidate's degree of interest in, and talent for, ministry. Because it is relatively new, the school does not yet know to what extent, if any, the MPD is "culturally biased." Most new admissions to the College are 17- to 19-year-olds. If they are older, the school requires a full battery of psychological testing.

Mundelein Seminary, the final stage of preparation for the priesthood, requires psychological testing for a college seminary applicant, if it deems this necessary. This means that, currently, students for the Archdiocese can go through Quigley, Niles, and Mundelein without

additional psychological testing besides the MPD. The seminaries rely more on their experience with the person in their formation programs.

The selection process in regard to priests must be closely monitored. In our interviews with a psychologist and three psychiatrists, we were told that no test or combination of tests will accurately predict if a person will commit a sex offense. Moreover, there is no simple profile of pedophiles or ephebophiles. However, the vast majority of priests who sexually abuse minors are homosexual ephebophiles. All psychological screening should be directed to identify, as early as possible, persons with this tendency. We were told that ordinary psychological testing (MMPI and projectives) would not be very effective in identifying potential child sexual abusers. However, as noted earlier in this Report, Dr. Gene Abel has developed a new screen which has had a good success rate in identifying pedophiles and ephebophiles. The Abel Screen is not a last word, but it appears to be accurate, cost-effective, and easy to administer in a short time. If a person fails the screen, follow-up procedures would follow to ascertain whether or not the person has pedophilic or ephebophilic tendencies.

The Commission is not in a position to assess to what extent the MMPI may be considered "culturally biased," and we are not personally familiar with the MPD. However, in the light of what we have learned these past six months, we are quite convinced that Niles and Mundelein seminaries should not rely solely on such a narrowed psychological screening process at this time.

We recommend that these two seminaries explore a process for all students that will produce a full psychological profile for archdiocesan seminarians at Niles and Mundelein.

b. *Other Screening.* Each student who applies for admission to Mundelein Seminary meets with three boards: administrative, academic, and formation. The administrative board asks the student about his sexual development, including his primary sexual orientation, sexual history and development, sexual activity within the last two years, and any experience of sexual abuse or particular trauma. A staff psychologist is a member of the administrative board.

When a candidate acknowledges a history of sexual victimization, Mundelein Seminary consults with his sponsoring diocese before a decision is made about admitting him, in part because research points out that many of those who sexually abuse minors were themselves sexually abused as children or adolescents. Likewise, if it becomes known after admission to the school, the individual is required to undergo further psychological testing and counselling to ascertain if he should continue.

While the Commission was happy to learn that such matters are taken quite seriously at Mundelein Seminary, the administrative board relies upon self-reporting about very intimate subjects. Perhaps it would be advisable, as a psychiatrist suggested to us, that a trained person be available to discuss a seminarian's sexual history, present sexual practices and fantasies with him. It would be important for the seminarian to know that this information will be held in strict confidence. It would seem that someone outside the seminary could do this testing and gathering of information and follow up with the seminarian.

4. Permanent Deacons. The permanent diaconate training program has used the MMPI for the past four years. The Commission is satisfied that the screening process for the permanent diaconate program has been working effectively, and we have no recommendations to make at this time.

C. Initial Education and Formation, and Continuing Education

1. Seminaries. It is very important for seminaries to create an appropriate atmosphere in which seminarians can discuss openly issues of sexuality which concern them. While what we say below about what should occur at the graduate level (at Mundelein Seminary), we urge the high school and college seminaries to adapt what is appropriate from that discussion at their levels.

In our discussions with personnel from the three archdiocesan seminaries, we reviewed their education and formation in regard to sexuality and celibacy, their criteria for evaluation of students, and faculty policies in regard to sexuality and celibacy. At present, Mundelein Seminary is more advanced and sophisticated in this regard than Archbishop Quigley or Niles College seminaries. We examined the syl-

labus and textbook used in Quigley's course for juniors in Christian morality and found it far too general. Niles' academic offerings are significantly lacking in an on-campus course on sexuality.

We recommend that all three archdiocesan seminarians offer age-appropriate academic courses and components in their formation programs that deal in depth with psychosexual development, including both moral and deviant sexual behavior, with special emphasis on the implications for making moral choices in accord with Church teaching.

