

Report of the Task Force on Compassionate Care for Victims of Clergy Sexual Misconduct

Report to the 45th Convention, Diocese of San Diego

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Episcopal Diocese
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FEARLESS LOVE

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Bishop Curry's Words of Invitation from General Convention

Dear People of God,

The Church is the community of baptized followers of Jesus and his way. As such we have been called to embody and bear witness to that way and those teachings.

The Church community is therefore called to be a sanctuary where all are safe and honored as beloved children of God.

Tonight, we acknowledge the Church has failed her people. Bishops have failed members of the Church. Priests, deacons, laity, all members of the Church have failed our vows. Some have committed offenses against another, some have denied or covered up those offenses, some have silently observed and done nothing. We have sinned against God and one another. Bishops, as successors to the apostles, hold a particular responsibility for acknowledging our past and ensuring that the Church moves forward in a direction that is a witness to our loving, liberating, life-giving God. This evening we continue the work that has already started by offering a public witness, a time of lament and confession, and a commitment to move forward as the Body of Christ in covenant with one another.

Jesus said "As the Father has loved me, so have I loved you. Now remain in my love. If you keep my commands, you will remain in my love, just as I have kept my Father's commands and remain in his love."

I invite all of us into a time to listen with the ear of the heart. Let us offer this space as a sacred container for stories that are about abuse which should never have been.

There is pain in these stories, there is courage in the people who have offered them. Let us honor that courage and vulnerability and pain by our presence and commitment to this work.

We will not get this work perfect, we never will, but we can and do commit to striving at all times to live fully into our vows, our baptismal vows and our ordination vows, and when we fail, to hold one another accountable, to work for justice, and to work for reconciliation with God and one another. This is the work of the Church. This is the work of all God's people. This is the work we are called to by our loving, liberating, life-giving God.

The Most Reverend Michael Curry, Presiding Bishop
Words of Invitation from the Liturgy of Listening
The 79th General Convention of the Episcopal Church
July 4, 2018

Foreword

Nearly three decades ago, the Episcopal Church and certainly the Diocese of San Diego, heard a wake-up call that churches everywhere needed to address the challenges of clergy misconduct, and particularly sexual misconduct. At that time, many well-meaning people, including mental health professionals, chancellors (i.e. church lawyers), and clergy, came together to begin a long process of developing policies and procedures for recognizing and preventing sexual misconduct, and developing canon law to address how to handle the issues when they arose. Granted, in most instances, these endeavors were undertaken under the threat of losing insurance coverage. Nevertheless, it was the right thing to do.

Since that time, virtually every diocese in the Episcopal Church (at least in the U.S.) has developed and implemented policies and procedures geared toward prevention: Safeguarding God's People, Sunday school classroom supervision, windows in the doors of anyone offering pastoral counseling or guidance, and much, much more. In addition, the Church has been through at least two different iterations of the portions of the Canons of The Episcopal Church (specifically Title IV) dealing with how we handle these claims when they arise. These have been healthy steps.

During that time, however, one of the critical things we have not addressed much at all is how these processes, rules, and canons have impacted the people bringing their claims to the church and how the church has responded to them. The fact of the matter is, we have failed them. As a Chancellor, a church leader, and policy maker, I raise my hand and proclaim, "Guilty as charged," or more appropriately, "I am so sorry, from the bottom of my heart." But I have always said that an apology without an intent to change your behavior is an empty apology.

And so a process has begun to reach out to victims and survivors of clergy sexual misconduct to ask the really simple yet critical questions: "What do you need?" and "How can I help?" A great deal of what we have learned is contained in these pages. One of the first things we discovered is that we have had very limited access to the victims themselves. We are told the church is trying to protect them. It feels more as though the church is somehow afraid of them and what we might learn from them.

This report was borne of love and pain and research and hard work and soul-searching and listening. I implore you to read every word and take it to heart. It calls for some very important work to be done so we, as a church that proclaims to be a member of the Jesus Movement, can begin to heal and stop the retraumatization of people who come to us for care and support and justice. This is our family. Please, let us respond to God's call to love one another.

Faithfully,

Polly Getz

Vice Chancellor, Diocese of San Diego

Immediate Past Chair, Standing Commission on Structure, Governance, Constitution and Canons

Member, Executive Council of the Episcopal Church

Member, Original team drafting the Policies & Procedures for the Diocese of San Diego

Executive Summary

This report is presented by the Task Force on Compassionate Care for Victims of Clergy Sexual Misconduct in response to the mandate of Resolution 17-04¹ of the 44th Annual Diocesan Convention. Specifically, this task force was constituted and charged with identifying best practices for safeguarding persons who report clergy sexual misconduct, focusing on a trauma-informed care approach, and submitting recommendations to the Standing Committee, the Executive Council, and the 45th Diocesan Convention.

The task force has five members, representing both laity and clergy.² The majority are themselves victim/survivors of clergy sexual misconduct. Two have been through the reporting process within this diocese within the past eight years.

Our findings reveal that we, in this diocese, are very far from “getting this right.” In this diocese, as elsewhere, retraumatization is prevalent and systemic. Despite having very well-meaning people involved in the church response, we are causing significantly deeper harm to those who step forward to report. This finding is in contradiction to the statement, “A victim has a right to expect our faith communities to respond with the love and compassion of Christ,” which was affirmed by resolution at last year’s Convention.

How do we fix this going forward? Building on their prior experience and knowledge, our members have been meeting and researching extensively since January, 2018. As part of our research and networking, we reviewed studies by mental health and social work professionals on preventing and responding to clergy sexual misconduct. We studied the U.S. Navy’s model Sexual Assault Case Management Group and its role in reducing retraumatization of sexual assault victims. We also had conversations with leaders in several other dioceses, including some who had recently been intimately involved in clergy sexual misconduct events. We harvested what we could from all of these sources, including our recommended Pastoral Response Team, which is modeled after a similar, successful team created many years ago in the Diocese of North Carolina.

In the report that follows, we make three core recommendations that we strongly urge the diocese to adopt. To be successful, all three must work in tandem. Approval of only one or two would ensure that victims continue to be retraumatized, suffering further harm by and through the process of reporting clergy sexual misconduct.

It is important to note that our support for these recommendations is unanimous. Although our experiences vary, and we have had very robust discussions, we all agree that what we propose is the best path forward.

¹ Resolution 17-04 is contained in Appendix I.

² Further information about the members of this task force can be found in Appendix II of this report.

In particular, this path takes a three-pronged approach:

1. *Education*

Realizing that we cannot solve the problem of retraumatization of victims/survivors of clergy sexual misconduct if people don't even recognize (much less understand) it, we propose the development and dissemination of a leadership educational program on clergy trauma and trauma-informed care in the context of clergy sexual misconduct. This would include education on both institutional and interpersonal retraumatization.

We also recommend more broadly providing education on clergy sexual misconduct through periodic congregational meetings. Current evidence shows widespread misinformation or no information at all in congregations. This makes congregations vulnerable to abuse themselves, but also nearly certain to create environments which are hostile to those who report misconduct.

2. *Victim-focused Compassionate Care Team*

To provide the most assurance that victim/survivors who report will not face institutional retraumatization, we recommend the immediate creation of a Compassionate Care Team. The membership should be interdisciplinary, including a significant number of victim/survivors with an intimate understanding of retraumatization. When a Title IV complaint has been made, this team would serve as a hub for all diocesan personnel that have any responsibility in support of the Complainant, so that application of best practices, consistency, and accountability would be ensured.

In general, this team would also serve as the diocesan resource on all matters related to trauma-informed care within the context of clergy sexual misconduct. Its ongoing role would include continuing to develop and socialize best practices, steering the diocese towards the ultimate goal of ending all retraumatization.

3. *Congregation-focused Pastoral Response Team*

Finally, our research and experience shows that primary victim/survivors will continue to be retraumatized if the affected congregation is not professionally guided through the very difficult work of healing from its own trauma that results from clergy sexual misconduct. This work is not currently being effectively done, and it will require a different skill set than that proposed for the Compassionate Care Team. Therefore, we recommend the establishment of a Pastoral Response Team. This team could have broad utility for any situation within the diocese that requires a concerted pastoral response. However, in the event of clergy sexual misconduct, it would be the primary resource for guiding the congregation through its grief and healing.

Our recommendations specifically do not include a comprehensive checklist of best-practice do's and don'ts. When the problem is systemic, a checklist would be impractical and ineffectual; it would merely treat the symptoms and not the problem. To treat the problem, broader change is required.

Though not a checklist, this report does include a series of thoughtful, in-depth pieces that should inform best practices, while also helping to provide insight into the breadth and depth of this trauma and how our current response retraumatizes. Each of these pieces has substantial educational and practical value on its own. Together they comprise the start of a catalog which should expand as we move forward.

The work of this task force has shown unambiguously that much work needs to be done. The structure that we propose is not in conflict with Title IV, but rather, is complementary to it. Title IV provides, in some detail, for the receipt and adjudication of a report of clergy sexual misconduct. In addition, it emphasizes that the church response should promote healing and reconciliation. It seems quite clear that if victim/survivors who report misconduct end up leaving the church, feeling estranged and more battered than they did when they initiated the report, then whatever response is occurring is not, in fact, promoting healing and reconciliation. We are called to do better than this. Title IV itself tells us to do better than this.

The solution begins with acknowledging the trauma resulting from clergy sexual misconduct and educating ourselves on ways to prevent the current pervasive and systemic retraumatization of our sisters and brothers who, loving and trusting the church, bravely step forward seeking justice. Through the implementation of our recommendations, we will design a compassionate response that cares for victims responsibly and holistically, in a trauma-informed manner, both during the Title IV process and in the aftermath as they heal from the trauma. At the same time, we will also be proactively helping to heal the impacted community. This is the response that truly promotes healing and reconciliation. This is what is required of the Body of Christ.

Findings

In our research, we did not find any church or denomination that is “getting this right.” Some are doing better than others in one aspect or another, but retraumatization of Complainants appears to be the rule, rather than the exception. This is true of our diocese as well.

1. Clergy sexual misconduct is a severely traumatizing event *whether or not physicality is involved*. The trauma is so severe that Post-Traumatic Stress Disorder often results.
2. The church’s response at every level (including everything from the diocesan “administrative” response to well-intended, but harmful words from fellow congregants) most often very significantly heightens (rather than diminishes) the primary victim’s trauma.
3. Even when churches or denominations have a process in place (such as Title IV) for hearing and adjudicating misconduct complaints, the application of that process is neither uniform, consistent, nor trauma-informed.
4. Every denomination (and likely every diocese) has experience with clergy sexual misconduct, but we have found no evidence that they are pooling their combined, extensive experience and knowledge to build an effective, compassionate, consistent, trauma-informed response. Instead, the response is often haphazard, reactive, amateurish, disjointed, and dependent on persons who may have no experience at all in dealing with either trauma or clergy sexual misconduct. In the absence of responders who are properly trained and educated, the Complainant is effectively treated as though this is the first case ever reported, and everyone is learning at her or his expense. By the time the next case arises, the responders often consist of an entirely new, inexperienced crew. This is certainly the case in the parish itself, if not always at the diocesan level. This reactive and unprofessional care is severely retraumatizing, repeating and increasing the harm done by the original trauma of clergy misconduct.
5. For a given victim, there is no “continuum of care” structure; the response is not holistic. Among other things, this means that when a Complainant is retraumatized at one step by one person, even if she/he clearly points out the retraumatization, it is unlikely that the lesson learned will be communicated to the next person in the support stream, so the individual is likely to be retraumatized repeatedly, even in the same way, by numerous people.
6. The effect of retraumatization is cumulative. What may appear to be a relatively small slight in isolation, when taken in the larger context of the entirety of the victim’s experience, the effect may be devastating.
7. Grooming is not merely a warning sign. It is, on its own, traumatizing clergy misconduct:
 - ◆ Victims of grooming suffer the trauma of having their spiritual context and spiritual relationships damaged, just as much as if the misconduct had been the more commonly understood physical assault.
 - ◆ Predators are usually skilled at choosing victims whom they perceive to be manipulable. They will approach someone they believe will succumb to grooming, escalating sexualization of the

relationship, and escalating misconduct. However, sometimes the predator miscalculates and chooses a victim who does not respond in this way, but rather blows the whistle before the misconduct has advanced to a more egregious level, physical or otherwise.

- ◆ When the victim reports this grooming behavior, the behavior is often deemed "not bad enough" by authorities who give the perpetrator a slap on the wrist instead of appropriately disciplining him.
 - ◆ Not taking seriously the damage caused by grooming minimizes the trauma borne by the victim/survivor, thereby causing retraumatization.
 - ◆ When a report of grooming is not taken seriously, the perpetrator is free to continue grooming others who may well succumb to the manipulation. We have seen numerous cases in which, if grooming had been taken seriously earlier, later, more egregious misconduct could have been prevented.
8. There are no effective safeguards or consequences utilized to ensure that an accused cleric will not manipulate the congregation or even the Complainant's family during the Title IV process. In fact, this has occurred within this diocese.
 9. The Title IV process currently has no clear time frames for completion of any steps, much less the entire process. Dragging the process out for many, many months deepens and extends the Complainant's trauma.
 10. Once a report is made, it may be extremely important for the Complainant—who is experiencing trauma and spiritual wounding—to be able to continue to participate as a full member of her/his home parish during this extremely difficult time. This is important for the Complainant's current and long-term well-being. It is often extremely difficult. If the accused cleric is not put on administrative leave, it is impossible.
 11. When clergy sexual misconduct occurs, a secondary effect is that the congregation itself is traumatized. Within this diocese (and, likely, within the church at large), there is no evidence of a program in place to steer the impacted congregation through the very difficult work of understanding, accepting, and growing in community after the betrayal that clergy sexual misconduct represents. This is a serious, sacred, time-consuming, long-term undertaking. The responsibility for congregational healing appears to be left entirely to the resident clergy who may be at a loss as to how to deal with denial and consequently just want the problem to disappear as quickly and quietly as possible. This is antithetical to trauma-informed care; it is detrimental to the short- and long-term health and vitality of the congregation; and it results in the creation of a hostile environment for the primary victim.
 12. Absent central, experienced leadership, neither parish clergy nor lay leaders appear equipped to deal with the trauma of clergy sexual misconduct in a healthy manner. The result is a fostering of denial and anger, and scapegoating of the Complainant. A victim cannot heal within a community that is not openly and properly guided through the recovery process in a healthy manner. The community will not heal either, though the damage to the primary victim is dramatically more severe.

