

RECOMMENDATIONS

In accordance with its prescribed duties, the Board developed recommendations addressing the issues of prevention of abuse and the treatment of both victims and perpetrators. The Board recognizes that there are Provincial programs (e.g., education about psycho-sexual issues in both initial and ongoing formation; establishment of a program of pastoral outreach to victims) in place designed to address these difficult issues. The Board has not attempted to describe these programs in any comprehensive way; however, we wish to acknowledge the significant steps already taken by the Province and to make recommendations which augment and support existing measures, while proposing new ones where we believe such to be necessary and appropriate.

I. REGARDING FRIARS

A. Prevention of Future Abuse

In order to keep sexually aberrant behavior from happening in the future as much as is humanly possible, we are recommending the following measures be taken by the Province:

1. Screening of Applicants: With an eye to assuring, to the extent possible, that those accepted into the fraternity of Friars are appropriate for a communal, ministerial, and celibate life, we recommend that certain assessment procedures be instituted. They are as follows:
 - a. Psychological Testing: to assess the general emotional and characterological status and stability of applicants, a general battery of personality, projective, intelligence and vocational protocols be administered;

- b. Specific Psychosexual Testing: to assess for deviant attraction (but not for sexual orientation), values, behavioral risk and dysfunction, a series of specific tests should be administered, such as:
- Interpersonal Reactivity Index
 - Social Avoidance and Distress Scale
 - Fear of Negative Evaluation Scale
 - Michigan Alcoholism Screening Test
 - Buss-Durkee Hostility Inventory
 - Burt Rape Myth Acceptance Scale
 - Attitudes Toward Women Scale
 - Abel and Becker Cognitions Scale
 - Abel Becker Sexual Interest Card Sort
 - Wilson Sex Fantasy Questionnaire
 - Multiphasic Sex Inventory
 - Penile Plethysmograph
- c. Detailed Sexual History: to aid in the above, each applicant should be required to provide a detailed sexual history which would be reviewed by the evaluator and clarified/expanded at the latter's discretion;
- d. Polygraph: To assure the veracity of the sexual history;
- e. Penile Plethysmograph (or any successor test, e.g., Abel Screen): to give some "objective" information to both applicant and the evaluator, to help through any denial regarding deviant attraction;
- f. Fingerprinting: to do an appropriate records check for any disciplinary or criminal background (as is routine for teachers, daycare providers, therapists, *et al.*);

[N.B.: It should be noted that the purpose of the above "psycho-technologies" is not to trap, demean or persecute any applicant. The purpose, rather, is to help such a person be direct and honest regarding matters that he may be loath

to discuss given the shame, embarrassment or guilt attached to them. Additionally, the findings of such approaches do not prove, nor should they be seen to prove, what someone will do in the future. Rather they may be indicators of possible problems in the future.]

2. Training: In the Formation program, both initial and ongoing, there should be training on sexual ethics and boundaries. Such training would include informal discussions in the Formation program, as well as more structured, instructional arenas, such as regularly scheduled lectures, workshops, required readings, and the like. Equally important, there should be formal academic courses in these areas given and required, most especially for those friars who will be in direct ministry with people, whether such friars be priests or brothers.

The content of such trainings and education would include:

- a. healthy sexuality in general (including psychosexual development and moral development concerning sexuality);
 - b. celibacy as positively lived;
 - c. sexuality/celibacy in the context of a religious fraternity;
 - d. sexual boundaries and limits;
 - e. misuse of position and power;
 - f. effects of molestation and sexual misconduct on victims
3. Policies: The Province should have a clear set of published and promulgated guidelines, directives, and delineated boundaries of behavior for friars. These should not be set forth nor be seen as rigid repressive controls, but rather as indicators and guideposts for behavior that witness to a truly Gospel life. These "norms" should deal at least with the following areas:
 - a. Vocational: What behaviors and internal dispositions does a Gospel life, committed to fraternity, poverty and celibacy require of a friar in relation to other people? Such guidelines

should be both theoretical and quite specific. (For example, the Gospel requires that others be respected as fellow children of God and holy parts of Creation. Thus, one does not think of them or use them as sexual objects, either in fantasy or act, and one confronts any thinking that would permit such usage and looks for help to deal with it.) What are positive and healthy ways Christians interact with others?

- b. Ministerial/Professional: Norms or guidelines for the specific ministry each friar has should be established; that is, what is the way a person with a particular "job" within the Franciscan life comports himself? What are the difficult or problems areas? This may differ from ministry to ministry.

