The Hope and Healing Response Team Program Model: A Social Work Intervention for Clergy Abuse

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Abstract

This article examines how a religious order can partner with a secular social work team to respond to clergy abuse allegations and incidents. Using a program model based on social work principles of justice and fairness towards alleged and confirmed abuse victims as well as alleged and confirmed offenders, this model demonstrates how religious communities can develop and implement policies and procedures addressing both legal and ethical issues.

Keywords: Clergy abuse, priest abuse, safety plan, program model, social work team

1. Introduction

"Transparent and accountable" are unlikely adjectives used to describe the sexual abuse crisis within the Catholic Church in the United States. This article examines the use of a secular social work team by a religious order headquartered in the Midwest to implement policies and procedures designed to fulfill the promise of those words. The historical development of the sexual abuse crisis, distinctions between ethical and legal issues, details of the program model over a five-year period, and recommendations for others considering the model are included. Religious communities are challenged to develop socially just policies and procedures that ethically meet the needs of alleged and confirmed clergy abuse victims as well as both alleged and confirmed offenders within religious communities.

2. Terminology

For the purposes of this article, rather than repeatedly state "alleged and confirmed" victims or offenders, that will be assumed whenever the term "victim" or "offender" is used. A confirmed offender is a religious brother or ordained clergyperson confirmed by evidence as the result of an official civil or criminal investigation to have engaged in emotionally, psychologically, physically, and/or sexually abusive behavior with a minor or vulnerable adult. In this program model, from the moment a victim reports abusive behavior, both an internal civil investigation and an external criminal investigation are initiated. At the same time, offenders are placed on restricted living safety plans until the investigations are concluded. These are restrictions manifested via written documents aimed at reducing the risk of exhibiting patterns of behavior that may lead to boundary violations

or inappropriate relationships by prescribing both permissible and prohibited behaviors (Applewhite, 2004). A confirmed victim is a person who has reported an allegation of some kind of abusive behavior that has been substantiated by evidence as a result of either of the official investigations. The Executive Council of the religious order highlighted in this article consists of the elected president of the order and the two elected vice presidents. The Review Board is a 12-person panel consisting of representatives of religious orders, lay professionals, and non-professionals invited by the Executive Council to guide the decisions of the council regarding new allegations and abuse cases.

3. Context of Clergy Abuse Crisis in the American Catholic Church

After 20-plus years of abuse allegations concerning clergy behavior and suspected institutional cover-ups (O'Dea, 2004), intense media attention became focused on clergy abuse of minors in the Catholic Church in 2002. The John Geoghan case, which broke in the Boston media in January 2002, became a lightning rod of concern about clergy abuse and cover-ups in the Catholic Church in the United States (Donovan, 2002). Geoghan was accused of abusing more than 130 children over three decades, was defrocked in 1998, was convicted in criminal court, and was sentenced to prison. Lack of cooperation from the Boston Archdiocese during the criminal process ultimately resulted in a court order to disclose records. After months of delay, while additional cases were being brought against other Boston diocesan priests, records were eventually released in December 2002.

In the informational vacuum about clergy abuse created by the refusal of the American Catholic Church to respond to investigations by public authorities (Plante, 2004), many people sought to answer questions related to who, what, when, where, and why through other avenues. One of the few large national studies was conducted by *The New York Times*. Using a compilation of national public data involving 1,205 accused priests from the 1950s through December 31, 2002, journalist Laurie Goodstein's research placed the sexual abuse crisis on the front page in January 2003 with her report, "Trail of Pain in Church Crisis Leads to Nearly Every Diocese." Revealing that 4,268 people in the United States had claimed publicly or in lawsuits to have been abused by priests, Goodstein reported that 432 accused priests resigned, retired, or were removed from ministry nationally during 2002 (Goodstein, 2003).

Concurrently, at their June 2002 meeting in Dallas, Texas, the U.S. Conference of Catholic Bishops also addressed what had come to be called the sexual abuse crisis of the Catholic Church. Among other things, the bishops adopted standardized behavioral expectations and procedures outlined in the *Charter for the Protection of Young People* (United States Conference of Catholic Bishops, 2002). A few months following the U.S. Catholic Bishops Conference, the Conference of Major Superiors of Men (CMSM) met to improve pastoral care and accountability in response to the tragedy of sexual abuse within the religious orders they represented (Conference of Major Superiors of Men, 2002). CMSM is a confederation of leadership representing more than 200 Roman Catholic men's religious orders, such as the Dominicans, the Jesuits, and the Franciscans, which operate separately from Catholic diocesan congregations. CMSM holds an annual national convention followed by regional meetings twice a year on a wide range of topics affecting the unique mission of men's religious orders in the life of the Church. While leaders of men's religious orders are under the authority of the U.S. Conference of Catholic Bishops, these orders are free to create standards that both comply with and go beyond the minimum expectations of the bishops. A president of a religious order summarized the purpose of the 2002 CMSM conference:

> …to provide training for men's religious communities and their members with respect to the reporting and the investigation of sexual abuse allegations. It also provides resources

> for prevention and response. An accrediting process will hold member religious orders accountable for being in compliance with nationally-accepted standards for child-serving organizations (Dorsey, 2004).

A major addition to public accountability and the protection of children formulated by the CMSM was the continued care of religious priests and brothers accused of abuse of minors who remained within the order. This addition provided the foundation to a document that not only furthered the need for public accountability, but established a just response to reports of sexual abuse regarding both victims and offenders. This approach was consistent with the commitment of religious orders to communal life and responsibility, uncharacteristic of diocesan priesthood.

> Because of who we are as religious living lives in the witness of community, we are also called to compassionate responses to any among us who has committed this abuse. He is still our brother in Christ. We must share his burden. He remains a member of our family…but our compassion does not cloud our clarity. We abhor sexual abuse. We will not tolerate any type of abuse by our members. Our tradition of fraternal correction requires us to hold one another accountable (CMSM, 2002, pp. 2–3).

The approach of maintaining offenders within the religious order was also viewed as contributing to public accountability due to providing some internal controls over offenders who would not be entering any criminal institution.

Following the adoption of the Bishops' Charter in Dallas in 2002, John Jay College of Criminal Justice was commissioned by the bishops to study the extent of the problem "with a specific focus on the abusers, those they abused, in what situations the abuse occurred, types of abuse incidents, and financial impact on the Church" (Terry, 2008, p. 550). This primarily descriptive study investigated clergy abuse from 1950 through 2002. A supplementary study was released when Karen Terry (2008) published *Stained Glass: The Nature and Scope of Child Sexual Abuse in the Catholic Church.* More than can be summarized for this article, the following abstract reveals some of the significant statistics:

> This article presents the results of the Nature and Scope of Child Sexual Abuse by Catholic Priests from 1950 to 2002. Ninety seven percent of dioceses (representing 99% of diocesan priests) and 64% of religious communities (representing 83% of religious priests) responded to the request for data. Findings showed that 4,392 priests (4%) had allegations of abuse, 10,667 victims made allegations, and the Church paid (at the time surveys were completed) $572.5 million for legal and treatment fees and as compensation to the victims (more than $1.3 billion to date). The study also provided information on the circumstances of the abuse (e.g., types of sexual acts, location, duration), the offenders (e.g., year of ordination, age, ministry duties, other behavioral problems), the victims (e.g., age and gender, family situation), and the dioceses (e.g., differences in abuse rates by region and population size). Importance of these results for policy and practice is discussed (Terry, 2008, p. 549).

Another integral organization with a growing reputation during this time frame is Praesidium, Inc., based in Dallas, Texas. Praesidium was the consulting organization for the 2002 Bishops' Conference and served as an accrediting body to the religious order in this article. In addition to assisting organizations in developing prevention policies, procedures, and training, Praesidium has become one of the most widely known and highly regarded civil investigative bodies of clergy abuse reports in the United States. Upon request from the leaders in a religious order, Praesidium will investigate abuse allegations to determine whether an accused clergy member had violated ethics

when there was no evidence or lack of evidence for criminal prosecution. Praesidium's website identifies the company as the national leader in abuse risk management with a mission to "…create safe environments… that protect the children, elderly, or vulnerable adults from abuse" (Praesidium, 2010). Praesidium was not involved in the development of the program model outlined in this article.