13. Retraumatization of the Complainant appears to be systemic in the church. Ill-advised and harmful actions and responses to the victim are common among congregants, clergy and Title IV responders alike. Within the recent history of our diocese, both clergy and lay leaders have actively shunned reporting victims.
14. In the absence of education and appropriate leadership in this matter, misconceptions about clergy sexual misconduct are commonly fostered and perpetuated. These misconceptions are exceedingly harmful to the victim, to the congregation, and to the church at large. Within this diocese, these misconceptions include:
- ◆ My priest couldn't have done it because he was always good to me
 - ◆ Women imagine these things
 - ◆ A good pastor is being excessively punished for "an affair"
 - ◆ She (the victim) needs to learn to forgive.

Among both clergy and parishioners, these myths commonly displace the facts, which are:

- ◆ As with teaching and counseling, the ministry is a profession that attracts a certain number of predators due to (among other things) unquestioned respect and easy access to vulnerable people. In contrast, the common narrative is that the perpetrator is "a good man" who was "tempted," implicitly making his victim a temptress.
 - ◆ By definition, a predator is manipulative. This is very commonly overlooked; instead victims are treated as though their own defects somehow allow them to be taken advantage of. In reality, beyond his primary victim, the skilled predator may continue to manipulate those involved in the Title IV process as well as those within the parish.
 - ◆ Clergy sexual misconduct is not an affair. As noted by the FaithTrust Institute, "Sexual contact or sexualized behavior within the ministerial relationship is a violation of professional ethics. There is a difference in power between a person in a ministerial role and a member of his or her congregation or a counselee. Because of this difference in power, you cannot give meaningful consent to the sexual relationship."³
 - ◆ Reconciliation between the victim and the offender is rarely appropriate and certainly should not even be suggested except by a licensed mental health professional who is treating the victim. The reconciliation on which the church response should focus instead is the reconciliation of an abused and traumatized congregant, spiritually, as well as to the church.
15. While Safeguarding God's People training is widely familiar and mandatory for church leaders, within this diocese there is no standard education about clergy trauma or about how to appropriately respond to clergy sexual misconduct to prevent retraumatization.

³ FaithTrust Institute, "Abuse by Clergy FAQs." Available online at <http://www.faithtrustinstitute.org/resources/learn-the-basics/ce-faqs> (accessed July 1, 2018).

16. Within the larger church in general and in this diocese in particular, there seems to be confusion between confidentiality (which protects the victim) and secrecy (which protects and enables the abuser).
17. In an era in which it is increasingly understood that openness and transparency promote accountability, there is very little transparency into this diocese's record of response to incidents of clergy sexual misconduct, both historic and recent.
18. When an incident of clergy sexual misconduct is reported, the accused is sometimes allowed to control the communication and thereby drive the narrative, to the detriment of the victim, the congregation, and the truth.
19. Although peer support is critical to a victim/survivor's healing (and is one of the key principles of trauma-informed care), the diocese does not facilitate peer support and, in fact, serves as an obstacle to its occurrence. While there are local chapters of national organizations for survivors of childhood clergy sexual abuse, there is no practical, local means for survivors of adult abuse to meet one another for support. For a victim/survivor's well-being, there is no substitute for peer support.
20. The diocese appears to take seriously the situation in which a (non-clergy) sex offender wishes to participate in a faith community, but does not apply the same (or any consistent) standard in the case of clergy offenders.
21. It has sometimes been the case that insufficient discernment has occurred in choosing either the chaplain or the Title IV Advisor for the Complainant. Once assigned, if the Advisor or chaplain decides that he/she cannot serve in that capacity, their leaving the process is likely to be seen as abandonment by the traumatized victim/survivor and is retraumatizing.
22. Within this diocese, victim/survivors have sometimes been asked to pay a fee for rituals or services that have been offered or requested specifically as an aid in healing from clergy sexual misconduct. This gives the appearance of the church's monetizing sexual misconduct rather than accepting responsibility for its role in it. This sends the wrong message, further erodes the victim/survivor's ability to trust the church, and is consequently damaging.
23. This diocese has been inconsistent in its willingness to pay for therapy for victim/survivors.

Trauma, Retraumatization, and Trauma-informed Care

Clergy sexual misconduct often results in trauma for the primary victim. (This is true whether or not there is physical contact involved and whether the victim is an adult or a child.) More often than not, the church's response does further harm, increasing the trauma. Both the initial trauma and the church's retraumatization are emotionally, spiritually, and psychologically damaging to the victim/survivor. This experience is not just painful; it is damaging.

Our findings show that the retraumatization of victim/survivors is thorough, broad, and systemic. It is often done by well-meaning people. It is committed by all of us: bishops, Title IV Advisors, chaplains, priests, preachers, congregations, the system itself. In thought, word, and deed, by what we have done and what we have left undone, we are further damaging those who turn to the church for help.

We can all agree that this is not what the church's response should be. Persons who have been violated by a cleric and turn to the church to seek justice and spiritual healing should not leave even more damaged than they arrived.

Why is this happening then? Our intent is to be healing and reconciling as well as to deliver justice. Yet the reality is that retraumatization not only occurs, but that it is systemic and nearly universal. This extreme dichotomy would suggest that there is a lack of understanding about what trauma is and how retraumatization occurs. Consequently, we need to start with education.

What is trauma?

Individual trauma results from an **event**, a series of events, or a set of circumstances that is **experienced** by an individual to be physically or emotionally harmful or life-threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.⁴

The three E's of trauma are:

- ◆ event
- ◆ experience
- ◆ effects

To expand on this definition: **Events** and circumstances may include threats to physical or psychological health (e.g., natural disasters, violence, or sexual exploitation) or severe neglect for a child that impairs healthy development. The events and circumstances may be isolated or repeated over time.

The individual's **experience** (how the individual perceives or assigns meaning to an event, and how much it disrupts her or his life) helps to determine whether the event is traumatic. Traumatic events

⁴ Much of our information on trauma and trauma-informed care is taken directly from material published and openly shared by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services ("SAMHSA"), especially *Concept of Trauma and Guidance for a Trauma-Informed Approach*, prepared by SAMHSA's Trauma and Justice Strategic Initiative, July 2014. This is available online at <https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf> (accessed Sept. 24, 2018).

involve a power differential in which one entity (an individual, an institution, or a force of nature) has power over another. The experience of powerlessness may lead to feelings of humiliation, guilt, shame, betrayal, or silencing. Depending on a range of factors (for example, previous trauma, availability of social supports, or developmental stage), two different individuals may experience the same event in very different ways.

Adverse **effects** of an event are a critical component of trauma. Adverse effects may occur immediately or have a delayed onset; they may fade quickly or become a long-term chronic health issue. The individual may or may not recognize the connection between the trauma and the effects. Examples of adverse effects include inability to cope with the normal stresses of daily life, inability to form or maintain relationships, decline in cognitive ability, or inability to regulate behavior. Besides these more noticeable effects, trauma can change an individual's neurobiology and may significantly impair the person's physical or mental health. Symptoms such as hypervigilance, numbing, or avoidance can wear a person down and consign him or her to a limited life. Finally, trauma can cause individuals to question their spiritual beliefs and may leave them unable to make sense of their experience.

One of trauma's most devastating effects is loss of the ability to trust. After traumatic events of human design, particularly if the perpetrator was known and trusted, victims often seek refuge in denial or "forgetting." This may make them feel that they no longer know what is real. Dr. Bessel van der Kolk writes, "In order to know who we are . . . we must know (or at least feel that we know) what is and was 'real.' . . . We must be able to trust our memories. . . . Erasing awareness and cultivating denial are often essential to survival, but the price is that you can lose track of who you are, of what you are feeling, and of what and whom you can trust."⁵ After traumatic events, victims have a hard time trusting others, their memories and perceptions, and even themselves.

The trauma generated by clergy sexual abuse has been compared to that of incest.⁶ Both forms of abuse:

- ◆ Are a betrayal of an essential and sacrosanct relationship and role;
- ◆ Are a violation of responsibility to protect;
- ◆ Are a misuse of authority, power, and knowledge;
- ◆ Prey on and exploit those who are vulnerable;
- ◆ May be recurring and escalate over time.

Typically, it is easier for us to understand that incest results in severe trauma. For some reason, we seem more resistant to accept the same of clergy sexual misconduct. Nevertheless, in our role of being the church, it is important to remember that it is not our job to understand *why* the trauma occurs, but it is our job to accept *that* it occurs. Once we accept that the trauma occurs, it becomes possible for us to understand that retraumatization occurs in the church response and, more importantly, how to avoid it.

The Church Response

In a fractured state, victims of clergy sexual abuse approach the church—the very institution that caused their trauma. They come with trust already impaired; they are very much on guard, watching for

⁵ Bessel A. Van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York, NY: The Penguin Group, 2014), 134.

⁶ Christine A. Courtois, *Clergy Abuse: Betrayal and Relational Complex Trauma*, available online at <https://www.slideserve.com/lexine/clergy-abuse-betrayal-and-relational-complex-> (accessed Sept. 24, 2018)

evidence that the church is their enemy too. The church has a daunting task: to approach victim/survivors in a way that will build their trust, or at least protect the little trust they have left.

Unfortunately, churches almost universally fail at this. Church processes, when they exist at all, tend to focus on fact-finding and discipline of clergy offenders and to pay little or no attention to the trauma suffered by the victim/survivor. In a 2015 study by Baylor University,⁷ fewer than 10% of clergy sexual abuse survivors who reported the abuse found their church's response helpful. Only 15% of survivors believed that the church investigated their reports thoroughly. Almost 90% felt the church kept them in the dark throughout the process. Most victims agree that the church response caused even more harm than the original abuse.

Our findings confirm this: our diocese is failing to care for the women and men who report abuse by clergy. Why should we care about this? We could talk about tangible losses (damage settlements, canceled pledges, and memberships), but the real loss is spiritual. As church, we are called to care for "the least of these" as we would care for Jesus. When we drive our own wounded away through careless or callous mistreatment, we may not feel their pain or even miss them, but their loss is nonetheless very much our loss too. We can and must do better.

As a church, in the context of clergy trauma, we have been blind to what, outside of the church, has become the standard among individuals and organizations who intersect with victims of trauma. That standard is a framework known as "trauma-informed care." Acknowledging this as the current standard, Resolution 17-04 requires that recommendations of this task force reflect a trauma-informed approach.

What is Trauma-informed Care?

In 2014, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) recognized the heavy burden that trauma creates for individuals, families, and communities, and the challenge this trauma poses for public institutions and service providers. In response, SAMHSA formed the Trauma and Justice Initiative Workgroup to develop a clear, workable concept of trauma and a trauma-informed approach to help institutions ease the impact of trauma among their clients. The workgroup relied on trauma-focused research, real world best practices, and insights from trauma survivors who had sought care in a variety of environments.

The framework of trauma-informed care consists of six principles:

- ◆ A sense of safety
- ◆ Trustworthiness and transparency
- ◆ Peer support for the victim
- ◆ Collaboration and mutuality
- ◆ Empowerment of victims and their voices
- ◆ Attention to cultural, historical, and gender issues

⁷ In 2015 the first national survey of adult survivors of clergy-perpetrated sexual abuse, who had reported the abuse to their church, was conducted by The Diana R. Garland School of Social Work, Baylor University. The study focused on how the church response affected those who reported. This Clergy Sexual Abuse Research study is available online at https://www.baylor.edu/social_work/index.php?id=941255 (accessed July 1, 2018).

These principles are readily adaptable by any institution. In fact, many sectors of society already use these principles. An internet search of the words “trauma informed care” will yield links to articles about trauma-informed teaching, medicine, social work, courtroom work, policing, correctional care, and more. Trauma-informed care is offered to refugees, immigrant children, children in state custody, crime victims, and survivors of everything from domestic abuse to natural disasters.

In trauma-informed churches, ministers learn how to support congregants who have survived trauma in other environments. But this task force was unable to find any faith-based organization offering trauma-informed care to its own victims.

As a diocese, we have already resolved to offer “compassionate care” to victims of clergy sexual abuse. If we are to honor this in actions as well as words, then we must further resolve to transform ourselves into a trauma-informed body.

How do we become a trauma-informed diocese?

According to the SAMHSA workgroup, “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in . . . [Complainants, families, congregations, and staff]; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist retraumatization.”⁸

The four R’s of a trauma-informed organization are realization, recognition, response, and resisting retraumatization.

- ◆ **Realization:** In a trauma-informed diocese, leaders at all levels have a basic realization of how trauma can affect individuals and congregations. They recognize that seemingly dysfunctional behaviors may be coping mechanisms developed in order to survive overwhelming adversity. They understand that trauma may be linked to spiritual and psychological issues, and that prevention is as important as treatment and recovery.
- ◆ Leaders **recognize** the signs of trauma, which may be gender-, age-, or setting-specific.
- ◆ The diocese **responds** to this understanding by applying the principles of a trauma-informed approach to all areas of functioning. Every part of the church uses language, behaviors, and policies, reflecting awareness that all victims of clergy sexual misconduct (as well as secondary and tertiary victims) may have been affected by trauma. Policies and procedures promote a culture based on beliefs about resilience, recovery, and healing from trauma.
- ◆ A trauma-informed approach seeks to **resist** retraumatization of Complainants and congregations. Leaders are aware that organizational practices (or even liturgies) may trigger painful memories and retraumatize the victim/survivor.

⁸ SAMHSA’s *Concept of Trauma and Guidance*, 9.

- ◆ For example:
 - ◇ If the abuse included requiring the victim to keep secrets, a church practice of asking Complainants to refrain from speaking of their experiences to others is likely to retraumatize Complainants.
 - ◇ Having experienced an extreme abuse of power within the church, a victim/survivor is likely to be retraumatized by overt reminders of the church's power structure and the inherent power of clergy. This would include using a title or honorific in reference to the Respondent during a Title IV investigation.
 - ◇ It is common for a victim/survivor to feel not only embarrassed but also shamed and even "dirtied" by the clerical abuse or misconduct. Any practice or behavior that appears to exclude victim/survivors (for example, by making them unwelcome in their home church) would retraumatize by reinforcing their sense of isolation and "dirtiness."
 - ◇ Because they echo the enormous betrayal of trust that any clergy sexual misconduct represents, seemingly small contradictions or inconsistencies between what is said and what is done in the church response is likely to breach that trust again and retraumatize.