It is very important, as noted earlier, that seminaries create an appropriate atmosphere in which seminarians can discuss openly issues of sexuality which concern them. These discussions must go beyond everyone simply agreeing on the goals (celibacy). They must include the ways of achieving them — how to be celibate, how to be chaste. For example, it is important for seminarians to develop the necessary skills to establish healthy relationships with their peers. It is also important for students to learn how they have handled their sexual urges and feelings in the past and do so now. It is also important to have professionals available to assist people who need more than discussions groups to resolve these issues in their own lives.

Seminarians should be told that they are going to be in a position of trust with children and asked if they can handle this. Priests should avoid being alone with children. We also have to do a better job in educating people about what to look for in a pedophile or ephebophile. Seminarians should learn that, when they are in positions of power, some — including teens (boys and girls) and younger children — may become overly attracted to them. This is especially true of children who have been previously victimized by sexual misconduct.

Seminarians should know the important of maintaining boundaries. They should recognize when a professional relationship is becoming intimate. They should know how important it is not to act on these feelings because of the harm this would cause someone who is vulnerable, someone over whom they exert some authority or power. They should be taught to recognize how developing an emotional relationship with minors can escalate into "grooming" the youths, touching them through their cloth-

ing, giving them alcohol or drugs, showing them pornography, touching their naked bodies, and engaging in sexual intercourse with them. While such escalation may seem improbable to many, this is precisely the pattern we discovered in many of the cases of sexual misconduct with minors which we reviewed. A priest or seminarian who is forming or has formed a special relationship with a youth should ask himself why he likes to spend more time with this individual rather than others. However he answers the question, a clear risk is involved.

2. Continuing Education/In-Service Training.

While archdiocesan school personnel and employees of Catholic Charities have had in-service training about child abuse and neglect, priests and parish staffs have not yet had this experience, even though it has long been recommended by people like Mr. Serritella.

The Commission is aware that the Archdiocese is seeking to remedy this. A one-day workshop for priests and parish staffs has been scheduled for this Fall. At the same time, we are very concerned that, given the enormity of the problem of child sexual abuse and its relative newness in the public consciousness, a one-day program should simply be a beginning.

The Commission recommends that priests receive ongoing education and in-service training about the nature and effects of child sexual abuse.

It is important that priests, who are leaders in their communities, become more aware of the Church's responsibility to reach out with compassion and competence to all the victims of child sexual abuse, not only those who have been victimized by priests. For the Church's healing ministry to be effective will require considerable planning and training. The Canadian Bishops' Conference has prepared an excellent process for discussion groups, entitled *Breach of Trust, Breach of Faith: Child Sexual Abuse in the Church and Society*.

The Commission recommends that the Archdiocese use this process and select persons to attend an extensive training program so that the process can eventually be implemented in each parish of the Archdiocese.

As we have intimated, the problem in our society is great and quite complex. It cries for compassion and competent assistance. But this, in turn, requires adequate preparation so that there will be healing, not further alienation, hurt, and victimization.

D. Priests' Personnel Files

A seminarian's files should follow him into the priesthood and be used in decisions about his future assignments. From the moment of his ordination, every priest should be afforded the support and assistance he needs.

However, seminary officials have taken the position that, if a man was approved for Orders, his prior problems are irrelevant. A new priest should be given a "clean slate" upon ordination. But, a recent review of the facts showed that 50% of the seminarians who had problems in the seminary during the past ten years have become problems as priests. If a candidate is from outside the Archdiocese, Mundelein Seminary communicates some information to his bishop and vocation director, but no one else. More recently, the seminary has given a report on each archdiocesan candidate to the Cardinal alone. Moreover, the Seminary has given the archdiocesan Priests' Personnel Board a summary of the newly ordained's strengths and weaknesses, as well as recommendations about what kind of assignments might be best for him.

The Commission believes that it is essential that all the relevant information is passed on to the newly ordained priest's personnel file.

We recommend that the rector of Mundelein Seminary turn over the files of those who have been ordained during the past thirty years to the Chancellor's office. We also recommend that the Archdiocese develop a clear policy which indicates who has access to those files besides the Chancellor and the Archbishop, including the case manager referred to in Chapter Five of this Report.

