Clerical sexual abuse of minors affects more victims than the individual who has been violated.

Recovery of survivors involves more people than the treating professionals.

Damage to all victims can be compounded by inadequate support after a victim discloses abuse and asks for help.

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Abstract:

Jim spoke, with support from his family, about their experiences after the rape of his late brother by a trusted priest.

The second abuse:

The original abuse of Jim's brother included a fundamental violation of the victim's trust, so disclosure could occur only about forty years later, when the victim could tolerate no more pain of isolation with his memories, and had built sufficient, fragile, trust to reveal the real source of his pain. If, in such a situation, the trust given by that disclosure to the church is met by an inadequate response, there can be disastrous effects as all the partly-buried difficulties are not only resurrected, but are intensively reinvigorated and left unresolved.

Secondary victims:

In most cases, several "secondary victims" (e.g. parents, siblings, spouse and children) are affected by the clerical sexual abuse of each "primary victim," and substantial damage is frequently done to them by the ripple effects of the abuse. This damage needs to be recognised and addressed if the whole community is to better recover from the communal traumae involved.

Family support is widely recognised as essential in, for example youth issues, but is rarely mentioned in the context of treatment of survivors of sexual abuse. As secondary victims have intimate and long-term relationships with the primary victim, they are also in unique positions to support and assist the primary victim, frequently on a daily basis. This could considerably augment the work of health professionals whom the victim cannot access so frequently.

Traditional owners

I acknowledge the traditional owners of this land, the Eora people and recognise that many aboriginal Australians have been subjected to abuse, including sexual abuse, and all the associated social and community damage this has caused and still causes.

I apologise to them as a white Australian from the community that is still taking only initial steps to acknowledge and heal their hurts. We are at the beginning of sorry time.

Introduction

I speak today as a secondary victim of multiple abuses of my late brother that occurred in religious contexts.

In his primary school he was severely beaten by a religious teacher, and then forced to "*forgive*" that teacher according to a gross distortion of the concepts of Christian forgiveness.

Later he suffered clerical sexual abuse including anal rape, and even later suffered treatment that I consider further abuse when he disclosed those incidents to church authorities

Terminology

- Coded words can minimise the issues under discussion. "Sexual Abuse in Religious Contexts" sounds to me like Art in Religious Contexts. We are talking specifically of sexual abuse by the misuse of religious power – that is "<u>clerical sexual abuse</u>"
- Rape is a very violent crime and I suggest that any minimisation of it is inappropriate. Rape is rape. Imagine if you knew rape would happen to you tonight.
- Think of my brother's terror when the other boys at a camp managed by that priest, said *"He's next."*

Impacts on my brother's life

- After his adolescence, all my brother's family recognised issues that we now know are typical problems for victims of sexual abuse. These included poor relationships, personal isolation, irrational bouts of anger, depression, confusion about his own sexuality, suicidality and severe alcoholism.
- In the late 1990's his problems escalated dramatically and at age 50 he was forced to cease work as a teacher.

- In 1999, after support from his union, he was granted ill-health retirement for permanent incapacitating illness alcoholism.
- He died from a combination of self neglect, cancer for which he had never sought treatment, and the consequences of alcoholism, in November 2005.

Ripple effects on siblings and other family

- We were all bewildered and despaired at our inability to build and maintain normal relationships with him
- We recognised serious problems but were unable to access resources or techniques to address them
- We tolerated his symptoms and the pain they caused us, so that we could maintain the fragile, minimal relationships he allowed.

On disclosure to church

- In late 2004, after the death of our parents, my brother disclosed his history of clerical sexual abuse that had occurred nearly 30 years earlier, including rape and sodomy, to his siblings, and in early 2005 to church authorities
- He was interviewed by sector as a senior lawyer, and a senior psychiatrist who describe themselves as eminent professionals and a psychologist, but he declined all offers from myself and my sister to support, assist or accompany him during those disclosures,
- He reported to those professionals dramatically increased symptoms that I understand are typically seen on revelation of sexual abuse:
 — flashbacks, sleep disorders and night terrors, uncontrolled tears, etc.
- He specifically requested good counselling,
- Alcohol rehabilitation was the only treatment offered, with no mention of any plans for concurrent or subsequent treatment regarding the effects of the sexual abuse
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Responses from the church's professionals

- The attitudes of the church's professionals are indicated by responses I was given after my brother's death and which I paraphrase:
 - o "He didn't ask us to involve his family in his care"
 - o "He didn't ask for pastoral support"
 - o "He refused the treatment we'd arranged"
 - o "We aren't social workers so we didn't couldn't anything"

• **"Some victims just get over it, others succumb to alcohol etc.** That's a direct quotation:

Some victims just get over it, others succumb to alcohol etc."

That is a response that shocked me at the time, and that I see as an elaborated expression of

"Blame the victim"

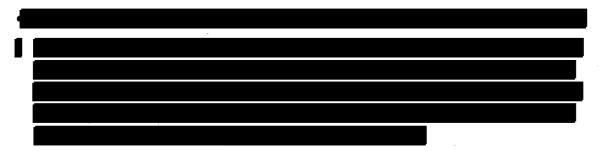
• My brother underwent questioning by those staff that I consider unprofessional, brutally insensitive and inappropriate: Again I quote exactly:-

"Did you ever shit blood or vomit blood?

Did you ever shit blood? "

What sort of a professional interview question is that?

- · His forced retirement for alcoholism was not recognised
- His severe alcoholic neuropathy was not recognised (he couldn't walk or write coherent script)
- · The after-effects of the abuse were reported by those professionals as
 - o "Disturbing and distressing at the time"
 - o "possibly related to... his abuse"
- My brother's report of traumatic after effects of one interview were apparently ignored and untreated



My brother's responses

- My brother kept details of his interactions with the church authorities from his family until immediately prior to his death
- My sister and I, and our families, recall extreme intensification of all his behavioural problems at around the time of his disclosure to the church. These responses included:
 - Aggressive but incoherent extended phone calls, night and day –often for 1-2 hours at times like 3 a.m.
 - We seriously contemplated preventative strategies like silent phone numbers etc
 - His self-isolation became almost complete including persistent refusals of personal visits, refusal to open the door when visited and so on

- We later found evidence his alcohol usage had increased to 2 litres of cask wine per day and his food intake was negligible
- He retreated to an eventual semi-conscious existence on a stinking mattress on the floor, next to a gas fire in a slum, ordering weekly deliveries of four casks of 4 litres of wine by taxi.

Ripple effects on our family

- · Increased symptoms at this time severely impacted on our lives
- We all felt utterly helpless and isolated
- We were paralysed but knew we faced oncoming disaster
- We had an utter loss of faith in our church's response to my brother's pain and ours

End of life Nov 2005

- Eventually, I forced the issue by invoking a social worker to begin committal proceedings to have my brother legally declared incompetent to manage his own life
- After 10 days in palliative care, my brother died from starvation and general debilitation alongside advanced lung cancer, for which he'd not sought treatment
- I cannot forget those ten days, especially the last 72 hours I spent at his side, and the effort to discuss with him the decision to accept a *Do Not Rescuscitate* notice.
- He was extremely angry that I'd called my sister to visit from interstate to say goodbye to him.
- We believe that the church's support staff had no contact with him whatever at the time. They were utterly surprised to hear later of his hospitalisation and death
- We were pained to not receive any condolences whatever from the church, nor from their professional support staff, other than casual remarks during conversations
- All these pains are hurts caused to secondary victims.

Second injury

I regard the church's responses as inadequate and constituting a **second injury** of my brother and of myself, my sister and our families - the pain when **no assistance** comes from those to whom the victims turn for help."

I believe my brother and his entire family received no effective assistance from the church, excepting only that under duress, they did pay for some counselling, but **no support at all was ever offered to us**.

Secondary victims

- All my brother's family were and are secondary victims of the clerical sexual abuse my brother endured, and of the second injury he later suffered.
- · Normal relationships with him were impaired -
 - As a powerful example, one family member refused to attend his funeral 'because of the hurts he inflicted" on other members of the family. To miss a funeral is unknown in our family, no matter what has happened in life.
- We were all hurt and bewildered by what we now recognise as his responses to his pain
- Yet, as the only people even vaguely close to him, we were in unique positions to support and assist him in a recovery if and only if we had access to support, to knowledge and to resources
- We believe his truncated career and premature death were direct results of the abuses he'd suffered, even though the process of dying took nearly forty years.
- His family have suffered the side effects of that abuse ever since it happened and now we are deprived of any opportunity to share the rest of life with him.

A challenge to relevant professionals

- There appears to be little investigation and documentation of the impacts of clerical or other sexual abuse on secondary victims
- Family involvement is regularly invoked in childhood and adolescent-care situations,
 is it even more appropriate in clerical sexual abuse cases given the known damage done to personal relationships of the primary victims?
- I ask Can secondary victims be assisted to become secondary carers alongside professional carers, for their own benefit, and that of the primary victims?