Nonetheless, each task (whether it be parochial work, teaching, community development, AIDS ministry, physical labor, managerial direction, etc.) has its own rules and demands; these should be spelled out as to how they most especially apply to friars. Examples and resources might be:

- (1) School teachers' ethical and behavioral guidelines;
- (2) Medical professionals' ethics;
- (3) Dual relationship issues for psychotherapists;
- (4) Norms for pastoral counselors.

- c. Communal: Given the training on sexuality that should be given to all friars, there should also be clear guidelines for personal interaction within Franciscan communities. A few areas such norms should address would be:

- (1) Healthy personal intimacy (within the fraternity but not limited to it);

- (2) Mutual respect for other friars, including care and concern for others' frailties and failings, and being each other's "keeper";
 - (3) A commitment through trainings and channels for clear, charitable and assertive communication, both between individual friars (lateral) and with superiors (vertical).
4. Help: When a friar realizes or fears that he has a problem with sexual behavior (or urges towards such), there should be a clear and generally anonymous channel set up for the friar to get help. Examples of such methods are:
- a. a friar or non-friar (or non-religious, non-cleric or non-professional) staffed confidential "hotline," from which a friar could get immediate support, guidance and referrals;
 - b. a designated therapist, expert in the area of sexual behavior problems, to whom a friar could go for confidential treatment;
 - c. the Provincial or his agent to whom the Friar could go in confidence to get help and/or specific and specialized assessment of his risk of acting out, and have the matter remain confidential from the rest of the Province.

B. Reported Friar Offenders

This report has described the conduct of friars we believe to have committed sexual offenses against minors at St. Anthony's Seminary, the number and type of offenses, and their effects on victims. We have been in contact with the Provincial Minister as offenders have been disclosed, so that he might take action to protect any further possible victims and to get assessment and treatment for known (and suspected) offenders. Below we summarize what we believe should be done in the future with friars who are reported to have molested children or who have acted out inappropriately or criminally in a sexual way.

1. Assessment/Investigation: With a credible report, a friar should undergo an assessment to see what risk he may pose in the future, and what treatment he needs for past offenses. Such assessment should minimally include:
 - a. Offense Information:
 - (1) Clear information of who has been victimized, what the friar is reported to have done and how often, recognizing that initial reports are often incomplete and get filled out later as victims' memories become more clear;
 - (2) Details of prior placements and former jobs and lifestyle, in case further investigation is needed;
 - (3) Information gathered from victim, friar, superiors, staff and other appropriate persons regarding friars' placement, behavior and lifestyle -- and, when possible, their reactions to the report(s);
 - b. Additionally, the Province should establish a current thoroughgoing protocol for investigation, looking to the experience of other Provinces, orders and dioceses, as well as to children's protective service and criminal procedures.

2. Clinical Evaluations: When a report is made and is credible, a referral of the friar for clinical evaluation should be made. The purpose of such evaluations is to judge the level of deviance, the openness to treatment, the risk of re-offending, the need for treatment and the best placement. The purpose of evaluation is not to determine whether the offense occurred, whether the friar can be "cured" (as distinct from being "treated"), or whether he and/or the Province can be sure that he will not re-offend.
 - a. Expertise: The mental health professional who performs the evaluation of any alleged friar-offender should be licensed in his field and state, should have practiced independently for at

least five years, should be experienced in the evaluation and treatment of sex offenders, should be able to demonstrate (not just claim) such experience (i.e., through published writing, through knowledge of the literature, programs and modalities in the field, through referrals [attorneys, probation officers, CPS workers, district attorneys, professional organizations, colleagues]), should be able to demonstrate ongoing training in the field and membership in organizations specific to sex offender treatment (e.g., Association for the Treatment of Sexual Abusers);

- b. Approach: The theory and technique such evaluators use should be mainstream and justifiable as usual and customary; they should not cater to special concerns (e.g., religious communities). They should not justify unusual or extreme methods, no matter the internal coherence of the justification.
- c. Procedure: The evaluation should contain many of the different tests available and not be limited to one or two. It should include contact with victims and collateral sources (e.g., former therapists, superiors, personnel file, placements, etc.). It should include both personality assessment and deviance evaluation (i.e., DSM III-R Axis One and Axis Two). It should be concise and should contain clear descriptions of the problems, and recommendations for the friar and for the provincial response.
- d. "One Hat": Any therapist or evaluator who agrees to do both the assessment and the treatment should not be used in either guise. It is unethical and clinically close to impossible to evaluate and treat the same sex-offender client.
- e. The Province should have a list of evaluators, who fit the above description, ready to present to a suspected offending friar so that he and the Provincial may pick one appropriate

to the friar's personality, offense, location and needs. While the Provincial should be sensitive to and supportive of the friar, he should also be aware of the friar's possible resistance and denial as an ultimate reason for avoiding evaluation.