4. Ethical and Legal Issues

Psychological and emotional sexual abuse may be as traumatizing to a young person as physical sexual abuse (O'Dea, 2004). For the purpose of this article, a distinction needs to be addressed between legal and ethical violations. For as some behaviors, such as rape, are clearly illegal, other behaviors, such as sexual jokes are not illegal, rather unethical. Ethical codes are products of professional groups by which they monitor the behavior of members of the profession in meeting moral standards and values that uphold the integrity of the profession (Corey, Corey, and Callanan, 2010; Dolgoff, Loewenberg, & Harrington, 2009). Most professions, including medicine, law, social work, and religious clergy, have developed codes of ethics. Ethical codes evolve and develop over time as members of a group reflect on the impact of behavior on their patients, customers, clients, and congregation in a particular historical time period. The historical time period of an incident of clergy abuse influences the judgment rendered under both criminal law and civil professional ethics review. Distinguishing between acts that may be legal, yet professionally unethical, is critical to seeking justice for victims of clergy abuse. Since many cases of abuse occurred up to 40 years prior to being reported, it is highly possible that certain situations may have not warranted criminal prosecution, yet by today's standards deserve ethical scrutiny. For example, 40 years ago it would not have been considered illegal or unethical for a priest to accompany a group of boys aged 13–16 on a camping excursion to a lake and go skinny dipping. Parents at the time would have likely acknowledged such an event with no more than a wink and a nod. By today's standards, such an act is still not illegal. However, the act would most likely be judged unethical based on ethical codes for behavior and professional conduct adopted by the 2002 Bishops' Conference and CMSM conference.

Additional behaviors that may be considered legal, yet unethical, are: using sexualized or suggestive language with a minor; using language that is harsh, intimidating, shaming, or humiliating in front of minors; discussing sexual activities with minors outside the context of sexual education, professional counseling, or the sacrament of reconciliation; sleeping in the same bed or sleeping bag with a minor; inappropriate or lengthy embraces with minors or showing affection in isolated areas such as bedrooms, closets, or other private rooms; or relationship boundary violations such as extravagant gift-giving (Applewhite, 2004). At issue in many cases is whether a priest may be held accountable for ethical violations that occurred 40 years ago based on ethical policies adopted many years after a questionable incident. Generally, professionals are judged based on ethical codes relevant to a historical point in time rather than standards that developed in a succeeding generation. At the same time, religious communities have an ethical obligation to listen to complaints and seek a just response even when long periods of time have lapsed between an incident(s) and the time of the complaint (Underwood, 2003). The investigations involved in this program model included incidents of abuse from the 1970s through the current time period.

5. Background of the Program Model

The small religious order located in the Midwest for this article consisted of fewer than 60 priests and brothers. Consistent with reports by Catholic religious orders and dioceses across the United States after the 2002 Bishops' Conference, the religious order for this article acknowledged that, in years past, their own leadership had been deficient both in fully investigating claims against clergy accused of abuse as well as in meeting the needs of confirmed victims of clergy abuse. With the public outcry regarding clergy abuse across

the United States, fewer than a dozen victims from both the distant and recent past began to contact the religious order regarding incidents of abuse.

Moving toward a more just response regarding past reports of abuse within its order, in 2002 the Executive Council of the religious order made a decision to demonstrate respect for all previously made clergy abuse allegations by revisiting cases against clergy from 25 years ago to the present. This action by the Executive Council preempted its formal endorsement of a program titled *Instruments of Hope and Healing* developed for religious orders by the CMSM in cooperation with Praesidium incorporated in 2003. By completing a 25- year review, the goal of the order's Executive Council was to demonstrate compassion, sensitivity, and justice for victims while maintaining due process and humane treatment of offenders.

The religious order's policies and procedures now reflect belief in the moral obligation to fully investigate all reported cases of alleged abuse. The order also began entering into direct dialogue with victims as part of a mission to support the process of healing, advocating for victim rights and justice. The religious order decided to directly address behaviors committed by some members that were in violation of ethical pastoral care and the new organizational policies beginning in 2004. These new behavioral benchmarks upheld the highest expectation of ethical conduct and surpassed the minimum legal standard of behavior found in state law. In implementing these changes, the religious order also developed restricted-living safety plans for offenders who had been removed from active ministry due to abuse allegations but were residing at the headquarters.

Following the implementation of the 2004 policies, the three Executive Council members acted upon recommendations from the Review Board and began to carry out the duties of both victim rights advocates and offender safety plan coordinators with their own peers while living in the headquarters community with the same. Through discussions with external professionals in this process, it was recommended that the Executive Council engage a social worker to replace the three Executive Council priests in the management of victim outreach and offender supervision. The primary purpose of hiring a social worker was to have these duties performed by a professional with clinical training and abuse expertise. An additional goal was to establish more appropriate boundaries between council members and their peers by relieving the Executive Council members of the challenges arising from monitoring peers with whom they were also sharing meals, worshipping, and meeting in social situations on a daily basis. A third purpose was to remove priests from the role of serving as victim rights advocates when the presence of a priest could unintentionally cause a victim to feel uncomfortable reporting abuse by a priest to a priest.

