

ANGLICAN CHURCH OF AUSTRALIA
Anglican Church Central Queensland

PASTORAL CARE AND ASSISTANCE PACKAGE

General

1. Applications for the Pastoral Care and Assistance Package are to be submitted on the application form to the Director of Professional Standards for the Diocese of Rockhampton.
2. Questions may be directed to the Director of Professional Standards who can be contacted at 3835 2266 or emailed at dops@anglicanchurchsq.org.au.
3. An application can be considered only when the alleged sexual misconduct has been substantiated, either by court proceedings or by a determination made by the Professional Standards Board.
4. Applications for assistance will be managed independently of the Diocese through an independent Assessment Panel of not less than two Persons appointed by the Diocese and constituted as set out below.

Sexual Misconduct

For the purposes of this policy, sexual misconduct includes:

- a) conduct falling within the definition of 'information' under the *Professional Standards Canon* and/or the *Protocol for Dealing with Complaints of Sexual Harassment, Sexual Assault or Sexually Inappropriate Behaviour*; and
- b) a criminal offence referred to in Chapter 22 (other than sections 224-226), Chapter 22A or Chapter 32 of the Criminal Code (Queensland), or any equivalent provision in legislation which repeals or replaces that Act.

Principles

1. Any sexual misconduct by a Church worker is a betrayal of trust.
2. Sexual misconduct may cause the victim serious long term harm. This package is intended to assist in the process of healing and acknowledge the wrong suffered.
3. The Assessment Panel will always aim to respond to victims in a pastorally sensitive way to assist their healing.

Affect on Other Rights and Remedies

1. The legal rights of an applicant are affected by the acceptance of assistance made in accordance with the Panel's determination.
2. An applicant is encouraged to seek independent legal and other advice before signing a Deed of Release under this Package.

Other care and assistance

1. An applicant will always be offered appropriate pastoral care, an apology and counselling even if he/she does not wish to pursue a claim for financial assistance.
2. As part of the application process an Applicant may be offered
 - assistance with Costs related to psychiatric/psychological assessment required
 - assistance with costs related to legal advice/support for the application process.

Note 1. Terms or limits may apply to assistance offered pursuant to the provisions of the previous subparagraphs 1. And 2. Financial assistance for legal costs are limited to \$500.00.

Members of Panel

Members of the Assessment Panel will include:

- a senior legal practitioner as convenor – experienced in alternate dispute resolution or mediation; and/or
- an independent appropriately skilled psychologist or psychiatrist with specific skills in treating victims of sexual misconduct.

Basis of Assistance

1. Assistance may be granted under this Package where it is established that the person has suffered harm as a result of sexual misconduct by a person (the “Offender”) who is subject to the *Professional Standards Canon for the Diocese* or who would have been subject to the Canon if the Canon was in force at the time the act occurred.
2. Assistance may be granted under this Package in respect of any one or more of the following matters:
 - expenses actually and reasonably incurred as a result of the sexual misconduct;
 - pecuniary loss to a person as a result of his/her total or partial incapacity for work arising from the misconduct; and
 - the pain and suffering of the person arising from the misconduct.
3. Assistance under this Package may comprise any of the following components:
 - Medical costs incurred directly in relation to effects of sexual misconduct;
 - Counselling costs incurred directly in relation to effects of sexual misconduct;
 - Financial assistance – as a cash payment; and
 - Purchase of item/s identified by the applicant as assisting in his/her healing.
4. Assistance provided by the Diocese is within the discretion of the Assessment Panel and the Panel may have regard to any circumstances which the Panel considers relevant including:
 - the needs of the applicant;
 - the age of the applicant;
 - the facts, nature of, extent and circumstances surrounding the sexual misconduct;
 - the relationship, if any, between the church worker and the applicant;
 - any disability or vulnerability of the applicant;
 - the effect of the sexual misconduct upon the applicant; and
 - any other matter the Panel considers relevant.
5. The Panel is not bound by the rules of evidence.
6. Interim assistance may be provided prior to assistance being finalised under this Package.
7. Assistance may be made on and subject to such conditions as the Panel determines.