Since my brother died

- I attempted to raise my concerns with the church- but met less response than I'd have received from that brick wall beside me.
- I was refused further contact by peremptory correspondence from the church's legal representatives, and from the church leaders
- I've been given four or five different reasons why church leaders refuse to even speak to me (all of which I regard as specious)
 - This "wall of silence" has destroyed any sense I had of the church as a caring and loving organisation
- We, as secondary victims were not at any time, before or after my brother's death, offered any support, assistance, counselling or pastoral support by the church.

- We, our family, believe church leaders pretend to care about victims, but really don't care at all.
- $\circ~$ We have lost all faith in the leadership of our church

Summary

- More victims than the primary victim are hurt by clerical sexual abuse
- After disclosure, the recovery from abuse involves more people than just the individual victim and treating professional(s)
- I believe that secondary victims can be invaluable support to healing process for the primary victim
- I also believe that if inadequate assistance is given, all victims are vulnerable to further damage (the second injury), compounding and magnifying the hurt caused by the original abuse

My wife recently reminded me that, near the end of his life, my brother told us both:

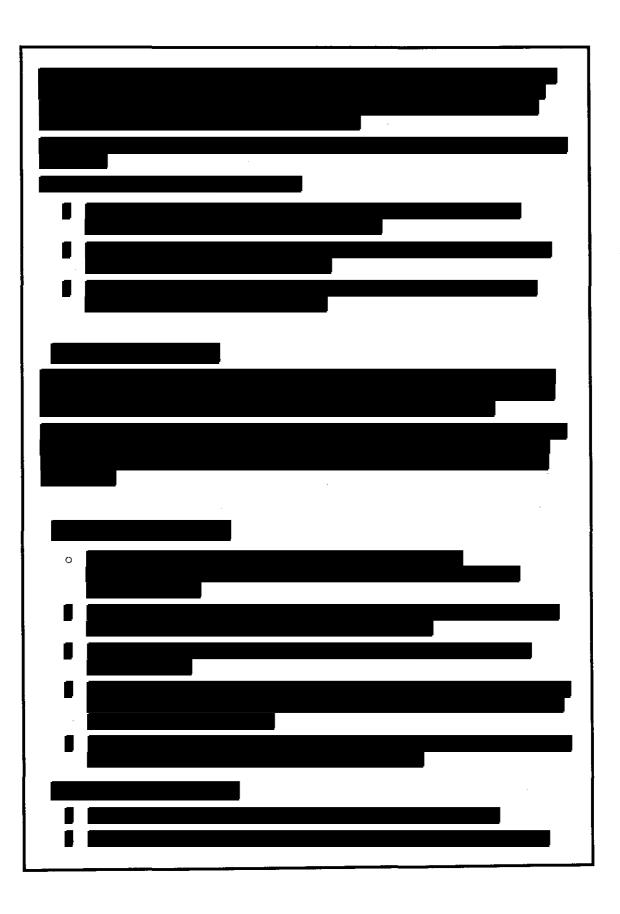
"I want all this to go public- they didn't care"

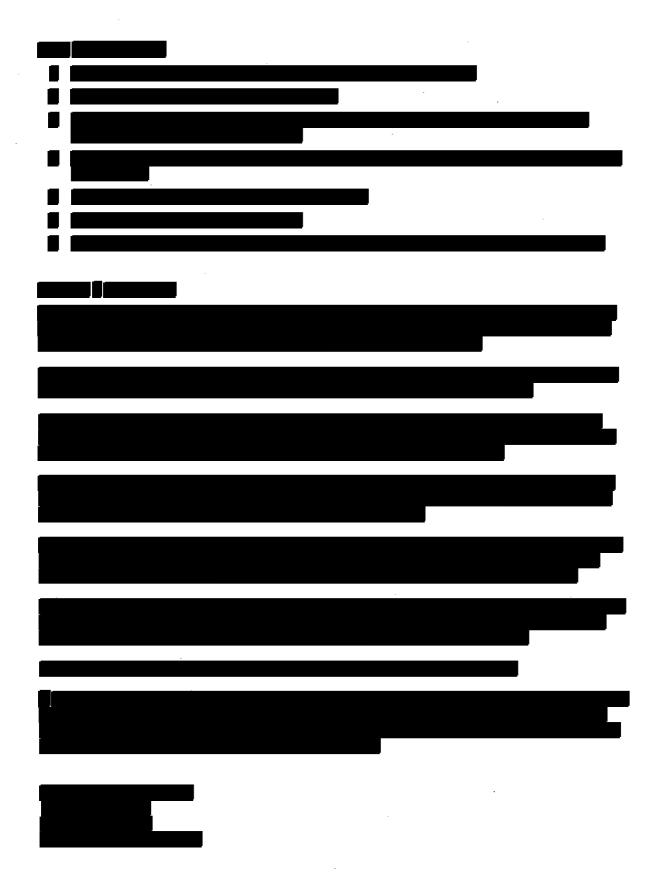
"I want all this to go public- they didn't care."

By sharing this all with you, I am honouring his wishes.

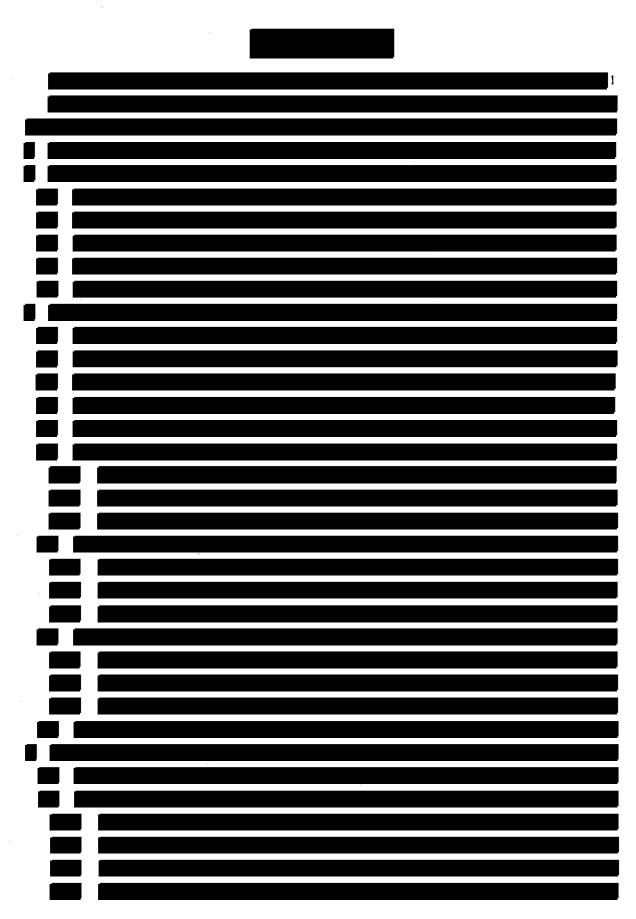
I, and my family, thank you for listening to our story of my brother's pain from his abuses and second injury, and our pain as secondary victims.

