

### 3.4 PRIESTS WITH BEHAVIORAL PROBLEMS

Mental health and treatment professionals have found that it is not uncommon for those who engage in child sexual abuse to demonstrate other behavioral and psychological problems as well. Studies on co-occurrence of sexual offending and other problems have consistently found high rates of personality dysfunction<sup>1</sup> as well as major mental disorders such as anxiety or depression.<sup>2</sup> Similarly, alcohol or substance abuse problems are frequently present among those who engage in child sexual abuse.<sup>3</sup> Studies which have examined clergy who sexually abuse minors with co-occurring problems have found them to exhibit fewer psychological problems than other sex offenders.<sup>4</sup> However, methodological limitations preclude firm conclusions about groups of clergy who offend.

To examine the co-existence of child sexual abuse and other problems, the study instruments inquired about other types of problems that were evident from a priest's files. The question asked specifically about whether the priest had a history of abuse that was either indicated in the record or known to the diocese; whether he had a history of substance abuse; whether there had been questions raised about his fitness for ministry and whether he had manifested other behavioral problems. Records of 1,400 priests and deacons, nearly one in three of those against whom allegations of sexual abuse of a youth under 18 were made, showed a history of substance abuse, questions about his "fitness for ministry" or behavioral problems.

According to information contained in Church records, very few priests accused of sexual abuse had themselves been victims of abuse. It should be kept in mind, however, that unless a priest self-disclosed his own prior abuse or it had been specifically raised as an issue, there might not have been an indication of abuse in Church files. Of the 4,392 priests and deacons, 279, or 6.8% of the total number, were reported to have been abused (see Table 3.4.1 for breakdown of this number by type of abuse). Of these, a smaller number, 67 reported multiple forms of abuse. Almost half of the priests whose records indicated prior sexual or physical abuse also suffered verbal and emotional abuse.

*Table 3.4.1* PRIESTS WITH A HISTORY OF VICTIMIZATION,  
BY TYPE OF ABUSE

<b>Type of Abuse</b>	<b>Count</b>	<b>% of Total</b>
Physical abuse	40	14.60%
Sexual abuse	178	64.96%
Physical & Sexual	20	7.3%
Emotional abuse	32	11.68%
Other	4	1.46%
Total	274	100%

*The files for 68 priests included information indicating that they had experienced more than one form of abuse during childhood.*

When there was a history of childhood abuse, the most frequent abuser was an adult man. As shown in Table 3.4.2, of the 274 priests reported to have been abused themselves, nearly half of them were abused by someone in their family. Thirty-five percent were abused by a parent and 25 percent by a father.

*Table 3.4.2* PRIESTS WITH A HISTORY OF VICTIMIZATION,  
BY TYPE OF ABUSE

<b>Decade</b>	<b>Count</b>	<b>% of Total</b>
Mother	25	9.36%
Father	67	25.09%
Sibling	14	5.24%
Other family	24	9%
Teacher	5	1.87%
Peer/acquaintance	31	11.61%
Authority figure	23	8.61%
Priest	47	17.60%
Deacon	1	.38%
Other	30	11.24%
Total	267	100%

*A total of 48 priests were reported to have been abused by a priest or deacon. This illustrates that 18 percent of priests with allegations of abuse had themselves been abused by a priest or deacon.*

A history of substance abuse was reflected in the files of slightly fewer than one in five of the priests and deacons accused of sexual abuse. Alcohol abuse was reported much more frequently than drug abuse, implicated in 96% of the 753 priests with substance abuse information in their records.

*Table 3.4.3* SUBSTANCE ABUSE HISTORY

<b>Substance</b>	<b>Count</b>	<b>% of Total</b>
Alcohol only	669	89%
Drugs only	23	3%
Alcohol & drugs	61	8%
Total	753	100%

*The survey did not ask for a formal diagnosis of substance abuse or dependence. It was deemed sufficient that the personnel file included an indication that the problem of substance abuse had been observed.*

*Table 3.4.4* COMPARISON OF PRIEST VICTIMS

	<b>Abuse History</b>		<b>No Abuse History</b>	
Substance Abuse	93	34.4%	646	17.4%
No Substance Abuse	177	65.6%	3024	82.6%
	270	100%	3660	100%

*Priests who had themselves been victims of abuse were twice as likely to have a history of difficulties with alcohol, illegal drugs or both.*

For those priests with information about substance abuse problems in their files, nearly 72% were referred for evaluation or treatment, with no action reported for nearly 16% (see Table 3.4.5). However, it should be noted that evaluation and treatment referrals are likely to have been documented in the files whereas less formal handling of substance abuse issues might not have been included in the files, so these numbers need to be interpreted cautiously in terms of efficacy. Of those who were referred for treatment, Table 3.4.6 shows that more than 85% were sent for treatment outside of the diocese (76% of whom were referred for inpatient treatment).