A diocese that commits to these values will be better equipped to offer trauma-informed care. The effort will take courage, effort, and resources. It will involve:

- ◆ **Leadership:** an identified point of responsibility within the diocese to lead and oversee the transformation effort; a champion of the cause with meaningful resources at his or her disposal
- ◆ **Policies** establishing a trauma-informed approach as an essential part of the mission of the diocese
- ◆ **Engagement and involvement of Complainants/victims/survivors** and their families
- ◆ **Collaboration across functions** so that a traumatized person isn't handed off to an individual or group who is not trauma-informed
- ◆ **Training and workforce development**, including support for staff and volunteers who may have suffered trauma
- ◆ **Provision of resources** to implement and maintain trauma-informed care throughout the diocese
- ◆ **Monitoring and evaluation** to ensure that all interactions with Complainants really do meet the "trauma-informed" standard.

If adopted, the combination of recommendations in this report will establish the structure necessary to transform us into a trauma-informed diocese.

Recommendations

Recommendation 1: Education

Establish Model Program for Education of Leadership in Trauma-informed Care, and Educate Congregations on Clergy Sexual Misconduct

Retraumatization occurs at two levels: institutional and interpersonal. The institutional level is systemic, and occurs when the system itself retraumatizes, usually by those in leadership not following best practices and professional standards regarding communication, confidentiality, process, or follow-through, generally due to a failure to understand the nature of trauma. Interpersonal retraumatization occurs when individuals in the community (parish or diocesan, leadership or not) wittingly or unwittingly behave or speak in harmful ways.

Our findings indicate that retraumatization is endemic within this diocese. Widespread retraumatization of victim/survivors is happening, not because the diocese is full of willfully cruel people, or because systems and processes were designed specifically to inflict harm on persons who file misconduct reports. Rather, the fact that retraumatization is occurring and happening so consistently and thoroughly is indicative of a lack of education and knowledge surrounding this entire subject. The uninformed and misinformed include diocesan leadership, clergy, staff, lay leaders, and entire congregations. Our ignorance is making it unsafe for victim/survivors to report clergy abuse to the church.

In addition, we have found widespread misinformation about the nature of clergy sexual misconduct itself, especially among, but not limited to, congregations. Ignorance within congregations about the nature of clergy sexual misconduct is dangerous. (Someone who thinks that misconduct is “an affair” or that “Father X couldn’t have done it because he has always been good to me” is no match for a predator’s grooming and is consequently vulnerable to abuse her or himself.) Both misinformation and no information make congregants vulnerable, but this also makes them almost certain to retraumatize. If we are to make the church safe, we recommend that several new educational programs be introduced within the diocese.

1. Diocesan Leadership as well as Vestry and Chapter members should be required to participate annually in education on the trauma inflicted by clergy sexual misconduct, the devastating impact of retraumatization (and ways to prevent it), and trauma-informed care as it relates to sexual misconduct in the church.

For our purposes, “Diocesan Leadership” includes:

- ◆ Diocesan staff
- ◆ Standing Committee
- ◆ Executive Council
- ◆ Disciplinary Board
- ◆ All persons with roles in the Title IV process, such as Intake Officers and Title IV Advisors (if known)
- ◆ All clergy, both resident and licensed
- ◆ Faculty and students of the School for Ministry

- ◆ Pastoral Response Team
- ◆ Compassionate Care Team.

The educational program should provide an understanding of:

- ◆ The trauma of clergy abuse, including trauma to both the primary victim(s) as well as to the congregation
- ◆ Institutional and interpersonal retraumatization of the primary victim
- ◆ Trauma-informed care as it applies to sexual misconduct in the church
- ◆ Best practices for applying trauma-informed care at both the institutional and interpersonal levels
- ◆ How the church can help in the healing of the primary victim and the congregation.

We recommend this training be provided at specially planned events, at least two offered annually. Assuming adequate time is available to cover the material, the events may include Clergy Conference, Diocesan Convention, and Leadership Academy. It is important that this educational program be in-person, group workshops, as opposed to individual, virtual sessions.

Once established, this education should be open to anyone who wishes to participate, whether or not they are in leadership roles.

2. Parish Leadership should be required to participate in an annual education program, covering the same topics as the curriculum for Diocesan Leadership, although some topics may be presented in less detail (as relevant to differences in leadership roles).

For our purposes, “Parish Leadership” includes:

- ◆ Lay staff
- ◆ Licensed Lay Leaders
- ◆ Lay leaders who participate in pastoral care ministries such as Stephen Ministry, Order of St. Luke, and Healing Prayer Teams
- ◆ All who are canonically required to participate in Safeguarding God’s People
- ◆ In some contexts, it may be wise to engage other major parish organizations such as Daughters of the King.

(Note that Vestry and Chapter members are excluded from “Parish Leadership” because they should receive the Diocesan Leadership training instead.)

We recommend Parish Leadership be trained at the annual Leadership Academy.

3. Annual education within each parish, designed to create a diocesan culture of awareness which should help prevent clergy sexual abuse in the first place, and also form a supportive environment for Complainants when abuse does occur.

This education will overlap with the Safeguarding God’s People program, but will have differences in both content and style. Safeguarding God’s People educates leaders on prevention, but leaves most of our membership unaware of the nature of clergy sexual misconduct as well as best practices for prevention. This ignorance makes them vulnerable to victimization and also enables a culture that has been found to retraumatize Complainants. A program that educates only leaders about a danger

faced by all is a patronizing program; it leaves the membership more vulnerable.

In this new program, the curriculum itself will provide less-detailed, but necessary education to a broader audience. At the same time, the nature of the program (i.e., conversational, parish-wide, interactive discussions) is designed to transform the culture of our communities. The current atmosphere surrounding the concept of clergy sexual misconduct is marked by misinformation, secrecy, and mystery. A goal of this educational program is to replace that atmosphere with one of awareness and transparency. This should reduce the likelihood of misconduct, while helping to hold leadership accountable, from the bottom up, for the implementation of prevention best practices. At the same time, replacing ignorance with knowledge and secrecy with transparency would create an environment more supportive of the Complainant should misconduct occur.

This education must include:

- ◆ A clear definition of clergy sexual misconduct
- ◆ Information about sexual grooming
- ◆ Clarity about clergy sexual misconduct as an abuse of power and why that power differential means consent is never possible
- ◆ The responsibility of the clergy to maintain boundaries
- ◆ The dangers of dual relationships and the importance of avoiding them
- ◆ An open discussion of what measures the congregational leaders currently take to prevent clergy misconduct and how this compares with Best Practices from an independent authority such as Baylor University or FaithTrust Institute
- ◆ The process for reporting misconduct, including information about the availability of the titleiv.org navigation tool
- ◆ The trauma that results from clergy sexual misconduct
- ◆ The responsibility of all congregants to contribute to a supportive environment for Complainants.

This education should be mandatory for all parish clergy, staff, and Vestry or Chapter members. For the broader congregation, the event should be scheduled and promoted in a way designed to maximize attendance. Advertising that it is mandatory for clergy, staff and Vestry would highlight its importance and could persuade more to attend.

Recommendation 2: Assign to a Compassionate Care Team the Accountability for Trauma-informed Care and Prevention of Retraumatization

There currently is no accountability for the prevention of retraumatization of a victim/survivor by the church. We have seen that, without a single entity's assuming responsibility, retraumatization is endemic. Our strong, central recommendation is that the diocese create and support a Compassionate Care Team which will assume that accountability.

Effective accountability implies responsibility but requires empowerment as well. This means that, in order to fulfill its responsibility, the Compassionate Care Team must be given the tools as well as the support of diocesan leaders to achieve its goals.

Compassionate Care Team Goals

Eliminate⁹ institutional retraumatization by:

- ◆ Establishing a trauma-informed care framework within the diocese
- ◆ Pooling diocesan experience and knowledge of the victim/survivor experience and “paying it forward” to build effective strategies and protocols to better serve future Complainants
- ◆ Ensuring continuity of care to the Complainant during and after the Title IV process
- ◆ Ensuring the church's actions match its words
- ◆ Providing necessary support and guidance to those in Complainant-supporting roles during the Title IV process
- ◆ Creating a process for ensuring documentation and communication of resolution of Title IV sexual misconduct complaints, eliminating the current dependency upon the memory of diocesan personnel, or parish staff and leadership
- ◆ Serving as the diocesan resource for clergy sexual misconduct and trauma-informed care in this context.

Compassionate Care Team Appointment and Composition

The Compassionate Care Team will be an interdisciplinary, standing team. Initial team members will be appointed by the president of the Standing Committee, the diocesan bishop, and the Canon to the Ordinary, in joint consultation and majority agreement. (When one of those three roles is vacant, the appointment may be made by unanimous agreement of the remaining two.)

Subsequent appointments may be made by the president of the Standing Committee, the diocesan bishop, and the current or immediate-past leader of the Compassionate Care Team, in joint consultation and majority agreement. (The Compassionate Care Team will choose its team leader[s] internally.)

Requirements for appointment to this team include:

- ◆ A strong commitment to the goals of this team and, in particular, to the compassionate care of victim/survivors and the prevention of their retraumatization;
- ◆ The ability and willingness to perform both a regular, periodic role as well as, at the time of a Title IV complaint, to make her/himself available on a very frequent (and sometimes, short-

⁹ Our goal must be to eliminate retraumatization. In all likelihood, the best we can do will be to minimize it, which would still represent a very significant reduction in harm done.

notice) basis to fulfill the team's obligation to be accountable for ensuring a safe, effective, consistent environment, in a timely manner, for the Complainant;

- ◆ A willingness to speak hard truths within the team, as well as to diocesan leadership.

The composition of the Compassionate Care Team will be:

- ◆ A mental health professional with significant professional experience in trauma, especially in the context of either clergy trauma, sexual assault, exploitation, or harassment;
- ◆ A lawyer with professional experience in sexual assault or sexual harassment; [The mental health professional and attorney are chosen to represent the perspective of their professions. To maintain independence for this team, each should be substantially independent of routine diocesan consultations.]
- ◆ A clergy person chosen to represent the perspective of a pastor;
- ◆ A significant number of victim/survivors of clergy sexual misconduct, who are willing to build on and teach from their experience and are chosen to represent the perspective of a victim/survivor, including an intimate knowledge of retraumatization;
- ◆ One member from another denomination or faith tradition, who meets the same basic requirements as the other members, but is chosen also to provide an outside perspective and a level of independence;
- ◆ Other members or roles, as identified by the team;
- ◆ Both women and men must be members of the team.

Team membership will be expanded, on an ad hoc basis, during the time of an active Title IV clergy sexual misconduct complaint. The details of this expansion will be discussed later in this recommendation.

Because it is a principle of trauma-informed care to take into account cultural, historic, and gender issues, other members shall be added to the Compassionate Care Team when necessary to represent particular racial, ethnic and cultural differences, in order to facilitate understanding in any particular case. For example, if the Complainant were a Sudanese refugee, the Compassionate Care Team might be expanded to include one or two Sudanese and someone who works closely with refugees, to help the team to better navigate the ethnic and situational particularities, enabling them to provide better support to the victim.

Any member of this team may recuse her/himself if the circumstances of a particular case support it.

Because the purpose of this team is to allow victim/survivors to benefit from the pooled experience and knowledge of the diocese, it will be critical to consider team and role continuity when managing inevitable transitions into and out of the team. Major disruptions in personnel should be avoided because it would be detrimental to the care provided if the team were suddenly depleted of a significant amount of experience and knowledge.

Team Roles and Responsibilities When There IS NOT an Active Title IV Complaint

Concern for the compassionate care of victims of clergy sexual misconduct is new to the church. The acknowledgement of retraumatization on the part of the church is new. Recognition of the need for a team to ensure accountability is new. All of this is to say that the concept of such a team is entirely new, and it should consequently be anticipated that the role of the team will evolve; the flexibility to do so

will provide for the greatest effectiveness and responsiveness. That said, the role of the Compassionate Care Team should be expected to include:

- ◆ Ensuring that education on clergy trauma, retraumatization, and trauma-informed care is disseminated throughout the diocese, focusing especially on lay and ordained leadership. This team will not create the educational program, but it will determine the best resources for doing so, ensure that the curriculum and training is well done, and then oversee its dissemination throughout the diocese. Diocesan leadership will be necessary to mandate the training on an ongoing basis.
- ◆ Building on the work of this task force, continue to research and network with other dioceses and other denominations to share and to continue to create, identify, and negotiate the adoption of best practices;
- ◆ Assuming responsibility for maintaining the appropriateness and accuracy of everything related to clergy sexual misconduct on the diocesan website, as well as ensuring that all websites for parishes within the diocese have easily found links to the ESD.org information and that any ancillary parish information is always current and accurate;
- ◆ Ensuring that Intake Officers (as the first point of contact for a Complainant) are always current on trauma-informed care, including providing consistent, standardized information for the Complainant on next steps and persons to contact;
- ◆ Serving in an advisory capacity to the Pastoral Response Team as that team works to develop a protocol for healing congregations dealing with the trauma of clergy sexual misconduct. The advisory role of the Compassionate Care Team will be to provide expertise on trauma-informed care and the prevention of a hostile environment for the victim. This team partnership recognizes that the primary victim's healing is intertwined with the congregation's healing.

When not responding to an active Title IV complaint, the Compassionate Care Team will meet no less frequently than monthly.

Team Expansion When There is an Active Title IV Complaint

During any period with an active Title IV clergy sexual misconduct complaint, the Compassionate Care Team will automatically be expanded to include the following ad hoc members:

- ◆ The Title IV Advisor assigned to the Complainant
- ◆ The chaplain assigned to the Complainant
- ◆ A representative of the Pastoral Response Team
- ◆ One member of the Standing Committee
- ◆ One lay leader from the impacted parish. This representative will not be automatic, but will be chosen by the diocesan bishop, the Canon to the Ordinary, the Senior (or People's) Warden, and the Leader of the Compassionate Care Team, in consultation with the victim/survivor (if she chooses).
- ◆ Any other persons deemed necessary by the standing Compassionate Care Team.