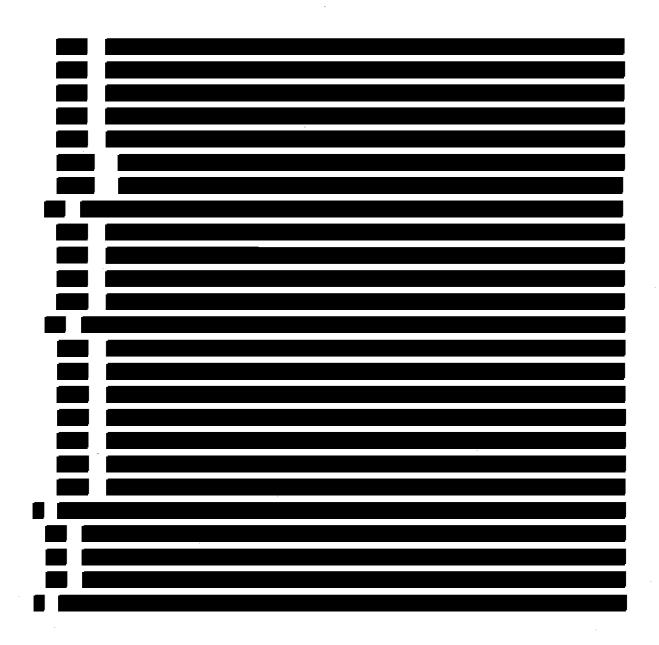




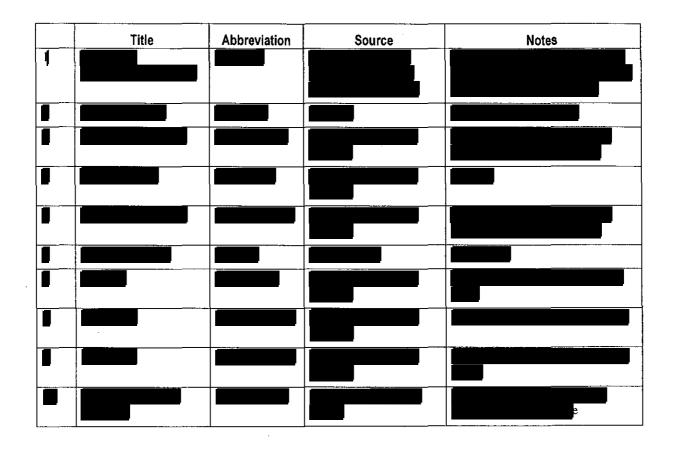


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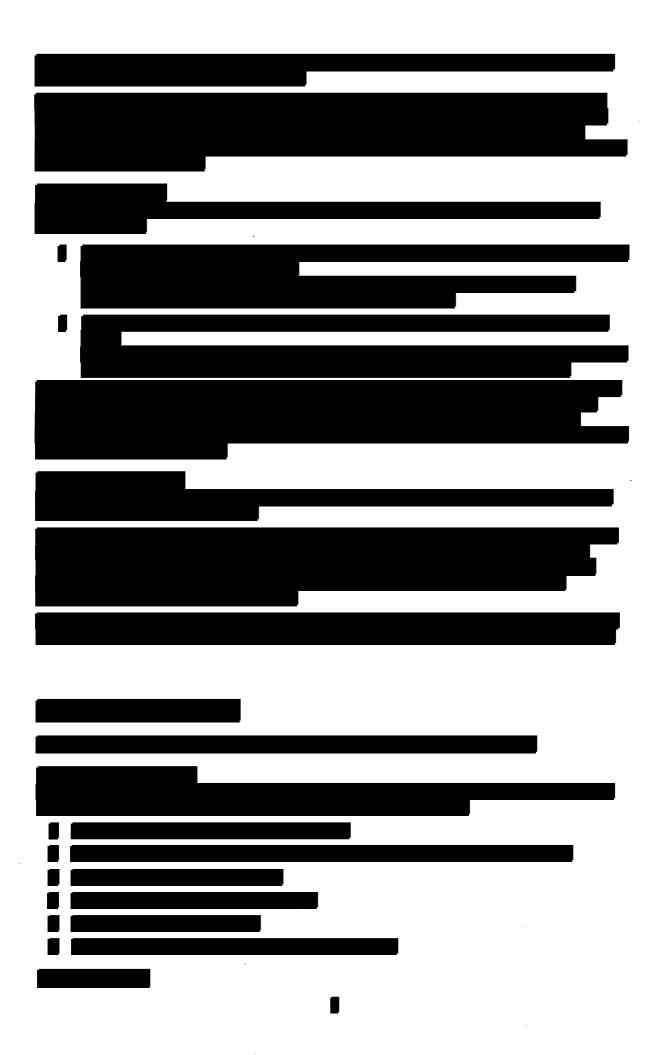


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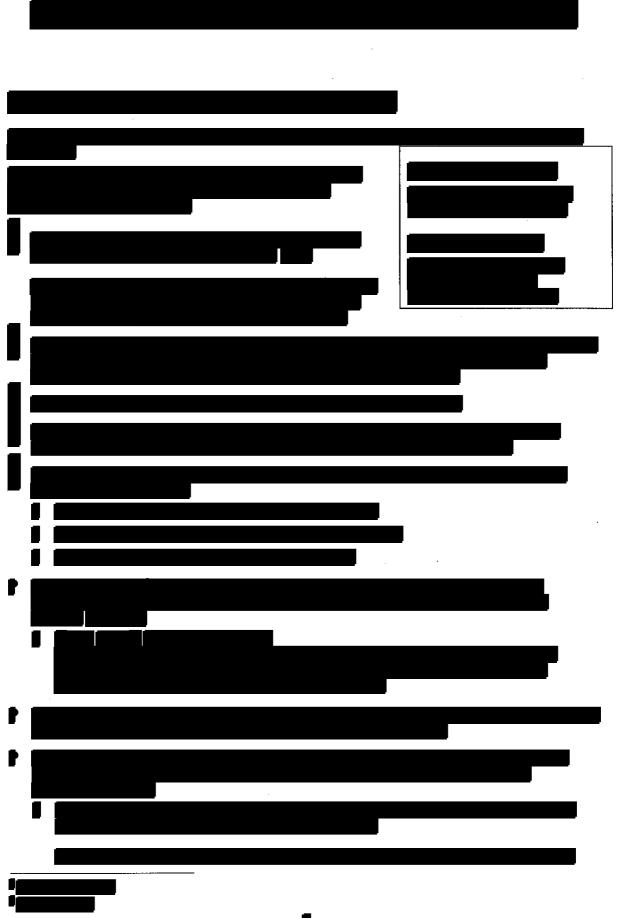


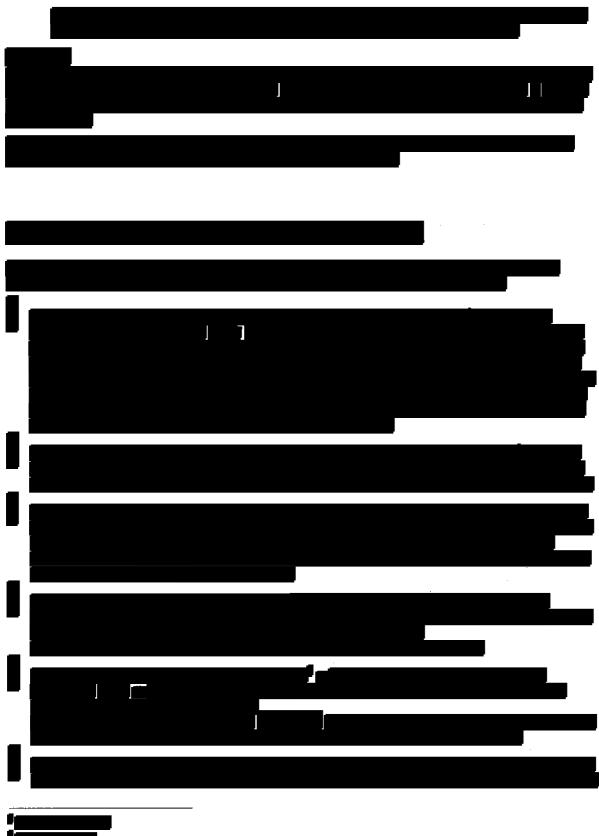
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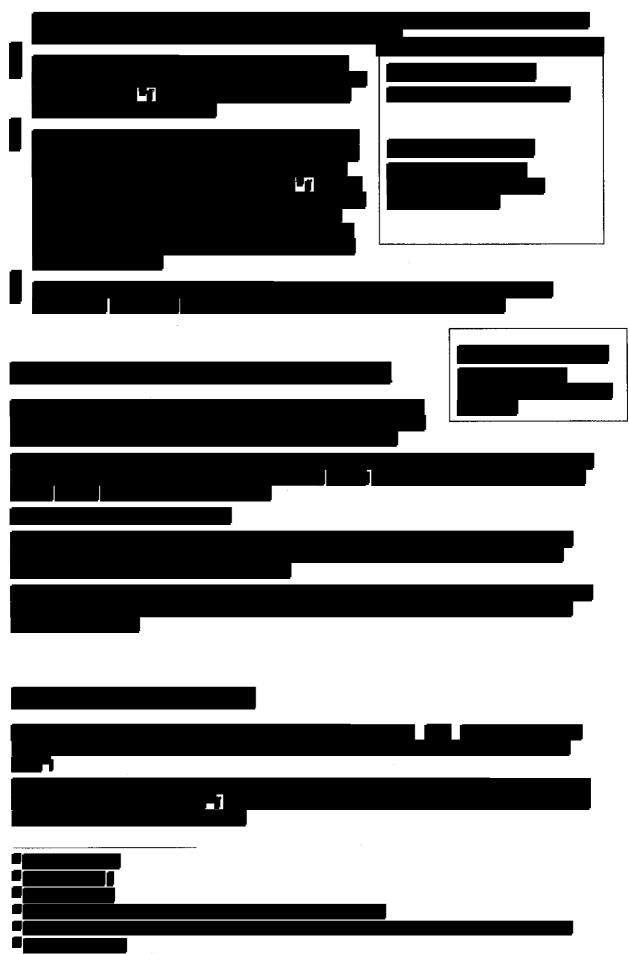