Table 3.4.5 CHURCH RESPONSE TO SUBSTANCE ABUSE

<b>Action by Church</b>	<b>Count</b>	<b>% of Total</b>
Referred for evaluation	317	45.7%
Referred for treatment	180	25.9%
Provided spiritual counseling	12	1.7%
Recommended spiritual counseling	9	1.3%
Provided intervention	10	1.4%
No action taken	109	15.7%
Other	57	8.2%
Total	694	100%

Table 3.4.5 shows the initial response undertaken by dioceses and religious communities to care for a priest with a substance abuse problem. In the majority of cases, more than one response was made. According to data from the surveys, 63% of those priests recognized to have a substance abuse problem were referred for treatment.

Table 3.4.6 SUBSTANCE ABUSE TREATMENT

<b>Type of treatment</b>	<b>Count</b>	<b>% of instances of SA treatment</b>
Inpatient / in diocese	46	9.8%
Inpatient / outside the diocese	357	76%
Outpatient / in diocese	71	15.1%
Outpatient / outside diocese	44	9.4%

*This is a Multiple Response Table. The categories are not mutually exclusive, since an individual may have participated in substance abuse treatment more than once.*

Table 3.4.6 includes all instances of treatment reported in the surveys.

Forty six priests were treated twice for substance abuse problems and four were treated three times.

Church records for 476 priests, or 10.9% of the total in the study, raised questions about those priests' fitness for ministry. Another 774 were identified as having behavioral problems. The handwritten notes documenting these problems indicated they were largely psychological in nature (82.2% of those with noted behavioral or fitness for ministry problems were described as having psychological problems). If fitness and behavioral problems are considered together with other noted problems, 1,400 priests and deacons, or 32% of those who were later the subject of an allegation of sexual abuse had been recognized as having behavioral problems.

Table 3.4.7 CLASSIFICATION OF FITNESS AND/OR BEHAVIORAL PROBLEMS

Classification of Problem	Count	% of all responses
<b><i>Sexual Relationship Problems</i></b>		
Coercive Sex with Males	18	.8%
Coercive Sex with Females	10	.4%
Sex with Adult Women	131	5.8%
Sex with Adult Men	164	7.3%
Other Sexual Behavior	53	2.4%
<b><i>Mental Health Problems</i></b>		
Suicide	12	.5%
Depression	75	3.5%
Bipolar Symptoms	16	.7%
Other Axis 1	75	3.3%
Anxiety / Stress	36	1.6%
<b><i>Personality Problems</i></b>		
Social Inhibition, Immaturity	78	3.5%
Boundary Problems	479	21.3%
Narcissism	38	1.7%
Hostility	170	7.5%
<b><i>Other Problems</i></b>		
Substance Abuse	149	6.6%
Financial / Gambling	45	2%
Medical	90	4%
Legal -- Civil or Criminal	275	12.2%

Table 3.4.7 provides a classification of the types of problems that were described in the surveys.

Table 3.4.7 includes information about 1,400 priests.

The table is a Multiple Response Table. The categories are not mutually exclusive, as a priest may have exhibited multiple problems.

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<sup>1</sup> Lisa J. Cohen et al. "Personality Impairment in Male Pedophiles," *Journal of Clinical Psychiatry* 63 (10, 2002): 912-919

<sup>2</sup> Peter J. Fagan, Thomas N. Wise, Chester W. Schmidt Jr., and Fred S. Berlin. "Pedophilia," *Journal of the American Medical Association* 288 (19, 2002): 2458-2465; and Nancy C. Raymond, Eli Coleman, Fred Ohlerking, Gary A. Christenson, and Michael Miner. "Psychiatric Comorbidity in Pedophilic Sex Offenders," *American Journal of Psychiatry* 156 (5, 1999): 786-788.

<sup>3</sup> Stephen H. Allnutt, John M.W. Bradford, David M. Greenberg, and Susan Curry. "Co-morbidity of Alcoholism and the Paraphilias," *Journal of Forensic Sciences* 41 (2, 1996): 234-239.

<sup>4</sup> Martin P. Kafka, "Sexual Molesters of Adolescents, Ephebophilia, and Catholic Clergy: A Review and Synthesis," in *Sexual Abuse in the Catholic Church: Scientific and Legal Perspectives*, ed. R. Karl Hanson, Friedemann Pfäfflin, and Manfred Lütz (Vatican: Libreria Editrice Vaticana, 2004).