This temporary expansion of the team is done so that:

- ◆ Anyone in a role in any way directly supportive of the Complainant will receive enhancement and reinforcement of any prior general training in clergy trauma and trauma-informed care. The Compassionate Care Team will provide this more in-depth education.
- ◆ In order to provide consistent, trauma-informed care, there needs to be good communication among those in roles supportive of the Complainant. Bringing all those persons into the Compassionate Care Team will ensure necessary and appropriate communication is done between members, with guidance by the diocesan resources most knowledgeable about clergy trauma and retraumatization.
- ◆ Those in supporting roles often require guidance and support themselves. The Compassionate Care Team will be aware of this need and prepared to provide support and/or appropriate resources.
- ◆ The parish lay leader will serve as a conduit to facilitate appropriate, enhanced trauma-informed care training to parish staff and leadership (with the support and guidance of the Compassionate Care Team). This leader will also be charged with watching for any indications of a hostile environment and seeking assistance from both the Compassionate Care Team and the Pastoral Response Team, as necessary.

While providing oversight for a particular victim/survivor, the Compassionate Care Team will meet no less frequently than once per week. Their ability to respond promptly to any issues that arise is essential to the team's successful function.

Team Responsibilities When There is an Active Title IV Complaint

The Complainant will be informed of the Compassionate Care Team's role and encouraged to connect directly with them. That would provide the best opportunity for full support. However, even if the Complainant declines to reach out to them, there is much the team can do to reduce the likelihood and intensity of retraumatization.

As soon as they are notified of the existence of a complaint, it becomes the primary responsibility of the Compassionate Care Team to create a safe, trauma-informed environment for the Complainant. At that point, the team becomes responsible both for defining and providing the foundational precepts of trauma-informed care:

- ◆ Safety
- ◆ Trustworthiness/transparency
- ◆ Collaboration and mutuality
- ◆ Empowerment, voice and choice
- ◆ Peer support
- ◆ Cultural, gender, and historical issues

This will be done through:

- ◆ Immediate, very specific education on clergy trauma and trauma-informed care to all of the ad hoc members of the Compassionate Care Team (as they have roles directly in support of the Complainant)
- ◆ Constant communication among the team to ensure timeliness and follow-through on any representations made to the Complainant
- ◆ Communication (in a way which respects confidentiality) of sensitivities or requests the Complainant has made in terms of language or other immediate triggers (so that the Complainant does not have to repeat such requests)
- ◆ Follow-through on any necessary trauma-informed care education required by parish leadership (to ensure there is no gap in terms of preventing harm to the Complainant before the Pastoral Response Team steps in)
- ◆ Be available to the Complainant as an advocate/ombudsperson if something falls through the cracks or the Complainant is somehow retraumatized. If this occurs, to prevent the victim's sense of "me against the church," it is important that we demonstrate that others within the church are willing to speak up on the victim/survivor's behalf. Until our church culture is sufficiently transformed, accompanying and supporting the Complainant must be a specific responsibility of the Compassionate Care Team.
- ◆ Ensure the Complainant receives copies of written reports during the Title IV process
- ◆ Continue to work with the Pastoral Response Team throughout its work with the impacted congregation to represent the perspective of a victim/survivor. Making this perspective available to the Pastoral Response Team should minimize harm done to the primary victim in the course of healing the congregation.
- ◆ Upon resolution of every complaint, formulate and implement a plan for providing continued support to the victim/survivor until she or he is fully reintegrated into the congregation. It is anticipated that this could take a year or more, depending upon the success of the Pastoral Response Team in guiding the congregation in its healing work. When the victim/survivor is known to the Compassionate Care Team, a team member should proactively follow up with her/him on a regular basis for that extended period.
- ◆ Provide a mechanism for ongoing peer support of any victim/survivors who have made themselves known to the team.

Following the resolution of a Title IV clergy sexual misconduct complaint, the Compassionate Care team will perform a gap analysis. Because clarity on success or failures of the church response will take some time, there should actually be three gap analyses done at different time steps: the first, within one month of resolution, the second at six months out, and the third, one year after the resolution of the complaint.

It is important that each gap analysis be as thorough a critique as possible because the goal is constant improvement. Results of the gap analyses, proposed remedies, and the time frame for implementation of the remedies should be provided in a written report to the Standing Committee. The reports and remediation plans should also be kept in the archives of the Compassionate Care Team for future reference.

To allow further transparency, a summary of relevant information from the gap analysis should be included in the diocesan annual report.

Recommendation 3: Guide Congregational Healing Through Use of a Pastoral Response Team

The revelation of clergy sexual misconduct is a traumatic event for any impacted congregation. Regardless of the talent and skill of parish leadership, it is not reasonable to expect (nor have we found) that the congregation will heal from an event of this magnitude without help beyond that which parish leadership can provide. There are many reasons for this, including:

1. When clergy sexual misconduct occurs, parish clergy and lay leaders (like the rest of the community) are seriously impacted on a personal level, as they likely know the Respondent as a colleague and friend. This means that they will be processing the event on a personal level, concurrent with the congregation's reeling from the impact. It should be expected that this would make it extremely challenging to maintain the necessary perspective and objectivity, and could certainly result in conflicts of interest. Drawing from the broader diocesan community for assistance would provide much-needed expertise as well as greater objectivity.
2. In cases in which the event has left a parish without a priest, the interim priest and lay leadership will certainly benefit from diocesan expertise and assistance as well.
3. The size and scope of the injury is too great for parish leadership to handle unassisted. The trauma will affect the entire body at a corporate level. At the same time, it will also be the case that congregants will experience some degree of trauma on a personal level. As is the case with any traumatic event, individuals will experience and process the impact in different ways, at different times. The breadth of the need—particularly during the acute phase—is greater than parish resources can effectively provide.
4. Specific skills, experience, and training are necessary to effectively guide congregations through healing from clergy sexual misconduct. Experience and skills do exist at the diocesan level (though not yet, focused training). However, when an event occurs, it is unlikely that the impacted parish, including leadership, will have any prior, similar experience. (If the parish does, in fact, have prior experience due to the occurrence of a previous incident of clergy sexual misconduct, then this is all the more reason to solicit outside assistance.)

All of this supports a current best practice and this task force's recommendation of the formation of a diocesan Pastoral Response Team, which would have a primary role in supporting resident (or interim) clergy and lay leadership in guiding a congregation through the long process of healing from the trauma generated by clergy sexual misconduct.

This recommendation is modeled after a modified version of the Pastoral Response Team that is well established in the Diocese of North Carolina.

The specifics of this recommendation are:

1. The team will be comprised of both clergy and laity, chosen for their experience in pastoral care, psychology, congregational life, and conflict mediation.

2. Members will be chosen by the diocesan bishop and the Canon to the Ordinary. In addition to standing members so chosen, for any particular response, the team should work with diocesan leadership and parish clergy to recruit ad hoc members from among the congregation's lay leadership, as well as geographically nearby clergy, as necessary. (This might be the case, for example, when an all-congregation meeting needs to be split into small group sessions, necessitating additional facilitators or listeners.)

In addition, for any particular assignment, consideration should be given to recruiting members who are best able to represent particular racial, ethnic and cultural differences, in order to better understand and more appropriately respond to a particular congregation.

3. As in the Diocese of North Carolina, the team will have broad utility, trained and prepared to offer support and guidance in any situation in which resident clergy need support due to a congregation-wide traumatic event. In addition to a clergy sexual misconduct event, such assistance could be useful in the event of the sudden death or disabling illness of a clergy person, incidents of violence impacting the parish, or destruction of church buildings due to natural disaster or accident, for example.
4. The team should establish training and protocols for responding to such events and communicate the team's purpose and value among all diocesan clergy and lay leadership in advance of the need for the team's support.
5. In responding to a specific event, the Pastoral Response Team would come prepared with training and expertise in processes of congregational healing, while the parish leadership could share its specific knowledge of and experience with the impacted congregation. This cooperation offers the greatest likelihood of a successful result for any community.
6. Upon formation, the Pastoral Response Team should consult with the Diocese of North Carolina for identification and adoption of any useful best practices. It should be noted, however, that, with respect to clergy sexual misconduct, the Diocese of North Carolina does not have the equivalent of our recommended victim-focused Compassionate Care Team and is also not explicitly providing trauma-informed care. We do recommend that our Pastoral Response Team maintain this congregational focus. However, in recognition of this task force's broader proposal, it is necessary that our diocesan Pastoral Response Team also:
 - ◆ Receive training on and become well-versed in trauma-informed care, integrating it into their work with congregations; and
 - ◆ Consult and coordinate with the Compassionate Care Team to ensure that trauma-informed care for the victim/survivor is maintained. This consultation is necessary both during a training/onboarding phase, as well as throughout an acute phase while responding to a specific event.
7. In the case of the revelation of clergy sexual misconduct, the protocol for the Pastoral Response Team would include:

- ◆ Advance preparation based on the material and techniques detailed in *When a Congregation is Betrayed: Responding to Clergy Misconduct*.¹⁰ This is an indispensable, comprehensive anthology, drawing from the experience of many people working in this challenging field;
- ◆ An expectation that the team would be dispatched to assist the congregation and its leaders at the time that the abuse report is announced to the church community, as well as at a series of necessary, best-practice, later events, and as needed for long-term congregational healing;
- ◆ Support for the delivery of accurate, appropriate, and consistent information and messaging about the Title IV complaint and findings, paying special attention to prevent the accused cleric's having control of the communications to the parish about the reported abuse;
- ◆ Guidance to facilitate congregational education about their responsibility to support the Complainant in prayer (and, if known, personally), and to refrain from any actions that would make her feel unsupported in church, or otherwise create a hostile environment for the Complainant;
- ◆ Support of parish leadership, as needed, in their own healing from the traumatic event, including being prepared to identify additional resources if help is needed beyond the Pastoral Response Team.
- ◆ Ongoing efforts at improvement. Strong, honest gap analyses are effective tools for this. They should be performed six months and one year after the announcement of the complaint resolution has been made to the congregation. Because healing is a lengthy process, it is possible that additional analyses are appropriate and helpful at other times as well.

Analyses with proposed remedies and time frames for remediation should be provided in written form to the Standing Committee and also kept in the archives of the Pastoral Response Team for future reference.

¹⁰ Beth Ann Gaede, ed., *When a Congregation is Betrayed: Responding to Clergy Misconduct* (Herndon, VA: The Alban Institute, 2006).

Resources Informing Best Practices

The Role of Communication in Trauma-informed Responses to Clergy Sexual Misconduct

It is well known that sexual violence has a traumatic impact on the victim's whole person: mind, body, and spirit. What is less well known is the reality that when sexual misconduct occurs in the church, the mind and spirit are severely traumatized, *even if there has been no physical sexual assault*.

Consequently, the danger of retraumatizing a victim/survivor and thereby inflicting further significant harm is also very real. This raises in importance the attention which must be given to communication, not only with the victim but also with the congregation and the larger church. When communication is handled inconsistently, irregularly, or not at all, it worsens an already traumatic situation, ensuring retraumatizing will occur, often repeatedly. It also means it is more likely the trauma will spread, increasing the damage to the victim/survivor and to the congregation.

To reduce the chance of retraumatizing a victim through shoddy communication, we suggest the following:

1. All communication must be managed by the Diocese.

We have seen when the Respondent manages the communication, the result is often wildly inconsistent, and often lacking in truthfulness. When the Respondent manages the communication this puts Diocesan leadership at a disadvantage, struggling to reshape the conversation appropriately. Inevitably, the victim is retraumatized, with trauma now to the congregation (collateral damage in an already tragic situation), as members of the congregation struggle to know what the true story is, who is in charge, who will help them heal as a community, etc.

2. All communication must be done in consultation with the Complainant.

- ◆ While the Complainant may not always determine the communication, it is important that the Complainant have some say, and be fully informed about who knows what, and when. For victim/survivors who have already had their control stolen by clergy abuse to have no say regarding communication is a retraumatizing additional loss of control.
- ◆ It is particularly important that the Complainant know who will be told her/his story, and when. Whenever possible, it is important for victims to tell their own stories, and not have their stories told about them to others. For example, we learned of an associate who reported her rector for sexual assault. Her diocesan authorities told her wardens she was the Complainant before she had the chance to do so. Understandably, this was severely retraumatizing.
- ◆ If victim/survivors wish to remain anonymous within the congregational community, it is crucial that their anonymity be preserved in the communication of the Diocese and in the communication of any other victim/survivors or persons who may have knowledge of their identity. We learned of an associate who reported her rector for sexual misconduct, but who wished to remain anonymous. She was outed by another victim who had come to know about

her and included her in the telling of her own story. Not only did this take away the first victim's control of her own narrative, it resulted in retaliations, multiplying the retraumatization.

3. **At the start of the process, all Complainants must be given a timeline explaining the Title IV process, including when they will hear back about each stage of the process, and from whom they will hear this information. If there is any change to the initial timeline, the Complainant needs to be proactively notified of that as well.**
 - ◆ Again, the loss of control due to the trauma already undergone means that any time we can help the victim reclaim some control, we must.
 - ◆ This clear communication about the investigation process is also important to establish the trustworthiness of the church for a victim who has experienced severe betrayal.
4. **At the start of the process, the bishop (or other adjudicatory authority if there is no bishop) must write to the Complainant expressing sincere regret for what the she or he has experienced. The bishop or other authority must thank the Complainant for undertaking the courageous act of reporting. This can be done without jeopardizing or presupposing the outcome of a Title IV process.**

For example:

Dear [name],

As your [sister/brother] in Christ and as Bishop of [East Overshoe], I want to express my deep regret for the circumstances which led you to make this Title IV complaint against [clergy name].

I recognize the decision to make a formal complaint is harrowing. You have shown great courage in doing so. The safety and health of [the parish], the Diocese, and the Church depends on individuals like you making the sacrifice of speaking up. Thank you.

The road ahead is complicated. Enclosed, I have outlined the steps of the process, and dates when different steps should be concluded. If there are changes to this timeline, [I/your chaplain/your advocate] will notify you in advance.