- f. Outpatient: The norm for evaluation should be outpatient, that is, friars should be evaluated in the community by mainstream sources; they should not be sent away to residential treatment facilities no matter what these facilities claim to be able to do, and no matter what their reputation is (whether it be for treating "sexual addiction" or priest/religious offenders). The purpose for this preclusion is to get the best evaluations available; to avoid even the appearance of the "geographic cure" and of coddling an offender by sending him to a "country club"; to keep the friar's awareness connected to the community and not allow him to separate his offense from the people upon whom he perpetrated it; to conserve Provincial resources for the victims' needs (while attending to the friars'); and to avoid the risk and scandal of evaluation in a treatment facility that is later shown to be clinically incompetent and/or negligent in the supervision of patients and the safety of the community.
- g. Exceptions: Exceptions to outpatient evaluation and community placement would be cases in which an alleged offender is violent and needs a locked facility, or in which he is so substance-dependent that he needs sobriety prior to sexual offense evaluation, or in which a psychiatric condition (major depression, anxiety, suicidality, reactive psychosis, etc.) or characterological problem (e.g., avoidant or dependent personality) requires treatment before there can be evaluation for the reported offense. In such cases as the latter, inpatient treatment for such problem could be considered, but not in lieu of the sexual evaluation.

- d. It should not be "sexual addiction," 12-step or "self-help". The Board questions the efficacy and appropriateness of these treatment models for sexual offenders, due, among other things, to the lack of participation by trained professionals
 - e. Term: The length of treatment should be from two to five years, depending upon the severity of the offender's psychological and sexual disturbance; any program that alleges that it can do it sooner should be suspect and not used.
 - f. List: A list of appropriate treatment providers has already been provided the Province by the Board of Inquiry; the permanent board should look into expanding this list according to the diverse areas in the Province.
4. Prevention of Re-Offense/After-Care/Relapse Prevention: One of the main reasons for disclosing offenders is so that they may get treatment and, because of the treatment, be reasonably sure that they will not re-offend. However, treatment isolated to therapeutic work alone with a therapist in his/her office is not enough; complete treatment and preclusion of recidivism must include therapy, plus external social controls and reinforcement. This should be predicated on:
- a. Commitment on the part of the friar and the Province to change and control of the offender's sexual behavior should be paramount, not the "feeling good" of the friar, not a comfortable or convenient place to live, not the "getting this over with" discomfort of the offender.
 - b. The optimal situation is a program in one place, one friary/placement, where all friar offenders would go, located near a treatment program expert in sexual offense therapy (or, preferably, near several such treatment facilities). This placement would have a management team of monitors and

support personnel and a structure to assist behavioral, social, emotional, cognitive, and pastoral change and self-responsibility. Given the numbers of friars disclosed in this report and the statistical likelihood of future disclosures, such a placement facility would seem quite sensible and practical; and it need not cost the Province any more than attempts at individual placements. It could be done at existing facilities, say as a wing or part of a retreat center.

- c. Therefore, the Province of St. Barbara should establish its own Wounded Brothers program, possibly modeled after Bert Miller's program in the St. Louis area.
- d. During establishment of such a program, or if there are compelling reasons why creation of such a program is impracticable in the near future, the Province should establish, as the next best and significantly less viable alternative, a Comprehensive Relapse Prevention Program with the following elements:
 - (1) The central, governing feature is that each friar would be assigned to a comprehensive, multi-modal, outpatient sex abuse treatment program which consists of a group of professionals who operate in an ongoing, collaborative manner and provide the following services to the offender:
 - (a) Individual therapy;
 - (b) Group therapy;
 - (c) Assertiveness training;
 - (d) Stress reduction training;
 - (e) Psychiatric consultation and medication;
 - (f) Polygraphy; and,
 - (g) Plethysmography (or any successor test, e.g., Abel Screen).

