

CATHOLIC CHURCH

Helping priests

But some question prelate's treatment

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When allegations of sexual abuse surfaced against Father Hugh Clarke at St. Patrick's Church in the mid-1980s, church officials whisked him out of state to a special treatment center headed by a priest who believed troubled priests could stop being attracted to minors.

Bishop James Tamayo, then an assistant priest in the Diocese of Corpus Christi, investigated the allegations involving three boys and referred Clarke to the Renewal, Rest and Re-Creation center in Alexandria, Va., which was headed by the Rev. John Harvey.

During Clarke's two-month stay, he had 40 sessions with his private psychologist, who ultimately would send him home, saying that those suffering from "difficulties" such as his generally had a "poor-to-guarded" prognosis, according to church documents obtained by The Zapata Times.

The therapist, John Kinnane, also warned Clarke's supervisors that part of his condition was his denial that he even had a problem.

And the therapist also had strict instructions for his supervisors: Watch him closely.

Upon his return, Clarke was transferred to another church in Corpus Christi and was then promoted to monsignor. It's not clear from the documents whether the boys' allegations were ever reported to law enforcement. The parents of two of the boys received counseling and decided to drop the issue, according to the records obtained in a separate lawsuit which resulted in a \$1.2 million settlement for three plaintiffs who claim they were sexually abused by Clarke in the 1970s at a church in Corpus Christi.

Clarke's treatment

Questions have been raised as to whether Clarke's treatment was effective, and experts in treating sex offenders released from prison say two months in treatment is not enough time to combat a serious sexual disorder.

Clarke was diagnosed with a "psychosexual disorder," which could encompass a number of sexual disorders, such as pedophilia.

Treatment center literature at the time Clarke attended the facility focused on mostly homosexual issues, but it also addressed sex with minors and the liability that came with it.

“Another consideration which might be mentioned is the possibility of legal proceedings, and major financial lawsuits for which the Diocese or religious group may be liable,” states treatment center literature from the 1980s.

It refers to a priest who had received a seven-year prison sentence for “lewd contact with a teen-age boy.”

Church officials needed to consider the “hazards to the individual, the Church, the Diocese, and the religious group; and, damage done to others (especially minors) and families,” according to the literature.

The literature also told priests to “try not to get anxious or tense. The guillotine is broken anyhow. And say a prayer for the ministry.”

It also recommended that they “establish a straight-forward policy, that is to say, that you encourage your men to ‘get tough’ with themselves.”

Harvey, who died in 2010, was the founding director of Courage, an organization that encourages gay Catholics to live a chaste life. Clarke died in Ireland in 2002. The Renewal, Rest and Re-Creation Center is no longer in operation, according to church officials.

Today, church officials say, accusations are handled differently. And many different, credible treatment programs exist for priests suffering from sexual disorders such as pedophilia.

“The policy of the Diocese of Corpus Christi, since establishment of the Charter for the Protection of Young People by the American Bishops more than a decade ago, is to immediately report any credible allegation of sexual abuse by Church workers, including Clergy, to the District Attorney regardless of the age of the accuser,” according to a statement issued by the Diocese of Corpus Christi.

“If an allegation involves a Priest, he is removed from ministry immediately and, if found guilty, is permanently removed from ministry and treatment may be offered,” the statement continues.

Effective therapy

Liles Arnold, chair of the Council on Sex Offender Treatment for the state and a treatment provider, said that in the council’s treatment programs, there’s no “talk about curing a pedophile, but the research very much supports the effectiveness of treatment and the relapse rate of somebody who completes the treatment is really low — in the 10 to 15 percent range.”

Arnold said he has learned about the sex-abuse scandal in the Catholic Church, in which priests committing abuse were moved from parish to parish as part of a cover up, from media reports.

“In the final analysis, it perpetuated secrecy, and secrecy is the oxygen to the flame when it comes to sexual offending,” he said.

“Two months of therapy certainly isn’t sufficient. I don’t know what this guy would have said to his

therapist. Having done this for 20 years, it is long-term therapy and long-term accountability. It's more than 'I can't believe I did this, and I know I will never do this again.'"

A major form of mandated treatment for sex offenders released from prison is cognitive therapy, which addresses thinking distortions.

"An individual who commits a sex offense is telling himself certain things about the behavior he is engaging in. 'This isn't a big deal. If I were hurting this kid, he would be yelling and screaming, and I'll only do it a little bit,'" Arnold said.

Arnold noted that most offenders aren't looking to "maliciously harm the victims."

"When you read of these horrific cases of kids abducted off the streets and murdered and sexually abused ... those guys need to be locked up for good. The uncle who molests his niece or the coach who molests a student ... their point isn't to harm the victim. The point is to gratify themselves, and they do so without thinking of the harm, and it's those thinking distortions that drive that behavior," Arnold said.

They also use polygraphs in their treatment. Arnold said the treatment program, where offenders go weekly for help, is designed to last three years, but it can go up to four years.

About 60,000 registered sex offenders are in Texas communities, and there are 425 licensed sex offender treatment providers.

Arnold suspects that "tens of thousands" of offenders are in treatment.

He said the research is "dubious as to how much you can teach and create empathy in another person." One thing that is most effective with offenders is victim panels.

Adults victimized as children will meet with the offenders and let them see how the abuse has impacted their lives. Most treatment programs also have "chaperone training." Typically, the chaperone for the offender is a close family member. Initially, the offender is restricted from all contact with minors and then moves to supervised contact with minors.

Even when the offender "gets off paper" (no longer on parole or probation), he or she shouldn't be without supervision.

Another expert

Michael Arambula, a psychiatrist with a doctorate in pharmacy, serves on the state medical board and is a clinical associate professor of psychiatry who teaches forensics to residents at the University of Texas Health Science Center in San Antonio. He is also asked to evaluate sex cases for the prosecution or defense in criminal cases and in civil cases.

He pointed out that sex offenders rarely volunteer for treatment.

A goal of therapy when they are ordered to go is to assemble their “offense cycle.” If they tend to abuse when they have a disagreement or when something negative has happened at work, these offenders struggle dealing with adversity, and abusing can soothe and re-establish power.

“Look at the patterns and they are glaring,” Arambula said. By learning their offense cycle, they can address their problem many steps ahead before the abuse ever happens.

“Breaking down the denial is a big part of therapy,” he added. “A pedophile is at a mall or something and sees a little kid — pedophiles can pick out needy kids, usually a kid having problems at home ... and if that kid looks at his crotch, to a pedophile that is a signal to them that they are interested. Those thinking errors or cognitive distortions are portrayed out in group (therapy) as well.”

During group therapy, members catch him with his distorted thinking. Over time, the offender can develop empathy for the victim.

But not all do.

Medication can also be used, typically certain anti-depressants, which can reduce sexual drive and anxiety at the same time. Or Depo-Provera can be used; it reduces testosterone.

The most effective treatment, according to European literature, is castration. The relapse rate for untreated offenders is 35 to 40 percent, Arambula said. When people get therapy, that rate can be knocked down to 10 percent. With surgery, it is 2 to 3 percent.

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