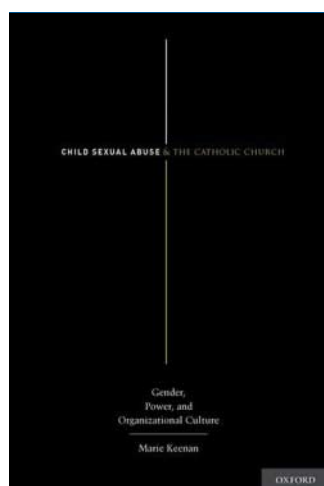


intelligent public and the non-specialist professional (perhaps police or local authority staff) will find both the COSA model and this book interesting and informative. It is less successful as a basic text for learning about child sex offenders and their wider management, but to be fair, this is not its primary purpose. My own view is that the child sex offender accounts were well judged and sensitively portrayed, and would certainly provide a non-sensationalist and balanced glimpse of the emotionally complex world of the child sex offender which would be instructive to all professionals developing their understanding in this area of work.

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Child Sexual Abuse and the Catholic Church: Gender, Power, and Organizational Culture

By Marie Keenan.
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ISBN: 9780199895670

The topic of the scandal of child sexual abuse by Irish clergy may only have impinged lightly on your awareness, especially if you are neither Irish nor a child psychiatrist. However, this analysis by Marie Keenan, an academic in social work and a systemic therapist, brings unusual perspectives and a depth of experience to the issue of sexual abuse within institutions.

The central research comprised interviews with seven Roman Catholic priests and two religious brothers, of whom seven had been convicted of sexual offences they had perpetrated, whereas the victims of the remaining two had not wanted to pursue criminal charges. In this sample, all of the victims of abuse were male except for one adolescent girl, and the nature of the abuse ranged widely, often with different young people over many years. They had been approached to participate in the research as they had admitted to the abuse of minors and were attending therapy at a treatment facility in Ireland: they had all lost their clerical ministries. Interestingly, the starting point was group discussion, followed up later by individual interviews, when ideas generated could be explored in greater depth.

Considering the 'individual as the unit of analysis', the literature on sexual offending in general is reviewed as well as the more limited amount on the clerical offender. Single-factor theories include: the roles of attachment, intimacy and loneliness; deviant sexual preferences; emotional regulation; cognitive distortions; and empathy deficits. Multifactorial theories, such as Finkelhor's 'precondition model', also emphasise differences of motivation and the external circumstances that may either impede or promote sexually abusive behaviour. Psychiatric literature is noted to concentrate mainly on the classification of the offender

according to DSM-IV; the importance of this seems to relate considerably to whether insurance will reimburse treatment costs or not in the USA. However, other ways of looking at the problem, even linguistically, such as the shifting connotations of 'childhood' and 'sexual offence' demonstrate that meaning and values change over time and across cultures.

Keenan has clearly studied in detail the course of the clerical abuse scandal – the way awareness developed in Ireland and elsewhere; the way individual clerics were treated (often simply by repeatedly moving them); the role of the bishops; and the role of the Vatican in Rome. She attempts compassion for the lower-order people, and speculates about the way the ideology of the Roman Catholic Church has shaped and maintained abusive behaviour. The would-be cleric must first attend a seminary, where he learns that sexual behaviour or even desire outside of marriage is a mortal sin, yet a priest must not marry. 'Particular friendships' are also discouraged, and the difficulties of achieving these standards are not discussed, though sins must be confessed. In fact, in one research study quoted by Keenan only 50% of Catholic clergy were practising celibacy. For a young man, who may already be vulnerable, sometimes because of his own experience of sexual abuse, or his awareness of his sexual preferences, this is very difficult, and the quotations from the research participants are illuminating. The themes of early loneliness and lack of intimacy or relevant guidance are strong.

The book's subtitle, 'Gender, Power, and Organizational Culture' provides insight into how one particular powerful centralised culture has managed 'scandals' – in the first place by emphasising secrecy. This starts with victims who may have complained or whose parents did so: they tended to be met with denial, or adjured to silence, and exhorted to forgive, rather than helped to complain to civil authorities. Secrecy is of course linked to the procedure of 'confession' but it was applied much more widely, and was exacerbated by the earlier weakness of Irish civil law and the Vatican's concept of its own precedence with Canon law, which is concerned with transgressions and not with victims. Power is centralised in the person of the Pope and those surrounding him, which includes control over life circumstances, and the duty of 'obedience' is strongly emphasised along with 'infallibility' – thus making challenge extremely difficult. As with other large systems faced with accusations, blame is attached as low down the hierarchy as possible: in this sort of case, often first to the victim, then to the individual perpetrator (a 'rotten apple' priest), then to the person in authority who failed to deal with the issue adequately (the bishop), and then to a localised culture (here, Ireland as a whole). Keenan confronts all this in great detail, not omitting a feminist commentary on how the supposed great evil of sex with a mature woman might somehow make sexual activity with children less of a sin.

However, there are lessons here for organisations beyond churches, especially where there are codes of confidentiality and loyalty, powerful hierarchies, and isolated institutions dealing with vulnerable people. Over recent decades, our own General Medical Council, although still concentrating mainly on individuals rather than systems, has become much more aware both of boundary breaking and of the obstacles to whistle-blowing on this and other issues. The new threat to patient protection from a variety of abuse is perhaps less the defensive misuse of 'medical' but of 'commercial' confidentiality.

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