

Emerging Findings from Independent academic research commissioned by Sheldon and conducted by Aston University in collaboration with Sheldon

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Executive Summary

This is the first ever empirical analysis of the lived experience of the Clergy Discipline Measure. It is independent and conducted on a large scale and provides clear evidence that the flaws in the CDM are of a magnitude to warrant full replacement. The House of Bishops has now (8th July 2020) committed unanimously “to working towards replacing the Measure and to making interim procedural changes to ensure the current system is more workable until new legislation is enforced”.ⁱ

- The health impacts on respondents are significant and disproportionate
- There are widespread non-trivial failings in implementation of the measure
- The measure has lost the confidence of clergy as an appropriate means of maintaining professional accountability

Further evidence based recommendations from the research will be forthcoming to support the church in making wise decisions on future accountability frameworks.

Sheldon commissioned independent academic research arising from significant pastoral concerns about the CDM in our routine work supporting clergy. We recognised that replacement of a major piece of legislation would necessitate exposing our subjective impressions to rigorous external independent academic scrutiny.

With our academic partners, we designed and distributed a large survey which included detailed factual questions alongside rating scales of subjective experience, all carefully designed to avoid leading participants in the direction of any particular answer.ⁱⁱ 5,628 survey responders (about one third of English clergy) included 291 respondents facing 351 CDMs – over one third of all those identified through CDC annual reportsⁱⁱⁱ.

We chose the arrival of the letter from the Registrar as our definition of entry into CDM. The survey included an extra category to enable people who had been through the early stages of a CDM, or another process such as a safeguarding assessment. The 658 people in this group show very similar mental health impacts to the CDM respondents but this “mixed cohort” has not yet been analysed in detail.

A CDM case has over a dozen possible outcomes at three different stages. To make the results easily digestible we divided outcomes into “Not Guilty” (case dismissed, no further action, etc) “More Serious” (temporary or life prohibition) and “Less Serious” (all others, including rebuke or any penalty short of prohibition).

“The effect on them has been shattering, disabling and in some cases almost abusive. The outcome has been that 1 has died, 1 has lost faith and left the church, 1 is no longer exercising any ministry, 1 has left the Diocese and 1 is a shell of the person they once were.”
Pastoral supporter

Figure 1 shows the Sheldon sample with a higher percentage of the Not Guilty category than those extracted from a decade of CDC reports. The survey was distributed mostly to serving clergy so there may be sampling bias. We did ask dioceses to locate past respondents now out of ministry. Most said they were not able to do this under GDPR, although at least one bishop did locate and send to all those affected. We know that some respondents refrained from participating due to the likelihood of reactivating traumatic memories (and that taking part was indeed a personally costly exercise for many).

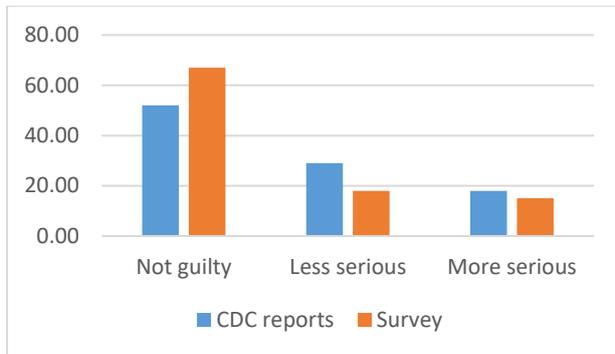


Figure 1: % case outcomes comparing CDC (2009 – 2018) and Sheldon survey (all CDM cases)

Participants were also invited to complete a separate unprompted free text survey. 306 people contributed over 270,000 words, perhaps a strong indication that this was a subject on which people had not previously been heard. This significant corpus merits in depth analysis. Contributions were received in approximately equal numbers from CDM respondents, people in the “mixed cohort”, and people exposed to the CDM in the role of relative, colleague, pastoral supporter or senior staff. The quotes in this paper all come from the third group.

When raising concerns about the CDM, responses have typically involved counter-concerns about safeguarding the vulnerable and protecting the reputation of the church, along with assurances about the timescales and pastoral protections for respondents built in to the measure. This paper will address these main points.