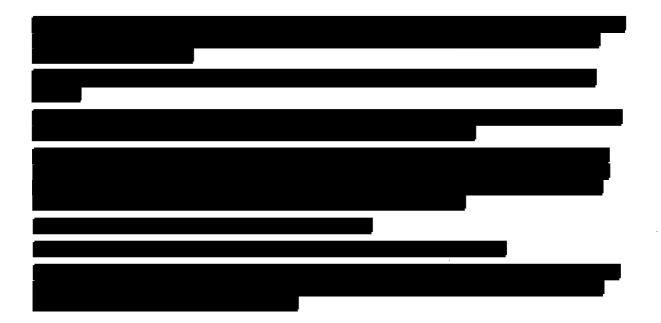


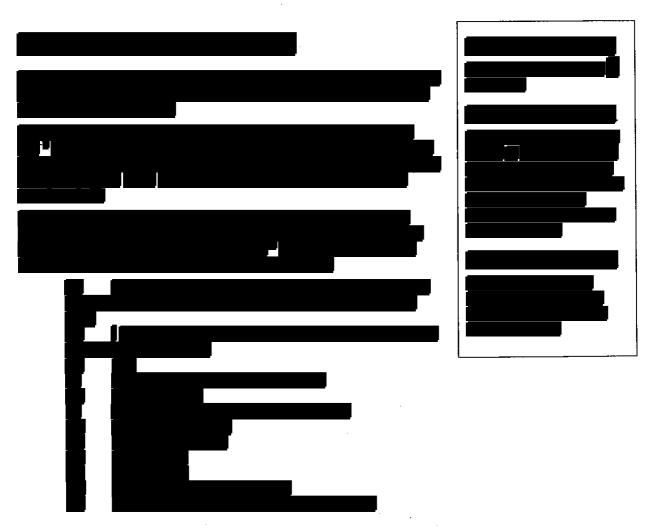




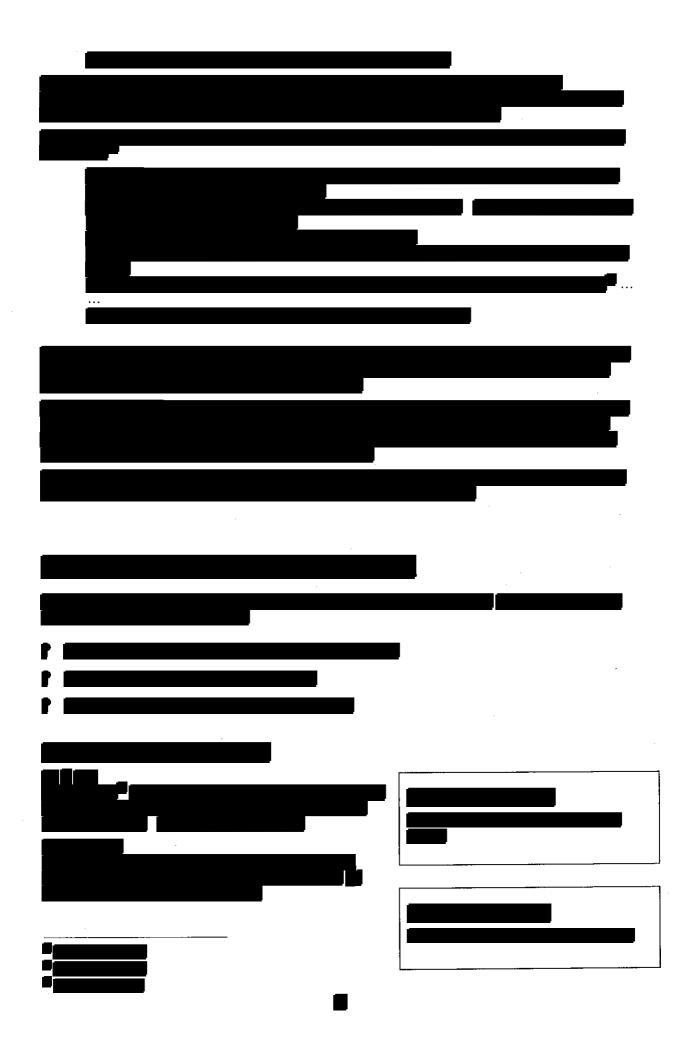


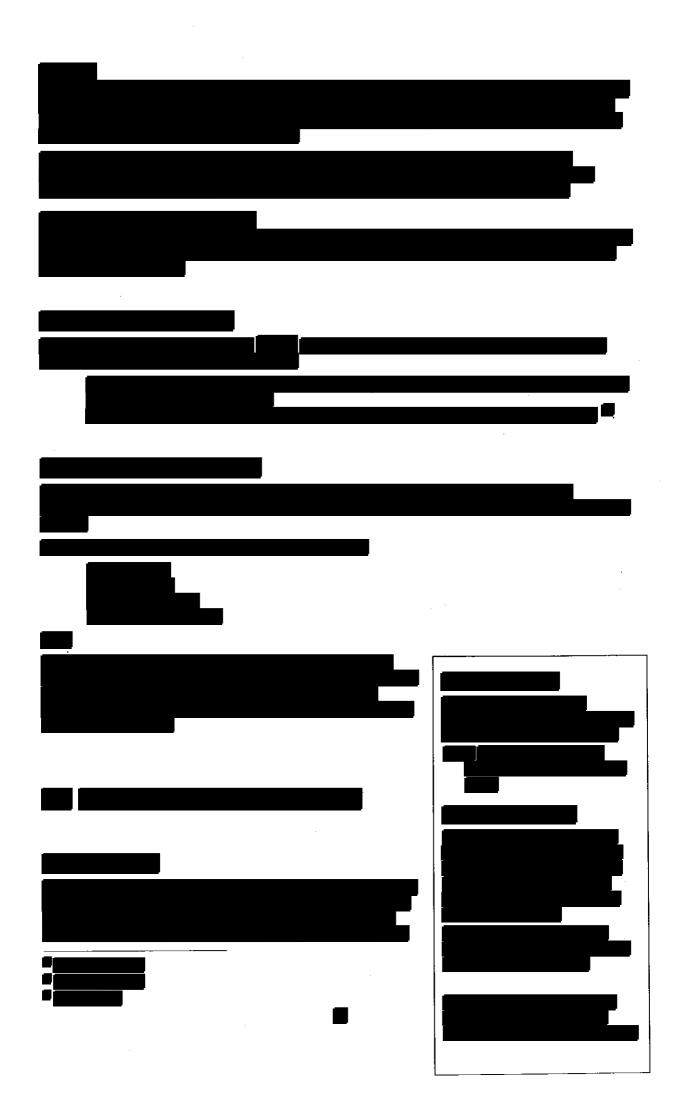


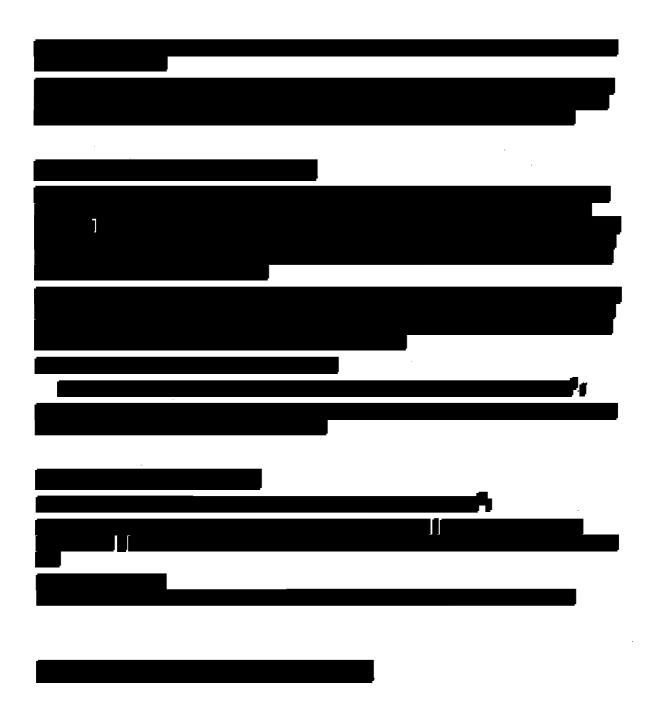


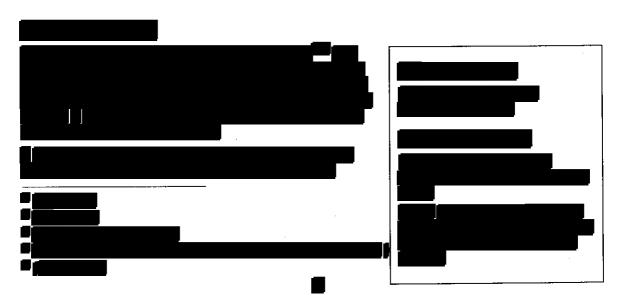




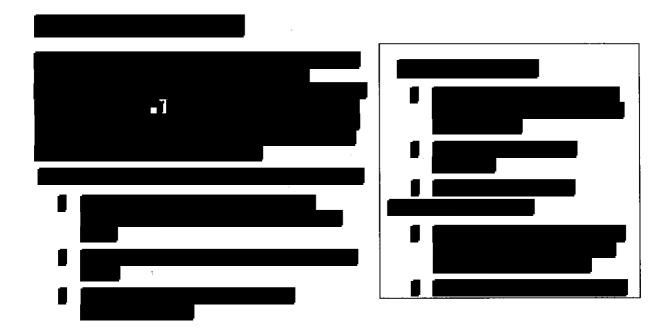


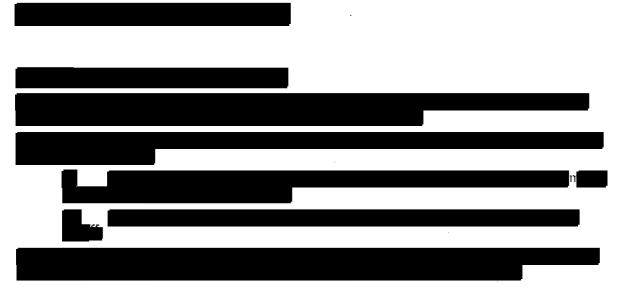






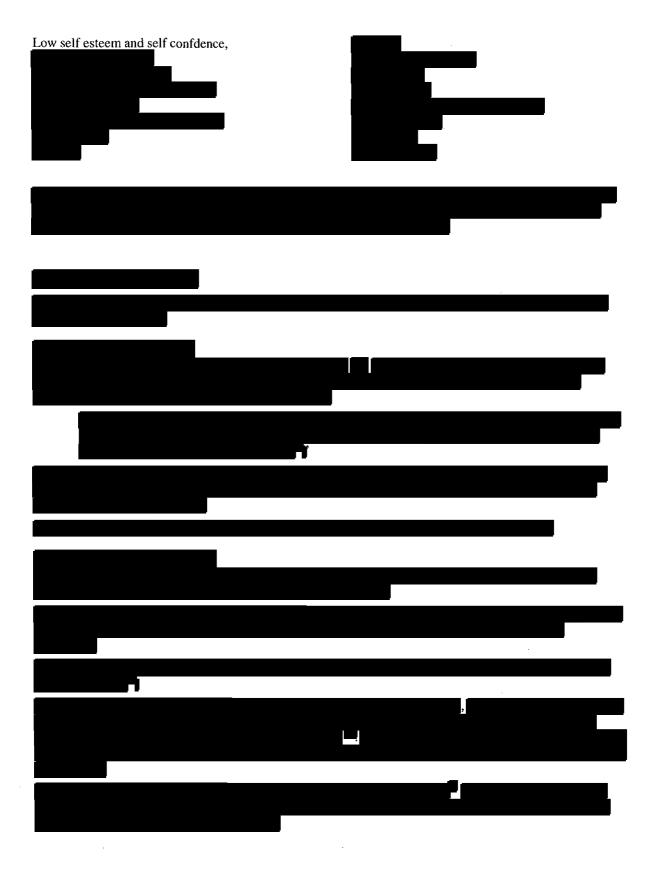
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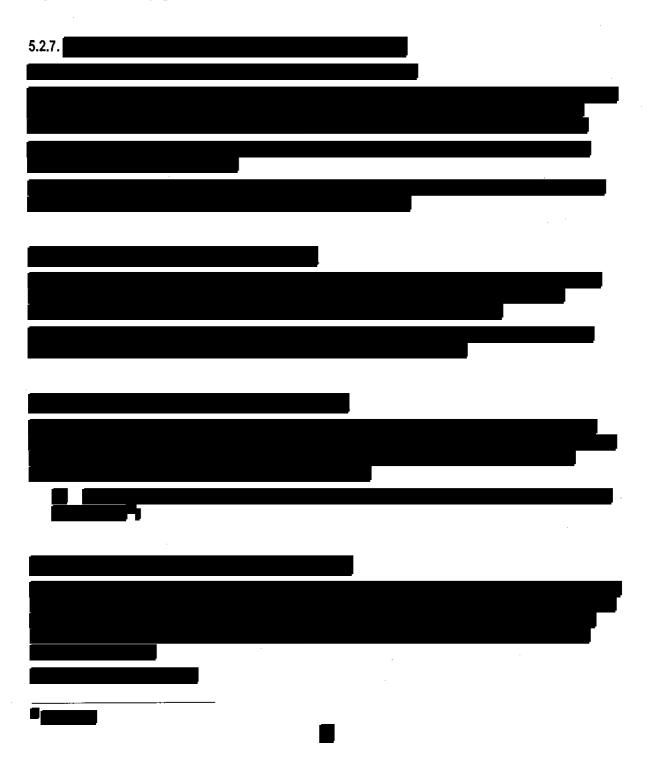
. . **Example:** Dr Ball and Ms Sharkey did not follow through on Gavan's assertion that his general health was under the care of his GP with a pertinent question such as "When did you last see your GP?" or "Do you see him on a regular basis?"

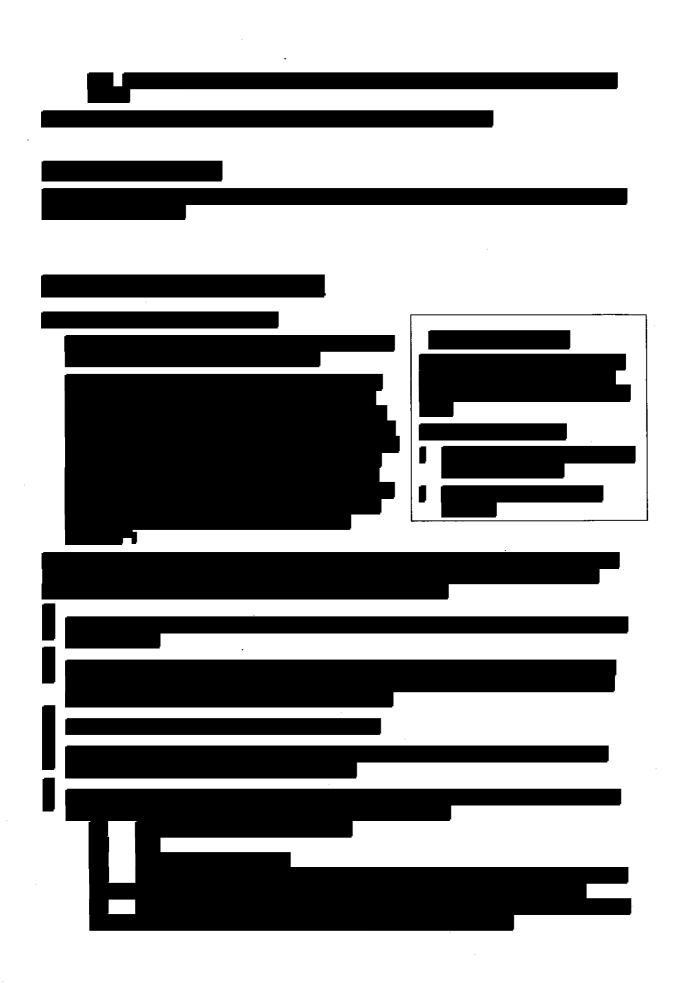