As a result, the council president contacted a Midwest university social work department in the spring of 2004 for assistance in identifying a social worker with whom to contract to gain assistance with this new policy implementation process. One faculty member became the identified lead social worker to respond to the inquiry. This female faculty member had 25 years of experience in the field, including mental health services to victims of domestic violence and sexual abuse as well as the diagnosis and treatment of mental and emotional disorders associated with trauma from sexual abuse. She was also familiar with the patterns of behavior in sexual predators and with interventions to reduce risk of offending. This social worker was not Catholic, which was seen as advantageous to the religious order for providing a more objective evaluation of situations and enhancing the comfort of reporting victims, especially since not all victims were Catholic.

A team approach to implementing a program model was formed when it became apparent to the first social worker that the workload was beyond the scope of one person and that dual relationship issues in serving both victims and offenders could prove untenable. A second social worker was invited to join the team. This social worker was a former seminarian with a broad

understanding of Catholic theology, formation of clergy, and Roman Catholic tradition. Additionally, the second social worker had experience working with offenders and developing safety plans as part of aftercare procedures in both community mental health and addiction services. The social work team adopted the name "Hope and Healing Response Team" to capture the anticipated outcome for providing intervention services.

6. Hope and Healing Response Team

6.1 Role of Victim Outreach Coordinator

As it has developed, the role of the victim outreach coordinator has three main responsibilities. First is engaging in the initial victim contacts with the president following every report of abuse to the religious order. Although both are present, the initial meeting and interview are conducted primarily by the social worker in collaboration with the president. There are four goals for this initial meeting. First, this is the time for both the social worker and the president to listen to the story of the victim and hear whatever he or she wishes to tell. Secondly, the social worker and the president ask for enough information to determine the next steps that can lead to healing for the victim and investigation regarding the offender. The third goal includes explaining to the victim the process and procedures that every report of abuse initiates at the administrative level. In this role, the victim outreach coordinator serves as a liaison between those conducting the investigation, the victim, and the religious order. In this way, victims do not need to be in touch with another priest in an ongoing way throughout the usually lengthy investigation process unless they want to be. The final goal of the initial meeting is carried out by the president and only facilitated by the social worker. This is when the president verbalizes his heartfelt apology to the victim on behalf of the religious order for any behavior on the part of a priest that may have been inappropriate or caused problems for the victim. Besides recognizing that this is both an ethical and a fit response, it also acknowledges the power of apology in contributing to the primary goal of healing.

The second responsibility of the victim outreach coordinator becomes case management for the victim, to help the individual move forward in a process of healing. In addition to walking through the investigation with victims, an emphasis is placed on seeking psychotherapy resources for victims, wherever they are residing.

Serving as a consultant to the president and Executive Council comprises the final responsibility of the victim outreach coordinator. This is where the question of "who is the client" frequently must be addressed. Advocating for the needs and rights of the victim is paramount. Yet, there are also responsibilities to the religious order. Knowledge of what a victim aspires to and hopes for can be compromised by information concerning what is possible or probable given the resources of the order. Consulting with the other team member becomes an important asset for sorting out just responses for the victim, the offender, and the religious order.

6.2 Role of Safety Plan Coordinator

The role of the safety plan coordinator is to monitor compliance with the restricted-living safety plan for offenders (Archdiocese of Cincinnati, 2007). Safety plans are "written documents with concrete behavioral expectations and limitations aimed at reducing the risk of offenders developing and/or exhibiting patterns of behavior that may lead to boundary violations or inappropriate relationships with minors or vulnerable adults" (Applewhite, 2003). Within the safety plan are consequences for non-compliance. The purpose is to provide boundaries that protect children as well as the integrity of the religious organization. Rather than having a punitive focus, safety plans are intended to implement risk reduction strategies that target specific behaviors related to the actual offense (Applewhite, 2004). For example, all offenders are restricted to the premises of the headquarters of the religious organization. They can only leave the premises if accompanied by an approved adult for legitimate appointments or to

visit a family member. They are permitted to use a personal computer only for exchange of e-mail with family, friends, and members of the religious order. Additional restrictions can be implemented depending on the specific situation and usually include mental health assessment and treatment of some kind. Failure to comply with the restrictions results in the tightening of restrictions (e.g., loss of privilege to leave the headquarters for a period of time and/or forfeiting right of access to a personal computer completely).