Schedule of Assistance – Sexual Misconduct

1. The Schedule of Assistance – Sexual Misconduct indicates the various categories of event and effects for which an applicant may receive financial assistance. The maximum possible total assessment under the scheme is \$75,000.
2. In determining the level of financial assistance, the Panel will assess and review all available evidence to determine:
 - the category of *event* in the Schedule of Assistance – Sexual Misconduct to which the claim applies (category 1, 2 or 3 – see attached table), and the appropriate amount to be provided for financial assistance within the range of that category, having regard to the severity of the event and the consequent needs of the applicant;

- where applicable, the category of *psychological or psychiatric effects* in the table to which the claim applies (A or B), and the appropriate amount to be provided for financial assistance within the range of that category, having regard to the severity of the event and the consequent needs of the applicant;
 - the amount assessed as appropriate for an award of financial assistance, being the sum of the amounts determined for each category to which the claim applies, but together not exceeding \$75,000; and
 - to what extent counseling and other financial assistance previously provided should be taken into account in determining the assistance offered.
3. Claims that an applicant has suffered psychological or psychiatric effects should demonstrate that the effects are due to the sexual misconduct rather than any other factors in the applicant's history.
 4. If Category A Chronic Psychological or Psychiatric Disorder is claimed as an effect of the sexual misconduct, the applicant must provide an impact statement from a psychiatrist or registered psychologist.
 5. If Category B Chronic Psychological or Psychiatric Disorder is claimed as an effect of the sexual misconduct, the applicant must provide a formal written report from an approved report writer. An approved report writer is a currently practicing senior psychologist or psychiatrist who has clinical experience with victims of sexual misconduct and who has been approved by the Panel.

Procedure for Determining Applications for Financial Assistance

1. An applicant will be required to complete an Application Form with any supporting documentation.
2. Applications for assistance will be received and dealt with at all times with confidentiality by the relevant Diocesan Representative.
3. The Diocese will not publicly reveal the determination of the Panel.
4. The applicant agrees not to subpoena members of the Panel or seek to rely in any court proceedings on any communications with the Panel.
5. An application is made by completing Parts A and B of the application form and providing the documentation listed.
6. The Panel may require the applicant to be assessed by a registered medical practitioner or registered psychologist of its choosing.
7. The Panel is entitled to inform itself about an application as it sees fit however unless specifically required the matter will be determined on the documents provided.
8. In the event that an applicant is requested to appear before the Panel and any request to appear will allow for the attendance of a support person at the discretion of the Panel.
9. If an applicant raises a matter with the Panel which does not appear in the application verified by statutory declaration, then a further statutory declaration may need to be provided by the applicant.
10. The determination of the Panel is final and is not subject to appeal. However, the applicant is not bound to accept the determination.
11. The Panel will endeavor to make its determination within two months of receiving the application.
12. The Panel will provide to the applicant and to the Diocese reasons for the determination.
13. The Diocese will arrange for payment to the applicant of the determined level of financial assistance in exchange for a written Deed of Release releasing the Diocese, its employees, officers or agents (but excluding the offender) from any claims, demands, or actions under statute or at common law, arising out of the complaint.
14. The applicant may accept or decline the offer determined by the Panel. However, acceptance of the offer will affect the legal rights of the recipient and an applicant is encouraged to seek independent legal and other advice before acceptance of the offer.

SCHEDULE OF ASSISTANCE – SEXUAL MISCONDUCT

Event Category	Event constituting sexual misconduct	Assessment
<i>Category 1</i>	Harassment constituting sexual misconduct; Indecent act or indecent assault; Assault with violence in the course of attempted unlawful sexual intercourse; Sexual misconduct in a pastoral relationship.	Up to \$15,000
<i>Category 2</i>	An unlawful act of sexual intercourse; or Infliction of serious bodily injury in the course of an attempted act of unlawful sexual intercourse.	Up to \$35,000
<i>Category 3</i>	A sustained pattern of sexual misconduct involving category 1 or category 2 harassment or sexual assault; Unlawful sexual intercourse in which serious bodily injury is inflicted; Unlawful sexual intercourse in which two or more offenders are involved; or Unlawful sexual intercourse in which the offender uses an offensive weapon.	Up to \$75,000
Effects Category	Effects arising from sexual misconduct	
<i>Psychological or psychiatric disorder: Category A</i>	Chronic psychological or psychiatric disorder that is moderately disabling i.e. affects lifestyle and relationships.	Up to \$22,500
<i>Psychological or psychiatric disorder: Category B</i>	Chronic psychological or psychiatric disorder that is severely disabling i.e. on its own prevents employment.	Up to \$75,000