Please be assured of my ongoing prayers for you in your healing. If it would be helpful to talk or to meet in person, don't hesitate to be in touch.

*Yours in Christ,
[+Name]*

5. **During the Title IV process, the Complainant should be provided copies of reports, as soon as they become available.**

These reports include:

- ◆ Intake Report
- ◆ Reference Panel Reports
- ◆ The Accord (if any)

- ◆ Notice of Accord (if any)
- ◆ Pastoral Directives (if any)

6. When the process is concluded, the bishop or other adjudicatory authority must write the Complainant, outlining the process undertaken, and explaining the outcome. If promises are made to the Complainant, such as “the offender will never be allowed to return to the congregation,” or “the offender will not offer pastoral care in the congregation again,” it is important that the letter outline how the authority will ensure these promises will be kept, especially given the inevitable turnover in local parish clergy and lay leadership.

- ◆ This prevents making well-intended but empty promises. The breaking of promises made to a victim is another regretful occasion for retraumatizing, and must be avoided.
- ◆ It is important for the Complainant to be able to see in a documented way that the complaint has been taken seriously, and what steps are being taken to restore safety to the Complainant and to the congregation.

7. Communication in Congregational Life

Our life in community is bound together through communication, so it is important to consider how to avoid retraumatizing victim/survivors in the local congregation, whether they are anonymous, are known publicly, or are additional victims who have simply chosen to remain silent and not come forward. To this end, it is important to avoid the following pitfalls, and others like them we have not yet imagined, but may be unique to each community:

- ◆ Avoid “giving thanks” for the offender’s ministry in Christmas, Easter, or weekly flower offering dedications. It is more important to avoid retraumatizing a victim than to please a flower donor.
- ◆ Avoid including pictures of an offender in future newsletters, parish slide shows, on the website, etc.
- ◆ Congregational leaders, lay and ordained, must be strongly discouraged from minimizing the offense, or “rehabilitating” the offender, in speech both public and private. *The speaker may never know if the person they are speaking to is a silent victim, or a victim who has reported and chosen to remain anonymous.* Leaders must be encouraged to work out their own sadness about this tragedy in the context of a therapeutic relationship.

Examples of minimizing or rehabilitating speech include:

- ◇ “This could have happened to any clergy person”
- ◇ “Can’t they just work it out between themselves as two adults?”
- ◇ “I’ve always had a good relationship with CLERGY NAME, and I don’t believe he/she did this”
- ◇ “Some people are just too sensitive”

The Struggle with Language in the Aftermath of Trauma

Experiencing clergy sexual misconduct can be a game-changer. It completely upends one's life and beliefs. A little-known, but entirely natural byproduct of such an experience is that even one's own vocabulary becomes unfamiliar territory. For example, what do you call what happened to you if it fell far short of sexual intercourse? It's not "rape"; it may not even be "groping." So is it "harassment," "exploitation," "abuse," all of the above? What feels honest?

If you'd only ever known your offender as "Pastor," but that title seems completely inappropriate now, what do you call him or her? How do you reference this person, even for the process of reporting the abuse? What do you call yourself: a "victim" or a "survivor"?

Within the mind of a victim trying both to come to terms with what happened and to present things honestly to herself (or himself) and others, there is a nearly constant struggle with the correct language to use. Words that you thought you understood suddenly take on new meaning. This evolves. The word that feels right one day may feel totally wrong a month from now. You try words on for size, though there is an overriding awareness that, to others, shifting vocabulary may make you appear inconsistent, dishonest, or overly dramatic.

To a victim, words matter very much.

In the context of formulating a trauma-informed care approach within the church, it is important to be aware of all of this. Best practices would include:

- ◆ When in doubt, above all, ask the victim/survivor what word(s) she or he is comfortable with, and then use those words (and relay the request to the Compassionate Care Team, so it may be disseminated). Because a victim/survivor's language may be evolving, ask the individual to let you know if the preferences change. This will help to demonstrate that you are trying to create a safe environment.
- ◆ When communicating with the Complainant, do not use titles or honorifics for the Respondent. First and foremost, clergy sexual misconduct is an abuse of power. The visceral response for the victim is profound dehumanization. Hearing anyone (particularly anyone within the church) use a title or honorific for the Respondent retraumatizes the victim/survivor because it emphasizes and amplifies that power differential.

Within the church, particularly a hierarchical one like the Episcopal Church, power and authority are everywhere. To someone dealing with that trauma, extreme sensitivity to any display of power is quite probable. A trauma-informed care approach would take great pains to diffuse that power differential. Avoiding use of the Respondent's honorific or title is the most obvious, and a necessary, best practice. In addition, as a victim/survivor is processing the trauma, it will be common for her or him to struggle with honorifics for other clergy as well. For example, using "Father" might be triggering for anyone who has experienced clergy abuse.

The best practice is to anticipate this understandable sensitivity, and ask the victim/survivor what language she or he is comfortable with. Comply with these wishes in both written and

spoken communication.

- ◆ Make available to the victim/survivor industry knowledge that might help her or him name the abuse experience. For example, the Diana Garland “When Wolves Wear Shepherds’ Clothing” article is considered a seminal work in explaining predatory clergy behavior. That article should be made available as a resource to all victim/survivors. As a church with experience in this, we should share our knowledge; a victim/survivor should not have to track all of this down unaided while also dealing with very recent trauma. It helps immensely for a victim to be able to name what was done to her or him. The church’s assistance in this helps to restore trust in the church.
- ◆ Everyone involved in the Title IV process or ancillary support of the Complainant should understand that a victim’s language is evolving. This understanding is crucial in interpreting apparent inconsistencies in what victim/survivors say. Be patient in this process. Remember, this struggle is immensely more difficult for the abused person than it is for the rest of us who are not experiencing the trauma.
- ◆ Validation is extremely important to someone experiencing clergy trauma. Although the victim/survivor may eventually find a way to name what happened in a way that feels true, it is nevertheless very important and healing to have the church name it as well. At the resolution of the complaint, the Complainant should be given a written document, confirming the findings of the Title IV process.¹¹ Complainants in our diocese do not currently receive this, and it is difficult to find closure without it.

¹¹ See this report, “The Role of Communication in Trauma-informed Responses to Clergy Sexual Misconduct,” page 25.

Isolation: When the Church “Welcomes All” but You

Isolation is often an extremely significant challenge for a victim of clergy sexual misconduct that results in trauma. Aware of this, a trauma-informed care approach would anticipate the significance of isolation and take measures to prevent it. Unfortunately, much about the church’s current response (both institutionally and individually) serves instead to reinforce and amplify that sense of isolation, often making the challenge insurmountable.

How does this happen? This answer is complex, but viewing it from the perspective of a victim/survivor could be instructive in preventing this significant aspect of retraumatization.

Isolation in the Initial Trauma

For a victim, the clergy sexual misconduct itself results in a sense of isolation in many ways.

First, there may have been some isolation in the victim’s life immediately preceding the misconduct. As with all predators, clergy who exploit do so when their prey exhibits some vulnerability. That vulnerability is often some major life event that had led to seeking pastoral care. This life event may have been a death or illness of a loved one, questioning one’s faith, or perhaps a family difficulty that had caused some estrangement. Any of these events would suggest that the victim may have been experiencing some sense of isolation prior to the misconduct. If so, in the immediate aftermath of the misconduct, it’s possible that she may be even more alone in dealing with the trauma than she otherwise would.

Assuming the misconduct included grooming (as it often does), isolation is a technique used by predators in grooming their prey. In particular, skilled predators deliberately try, over time, to isolate their targeted victims in order to gain control and to establish a “special relationship” that makes it more likely they will be trusted. As part of this same manipulation, predators often attempt to create an atmosphere of secrecy. Each of these techniques is deliberately isolating.

The moment the victim wakes up to the exploitation that has occurred can be severely traumatic. That awakening can instantaneously expose an overwhelming sense of dehumanization and, with it, a sense of dirtiness or even shame. Indeed, the emotional and psychological response can feel like that of a rape, even in the absence of physical abuse. This instantaneous, visceral reaction is a very isolating event.

Imagine further that the traumatized individual suddenly, in many ways, feels like a stranger in her own body. She may struggle with words because the trauma forces a recalibration of her vocabulary. Having experienced such a profound betrayal, she is likely unable to trust anyone—perhaps not even herself. That alone creates a tendency to withdraw from others. Furthermore, struggling emotionally with acute trauma can be an extremely chaotic experience. Each of these increases the isolation.

Any of this might cause someone to feel isolated. Together, they contribute to very significant isolation. Feeling isolated is a very serious, potentially dangerous, byproduct of clergy trauma. Knowing this, the church should take great care not to reinforce the sense of isolation. Unfortunately, much of the church’s current response greatly amplifies it instead.

How the Church Compounds Isolation

1. Isolating victim/survivors from each other is perhaps the single most significant way the church compounds isolation. Peer support is a central precept of trauma-informed care. Even a very supportive family is no substitute for having the companionship of someone who has walked through this trauma before you. The church should do all that it can to encourage and facilitate victim/survivors meeting one another. (And these should be true peers. An adult who had been abused as a child and a person abused as an adult are not peers in this sense.)
2. If the Respondent is not immediately put on administrative leave, the Complainant is likely unable to attend her home church during the Title IV process. There are many reasons this would be the case, including:
 - ◆ It is spiritually unsettling to have one's abuser celebrating the Eucharist or, in fact, having a role in the service at all.
 - ◆ It amplifies a perceived suspicion that the church is choosing to protect the cleric rather than to seek justice, putting into question the integrity of the church itself and creating great anxiety.

The victim is struggling with trauma; she needs to be able to be in her church. The inability to do so instantaneously makes her an outsider and impedes needed spiritual support. There should be a consistent policy that the Respondent be put on administrative leave without prejudice as soon as allowed by the canons. Absent that, we are further harming the victim, including contributing to her isolation.

3. Confusing confidentiality with secrecy contributes significantly to isolation. Confidentiality may be necessary to protect the Complainant. Confidentiality would include allowing a Complainant to choose both who may know her identity and who may hear her story and when. Confidentiality should not be used to protect either the offender or the church from embarrassment or shame. The misuse of confidentiality is stigmatizing. It also further isolates the Complainant and begins to establish an us-against-her undercurrent.

While it should always be the victim/survivor's choice who, if anyone, knows her identity, it should be a goal of the church that the most caring advice would no longer be to recommend that a Complainant shield her identity. When she has to conceal her identity, what happens is:

- ◆ It becomes much easier for those in denial to demonize the unknown Complainant (as, for example, some "crazy lady"). The Complainant hears this, and it reinforces the dehumanization and "dirtiness" of the initial trauma. Worse, a Complainant in this situation is unable to defend herself, and it would be quite rare for parish leadership publicly to defend the anonymous Complainant. Again, the tacit message is: us (the parish) against her (the victim/survivor).
 - ◆ Hearing others in the congregation demonize the unknown Complainant, and still struggling with a limited ability to trust, the victim/survivor's circle gets smaller and smaller because it becomes unsafe to share her story with anyone at all.
4. When the community is not guided through its own trauma in a healthy way, the tendency is to move on as soon as possible, with as little said as possible. When this occurs, church leaders (both lay and ordained) may either tacitly or overtly tell the victim/survivor, "It's time to move on," or

“This has been hard on all of us; we need to put it behind us.” In truth, if this occurs, no one has adequately processed it. While this is not a healthy approach, it is possible for the congregation not to fully process the betrayal. However, for the victim, the trauma has been more severe, so she has no choice but to work through it. So again, there is “us” (those who are “ready to move on”) and “you” (the one who can’t).

5. Our faith tradition is one of storytelling. We are storytellers. We share “spiritual autobiographies.” Within our faith community, we frequently are encouraged and should expect to be able to share our brokenness. It is known that sharing one’s story is an important component in healing from trauma. For a victim of clergy sexual misconduct in particular, every time she’s at her church, she carries the weight of her very recent trauma and its spiritual implications at the forefront of her mind. Yet, either officially or by making it unsafe to do so, we are denying her ability to share her brokenness and her story, at precisely the place where it weighs most heavily on her. This is extremely isolating, reinforces her otherness and dirtiness and, according to reams of psychological literature, poses an obstacle to her healing. It is also spiritually debilitating.
6. When a victim is forced into anonymity because it is unsafe to do otherwise, there is heavy isolation in seeing her faith community provide support to others in their times of grief. Consider, for example, how the faith community responds with love and support (and casseroles) when a member is diagnosed with cancer or experiences a death in the family. For many of us, it is that support that carries us through those dark times. On the other hand, a victim of clergy sexual misconduct is likely experiencing the most difficult emotional event of her life, yet she will receive no support from her church family and is, in fact, often disparaged in her anonymity. Experiencing this while witnessing the love shown to others in the same community is extremely isolating.
7. One might think it natural to seek help in processing spiritual aspects of the trauma with others in one’s faith community and with clergy in particular. Unfortunately, trying to do so currently is to invite retraumatization.

Clergy (even those who routinely preach on reconciliation) may be reluctant to have a conversation about reconciliation on anything other than an abstract level. Specifically, when approached with the request by a victim/survivor to discuss her need for reconciliation with her church, the priest may brush her off, present as too busy, suggest she find someone else to talk to (meaning the victim/survivor would have to risk revealing her identity to yet another person), or even suggest that she find a new church. This is all, of course, severely damaging.

The diocese needs to train clergy in the trauma associated with clergy misconduct, and train them in trauma-informed care. If a particular priest is still ill-suited to participate in a conversation on reconciliation with a victim/survivor, then the diocese needs to provide an alternative priest in advance. When it is reconciliation with her church that is needed, there must be an official church representative who can participate in this dialog with her. A priest is that symbolic representative of the church. Ideally, the church should anticipate this common need and proactively ensure that someone is prepared and ready to enter into that discussion with any victim/survivor when the time is right. The abused person should not have to knock on door after door requesting this help.

8. When a denomination's churches all feature signs that say, "The Episcopal Church Welcomes You!" and when a typical tagline is, "Wherever you are on your journey of faith, you are welcome here," but you find through experience, time and time again, that you are decidedly *unwelcome* there, the subtle message becomes, we welcome all but you.