Questionnaire - non-standard

The questionnaire used by Dr Ball and Ms Sharkey was not a recognized diagnostic questionnaire to assist professional evaluation of his health according to the standard DSM-IV categorization. The questionnaire they used appears quite unsystematic and unstructured and even to a layman's eyes does not appear professional. It is not related to the standard sexual abuse trauma index or the trauma symptom checklist.

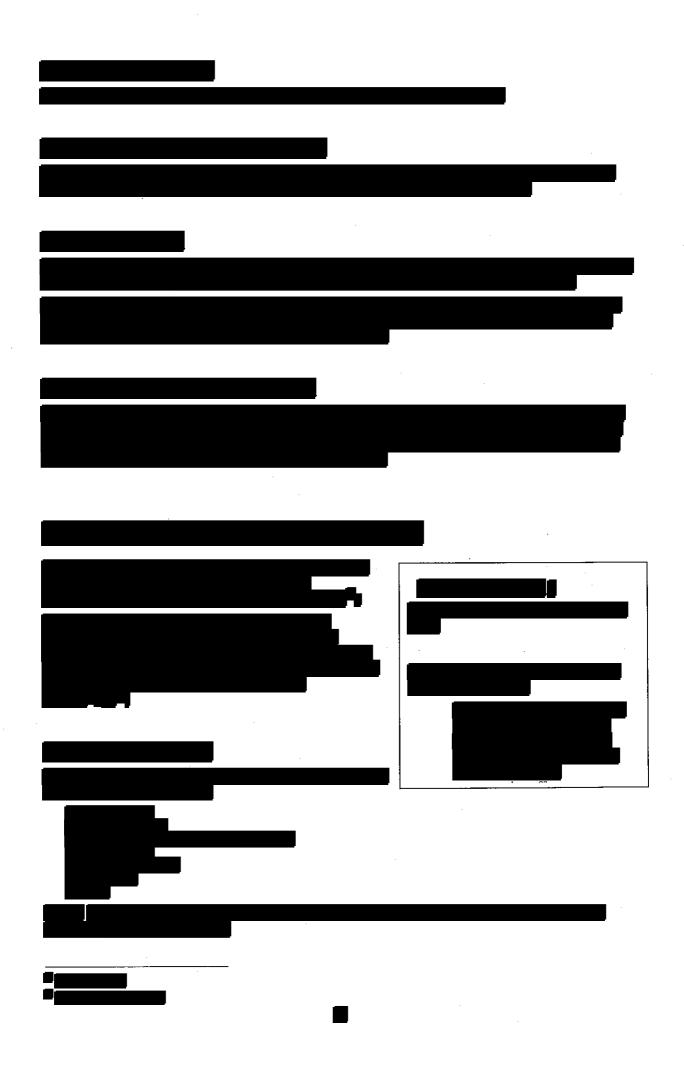
Questionnaire - were answers used?

There is no evidence or indication in the professional report or in the interview transcripts or in discussions with me that Gavan's responses to the questionnaire were ever examined or considered – rather that his responses were actually ignored.