E. Assignment of Archdiocesan Priests

When a parish has a vacancy (because of the upcoming transfer of a pastor or associate pastor, a retirement, a resignation from active ministry, or death), the Priests' Personnel Board usually "open lists" the parish in a letter to all diocesan priests. Those who are interested in the opening position

submit their names to the Personnel Board which has the task of trying to match the parish's needs with the talents of the priests who apply for the opening. The members of the Board take an oath of confidentiality.

The Personnel Board has traditionally resisted submitting for the Vicar for Priests' review the names of potential priest assignments in order to protect the confidentiality of those applying for pastorates or other assignments. However, the Commission has learned that this resistance has lessened in more recent times. In order to preserve confidentiality and allow the Board to make reasonable recommendations,

We recommend that the Executive Director (or, as an alternative, the full-time Board members only) submit the list of all the names of those who applied for openings to

the Chancellor before the full board sees the entire list. The Chancellor, in consultation with the case manager, will review the list and remove the names of those whose cases are being reviewed or monitored by the Permanent Review Board. The abbreviated list will then be given to the full Personnel Board for its deliberations.

In this procedure, only the Executive Director (or full-time Personnel Board members) will know which names have been deleted. Naturally, it is assumed that priests whose cases are being reviewed or monitored by the Board of Inquiry will be told not to apply for any open listings in the first place. However, the procedure we recommend will help ensure that no inappropriate assignments are made.

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Chapter Eight: Recommendations Regarding Return to Ministry

The Commission found this to be an exceedingly difficult mandate on which to develop a recommendation. It was discussed often. The issue was raised in most of the interviews we conducted. When we read the extensive literature about the nature of paraphilic disorders and the effectiveness of available treatments, as well as the policies of other dioceses and the requirements of the Church's canon law, it was with this mandate in mind. Most of the letters we received from concerned laity and clergy also addressed the issue.

We recommend that any priest who engages in sexual misconduct with a minor not be returned to parish ministry or any kind of ministry which would give him access to minors. We have identified no conditions in which an exception can be made to this.

If the Permanent Review Board believes that sufficient mitigating circumstances exist to create an exception, they would have to weigh those against the rationale for our recommendation.

Some people have pleaded with us not to "write off" these priests. Do everything to rehabilitate them, they urged us. These priests have given their lives to the Church, and many of them have ministered effectively. They have many friends in the parishes they have served. Approximately 25% of the letters we received from concerned laity and clergy who addressed the issue of return to ministry took this position. However, all but a few of these correspondents also recommended that, if the priest were returned to parish ministry, he be supervised and restricted from access to minors. In addition, most of the policies and procedures of other dioceses we reviewed appear to allow for a possible return to ministry. However, most of them are rather vague and do not distinguish among the various kinds of ministry to which a priest might return. A notable exception is that of the Archdiocese of St. Paul/Minneapolis which helped shape our own position to a great extent. (Cf. Appendix I for a copy of that archdiocesan policy.)

Others cautioned us that priests who have engaged in sexual misconduct should never be allowed to return to parish ministry. Of the letters we received which addressed this issue, 57% took this position, while an additional 19% added, no ministry of any kind. Thus, a total of 76% of these letters said, in

effect, no parish ministry. Victims we spoke to, and literature about victims, had especially strong feelings about this, feelings we respected. One of adult survivors of child sexual abuse by a priest from another diocese shared with us her strong feelings and those of her family when the priest not only continued his public ministry, but celebrated the Eucharist in her home parish.

Several archdiocesan officials who have worked on this problem for the past several years volunteered to us that, while their approach was optimistic and compassionate, it was easy to lose some objectivity. Their experience has led them to question the validity and/or effectiveness of that approach.

The Church faces competing interests in attempting to resolve the issue of a possible return to ministry: (a) the safety of our children, (b) the need for people to have confidence in the Church and its ministers, (c) the belief that behavior can be modified and/or controlled, (d) the importance of forgiveness and healing. The "bottom line," however, is this: What risk would this priest pose? How much risk is reasonable? It is also important to keep in mind that the risks are not diminished with age for pedophiles and ephebophiles.

The Commission cannot offer the Archdiocese of Chicago a simple solution for handling all cases. Each will have to be decided on its own merits and in the light of its particular circumstances. However, we are able at this point to raise some important questions and recommend certain principles that should be part of the equation in any decision-making in regard to these cases.

