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 Statistical 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.