- (2) Placement of friars shall be made to allow for participation in a outpatient program meeting the above criteria, rather than placing a friar and then trying to construct a program around the placement.
- (3) An individual friar's relapse prevention program should be directed and overseen by a Case Management Team consisting of:
 - (a) A designated representative from the outpatient treatment program;
 - (b) The friar deputed by the Provincial Minister to oversee and manage the Province's relapse prevention program on a Province-wide basis;
 - (c) The local superior of the facility where the friar is placed; and,
 - (d) A designated representative of the permanent board (known as the "Independent Response Team").
- (4) Each friar offender should be assigned a Monitor, who will:
 - (a) Be carefully and thoroughly screened, trained, and provided regular education on an ongoing basis;
 - (b) Be a lay person whenever possible;
 - (c) Report to and receive direction from the case management team, participating in team meetings, but without decision-making authority;
 - (d) Monitor and regulate the whereabouts and activities of the friar at all times, obtaining and maintaining written verification of thereof as necessary (e.g., attendance at therapy, workshops, work, etc.);

- (e) Be responsible for the friar's compliance with all applicable restrictions;
 - (f) Confront, support and encourage the friar as appropriate;
 - (g) Help the friar be more effective in, and supported by the friar's participation in the life of his placement community; and
 - (h) Keep the friar aware that his placement is a privilege, and if necessary, recommend termination thereof and transfer of the friar to a more restrictive and secure placement.
- (5) Unless a unified "Wounded Brothers" program has been established, no more than one friar should be placed at any facility, unless it can be clearly demonstrated that sufficient safeguards exist to allow for the secure placement of additional friars.
- (6) Guidelines, procedures and criteria with respect to secure ministry and secure work opportunities for friar offenders shall be modeled after and adapted from those of the Wounded Brothers program, St. Louis, Missouri.
- (7) Vocational (employment) counseling should be established for those friars who cannot safely be returned to ministry.

II. ONGOING RESPONSE TO VICTIMS AND FAMILIES

The primary issue in the abuse of minors is, of course, the effect on the victims and their families (including both emotional and spiritual effects). The Province should show concern for what has already happened to them by the abuse itself as well as by the disclosure process; additionally, the friars should attend to the chronic after-effects that will occur. This two-fold response, to both past and future, should minimally include the following:

- A. Pastoral Outreach: to past victims, where such has not already been done, and to any future victims who disclose, the Province should immediately attempt to reach out to and contact the victims in an empathic, concerned and supportive way. The victims should be shown genuine Christian loving concern for their emotional well being, as well as for their religious lives and belief. This would appear best done in an accepting and believing atmosphere rather than one fraught with suspicions about unfounded reports, disbelief, and adversarial positions. Though the victims may at times show great anger and resentment, the friars are urged to recall their vocation to be brothers of lesser estate and acceptance and service. Also the Province is urged to be aware of how fragile the faith of victims may be, and how an unmeasured or neglectful response by the friars could well aid in the death of that belief and thus further victimize those already hurt.
- B. Therapy: As a symbol of Gospel loving concern, the Province should be immediate in its offering and providing treatment specific to the needs of abuse victims. A process for this has already been established by the Board of Inquiry, and we offer it as a model for the Province to continue to follow.
- C. Support Groups: where possible and requested, support groups for victims, their families, Franciscan parishioners and laity (i.e., for the wider number of people negatively affected by the abuse's ripple effect) should be established to help healing of these victims, to provide true Franciscan service and concern for those hurt by the acts of fellow friars. The specific form of such groups should be affected by the particular needs of a given community. A model of one such effort has begun with the lay community around St. Anthony's Seminary.
- D. Revisiting St. Anthony's Seminary: For those wishing it as an effort to facilitate their healing, the frequent chance for victims and their therapists to visit the seminary, to review and recapture, according to the demands of their particular healing, should be afforded. Such a visit (or visits) can often

be important and powerful in recapturing and integrating assaults, in coming to terms with them.

- E. Apology Sessions: For both offender's and victim's growth and healing, it may be suggested by the victim and his therapist that there be a formal apology session between the victim and offender, with both therapists present, in a place and at a time of the victim's choice. The offender must be ready to accept total responsibility for his actions without placing blame elsewhere, e.g., alcohol, celibacy, or loneliness. The offender's therapist must have rehearsed with the offender, the latter's apology and gone over possible questions the victim might ask to be certain there are no thought-disordered comments or placement of blame on victims. Prior to the session, there should be written and agreed-to rules of procedure. It should be in a safe place for the victim (e.g., his therapist's office). The apology session can be preceded by a videotape of the offender apologizing to the victim in advance and/or a record of the actual session may be kept (e.g., audio or videotape). Such sessions allow the victim to tell the offender what he experienced and now thinks and feels, in an effort to recapture some power over the molestation. It allows the victim to ask the offender questions personally important to him, and it affords the offender a chance to openly accept responsibility, to admit his awareness of why what he did was abusive, and to respond to questions from the victim, outline a plan for amends, etc. The particular form of such sessions should be worked out on a case-by-case basis.
- F. Visible Accountability: In line with the above process, there should be some way that the victim and the extended affected community can be aware of how both the offender and the Province are taking responsibility. Thus there should be available to such interested parties information as to where the offender is in treatment, how he is doing, what, if any assignment he has or is planned, his plans for making amends. Additionally, information about the offender's HIV status may be of vital importance to the victim and should be shared. If the offender has not been tested, he should be so, for both his and the victim's benefit. (One is reminded that many offenders in the civil and criminal arenas are required by court order to undergo HIV testing for the knowledge and benefit of a