Rather than finding help with healing, a victim/survivor soon finds that, when at church, she is very much alone in a crowd. Ultimately, when the isolation becomes pronounced, a victim will likely feel as though she is no longer in communion with her church. At its most severe, it can feel as though she is indeed "dirty" and no longer fit to be part of the Body of Christ.

This is a profound stain on the church, and we must resolve to correct it. The answers lie in education, trauma-informed care, and guiding congregations in the difficult work of acknowledging the betrayal and proceeding with true healing.

Trauma-informed Care for Non-Reporting Victim/Survivors

Not all victims of clergy sexual misconduct file a complaint with the church. Among those who have been abused but have not filed a complaint will be those who have decided not to report, as well as those who have not yet decided but are weighing the decision. In both situations, there is a member of the church body who has been traumatized by the church and, as a result, carries deep emotional and spiritual wounds.

Even when these persons are anonymous to us, we have the ability to help in the healing process or, alternatively, to avoid doing further harm. As it must with victims who have already reported, the church should assume some responsibility for facilitating healing for this non-reporting group of victims. It is obviously more challenging when we do not currently and may never know who these people are. Nevertheless, there are specific things that the church can and should be doing to help these anonymous members of our congregations.

What might this look like in a trauma-informed approach?

1. Empowerment, Voice, and Choice

When an abuse of power occurs, the victim/survivor experiences a profound sense of dehumanization. Even if that person has not yet chosen to report the abuse, the church can help to empower these members of the church by providing knowledge about what clergy sexual abuse and misconduct is, by helping victims to understand what they are experiencing, and by making publicly available sufficient information so that victim/survivors may feel control over their choice to report or not.

- ◆ *Make available on the diocesan website published material that can help victim/survivors to name and begin to process what has been done to them.*

When a victim has been violated by a trusted cleric, the most immediate struggle can be one of validation. (“I know what he did to me was wrong, but what was it?”) Words like “groping,” “propositioning,” and “rape” are commonly understood. The truth is that clergy sexual misconduct quite often doesn’t look like any of these. Often, grooming has occurred, but that is not a widely understood term.

Someone who has been traumatized in this way is generally isolated by the abuse experience itself and also alone in trying to process it. In all likelihood, the victim/survivor knows no one at all who has been through a similar situation and who could consequently be a resource for help in understanding what occurred. On the other hand, the church has vast experience with clergy sexual misconduct. The church should assume responsibility for sharing that knowledge to help the victim name what has happened.

There are many ways to do this, even when the victim remains anonymous. At a minimum, the diocesan website should include a bibliography, linking to appropriate publications such as Diana Garland’s “When Wolves Wear Shepherds’ Clothing.” (See the bibliography attached to this report.)

- ◆ *Provide a list of local therapists with experience in treating clergy trauma.*

To facilitate finding an appropriately experienced therapist, the diocesan website should provide a list of local clinical therapists with experience in treating clergy trauma. In deference to the victim/survivor's justifiable loss of trust in the faith community, the majority of practitioners listed should be non-Episcopalian. The list should specifically exclude anyone whose prominence in the diocesan community might suggest compromised independence, in the eyes of a victim.

To address any potential liability concerns, the diocese may present a disclaimer that the list is not an endorsement of anyone's services, as the diocese has done in the past with its list of spiritual directors.

- ◆ *Include on the diocesan website a list of clergy and laity, both male and female, who are available along with the Compassionate Care Team to enter into confidential conversations with anyone struggling with a concern about a potential clergy abuse or misconduct experience.*

2. Trustworthiness and Transparency

Deciding whether or not to report is very difficult. Making an accusation against a cleric and going through a reporting and adjudication process is a formidable prospect, even if the victim/survivor is not dealing with concurrent trauma. Imagine, further, the difficulty of weighing this decision in the aftermath of having lost your ability to trust and while struggling with a belief system that seems suddenly to have been turned upside down.

In respect of this enormously difficult decision, the church should have readily and publicly available sufficient information to answer the basic questions that anyone weighing this decision would have. Those questions include: Will the church take this seriously? What is the chance that my complaint will have a favorable outcome? What will the adjudication process entail? Answers to these questions are the minimal amount of information that a victim/survivor needs in order to make an informed decision as to whether to report or not.

Wherever a victim/survivor may seek information, and particularly on the diocesan website, there should be as much transparency into the process as possible, rather than implicitly asking the victim to "just trust us." Transparency can help to build trust, but anything that gives the appearance of untruthfulness or insincerity will further shatter that trust and retraumatize the victim/survivor.

Consequently, it is imperative that anything exposed publicly be absolutely truthful, accurate, and at all times current.

- ◆ *The diocesan website should contain strong statements from diocesan leadership on the seriousness of clergy sexual misconduct.*

An anonymous victim should be able to ascertain a clear and unequivocal denunciation of clergy sexual misconduct from diocesan leadership. The diocesan website should contain a statement from the bishop that provides a thoughtful explanation of why clergy sexual misconduct is wrong, as well as an honest and convincing statement as to the seriousness with which the diocese treats complaints.

In addition, the president of the Standing Committee should have an independent statement

with similar conviction. This second statement is helpful if a victim is more able to trust lay leadership than clergy.

To engender trust, it is helpful to be gender-sensitive. For example, if both the bishop and Standing Committee president are male, then the second letter could also be signed by a woman on the Standing Committee. That letter need not necessarily be rewritten following leadership transitions, but the signature on it needs to be that of current leadership. (When documents and materials appear stale, this generally conveys a lack of interest in and attention to the issue, and this diminishes a victim's confidence in justice.)

◆ *Statistics as to resolution of past complaints should be publicly available.*

When victim/survivors are weighing whether or not to report, they very likely have no personal experience with clergy sexual misconduct. All that they know about church responses is most likely what they've heard in the news about cover-ups, denial, and retraumatized victims. If they happen to have been a past member of a church that experienced a clergy sexual misconduct event, in all likelihood, they can add to their reservoir of information whispering and innuendo about the victim. Any of this would be sufficient reason to be discouraged from reporting. If, however, a victim/survivor nevertheless feels compelled to report, this lack of information about the diocesan record on responses to clergy sexual misconduct will provide a significant level of anxiety, increasing the trauma of what is already a highly traumatic experience.

As in all churches and all denominations, this diocese has shown great reluctance to publish any information about occurrences (or even frequency of) clergy sexual misconduct. The arguments for lack of transparency do not benefit victims or, in reality, our congregations, which are healthier with transparency.

In terms of compassionate care of a victim, it is unquestionably better to make publically available limited information on the diocese's history of responding to complaints. For example, the diocesan website should contain a report stating the occurrences and resolutions of every clergy sexual misconduct complaint made within the diocese for the past 15 years. The information should not include the name of the Complainant, but should include: year complaint was made, the affected parish, and the resolution of the complaint. It should also reveal whether or not the Respondent was removed from the parish where the abuse occurred.

In addition to posting on the website, misconduct events occurring in the past year should be published in the diocesan annual report, providing the same, minimal level of information described above.

◆ *Make available on the diocesan website a clear explanation of the Title IV process.*

At a minimum, the diocesan website should contain a link to the new titleiv.org website which provides detailed information on Title IV.

Ideally, the website would also contain an easy-to-understand description of the process, including indications as to how long the process takes. Providing common time frames would be an expectation of trauma-informed care because it restores a sense of control to the victim/survivor. Any representations made on the website should be clearly communicated to

persons involved in the Title IV process so that variances from this description are minimized and, if they occur, are always proactively communicated to the Complainant.

3. Peer Support

Peer support is foundational to trauma-informed care and indispensable to a victim's healing. A church that is serious about caring for misconduct victims will facilitate a victim's ability to interact with other victim/survivors, whether or not they choose to report.

- ◆ *The diocesan website should list names and contact information of members of the Compassionate Care Team, including identifying (with permission) which are victim/survivors so that victims may contact them.*

The betrayal inherent in clergy sexual misconduct is so enormous that it is typical for victims to have altogether lost the ability to trust. Particularly in the early stages of the trauma, they are much more likely to be able to trust another victim/survivor than anyone else in the church. To make a formal report, a Complainant will need to contact an Intake Officer. However, either before or after reporting or even if the choice is made not to report, any victim/survivor should have the ability to make contact with others who have shared the abuse experience.

- ◆ If survivors choose to have any sort of group meetings, the diocese should encourage and facilitate that, including offering safe meeting spaces within the diocese. If there is sufficient interest, a safe liturgical service should be offered. This should be done in consultation with the Compassionate Care Team.

Healing Spiritual Wounds

The scope and depth of spiritual wounds from clergy sexual misconduct are unique to the victim/survivor. Each has a unique spiritual journey and a unique life story, shaping the soul and psyche, and framing the context into which clergy sexual misconduct insinuates itself. Previous experience of abuse, boundary violations, or exploitation compound the impact and deepen spiritual vulnerability. By contrast, the absence of prior parallel experience may leave the victim/survivor unprepared for the impact of being violated. Contemporaneous life experience, including existing familial, communal, or interpersonal relationships may impart to the victim a source of strength, amplify complexity in the aftermath of clergy sexual misconduct, or impede healing.

Victims of clergy sexual misconduct identify a broad array of spiritual wounds disrupting their relationship with spiritual leaders, their faith community, their own inner compass, and God. Spiritual trauma frequently engenders a sense of betrayal, abandonment, isolation, or alienation and spawns a host of feelings and reactions including withdrawal, confusion, fear, anxiety, guilt, condemnation, disillusionment, bewilderment, denial, depression, self-loathing, doubt, anger, rage, or depletion of the soul and the will to persevere.

Felt disempowerment, to which many give voice, is expressed in a 1993 poem “Stolen, Not Lost” by Marian Lovelace, a survivor of childhood abuse by clergy, whose jarring litany depicts the spiritual onslaught of clergy sexual misconduct:

*You stole my unquestioned belief in my Heavenly Father’s love;
You stole the preciousness of solitude in God’s presence.
You stole the joy of coming together to share Eucharist.
You stole my reverence for the deep meaning of a church family.
You stole my ability to be quiet and hear God’s voice.
You stole my belief in the phrase “God answers prayers.”
You stole the joy I felt in calling myself “Christian.”
You stole my ability to find comfort in going to confession.
You stole my innocence and twisted my trust in (hu)mankind.
You stole my hope for a better tomorrow and instilled doubt.
You stole my love of life and wanting to live.
You stole my belief in the basic goodness of people
...
You stole my voice and my actions that screamed a loud “NO.”
You stole my right to claim my justifiable anger at abuse.
You stole my right to easily risk counsel without suspicion.
You stole the inner peace I experience entering God’s house.¹²*

In this context, therapeutic support, perhaps accompanied by spiritual direction, is essential to navigate the way forward. Yet even with therapeutic and spiritual support, it is virtually impossible to overstate the importance of justice-attainment to the process of spiritual healing. According to a FaithTrust Institute publication,

¹² Marie M. Fortune, et al., *Responding to Clergy Misconduct: A Handbook* (Seattle: FaithTrust Institute, 2009), 12-13.

one of the theological aspects that is frequently overlooked . . . is the pastoral and practical importance of justice-making in response to clergy sexual abuse. Our best teachers about this are survivors of clergy sexual abuse. When asked, they quite often know what they need for their own healing, and they also intuitively know that their faith community should be able to provide it. They are correct. When survivors ask for things like ‘I want to tell my story to the Bishop’ or ‘I want my abuser held accountable and never to be able to do this again’ or ‘I want compensation for my medical and therapy bills’ or . . . ‘I want the congregation to know what really happened’ or ‘I want you to listen and not be afraid of me’ . . . they are asking for justice.¹³

Distilling the input of hundreds of survivors seeking healing, the FaithTrust Institute has developed a succinct list of elements in justice-making:

1. Truth-telling

Victim/survivors may need to speak the truth about their abuse. Church leaders must seek the truth and share it in a timely and appropriate manner with the congregation and with any other stakeholders.

2. Acknowledging the violation

If the investigation confirms that a clergy member has harmed someone, the church authorities must name and condemn the abuse.

3. Compassion is to suffer with the victim

The church must set as a priority listening to and suffering with the victim, rather than rushing to resolve the problem and “move on.”

4. Protecting the vulnerable

Church authorities must act to prevent further harm to the victim and to protect other individuals who may be at risk of harm.

5. Accountability

The appropriate church authority must confront the abuser and impose appropriate sanctions, regardless of the abuser’s status in the church or community. Such accountability enables the abuser to repent.

6. Restitution

The church should share the burden of responsibility for what has happened by offering tangible restitution (such as payment for therapy). The church should affirm the victim’s importance to the congregation through acts of symbolic restoration (such as liturgies of healing) and by acknowledging the wrongfulness of the abuse and the harm done.

7. Vindication is not vengeance

Vindication aims to free the victim/survivor from the trauma of the abuse. The victim needs to be openly cleared from any sense of blame or shame for what happened. Since blaming and shaming of victims often originate in the congregation, vindication should also happen in this context.¹⁴

¹³ Ibid., 61.

¹⁴ Ibid., 61-62.

These steps, while not sufficient to accomplish spiritual healing, are essential to create the conditions within which spiritual healing may be cultivated. It is imperative that the faith community avoid premature attempts to coax the victim/survivor to forgive since, as the FaithTrust Institute's study further notes, forgiveness is generally the last stage in the process of accountability, justice, and healing. Forgiveness is possible when, with God's grace, victims/survivors have reached the point of healing in which they can move past their anger and pain.¹⁵

Likewise, timing is everything when it comes to the possibility of offering a ritual or liturgical response to facilitate healing, and the arbiter of when the timing is right must unequivocally be the victim/survivor. Experiencing justice, grace, and healing sufficient to support the prospect of moving forward may empower the victim/survivor to reach the threshold at which she/he can benefit from participation in a ritual or liturgical response designed to facilitate restoration. Until then, any attempt to offer a ritual or liturgical response would be premature.

When the victim/survivor is ready, appropriate ritual action may merit consideration to reclaim or rehabilitate the space within which clergy sexual misconduct occurred, particularly if that space has personal or spiritual significance for the victim/survivor, or to reclaim or rehabilitate the interior psychic space the victim/survivor needs to reoccupy, where the experience of harm may have taken up residence.