While reviewing the impact of the CDM experience bear in mind that two thirds of these cases were judged Not Guilty. Also, for reasons we all understand, CDM tends to be viewed primarily through a Safeguarding lens. It is therefore essential to note that **only 25% of these cases included any allegation of either current or historic sexual misconduct.**

The impacts described are therefore mostly on ordinary clergy who had no reason to expect to get caught up in this process. Safeguarding is only one starting point for crafting a replacement for the CDM.

The expectation of accountability is non-negotiable. Fully 99% of respondents across all CDM and non-CDM groups agreed with the statement “It is right that clergy should be accountable for their conduct”. However, confidence levels in the CDM as a tool for achieving this are strikingly low. Only 39% agreed that “I trust the CDM process to see justice done”, dropping to 21% of those who had personal exposure to the measure. 84% of CDM respondents agreed that “The CDM process is sometimes used inappropriately” compared with 41% of controls. Less than a quarter of the clergy agreed that “CDM has a good theological grounding”. This demonstrates that the rebuilding of trust is an essential part of the process of replacing CDM, including a proper past cases review.

“I was horrified how the bishop conducted his 'pastoral' interview with her and how the lack of any empathy brought a gifted yet broken priest to a place of utter humiliation.”

Clergy colleague

When respondents' experiences were suboptimal we tried to understand where the measure itself was flawed and where implementation was poor. Where poor implementation was widespread it would be wise to regard this as a flaw both in the measure itself, and in the culture in which individuals carry out the implementation. Unless otherwise stated, the detailed analyses use the cohort of 197 respondents to a single CDM in the past who completed the survey in full.

41% told us that "I had no warning" of the CDM, and 78% of these were notified by post. Interviews conducted by BBC Radio 4^{iv} give a visceral insight into the impact of such shock. PTSD is clearly a real risk of such practice although beyond the scope of this research to demonstrate conclusively. We had expected that more serious outcomes would correlate with longer cases. However, over one third of all Not Guilty cases lasted 6 months or more from when the respondent first became aware of the likelihood through to final determination. These are traumatic months for those affected.

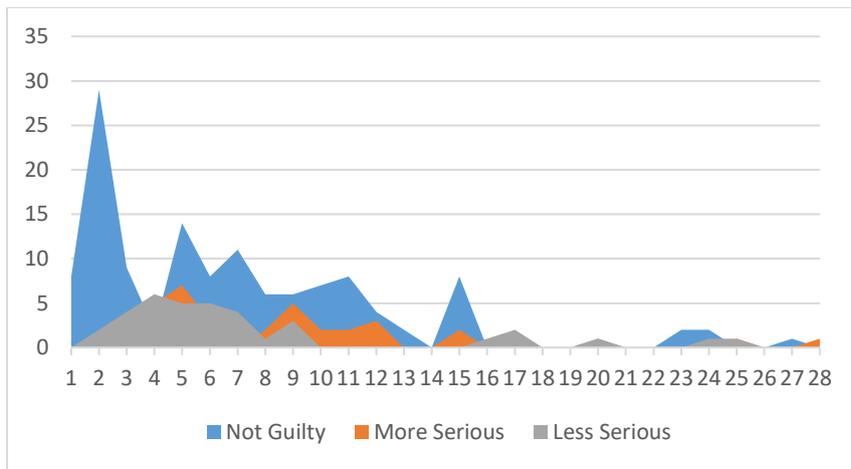


Figure 2: Length of case (months) by outcome group (excluding one case 39 and one of 48 months)

To the question "Did the whole CDM process proceed in a timely manner as set out in the CDM regulations?" 38% answered no. When asked for reasons for delays nearly 35% cited "Waiting for decision(s) from the bishop", with the next most common at 17% being "Waiting for action from the complainant(s)". Respondents are required to comply with tight response times in the process and are often fearful of being penalised if they don't comply. Such uncertainty is a known stressor and fewer than 5% said they felt well informed about reasons for delays or revised timescales.

The CDM legislation has various safeguards intended to protect the welfare of respondents, including pastoral support, Ecclesiastical Legal Aid and regular reviews of any suspension. The survey gathered factual details on how these are working in practice. Formal suspension is a high impact intervention that should be formally reviewed every 3 months, but this essential safeguard was very seldom implemented.