To consider even the possibility of return to a limited non-parochial ministry by a priest who has engaged in sexual misconduct with a minor would require that he first undergo a minimum of two years' of intensive individual and group therapy. This means that he would need the minimum of a two-year break from priestly ministry for treatment. People in sex offender treatment undergo considerable stress and distress. It is not the same as being in an alcoholic rehabilitation program. During this period his cooperation and progress should be closely monitored by the Archdiocese, working closely with the psychiatric treatment facility.

Nevertheless, two years of treatment will not of itself

cure the priest or resolve the underlying problem. There is no completely successful treatment for pedophilia or ephebophilia at present. This is not to say that there is no hope. Every study we reviewed concluded that those who underwent treatment were less likely to commit sexual abuse again, but this does not mean that they never reoffend. The rate of recidivism (reoffending) runs from 5% to an often much higher rate. Dr. Fred Berlin told the Commission that the Sexual Disorders Clinic where he works has treated over 600 patients for up to five years and has conducted follow-up studies with them. He reported a 5% recidivism rate, but this is based on those who have reoffended and been caught. Most studies we read indicated a higher recidivism rate for those who have undergone treatment. The problem can often be controlled, but this is an individual matter and varies from person to person.

In part, it depends on the severity and duration of the problem. It also depends on the individual's ability to overcome cognitive distortion and patterns of denial, feel remorse for his abusive behavior, acquire adequate social skills, and develop empathy for his victims. It obviously depends upon his willingness to cooperate wholeheartedly in the treatment program.

At the end of this initial period of treatment, the therapeutic judgment of the treatment team is an important, but only partial, basis for deciding whether or not someone may return to ministry. Moreover, because humans make therapeutic judgments and administrative decisions, they are not always perfect or correct. The Isaac Ray Center staff, among others, pointed out that other considerations — legal, pastoral, moral/ethical, and financial — must also be part of this kind of administrative decision. The therapists have experience in assessing the pros and cons of each case and pointing out the risks involved. But their information is only part of the balancing to be done by the Cardinal in making decisions.

Frank Valcour, in *Slayer of the Soul*, lists five factors that enhance the reliability of such a formal opinion from a treatment facility:

- (1) Acknowledgment and acceptance of the nature and extent of one's condition manifested by a capacity to describe it to a superior in simple

terms.

- (2) A commitment [in writing]... to do whatever is necessary to prevent the recurrence of problematic behavior...
- (3) An awareness of one's own risk factors so thorough that the person... can list and describe these factors to another person...
- (4) A willingness...to disclose fully to a small group of individuals the nature and extent of his or her problem so that he or she might ask for support and behavioral monitoring.
- (5) A participation in a formal aftercare program of the treatment facility. (pp. 63-64)

In other words, prognosis is better if the person admits he has a serious problem, if it can be established that the abusive behavior occurred only once, and if the behavior was situational and not a pattern.

So, criteria for a possible return would also include the degree of severity of the abuse, its nature (e.g., exhibitionism, fondling, penetration), the number of incidents, the number of victims, the frequency of the misconduct, its circumstances, the degree of the priest's sexual interest, past patterns of behavior, and the degree of scandal associated with the misconduct. If someone has abused only one victim but over a long period of time, the prognosis is poorer. Naturally, there may be mitigating circumstances in individual cases.

Accordingly, we recommend that, after a priest has cooperatively completed initial treatment (over a period of two years), and if the recommendation of the treatment team is positive, the priest will enter a four-year supervised aftercare program, all the elements of which will be under written contract between the priest and the Archdiocese.

We recommend that the Cardinal include these four components in the aftercare program: (1) appoint a supervisor or monitor who will work with the priest in regular accountability meetings; (2) establish a supervised living arrangement based on recommendations from the treatment source; (3) design a vocational rehabilitation program of up to four-years in non-parish min-

istry (in which he will not have access to minors) while participating in on-going treatment; (4) require that the priest participate in a one-week annual evaluation and therapeutic workshop over this four-year period, in addition to weekly group and at least monthly individual therapy. Failure to cooperate with this contract will result in the priest's removal from active ministry, subject to applicable canon law.

We further recommend that, four to five years following diagnosis, evaluation, and successful aftercare, the individual priest will be eligible for consideration of a permanent contractual assignment, excluding ministry to minors and others at risk, unless professional evaluation indicates otherwise.