The safety plan coordinator's primary responsibility is to collaborate in the formation of the plan and then regularly monitor how well the offender is meeting the requirements. The Hope and Healing Response Team extended these responsibilities to include monitoring mental status, as this activity was in the scope of practice of the coordinator. Especially while an investigation was ongoing, both social workers believed it was professionally and clinically necessary to assess for suicide risk or signs of stress and depression that may be harmful to the offender. Additionally, the coordinator role has been used to address some living arrangement issues of the religious order: (1) teaching the offender to maintain a daily log of activities in order to develop self-monitoring behaviors while under restriction; (2) assisting with reentry for offenders who exit and reenter the religious community when leaving for mental health or physical health treatment elsewhere; (3) determining the timing of transfer of an offender to nursing care facilities off the main campus; (4) outlining steps for monitoring the safety plan in other environments like a nursing home; (5) providing referral resources and case management for off-site counseling and therapy; (6) assisting in relaying the results of internal ethical investigations to the offender; and (7) determining whether the deceased offender will be buried with members of the religious order.

The safety plan coordinator serves as the mediator between the offender and the Executive Council when either side wants to negotiate changes or revisions to the restrictions in the safety plan. For instance, one negotiation involved the development of guidelines regarding appropriate adult visitors for an offender. The safety plan coordinator discussed the concerns of the Executive Council with the offender and articulated language for the safety plan that was satisfactory to the Executive Council and promoted compliance on the part of the offender.

7. Lessons Learned

First and foremost, the Executive Council and Review Board members support the establishment of the Hope and Healing Response Team as meeting the purposes originally noted for moving functions away from clergy to clinical professionals. From a justice perspective, it appears that the rights and needs of both victims and offenders are more appropriately being met by persons with clinical training and abuse expertise through collaboration among clergy and non-clergy professionals. The Executive Council members report an appreciation for improved boundaries established with their peers in daily living situations when offenders are living on safety plans within the religious community for months and years. Also, more than one victim has reported relief at working primarily with non-clergy when reporting clergy abuse. Although undocumented, it is reasonable to believe that clergy offenders might also experience relief at not dealing directly with clergy colleagues on these sensitive matters.

In addition to the advantages to having nonclergy involved in the process, all parties in this partnership strongly support the team approach and division of labor rather than employing a single professional to manage a response for both victims and offenders. In situations where professional boundary violations are the issue at hand, it behooves the professionals remediating such issues to role model and maintain clear victim/offender boundaries regarding persons and information. Also, with complex and long-term cases, ongoing clinical consultation and regular communication between two non-clergy professionals as well as between the non-clergy and clergy personnel

contribute to checks and balances regarding responses derived from consultation. Finally, even when the number of abuse reports are few in number, as has been the case for this small religious order, a 24/7 on-call duty plan is better served by two professionals than an individual social worker.

As introduced in the Ethical and Legal Issues section, a significant difficulty in responding to the clergy abuse crisis is differentiating between illegal and professionally unethical behaviors. Therefore, clear ethical behavioral guidelines are strongly endorsed. The importance is threefold: (1) it serves as prevention when clergy can be trained according to those policies; (2) it acts as a measure of accountability; and (3) it promotes the approach of taking unethical behavior as seriously as illegal behavior.

In this age of instant litigation, being witness to the power of clerical apology as well as to victims just being heard by a clergy person has been inspiring. As social workers, it is easy to take the power of listening for granted in a therapeutic role. Listening to victims tell their stories is one component of therapy. However, the therapeutic power of telling of one's abuse in the presence of a clergy person who is present to listen can easily be underestimated. As an example, one victim repeated on multiple occasions that all she or he wanted was to be heard despite pressure from multiple family members, multiple persons from an attorney's office, and a therapist to sue the religious order. After a long afternoon of sharing a life story and abuse, further communication with that victim was not needed. Having an entire life story listened to by the leader of the religious order from which the offender emanated was then followed by a heartfelt apology for any inappropriate behavior from the deceased offender. Since the stated goal is healing, it appeared that this was what the victim really wanted, to be able to move forward in her or his healing process.