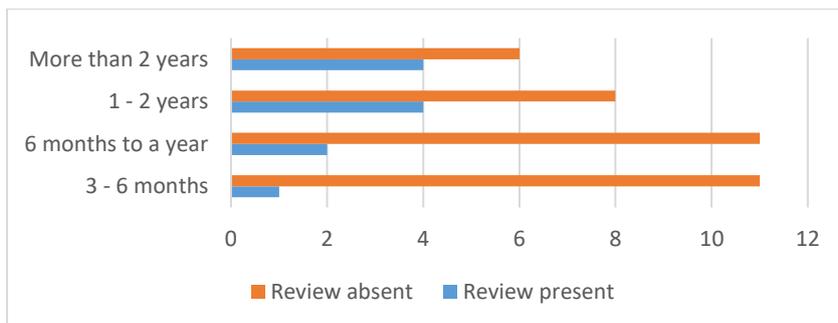


Figure 3: Formal review of suspension

Pastoral care should be offered to every Respondent, but 34% told us none had been. Of those who were offered and took advantage of it, the quality was rated an average 6/10 by those in the More Serious group and 7/10 by the Not Guilty group. Half of those who used a lawyer or sought counselling had these services funded through C of E Legal Aid or Diocesan Counselling Services, but one third of respondents paid for these services wholly or in part themselves or with the help of family and friends. Legal fees for one in five of the Not Guilty cases ran to £5-10,000.

The Survey incorporated the clinical Hospital Anxiety and Depression Scale (HADS) with results showing a clear mental health differential between those exposed to CDM and controls. Over 15% of CDM respondents in all categories scored anxiety/depression rates above the clinical cut off score of 11 – twice as many as controls. Anxiety and depression were not materially correlated with pastoral care, counselling or union membership. It may be that those most unwell at the start of the process are more likely to use these resources, or that such resources are not capable of mitigating the mental health effects. As the CDM cohorts in the survey covered cases conducted over a 15 year period it is reasonable to conclude that mental health detriments are long lasting. A parish priest telephoned Sheldon after completing the survey relating to his CDM case concluded some 10 years earlier. Through intense sobbing he expressed his gratitude that someone was at last asking these questions having lived alone with the trauma for so long.

“The bishop concerned seemed to wish the accused guilty. His treatment of the priest concerned should have been the subject of a CDM himself for bullying and harassment.”

Retired bishop

40% of respondents stated that at times during the CDM they had felt it would be better for other people if they were dead, and a similar proportion had thoughts about ending their life. 3% of respondents made one or more actual suicide attempts. The successful ones were not available to complete the survey. This statistic was one that our academic partners found especially shocking and indicative of a toxic management culture. It is essential that lessons are learned here.

49% of CDM respondents strongly disagreed with the statement “I felt supported by the diocese through the process”. 60% agreed or strongly agreed that “The CDM undermined my trust in senior clergy colleagues”. Only 18% agreed or strongly agreed that “I was treated as innocent unless or until proved guilty”. One third of clergy stated that they had previously asked for help from senior staff over the matter that later became the subject of the CDM. When asked whether senior staff treated respondents with humanity, kindness, compassion or dignity and respect, fewer than 20% were able to strongly agree in any of these categories. 55% agreed or strongly agreed that “They [senior staff] had little or no idea what I was going through”.

Conclusion and preliminary recommendations

Further analysis of the rich data collected is needed to present a full description of the lived experience of the CDM. However, the emerging details amply confirm the pastoral concerns that led to the research.

The research points towards many future avenues that need to be explored including into PTSD when coping resources are overwhelmed. Shay (2014)^v also describes the trauma category of Moral Injury when there is a “betrayal of what is right by a leader with a legitimate authority in a high stakes situation”. On entering the CDM, a Respondent is automatically exposed to the high stakes risk of losing their home and their livelihood. Burnett and Hoyle (2017)^{vi} have described the “living hell” of those facing false allegations of abuse who manifest many of the same psychosocial

symptoms as victims of abuse. The same conditions of fear/power, secrecy/confidentiality and shame/stigmatisation are operational in the context of the CDM. They contribute to what has made this subject difficult to see, difficult to research, and difficult to digest the magnitude of the church's collective failure. Our research additionally highlights the need to address the deep-rooted cultural norms out of which similar issues are manifesting in other processes such as irregular discipline and Safeguarding. These also need serious attention.