victim. Should any less be undertaken by a friar who has committed his life to love and service, who has violated that commitment and now wishes to right his wrongs?)

III. LAITY IN GENERAL

It would not be imprudent to suggest that the Province has some duty to aid in the assault on child abuse both within itself and in society at large. The latter call is due to both the involvement of members of the Province in the horror of molestation and to the more general call to religion in this regard. As Jade C. Angelica says:

I believe that the religious communities possess the opportunity and the power to name the atrocity of child abuse, to begin dismantling the denial, to offer solace to the victims and survivors, to insist upon accountability from the abusers, and to plant the seeds of universal outrage. I also believe that the religious communities are morally obligated to do so. "We didn't know" can no longer be accepted as an innocent excuse for not protecting our children. (A Moral Emergency: Breaking the Cycle of Child Sexual Abuse, p. xii)

Thus we are suggesting a two-fold response to the people and the Church with whom the Province comes in contact:

- A. Prevention: The Province should take upon itself to provide education and training in child abuse to parents, teachers, children in Confraternity of Christian Doctrine (CCD) and parochial schools and with its own employees.
- B. Resource Communication: The Province should also help to communicate to the public, both Catholic and not, the resources it has for those abused by fellow friars, to wit:
 1. The Independent Response Team (permanent board), its function resources and availability;
 2. The presence and availability of an ombudsperson, an independent lay person, trained in the area of child sexual abuse, who serves as

an additional contact to help in making report of sexual abuse within the Province and acts as an advocate and support within the reporting process;

3. The accessibility of the Provincial or his deputies to whom abuse by a friar can be reported and the provision of support and help through this office directly;
4. Information on the history of the problem within the Province, of the Province's response, of the purpose and goal of the Province's past, present and future response.

IV. PERMANENT BOARD ("INDEPENDENT RESPONSE TEAM")

The Independent Board of Inquiry Regarding St. Anthony's Seminary was established as a preliminary and temporary body to investigate and assess reports of abuse by friars at their minor seminary. Its purpose was also to set up a process whereby pastoral service could be provided to the victims (e.g., in the form of referrals and payment for treatment and the availability of a special pastoral agent) by the Province. Finally, its goal was to provide the Provincial with a report on its findings and recommendations. Part of the initial agreement with the Board was that when its term was over, there would be a permanent board established that would carry on its work as necessary regarding St. Anthony's Seminary and would handle any other such reports within the further confines of the Province.

The Board wishes to note regarding the permanent team:

- A. That a protocol for it was provided to us by the Provincial Minister and that we have responded with a suggested revised protocol (see Appendix, *Protocol for Independent Response Team for Sexual Misconduct and Abuse*);
- B. That special consideration must be given to the possibility that professionally mandated reports may be occasioned by future allegations and that a system for doing this must be set up. That in

its initial deliberations, the Response Team should determine a way to notify any people who come before it that allegations may have to be reported to the civil authorities (this is not an issue that this board had to face because all the people making allegations to us were adults and thus outside the purview of the Child Abuse Reporting law);

- C. That a neutral forum be established for talking with reported friars wherein their confidentiality be respected; That the fraternity in general be respected in its concerns for the impartiality of the Team's work; and that friars, too, be kept informed of the work and progress of the Team;
- D. That the Team develop a thorough protocol and description of the function and purpose of the ombudsperson (e.g., how this person is contacted, how he/she interacts with the Team, etc.);
- E. That it be clear to all coming into contact with the Team that any waiver of legal claims should not be a condition, nor the goal of the use of the ombudsperson or the provision of pastoral care or treatment through the Province;
- F. That it examine closely what should constitute a quorum and how this issue could impact its own process (i.e., should the quorum be a simple numeric one, or one by field, etc.);
- G. That it leave itself enough flexibility to deal with unforeseen issues, and new requirements or needs of victims and friar offenders.