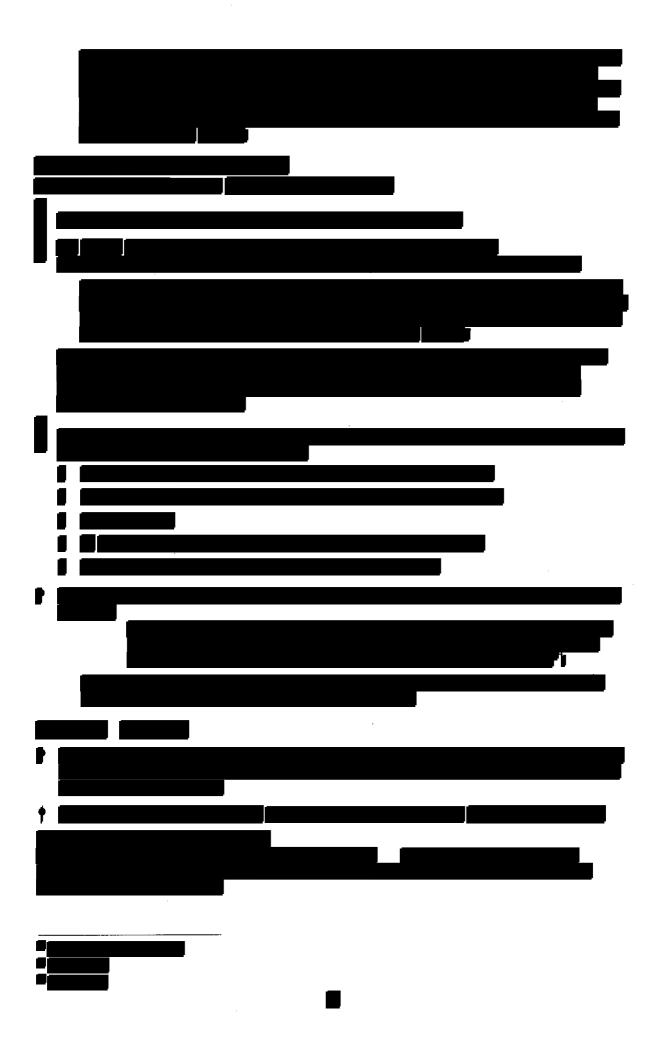


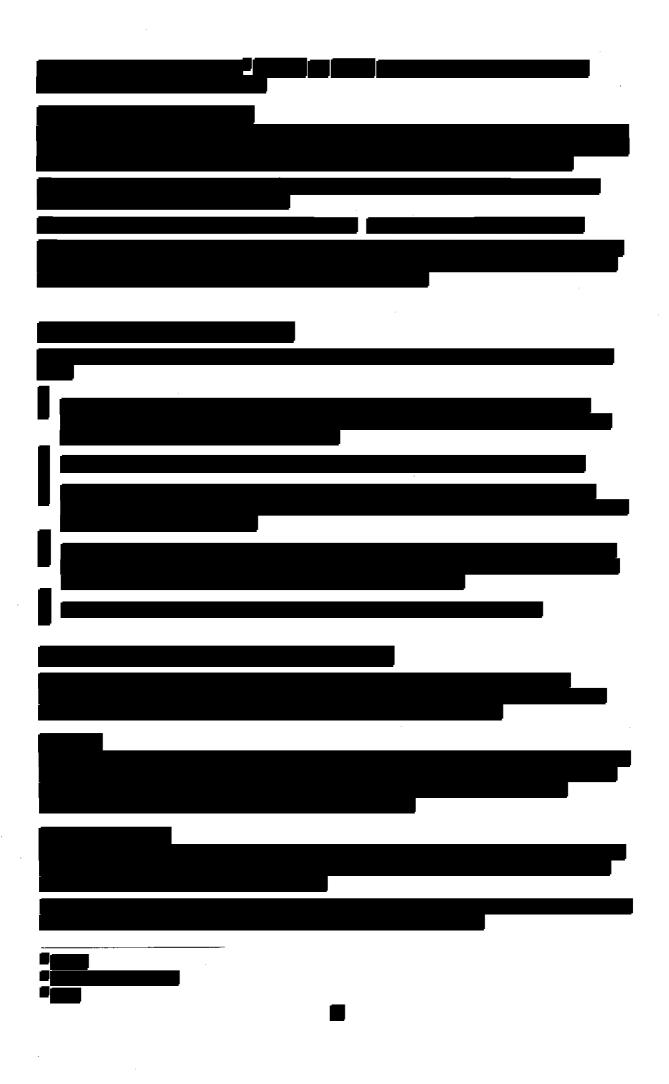
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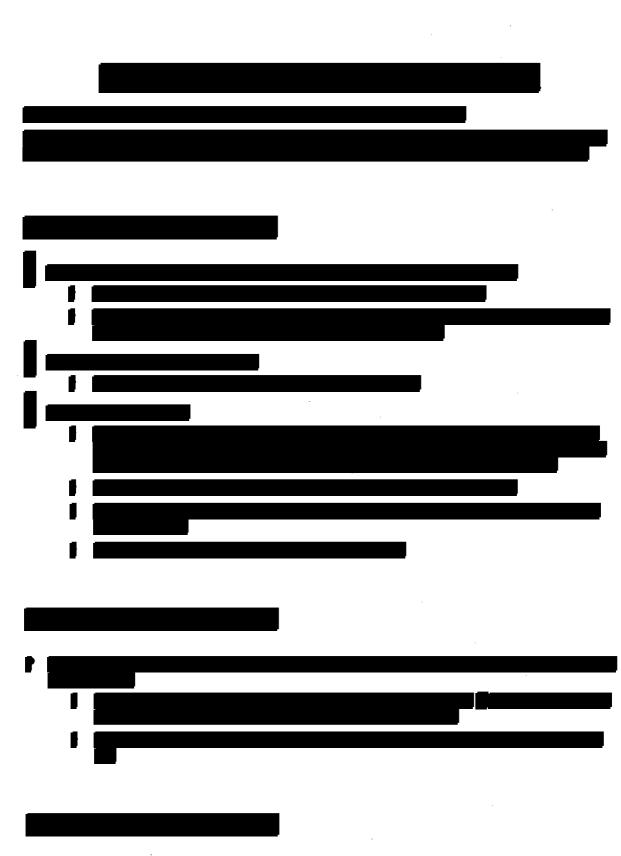
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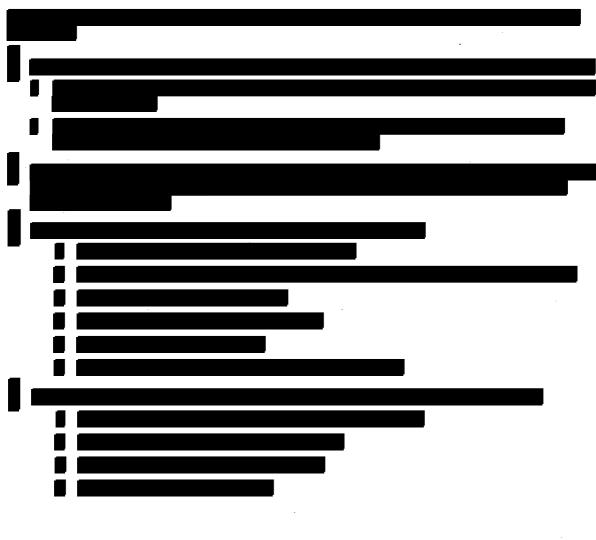


 ⁷⁸ Judith Lewis Herman, Trauma and Recovery Pandora ISBN 0863584306 p.52
 ⁷⁹ Child Sexual Abuse: A Review of the Literature http://www.usccb.org/nrb/johnjaystudy/litreview.pdf