The very significant time and funding that Sheldon has contributed to commission this research reflects our unusually serious concerns about the human costs of the toxic effects of the CDM appearing at many levels of church life.

We hope that there will now be a serious commitment to understand what has gone so very wrong in this aspect of the church's relational life. This is a necessary prelude to crafting a good replacement for the CDM. It is clear that the CDM does not exist in a vacuum. A narrowly focused replacement will carry considerable risk.

Preliminary Recommendations

A thorough scoping exercise should include clarity on

- The fundamental purposes of the new measure(s)
- The relationship of the new measure(s) to existing policies and procedures^{vii}
- Which of these existing procedures may also be flawed and should be repaired/replaced

Rebuilding confidence and morale among clergy

- A past cases review
- Understanding of cultural issues that have allowed abusive practices to take root

A threefold replacement of CDM. Each process independent of the others

- Church grievance/dispute resolution process* – focused entirely on facilitating resolution between parties with no external sanctions.
- Church Misconduct*. Objective wrongdoing that, if evidenced, requires correction, apology, training, support, etc. Level of 'human frailty', 'reasonable error'. Handled at diocesan level. Home and livelihood cannot be at risk but a formal process with records kept.
- Gross Misconduct. Applies only to clergy. Home and livelihood on the line. May be a single major episode or pattern of repeated or reckless lesser episodes.

* These first two also able to be initiated by clergy with respect to lay office holders in a spirit of mutual accountability for standards.

Gross Misconduct process requires basic safeguards

- Clear threshold for entry
- Separation of powers – a national body with trained and resourced personnel
- Independent oversight with facility to appeal the *process*
- Protection against mental health risks
- Minimum standards of evidence and 'beyond reasonable doubt' burden of proof
- Equitable sharing of financial risk between complainant, respondent and institution

And finally

Hasty replacement of a damaged brand with a similarly flawed alternative would be a further tragedy. We will be bringing forward evidence in support of the need to fund an independent national body resourced with the necessary expertise to regulate the boundaries of professional conduct. The alternative costs are those of demoralised and sometimes embittered clergy in the workforce, clergy lost to faith and ministry, and of course the immense personal costs borne by the individuals threatened with or subject to CDM. We hope the new framework will heal structural damage done to bishop-clergy relationships and be much more distinctively Christian, wiser, more transparent and above all, simply kinder.

End Notes

ⁱ Briefing by Bishop Tim Thornton on the Sheldon Hub 8th July 2020.

ⁱⁱ The survey was distributed to clergy in 41 dioceses, mostly by direct email from the bishops during November and December 2019. Some went out as links in Ad Clerum mailings. It was also distributed via mailing lists of Sheldon, Clergy Support Trust and Faithworkers' branch of Unite. 5,628 clergy completed it, being about 30% of the eligible population of those ordained in the Church of England. Gender, age and stipendiary/SSM/PTO/noPTO status were all comparable with statistics provided by Ministry Division confirming that the sample was representative.

ⁱⁱⁱ The survey located 223 clergy who had been respondents in one CDM, of whom 197 completed all survey questions. A further 41 were respondents in between one and eight CDMs (101 CDMs in total), and 27 were in currently active CDMs at the time of completing the survey. The data analysis of the multiple cases is complex, so to prepare this report in the time available much of the analysis is restricted to the 197 completed surveys with only one CDM. The [Clergy Discipline Commission](#) (CDC) is the body with oversight of the CDM.

^{iv} BBC [Radio 4 Sunday programme](#) broadcast 9th and 16th February 2020

^v Shay, Jonathan MD PhD, [Moral Injury](#), *Psychoanalytic Psychology* 2014, vol 31, No2 182-91.

^{vi} Burnett, Ros and Hoyle, Carolyn, [The Impact of being wrongly accused of abuse in occupations of trust: Victims' Voices](#) University of Oxford Centre for Criminology

^{vii} Safeguarding, Capability Procedure, Dignity at Work (bullying and harassment), Criminal offences, Pastoral Reorganisation, Covenant for Clergy Care and Wellbeing, Guidelines for the Professional Conduct of the Clergy, Permission to Officiate, Whistleblowing, wetc.

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