While sensitivity to the uniqueness of each experience and each victim/survivor is essential, the power of symbol to effect healing should be carefully weighed: light to cast out darkness, fresh air to disperse stale or trapped air or persistent smells, fresh water to cleanse and purify, soothing sounds (such as a bell, a chime, or the playing of music) to break the grip of silence or hush the clamor of memories, and possibly the presence of one or more trusted companions whose presence may help disrupt felt isolation or abandonment.

If desired, a passage or two from Scripture might be read, with time for reflection afterward. A sensitive conversation with the victim/survivor would be the best way to identify passages that might be appropriate, though several merit consideration including:

- ◆ Psalm 139 ("O Lord, you have searched me and known me")
- ◆ Isaiah 49:8-15 ("I have kept you...I will not forget you")
- ◆ Isaiah 59:6b-8 and 15-18 ("The Lord saw it, and it displeased him that there was no justice")
- ◆ Lamentations 3:1-26 ("The steadfast love of the Lord never ceases")
- ◆ Lamentations 3:49-59 ("My eyes will flow without ceasing, without respite, until the Lord from heaven looks down and sees")
- ◆ Joel 2:12-18 ("Yet even now, says the Lord, return to me with all your heart")
- ◆ Micah 4:1-4 ("In the days to come the mountain of the Lord's house shall be established as the highest of mountains")
- ◆ Matthew 11:28-30 ("Come to me all you that are weary and are carrying heavy burdens, and I will give you rest")
- ◆ Mark 4:35-41 ("He woke up and rebuked the wind, and said to the sea, 'Peace! Be still!'")
- ◆ Luke 10:25-37 ("Which of these...was a neighbor to the one who fell into the hands of robbers?")

¹⁵ Ibid., 63-64.

- ◆ John 14:1-6 (“Do not let your hearts be troubled”)
- ◆ 2 Timothy 1:5-7 (“Rekindle the gift of God that is within you”)
- ◆ 1 Peter 2:21-24 (“He entrusted himself to the one who judges justly”)

Sensitivity to selection of the desired translation of any passage(s) to be read and to gender language within them is important. Even those cited above could be offensive to a particular victim/survivor.

Consultation with the Compassionate Care Team is recommended.

One or more prayers may also be offered. Again, an open conversation with the victim/survivor regarding the desired focus and content of prayer is the best way to discern which prayers would be helpful. Prayers for guidance, quiet confidence, protection, or self-dedication found in the Book of Common Prayer may merit inclusion (BCP, pp. 832-33). Other sources may also offer prayers that might be suitable; for example, the prayer penned by writer and lay minister Katharine Smith of the United Kingdom for healing after physical or sexual abuse:

Loving God, we thank you for your intimate and loving knowledge of who we are and how we are made. In Jesus you know the damage that can be done to our bodies our minds, and our spirits when we are mistreated by others. You know what it is to be humiliated, shamed, and forsaken. We bring you our whole selves: body, mind, and spirit. We pray that where there is hurt you may heal us; where we are broken you will make us whole; where there is shame and self-loathing you will restore dignity, self acceptance, and a knowledge of ourselves as your beloved children; where there is loneliness and isolation pour out your Holy Spirit to make known to us your loving presence in our lives. We thank you that we are wonderfully made and we ask you to restore in us unity of body, mind, and spirit within the love of our Lord, Jesus Christ. Amen.¹⁶

If desired, the victim/survivor may draft a prayer of her/his own, to be offered either silently or aloud.

In some instances, a formal liturgical response may be warranted or desired to facilitate healing. As in the preparation of the simpler ritual action outlined above, sensitivity to the expressed needs and desires of the victim/survivor is critical.

The Liturgical Commission of the Anglican Church in Aotearoa, New Zealand, and Polynesia, has initiated development of resources for liturgical use in healing from abuse, conceiving a liturgy incorporating the following elements: an invocation; psalms, Scripture or other readings; a window of opportunity for the victim/survivor to present a personal statement or for a statement on her/his behalf to be presented by a priest, lay person, or trusted friend; a time of letting go; a time of silence; a blessing of the victim, perhaps including the laying on of hands, anointing, symbolic washing, dance, or other movement; a eucharistic meal, if desired; music for listening; and a formal conclusion.¹⁷ This approach mirrors the method employed in the Book of Common Prayer when creating unique liturgies such as “An Order of

¹⁶ Katherine Smith, “Prayer for Healing after Physical or Sexual Abuse,” available online at <http://www.katharinesmith.org.uk/finding-god-in-depressions/prayer-for-healing-after-physical-or-sexual-abuse/> (accessed August 10, 2018).

¹⁷ See especially the “Liturgy of Healing from Abuse for Women,” Liturgical Commission of the Anglican Church on Aotearoa, New Zealand and Polynesia, available online at http://www.liturgy.co.nz/resources/New-Zealand/Worship-Template/healing_abuse.pdf (accessed August 10, 2018).

Worship for the Evening” (BCP, p. 108) or “An Order for Celebrating Holy Eucharist” (BCP, p. 400). (Additional initiatives to develop liturgical resources may also be found at: www.faithtrustinstitute.org/resources/liturgy.)

When a liturgy is desired, respect for and attention to the needs and desires of the victim/survivor must be paramount. Some may find a liturgy profoundly healing; others may consider it a harmful intrusion that interrupts their healing process. Of those that desire a healing ritual, some may want to design all or a significant part of the liturgy, while others may prefer a liturgy designed for them. It is probable that extensive conversations will precede any liturgy so that it is in tune with the victim/survivor’s present reality, however uncomfortable that may be for others.

In all cases, safety, setting, participant(s), gender concerns, the degree of formality or informality, and the language used must be considered carefully and with sensitivity. Thoughtful discernment is necessary to ensure that the liturgy, once prepared, carries the transformative potential the victim/survivor seeks—and God desires.

Reconciliation, Healing, and Forgiveness in the Church's Response to Clergy Sexual Abuse

The church is called to be a community of reconciliation and healing in our broken world. Clergy sexual misconduct is a grave violation of this ecclesial mission, causing pain and division within and among the people committed to being a reconciling community. This raises hard questions and considerable confusion about what Christian commitments to reconciliation and healing mean when we face the division and harm caused by clerical sexual abuse.

It is common for Christians to be especially confused about the appropriate role of forgiveness when responding to clergy sexual abuse. Some turn to forgiveness as an alternative to the more difficult—and painful—work of accountability, justice-making, and true reconciliation. Offenders may seek a forgiveness that allows them to avoid the consequences of their behavior. Bishops and other leaders may wish to offer forgiveness as a substitute for sanctioning a colleague who may also be a friend. Congregants may prefer to talk of forgiveness than to think ill of a beloved minister. If a victim feels an urge to forgive, it may be out of misplaced loyalty to the offender, or because of a desperate hope that quick forgiveness will lead to quick healing. If the church causes further harm while responding to the complaint, the victim may try to forgive the church out of the same sense of loyalty and desire for healing.

These outcomes—offenders escaping justice, church leaders and congregants ducking hard questions—can inflict a devastating toll on the church. The push for quick forgiveness minimizes the offense, devalues the harm to the reporter, and will likely put other vulnerable people at risk as well. When the uncomfortable truth is suppressed, the congregation is denied a chance to heal. Secrecy and innuendo can lead to widespread distrust within a congregation, including distrust of clergy, lay leaders, fellow congregants, and especially the victim. The next pastor to serve this damaged community may become further collateral damage due to the stress of serving a congregation whose wounds have never been acknowledged or tended.

The cheap grace of a rush to forgiveness without truth, repentance, or consequences does not lead to healing. To be a truly reconciling and healing community, the church must respond to reports of clergy sexual misconduct by **seeking truth, administering justice**, and striving for the **healing of all parties**.

Seek the Truth: The Congregation Needs to Know

The first step toward true healing and reconciliation is to seek the truth. The Episcopal Church USA has established Title IV procedures for investigating reports of clergy sexual abuse and misconduct. However, it is important to keep in mind that all impacted congregations have a need to know as much of the truth as possible to foster their own healing and their call to be a healing community (even when the congregation might prefer not to know). The bishop, in consultation with the reporter, should inform all impacted congregations as soon as a report has been made as well as when the investigation is complete and sanctions determined.

Under no circumstances should the accused offender be allowed to manage the communication to impacted congregations or to in any way create an environment hostile to the reporter. Care must be taken especially to avoid fostering the common excuses identified by Judith Herman in her *Trauma and Recovery*: “After every atrocity one can expect to hear the same predictable apologies: it never

happened; the victim lies; the victim exaggerates; the victim brought it on herself; and in any case it is time to forget the past and move on.”¹⁸

Administer Justice to the Victim as Well as to the Offender

When a Title IV investigation confirms the occurrence of clergy sexual abuse, a range of consequences for the offender are stipulated. However, justice for the victim is less clearly defined. To be a truly reconciling community, the church must not only hold the offender accountable but also ensure justice for the victim by providing compassion and support (including, perhaps especially, support within the victim’s congregation), giving whatever tangible or symbolic restitution (such as payment for therapy and spiritual healing resources) is appropriate and desired by the victim, and protecting the victim and others from further abuse by the offender. (See “Healing Spiritual Wounds,” page 38.)

Heal All Parties

- ◆ *Healing the victims* of clergy sexual abuse should be a primary focus of the reconciling activities of any impacted congregation or diocese. The church should make a conscientious effort to enact all of the elements of the justice-making process and to attend to the wounds of the victim’s relationships with God, with the church, and (too often!) with the victim’s faith community. “Paying for therapy” must not be the beginning and end of the church’s offer of resources.

Among the greatest losses is often the loss of the support of friends in the victim’s church community. The congregation must make every effort to reconcile these broken relationships, seeking reconciliation of the church with the victim.

- ◆ *Healing the congregation* must also be a focus of ecclesial attention. An impacted congregation will need support to process and to heal from their clergy’s betrayal of trust. An appropriately trained Pastoral Response Team, provided by the diocese, is an invaluable resource to aid the congregation in recovering trust and health as a faith community. However reluctant the congregants may be to talk about what happened, such conversations are essential for restoring the congregation’s health.
- ◆ *Offenders and their families* may also need healing, but their needs should never take precedence over those of the primary and secondary victims, including the congregation.

Reconciling the Victim and the Faith Community

The church’s reconciling activity must first attend to reconciling victims to their faith and to their church communities (not to their abuser!). Clergy sexual abuse throws victims into a crisis that many describe as the most painful and frightening experience of their lives. Yet in their hour of greatest need, victims almost universally suffer a violent loss of support from their church communities. Isolation and ostracism are the rule, not the exception. Most victims leave their congregations in the aftermath of reporting. Many leave church entirely; some lose their faith altogether. Yet years later, they still grieve the friendships and faith community they lost. Healing can never be complete for these victims; likewise,

¹⁸ Judith Lewis Herman, *Trauma and Recovery* (New York: Basic Books, 1992), 8.

their departure leaves congregations incomplete.

The church has an opportunity to stop this tide of loss. By seeking truth, doing justice, and repairing broken relationships between victims and congregations, the church can bring about healing. It won't happen quickly, and it won't be easy, but real grace is never quick or easy. Instead of cheap grace, the church must strive for a grace that is worthy of the God they claim to serve.

Forgiveness: A Later Stage of Healing

It can take years for victims of clergy sexual abuse to come to terms with what was done to them, and even longer to understand what forgiveness would mean in the context of their particular experience. Each victim has a unique experience of violation as well as a unique life history, personality, set of relationships, and resources for healing. Each victim will have a unique path to recovery from the trauma of clergy sexual abuse. When and how the victim forgives the abuser depends on the victim's particular healing process and is a decision that belongs entirely to the victim. Church leaders and congregants do not need to know whether the victim has forgiven the offender, and they have no right to pressure the victim to a premature forgiveness.

Instead of focusing on the victim's forgiveness of the offender, the church ought rather to ask the victim, "Can you forgive us?" Victims almost universally report that the church's response causes a great deal more damage than the original abuse. This includes institutional abuse (denial of harm, suppression of truth, failure to follow through on penalties for the accuser or other promises to the victim) as well as individual acts of unwelcome or unkindness. Again, it is the victim's choice when and how to forgive the church, but church leaders (and congregations) have an important role to play in the process: acknowledging harm done, offering amends, and expressing a hope for forgiveness.

Individual congregants, or the congregation as a whole, may attempt to forgive the offender and to restore that offender to leadership. A robust congregational healing process can help them distinguish between forgiveness, which can coexist with justice, and denial, which stops justice in its tracks. More study is needed of the traditional Christian requirement that the process of restoration to the church after a public offense requires public repentance and a process of penance oriented to a true conversion of life. In any case, whether forgiven or not, offenders should not be invited, in any capacity, back into the community in which they caused harm. Nor should they be given access to their target population.

Reintroduction of the Clergy Offender to the Parish

It is difficult to imagine a situation in which the reintroduction of an offending cleric to the parish where the offense occurred would be deemed appropriate. Furthermore, the idea is antithetical to the concept of trauma-informed care for the victim/survivor. However, because the question is raised with some frequency, it is important for the diocese to address it and to formulate a clear policy.

When clergy sexual misconduct occurs, the primary victim is usually severely traumatized as a result. By definition, the entire congregation, whose trust has also been betrayed, becomes a secondary victim and may also experience trauma individually and, certainly, corporately. This corporate trauma does not heal without an open, sustained, committed effort to name the trauma and to work through it.

Unfortunately, this task force has found no evidence of a consistent history of helping congregations to heal from this trauma or even to deal with the trauma in a healthy manner. In the absence of guidance and support in dealing with the event, the very common reactions within a congregation include denial (“It didn’t happen”), minimization (“Even if it happened, she’s making way too big a deal out of it”), and victim-blaming (“If Pastor X did that, the victim must have done something to invite it”).

An understandable and natural byproduct of these reactions is a rush to welcome the offending cleric back into the community, often couching it as a Christian imperative to forgive, or “tempering justice with mercy.”¹⁹

In fact, welcoming the offending cleric back is neither of those. In truth, it is a means to envelop the community in denial. It is much simpler to invite the offender back into the fold (implicitly suggesting that the offense either did not occur or, if it did, it really wasn’t that bad) than to deal communally with the real issues of betrayal, sin, grief, shock, imperfection of a beloved church and faith community, and all of the other issues that an acceptance of the reality of clergy sexual misconduct would require addressing.