Psychotherapy can be a major tool in reaching the goal of healing (Herman, 1997). The experiences of the therapists suggest the following guidelines. For many victims of abuse, there have been other tragedies or traumatic events in their lives. Parsing out "how much of this is related to clergy abuse" vs. anything else that has occurred presents a therapeutic challenge. Again, to keep roles and boundaries clear, neither professional in the Hope and Healing Response Team routinely provides therapy to either victims or offenders. As team members, their role has primarily been case management. Any psychotherapy is contracted out to other providers in the community. As well, no victim or psychotherapy provider is handed a blank check for therapy. It is made clear that the religious order's goal is healing from clergy abuse and that, as much as is possible, must be evaluated for the significance of the role of the abuse in the victim's life. The chosen format is referral to a therapist who provides a preliminary evaluation after the third session, from which another 12 sessions can be approved. As the end of that time nears, another progress summary is required to obtain approval for another set of 12 sessions, which could occur in a period of days, weeks, or months.

Therapy for offenders is handled a little differently, including two main goals. An offender is referred for therapy with an obvious goal of understanding unethical behavior and taking responsibility for preventing future occurrences. But therapy for offenders also serves the humane and just goal of maintaining the offender's own mental health during a long investigation and/or trial. That is especially true for offenders whose case is determined to be unfounded or unsubstantiated (Bono, 2006; Golden, 2006).

Maintaining another clear boundary, investigations are carried out by other contracted trained professionals. None of the members of the Executive Council or the Hope and Healing Response Team is part of conducting the investigation that follows from every report from every victim unless there is specific reason for the investigators to interview them. All reporting victims and all offenders follow the same guidelines and procedures while an investigation is carried out, no matter how distant or recent the events reported and no matter the perceived credibility of the initial

report. Although most can relate to the greater urgency present when an offender is still living and/or actively engaged in ministry, victims deserve and receive the same attention no matter how old the report or if the offender is deceased or no longer active in ministry.

And finally, as previously mentioned, an important question that emerged in monitoring both victims and offenders became "Who is the client?" On one hand, the client is the religious order who is paying a fee to the social workers for their services. On the other hand, the client is the alleged or confirmed victim for whom healing is the goal or the alleged or confirmed offender that the social worker monitors where the health and safety of all is the goal. Per social worker code of ethics, a client is any person whom the social worker is rendering professional services to with informed consent (National Association of Social Workers, 2010). The social workers discussed this question with the Executive Council and explained that there is a professional and ethical duty to both Executive Council as well as to the victims and offenders. The Executive Council acknowledged the ethical obligation of the social workers in the coordinator roles and accepted the clarification.

8. Conclusion

After five years of experience implementing the program model described in this article, the authors provide the following recommendations to others contemplating similar efforts. First, certain social worker characteristics play an important role. Although not a professional quality, the personal religious background of the practitioner cannot help but influence her or his role in such a setting for all parties involved. Catholics who may harbor resentment or anger with their church might struggle with objectivity, no matter what the professional role. Non-Catholics may be able to view the role of the Church and its clergy more objectively but also with less understanding of the inner workings of the institution. As a secular social work team, having team members who balance each other regarding their own spiritual or religious backgrounds is strongly recommended. As for professional qualities of the social work team members, two seem vital. First, at least one member needs a strong administrative background in order to question current practices, or lack thereof, as well as to establish and coordinate a healing program. Secondly, practitioners need to have clinical backgrounds working with both victims and offenders. At the most basic level, as a 24/7 on-call team, both members cover for each other and therefore need an understanding of both roles. The program goals and case management needs for each population vary, but understanding both roles facilitates implementation in ways that benefit both victims and offenders as well as the order itself. When the victim outreach coordinator and safety plan coordinator are familiar with the needs of both victims and offenders, the clinical consultation process between team members is enriched.

Finally, both social workers and church representatives need to recognize three clients in this model: two micro and one macro. Both victims and offenders are micro-client populations. But the religious order, along with the larger institution of the Church, stands as the macro-client. Secular social work teams in such settings can take the lead in clarifying that all three clients are being served in this type of model program. Engaging in this delicate balancing act has been missing in most responses to the sexual abuse crisis in the Catholic Church to date.

A social work intervention response to clergy abuse is served when clerical institutions engage secular professionals in program administration and case management to address all victim reports, past and present, fully and to tend to their healing, health, and safety needs. Concurrently, the needs of alleged and confirmed offenders can be addressed in a humanitarian manner with respect for the person. Ethically, this should also include monitoring the reported offending behavior whether a certain case ends up in any court. The program model presented demonstrates how a religious order within the Catholic Church has taken bold steps to promote health, safety, and healing for all

persons involved in the painful and traumatic experience of clergy abuse.

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