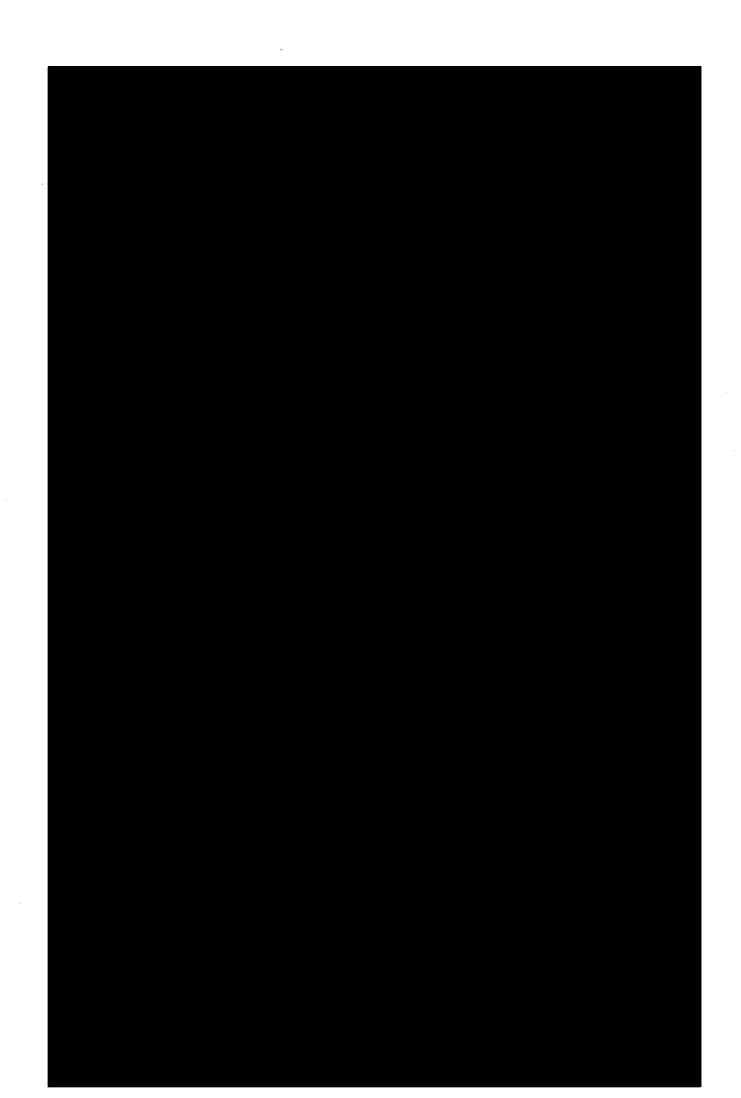


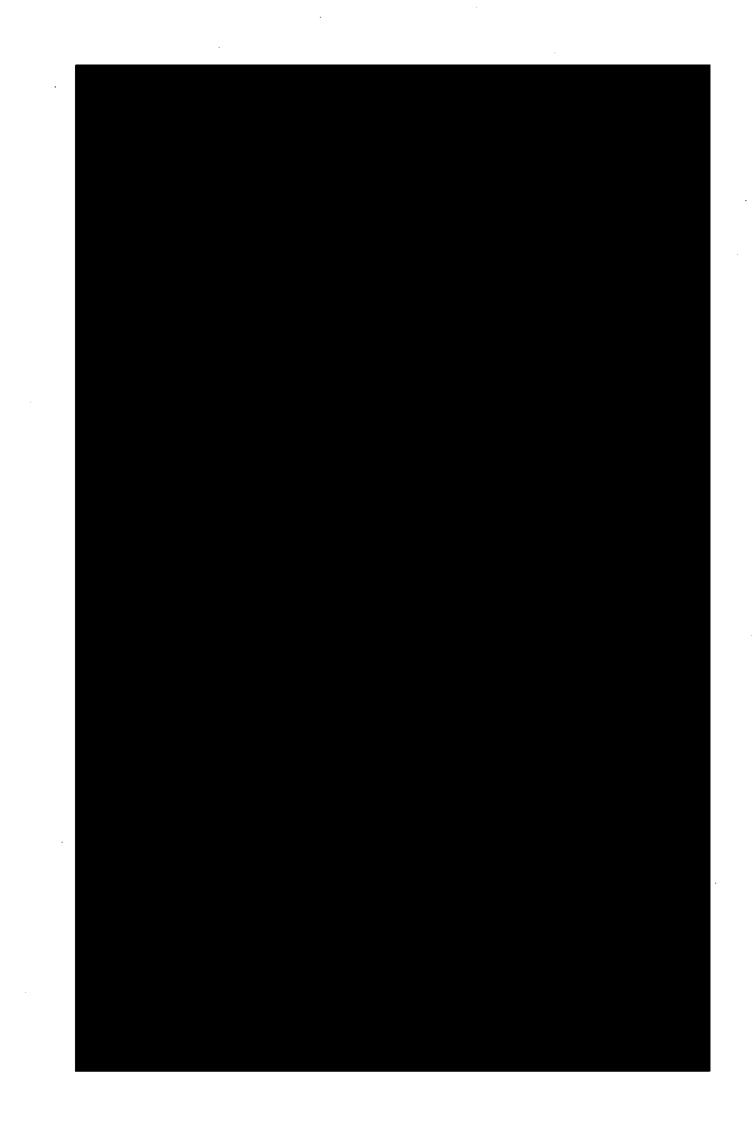


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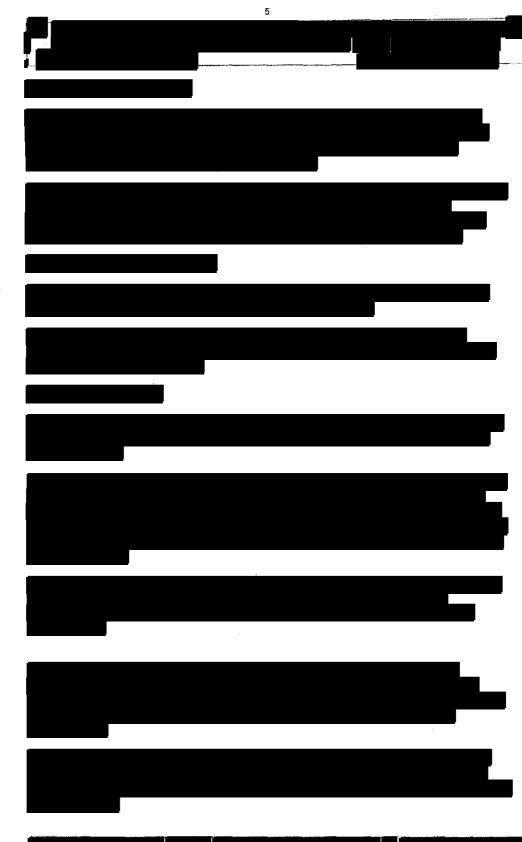
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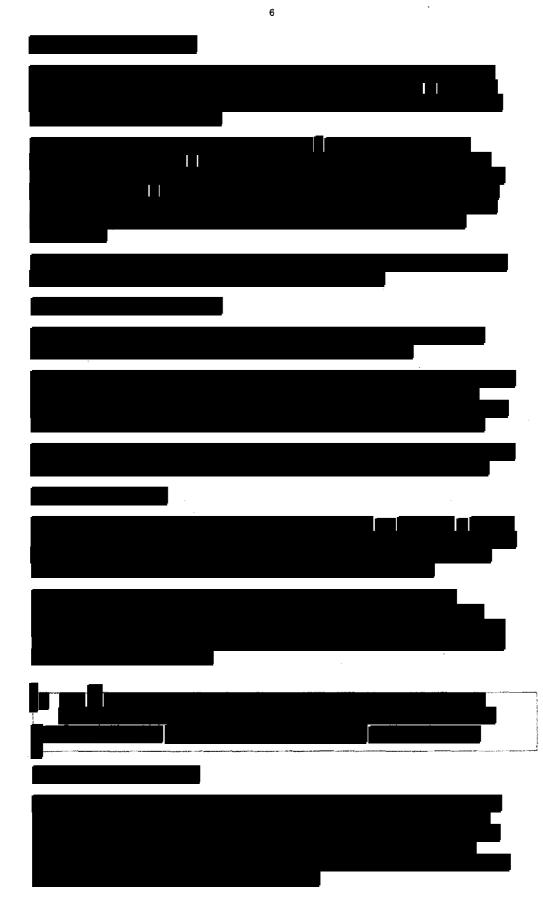