Adoption of this task force’s recommendations will lay groundwork for changing the paradigm in terms of healing the congregation. In addition, it is useful to clarify the many reasons that welcoming the offending cleric back into the community is a poor choice.

Reasons Not to Invite the Cleric Offender Back into the Community which He/She Has Violated

1. *It is severely retraumatizing for the victim/survivor.*
If an offender were to return to the parish in which the sexual misconduct had been perpetrated, the primary victim(s) would be forced to find a new church. Claiming to take clergy sexual misconduct seriously is incongruous with creating an environment that assures that victim/survivors have to leave their faith communities.
2. *When an offender returns after a victim leaves the church, the effect is victim-blaming.*
As we have discussed elsewhere, more often than not, a hostile environment and concomitant retraumatization force victim/survivors to leave their parishes. When this occurs, there may be a greater likelihood that resident clergy—not having done the protracted and difficult work of helping

¹⁹ See this report, “Reconciliation, Healing, and Forgiveness in the Church’s Response to Clergy Sexual Abuse,” page 43.

a traumatized congregation to heal—will take the path of least resistance and try to “be the good guy” by acquiescing to the return of the clergy offender. This squarely sends the message that the problem was the victim (i.e., now that she’s gone, we can behave like “true Christians,” forgive, and get life back to normal).

This is, of course, still retraumatizing for the primary victim. It also unquestionably fosters denial among the congregation, and ignores the real reason that the congregation had terminated its affiliation with the offending clergy member. The correct answer to why the offender must leave (and not be welcomed back) is that the offender has violated ecclesial vows and professional ethics in an egregious way, has betrayed the congregation, violating their trust, and has severely traumatized one of the members of our body. Furthermore, it is quite likely that, as a predator, the offender has in fact groomed other congregants, meaning that the parish is especially vulnerable to the offender’s recidivism.

Failure to treat clergy sexual misconduct as a serious offense by the clergy member is irresponsible and dishonest. It is also entirely dishonorable to force a victim out, ignoring the call to reconciliation, but then welcome the offender back. This is not what justice looks like.

3. *Requesting the victim/survivor’s approval is an abuse of spiritual authority.*
The church should not even contemplate reintroducing offenders unless the primary victim/survivor(s) agree to it. However, because of the vulnerability and spiritual wounding of the traumatized victims, it would be inappropriate and an abuse of spiritual authority for the church to make that request. The tacit implication would be that co-existing with one’s abuser is “the Christian thing to do.” This type of subtle messaging reinforces to the victim/survivor that it is the church against her or him.
4. *Forgiveness is not a substitute for psychotherapy.*
To invite the offender back to the community, under the guise of “forgiveness” or “tempering justice with mercy” is to display a complete disregard for, if not ignorance of, the behavioral disorder or pathological nature of predatory clergy sexual misconduct. This implicitly sends the message that all that stands between pathological behavior and rehabilitation is the forgiveness of a good, Christian community. This, of course, defies reason.
5. *There is a double-standard for clergy offenders.*
In the case of protecting a faith community from a *non-clergy* sex offender, the diocese has had various policies to minimize the risk. The policies have included a prohibition on the offender’s being present on campus at the same time that his/her targeted population is there. This is even applied quite broadly, as opposed to explicitly defining the targeted group more narrowly by gender or specific age ranges.

There is no logical, justifiable reason for a double standard when the offender is a cleric. In fact, the clergy offender’s targeted class is vulnerable persons, particularly within that parish. Reason would suggest that the offending cleric should not be given access to that class.

The clergy offender has groomed in that parish. Grooming is an opportunistic, manipulative behavior. In all likelihood, the grooming was not limited to one person, and the manipulation is likely more pervasive as well. Inviting the offender back puts others in the community at risk,

particularly because the offender has groomed there in the past.

6. *Inviting the offender to rejoin the community inhibits future victims from reporting.*

Clergy sexual misconduct is already grossly under-reported. One factor in whether or not victim/survivors will report misconduct is what they witness in any parishes they've been in when clergy misconduct occurs. If what they witnessed is a victim's being retraumatized and the offense's being minimized and/or denied to the point that the offender is welcomed back, while the victim/survivor is driven out, then the church has effectively ensured that future victims will be unlikely to report any future clergy misconduct or abuse. In blunt terms, this is the perpetuation of a rape culture.

Appendix I: Resolution 17-04

RESOLUTION 17-04

Title: Task Force on Compassionate Care for Victims of Clergy Sexual Misconduct

Proposed By: The Rev. Martha Anderson, The Rev. Paige Blair, The Rev. Mary Lynn Coulson, The Rev. Gwynn Lynch, The Rev. Colin Mathewson

Name, Address, Phone Number of Delegate: The Rev. Colin Mathewson, 3725 30th St., San Diego, CA 92104, 619-977-8173

Date: September 29, 2017

Resolved, that the 44th Convention of the Episcopal Diocese of San Diego calls upon all members of congregations and all affiliated organizations, individually and in community, to acknowledge that:

- reporting clergy misconduct is a courageous and sacrificial act, demonstrating love for and trust in the church;
- such reporting is an act of service to the church;
- a victim has a right to expect our faith communities to respond with the love and compassion of Christ.

Resolved, further, that the 44th Convention of the Episcopal Diocese of San Diego form a task force to study the experience of victims who report clergy sexual misconduct; become educated on best practices for safeguarding these reporters; and issue recommendations to the Standing Committee, Executive Council and the 45th Convention and memorialize to the 79th General Convention to do the same.

Resolved, further, that the Standing Committee appoint task force members by February 1, 2018, and which task force shall be comprised of passionate advocates for misconduct victims who are committed to ensuring that our faith communities respond with love, compassion, and respect for the reporting victim. Victims of clergy sexual misconduct will be a significant presence on this task force.

Resolved, further, that the recommendations shall reflect a trauma-informed approach (i.e., an approach based on the knowledge and understanding of trauma and its far-reaching implications) to the care of reporting victims, both through the canonical reporting process, as well as in their home parish.

Resolved, further, that the work of the Task Force will in no way alter current Title IV processes, procedures or confidentiality requirements for Complainants and Respondents.

Substitute resolution passed with amendment.

EXPLANATION OF RESOLUTION: It has been 15 years since the Boston Globe exposed the horrific sexual abuse of children by priests within the Roman Catholic Church. There is now a general awareness that clergy sexual misconduct occurs in all denominations; however, it is a lesser known fact that adult women are more likely than children to be victimized by clergy. In fact, based on the size of our own diocese, statistics would suggest that scores of women who are active members of our congregations have been or will be victims of clergy sexual misconduct in their adult lifetimes.

Reflecting this growing awareness within the past two decades, the Episcopal Church has striven to prevent clergy misconduct, primarily through its Safeguarding God's People program. Further reflecting an evolving culture in which the reality of and the damage caused by sexual exploitation of women is increasingly recognized, the church has strengthened its response to clergy misconduct through the codification of disciplinary procedures in Title IV of its canons. Within Title IV, the desire to promote healing and reconciliation is stated six times. In practice, though, the church lacks sufficient policies to facilitate the healing and recovery of victims. Indeed, studies suggest that at least 5 out of 6 adult victims who report sexual exploitation end up leaving their church as a result. Most leave the Church entirely. Many lose their faith.

Literature, therapists, and victims themselves often attribute this alienation from the church not so much to the original clergy misconduct, but to retraumatization by both clergy and congregations during and after the reporting process. This retraumatization often involves disbelief, minimization, slander, isolation, and shunning of the victim. This has been described as an effectual excommunication.

In analogous situations outside of the church, whistleblowers are given legal protection, and creating a hostile environment is illegal in both workplaces and schools. There are no such statutes offering protection within one's church. Yet, as followers of Christ and called to be a reconciling community, the church has an even greater obligation than a statute might mandate.

Although an incident of clergy sexual misconduct always represents a failure of the church, this truth is often overlooked. The incident may even be treated as a failure on the part of the victim. Rather than promoting healing and reconciliation, this scapegoating of the victim, who is already deeply traumatized by the misconduct itself, results in deep emotional and spiritual anguish. It does irreparable harm to the victim. It is a missed opportunity for the community to grow into what it should be. And it greatly diminishes the Body of Christ.

Appendix II: The Task Force

The membership of the Task Force on Compassionate Care for Victims of Clergy Sexual Misconduct, formed pursuant to Resolution 17-04, is:

The Rev. Paige Blair-Hubert, Chair

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Appendix III: Terminology

Abuse vs. Sexual Misconduct by Clergy:

Clergy sexual misconduct is a fairly vague term with different meanings to different people. For purposes of this report and our work, we use “clergy sexual misconduct” to incorporate an array of inappropriate sexualized or sexual behavior between clergy and members of their congregation or under their pastoral care. This includes everything from sexualized language, grooming, and exploitation to what would be a criminal sexual assault or rape.

We note that Title IV uses the following definition of “Sexual Misconduct”: *(a) Sexual Abuse or (b) Sexual Behavior at the request of, acquiesced to, or by a Member of the Clergy with an employee, volunteer, student, or counselee of that Member of the Clergy or in the same congregation as the Member of the Clergy, or a person with whom the Member of the Clergy has a Pastoral Relationship.*

where,

“Sexual Abuse” is: Any Sexual Behavior at the request of, acquiesced to or by a person 18 years of age or older and a person under 18 years of age, in high school or legally incompetent.

and Sexual Behavior is: Any physical contact, bodily movement, speech, communication, or other activity sexual in nature or that is intended to arouse or gratify erotic interest or sexual desires.

Because terminology is extremely important in a trauma-informed environment, it should be noted that, for victims, **failure to use the term “abuse”** will very likely appear to be minimizing and, therefore, retraumatizing. Indeed, outside of the Episcopal Church, it is quite common to include any abuse of power which results in sexual harassment, exploitation, or other sexual activity as “abuse.”

As defined above, within the canons of the Episcopal Church, the phrase “sexual abuse” is reserved for behavior between an adult and a minor or legally incompetent person. This narrow definition appears to be an outlier. More typical definitions of abuse include:

- ◆ From *Black’s Law Dictionary*: 1. A misuse of anything. 2. Cruelty that causes harm to another.
- ◆ From the *Oxford English Dictionary*: 1. The improper use of something. 2. Unjust or corrupt practice. 3. Cruel and violent treatment of a person or animal. 4. Insulting and offensive language.
- ◆ The Baylor University, Diana R. Garland School of Social Work is a leader in research on clergy sexual abuse, having produced two very significant studies in 2008-2009 and 2015. Baylor defines clergy sexual abuse as follows.

Clergy Sexual Abuse happens when a person with religious authority intentionally uses their role, position, and power to sexually harass, exploit, or engage in sexual activity with a person. This involves sexualizing conversations (including on the phone, through social media or email), asking for or transmitting unwanted sexual images/text, touching or hugging people who do not want to be touched, pushing for sexual involvement, creating pressure and hostility when boundaries are set, using sexual language and jokes, pressing or

rubbing up against a woman, or invading personal space. The sexual activity can include but is not limited to touching sexual organs (over or under clothing), kissing, oral sex, masturbation, intercourse, and rape. Clergy Sexual Abuse is about the misuse of power by the perpetrator and the inability of the victim to provide consent because of the power differential.²⁰

Complainant/Respondent

When discussing the Title IV process, we have used the terms “Complainant” and “Respondent” to identify the person filing the complaint and the person against whom the complaint is made, respectively. This choice was made, in part, in deference to the language used in Title IV, although, as with much language around this subject, that can also be controversial and should not be considered a trauma-informed choice.

Grooming

Grooming is the process of desensitization of a victim by a perpetrator in order to make her/him less likely to reject or to report sexual abusive behavior. A precise definition is difficult to find. Excerpting from a classic work in the context of clergy predators:

Grooming is a process whereby the religious leader breaks down a [victim’s] defenses, making her feel special . . . or in another way using his position as a religious leader to develop a close relationship and isolate her from others. He uses personal warmth to obscure what his true intention is

Grooming is essentially seduction in a relationship in which he holds spiritual power over her. He provides a story . . . that justifies the relationship. He may be doing wonderful things in ministry and needs her support for his calling.

There may be some shared mission, a cause for which they need to partner. She senses something is not quite right, but it is a relationship she has been taught to trust—he is a spiritual leader, after all—so she allows him to say and do things she would not allow a man to do in a normal friendship. At the same time, she becomes increasingly anxious. . . .

With that kind of trust, he can easily minimize her concerns and doubts about the appropriateness of their relationship, slowly nudging at and then crossing her sexual boundaries. The first boundary crossings may be covered on his part by claiming lack of intention . . . As a consequence, she may berate herself and actually feel embarrassed at having questioned his intentions: ‘I should have known he was just being caring; how could I be so overly sensitive?’ Because of the unusual level of trust that women place on religious leaders, perpetrators are able to deprive their victims of their usual resources for discernment, good judgment, and action. The more subtle the coercion, the more invisible the power play and the greater the damage done to her.²¹

²⁰ Diana R. Garland School of Social Work, Baylor University, “Clergy Sexual Abuse Research,” available online at https://www.baylor.edu/social_work/index.php?id=937417 (accessed July 1, 2018).

²¹ Diana R. Garland, “When Wolves Wear Shepherds’ Clothing: Helping Women Survive Clergy Sexual Abuse,” *Social Work and Christianity*, Spring 2006, 7-9.

Retraumatization

Retraumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude, or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.²²

Victim/Survivor

In most cases, we have deliberately chosen to use the term “victim/survivor” instead of either “victim” or “survivor.” There is significant sensitivity about this choice of language among both victim/survivors and the general public.

Typically, “survivor” has an empowerment connotation to it, while “victim” does not. However, as with much of their language, this needs to be a personal choice for each victim/survivor, and most likely will evolve over time for any given person.

Even within this task force, those of us who are victim/survivors choose to identify ourselves in different ways. As a group, we feel that the use of the combined term feels more appropriate and inclusive.

²² Karen Zgoda et al, “Preventing Retraumatization: A Macro Social Work Approach to Trauma-Informed Practices & Policies,” *The New Social Worker*, February 18, 2016. Available at <http://www.socialworker.com/feature-articles/practice/preventing-retraumatization-a-macro-social-work-approach-to-trauma-informed-practices-policies/> (accessed Sept. 24, 2018).

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