Why do we say that a priest who has engaged in sexual misconduct with minors should not be allowed to return to parish ministry or any ministry which would include access to minors?

Parishioners assume, and rightly so, that a priest assigned to their parish is trustworthy. Moreover, priestly ministry in a parish setting is highly demanding in today's Church. Priests often receive little gratification for all they do. There is considerable stress. Because most parish priests live where they work, they are available seven days a week, at all hours of the day and evening. In most rectories, people come and go constantly. Nevertheless, priests often face loneliness. It is easy for many to be overwhelmed and revert to earlier problems; e.g., substance abuse or paraphilic behavior.

There are three possible scenarios in these cases.

(1) If, after cooperating with treatment and receiving a positive prognosis, a priest is assigned to a parish that does not know about his prior sexual misconduct, how will he be able to minister effectively, living under the constant threat of exposure? To what extent would he be able to concentrate on his ministry because so much energy would be used simply to keep his sexual attraction and desires under control? It would be very naive to assume that this is simply a question of the priest's good will or high motivation.

This approach has been tried in the past. In effect, this has meant that archdiocesan officials have precluded the right of parents to protect their children by sending these priests back into parishes without notifying the parishioners. Parents and parish councils responded recently that archdiocesan officials had no right to take these actions without informing them.

(2) If a priest is commonly known to have engaged in sexual misconduct with a minor or minors, or if the parish is informed of this before his assignment, how could trust be restored between himself and a parish community to the extent that he could ever effectively minister there? How many parishes would welcome such a priest into their midst? Would he be subject to public ridicule? And how much should the parish be told, in what detail? To what purpose? Knowing that he would always be under public scrutiny, how could the priest minister confidently and competently?

(3) If a priest who has a past history of sexual misconduct with minors is assigned to a parish and only parish leaders (pastor, principal, Director of Religious Education, parish council, and/or school board) are informed of this, would this not be the perfect solution to the dilemma the Church faces in reassigning him to parish ministry? Two factors lead us to believe that it is better in theory than it would ever be in practice. The more people who are told, the more chance there is that the information will not be kept confidential. That is not an indictment of anyone, simply a fact of human nature. Moreover, would this not place an enormous burden on the shoulders of a few, especially if the priest were to victimize another child or teenager in the parish? If this became known, the rest of the parish might well hold those who knew about his history accountable.

There is another important consideration. Experts in psychiatry, psychology, and law whom we interviewed raised the analogy of the "impaired professional" — the "impaired physician," the "impaired dentist," the "impaired lawyer." They pointed out that a doctor who had engaged in sexual misconduct with minors could no longer practice as a pediatrician. He might have to change his specialty to another area, pathology or radiology for example. Or if he continued to see patients, a system could be set up which precluded his ever being alone with a patient.

Patients could be surveyed from time to time on a variety of concerns, including whether or not they had ever been allowed to be alone with him.

At first, this seems attractive as an analogy. However, a second look revealed that not much research has been done about the effectiveness of this approach. Moreover, when we approached the American Bar Association, the American Dental Association, and the American Medical Association — all headquartered in Chicago — we were told that none of them had any policies or procedures for dealing with impaired professionals specifically relating to child sexual abuse. They are only beginning to deal with the issue of the impaired professional in regard to such sexual misconduct.

We also reflected on what parochial ministry was truly like. People who come to see a priest do not expect someone else to be in the room with him at all times. It is not possible to monitor a priest 24 hours a day, denying him access to minors. Moreover, reassigning him to parish ministry would mean exposing him to temptation. He would be faced with a constant testing of himself. After all, as was remarked to the Commission, one would not ask an alcoholic to become a bartender.

Our recommendation also means that the priest may not work in a parish on weekends. He may not work in a high school or seminary. He may work in a hospital only if this gives him no access to children (e.g., a V.A. hospital) or if he is closely supervised. Other ministries may be open to him. He may do administrative or charitable work, say Mass in convents or minister in nursing homes (but not any which include handicapped children), homes for the aged, retreat houses (only if he would work solely with adults), retirement homes, and the archdiocesan pastoral center. Admittedly, in time, this could give these ministries an unsavory reputation, and people might draw false conclusions about others who minister in these settings. However, as we have noted, the Church has invested considerable time and resources in all its priests, and has an interest in their rehabilitation. We see no better alternatives. They cannot return to ministry with access to children, and not all of them deserve to be forbidden ministry of any kind.