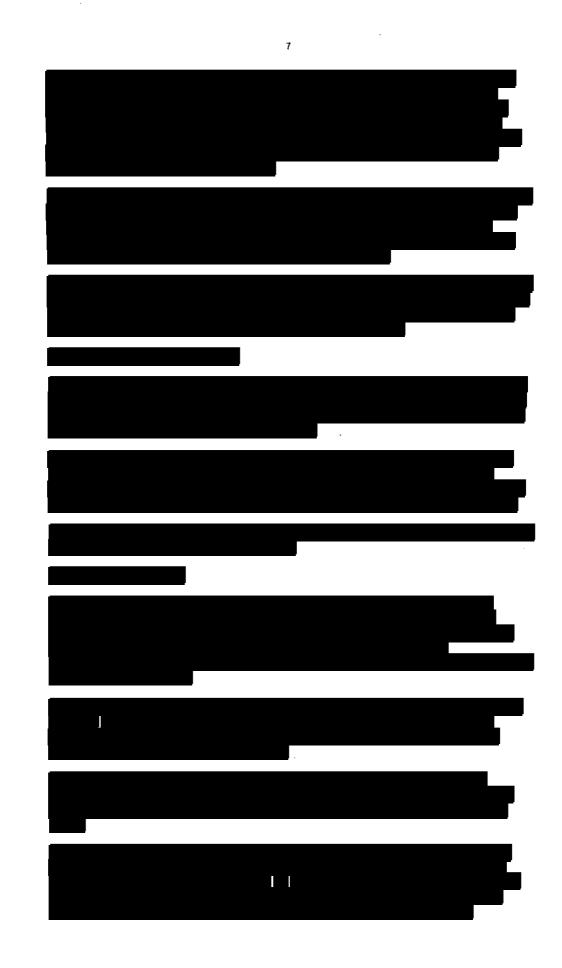


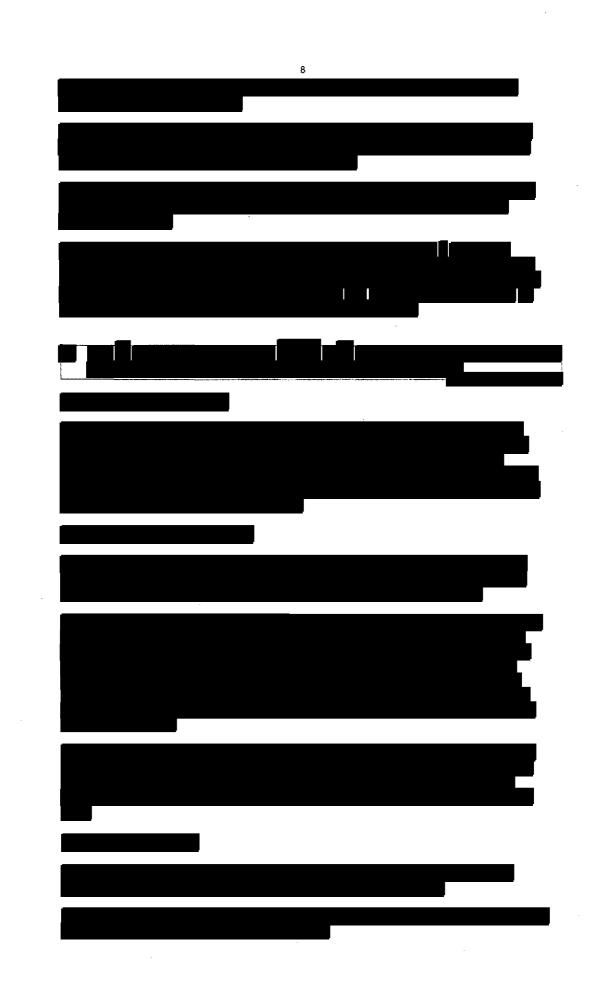


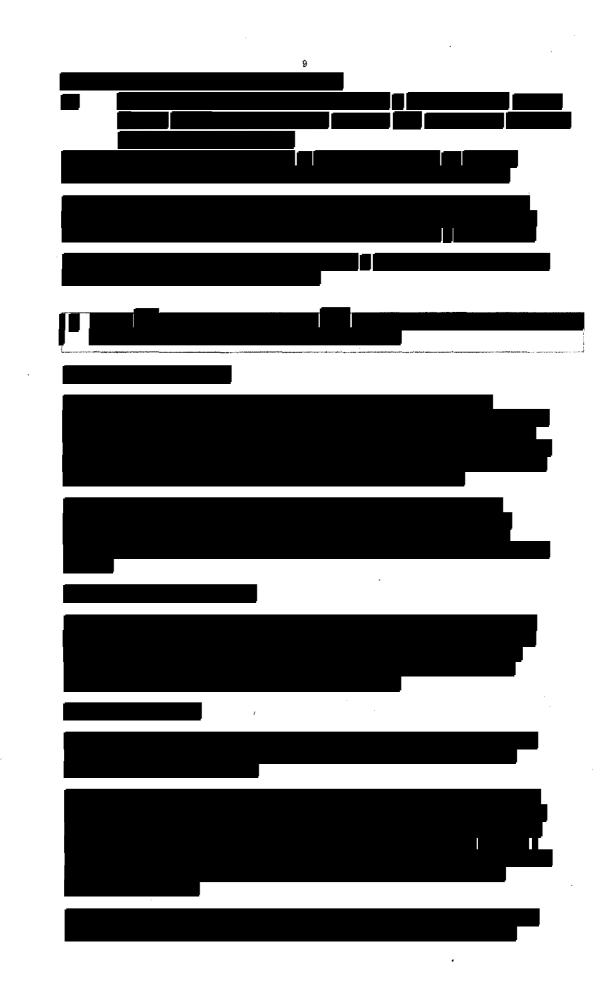


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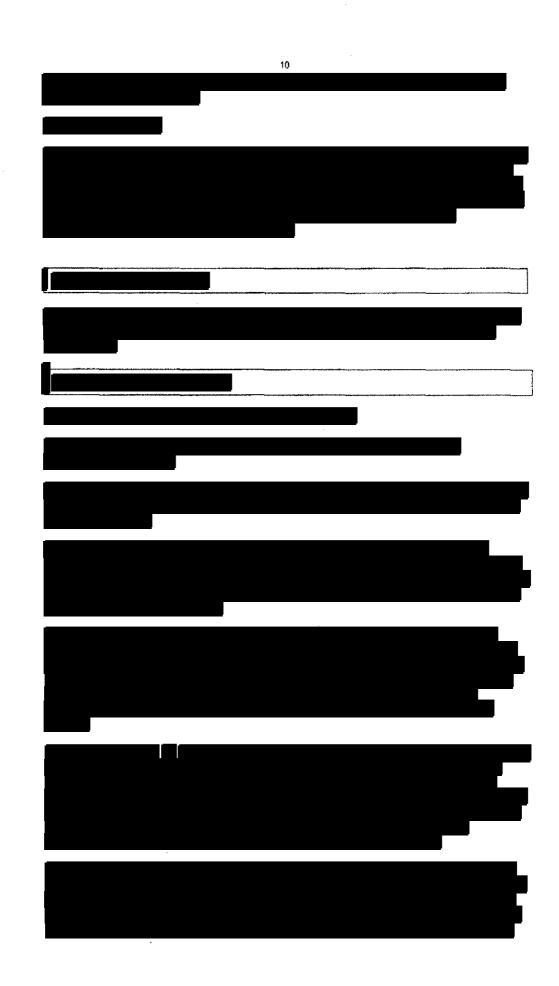




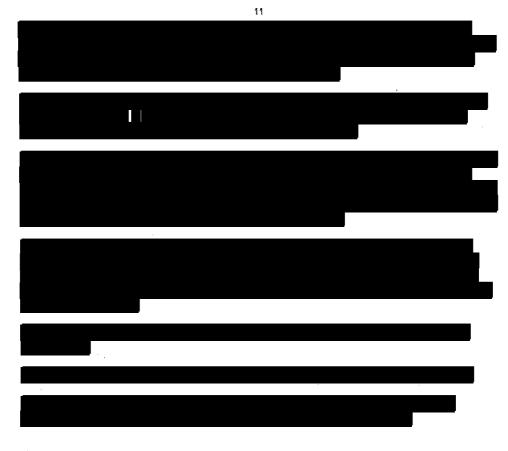




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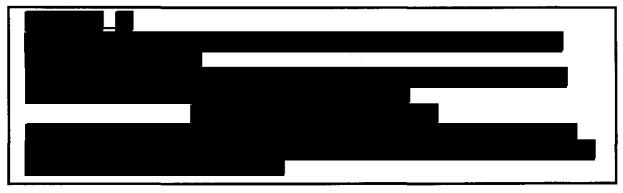
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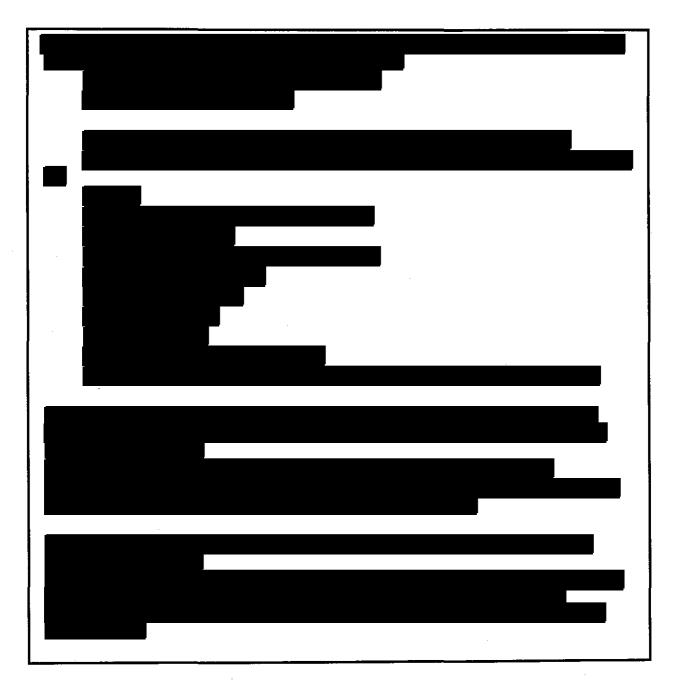
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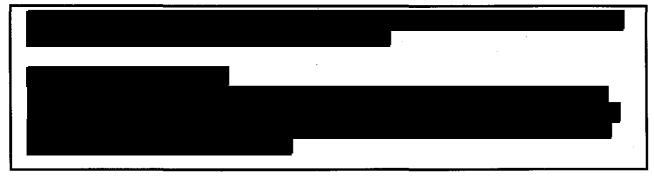


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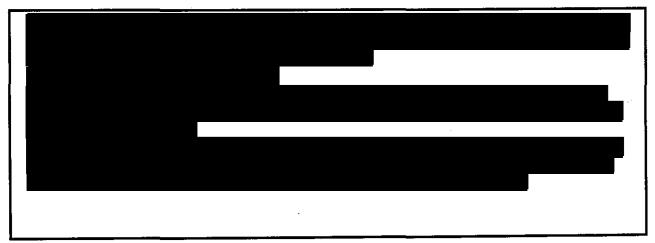
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