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 H).

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.