We further concluded that any priest who has engaged in sexual behavior with a minor reside in a

supervised setting, not a rectory. Moreover, we recommend that he be mandated to stay away from children and adolescents.

While this may seem harsh to some, the analogy of the impaired professional may help explain why we recommend going to this extent to minimize risk to children. An impaired physician has to compromise in order to protect public safety. If priests who have sexually abused minors want to continue to minister in the name of the Church, the community of faith cannot allow them to put other children or adolescents at risk. At the same time, a supervised residence will help the priests cope with their problem and provide the kind of supportive atmosphere which will enable them to continue to minister and serve the Church.

Other long-term management components include belonging to a support group and, if indicated, ongoing treatment. It is important to feel the support and challenge of a group of peers, similar to an alcoholic who attends AA meetings. Ongoing treatment will depend upon the recommendation of the therapeutic team who treat the priest in the initial two-year period.

We recommend for each priest who has successfully completed the four-year aftercare program: restricted ministry, a mandate restricting access to children, supervised residence, participation in a support group, assignment of a monitor or supervisor for life, and, if indicated, ongoing therapy.

The monitor or supervisor will work in the external forum and needs direct access to the Cardinal or his delegate. He may not be the priest's confessor or spiritual director. The supervisor watches for patterns of behavior which pose risks: e.g., loneliness, self-pity, substance abuse, workaholism, or "grooming" a youth. Supervision or monitoring is key, but it can break down at the most obvious level. That is why the archdiocesan case manager will train and monitor the supervisors.

In short, if the priest admits his problem, apologizes, cooperates with therapy, is capable of age-appropriate relationships, and receives a hopeful prognosis from the therapeutic team, the Archdiocese may consider some kind of return to ministry as long as it does not provide access to minors.

Many suggest that optional celibacy today would reduce the incidence of sexual misconduct with minors by priests. Pedophilia and ephebophilia are not the results of a priest's struggling with celibacy. They are problems in themselves.

In addition, not all current treatment avenues are open for a celibate, for example, redirecting one's sexual energies toward acceptable sexual behavior with an adult. Moreover, studies have shown that sexual offenders who are married or separated but not divorced are less likely to recidivate than those who are single or divorced.

There are also some cases of sexual misconduct with minors which, we do not think, allow a return to any kind of ministry. If a priest is convicted of sexual abuse, has abused multiple victims, has committed multiple offenses, has abused a single victim over a long period of time, has become a public scandal, or is a poor risk for change, he should not be allowed to return to any kind of ministry.

He could never function effectively again as a priest in a public setting. The same is true of a priest who is allowed to return to ministry and engages again in sexual misconduct with a minor. It also holds for priests who are unwilling to undergo treatment or whose treatment is unsuccessful, or for those who are unwilling to meet the necessary conditions set down by archdiocesan leaders or who fail to meet these conditions. Moreover, anyone who needs medication long-term to control his sexual urges is an appropriate candidate for resignation or laicization.

Priests who fall into this category should be encouraged to resign from the priesthood. If they refuse,

the Archdiocese may initiate a canonical procedure to laicize them or send them to a residential facility in which they will be allowed no public ministry.

For those who leave, the Archdiocese, working with the therapeutic facility, should develop an exit program which includes vocational counselling and enough financial assistance to enable them to cover minimal living expenses and continue therapy. There should be a severance agreement, a therapeutic program, and escrows to cover the therapy. The priest should be expected to find gainful employment. If he follows through on therapy, the Archdiocese will gradually diminish its financial support.

At this point, as a Commission, we do not feel that "low risk" is acceptable. Five to ten years from now, after a long-term study of archdiocesan priest offenders (with the assistance of a therapeutic facility), this entire issue may be revisited. Moreover, no one can predict today what new forms of treatment or therapy the future may hold.

We recommend that the Archdiocese make this policy clear in the early days of the theologate so that all future priests will know that sexual misconduct is totally unacceptable, and these are the consequences for anyone who engages in it, especially with minors.

It should be clear to everyone that the Church will not condone this behavior. Nor will it simply hide or protect anyone who engages in it. The People of God have a right to be able to trust those who minister to them.

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