**ANGLICAN CHURCH OF AUSTRALIA
DIOCESE OF ROCKHAMPTON**

APPLICATION FOR PASTORAL CARE AND ASSISTANCE PACKAGE

PART A

I,
(Full Name)

of
(Address)

apply for assistance from the Diocese of Rockhampton (“the Diocese”) in respect of sexual misconduct committed against me as determined by the Diocesan Professional Standards Board or by a court of law; and I make this application on the following basis:

- (a) the amount of assistance (if any) will be determined by the Assessment Panel appointed by the Diocese;
- (b) the Diocese will offer to me assistance as determined by the Assessment Panel, provided I execute appropriate releases and discontinue any relevant legal proceedings;
- (c) if I decline the assistance offered to me by the Diocese, the Diocese acknowledges that any rights that I may have to commence or continue legal proceedings including against the appropriate offender are unaffected by my application for pastoral assistance;
- (d) neither I nor any person acting on my behalf, the Assessment Panel, or the Diocese of Rockhampton or any person acting on behalf of the Diocese, will (save as required by law or for the purposes of medical treatment) rely or seek to rely in any arbitral or judicial proceeding (whether or not such proceedings relates to the subject matter of this application) on any communication, statement or information, whether oral or documentary, made or provided in the course of or in relation to the Assessment Panel’s deliberations;
- (e) I will not call any members of the Assessment Panel as a witness or subpoena or demand the production of any records, notes or the like made by or for the Assessment Panel in the course of or in relation to its deliberations;
- (f) I irrevocably waive any rights that but for this provision I may have had to seek judicial review of any act or omission of the Assessment Panel.

.....
(Applicant’s Signature)

.....
(Witness’s Signature)

.....
(Date)

.....
.....
.....
.....
(Witness’s full name, occupation and address)

PART B

1. PERSONAL PARTICULARS

I, (insert full name)

Address:

Date of birth:

make application for assistance under the Pastoral Care and Assistance Package.

2. CIRCUMSTANCES OF THE APPLICATION

This application arises from:

- (a) a single incident or occurrence; or
- (b) a number of separate incidents or occurrences as described in paragraph 3 of this application. *(delete (a) or (b))*

3. DETAILS OF THE CONDUCT GIVING RISE TO THE APPLICATION

I refer to my complaint to the Professional Standards Committee which is attached and marked '1' and the Professional Standards Board's determination; or the proceedings of a court of law which are attached and marked '2'.

4. DETAILS OF HARM

(Attach any medical reports in support of your application)

(If you require further space, please attach additional pages)

- (a) Psychological or psychiatric effects *(Describe any psychological or psychiatric harm and/or conditions sustained)*

- (b) Physical harm *(Describe any physical harm sustained)*

- (c) What has been the impact of this harm on you? *(Include details of any pain and suffering)*

5. DETAILS OF EXPENSES INCURRED

(Attach the originals of any documents which support these claims)

(a) Details of any medical, pharmaceutical, counselling or other treatment expenses *(please itemise those expenses paid by Medicare, a private health insurer or by the applicant)*.

(b) The cost of any therapeutic devices or aids.

(c) The cost of travel for required medical treatment.

(d) Any other costs incurred. *(Please provide details)*

6. DETAILS OF ANY LOSS OF INCOME ARISING FROM ANY TOTAL OR PARTIAL INCAPACITY FOR WORK

(Attach the originals of any medical reports or certificates which substantiate these claims)

7. DETAILS OF THE COSTS INCURRED IN MAKING THE APPLICATION INCLUDING COST OF MEDICAL REPORTS OBTAINED IN SUPPORT OF THE APPLICATION

(Attach accounts to support the cost of the reports)

8. I wish to rely on the following statutory declarations which have been filed in support of this application.

Name/s of declarant/s	Date/s statutory declaration/s sworn

9. Are there any other comments you wish to make?

10. I wish to rely on the following further documents (not mentioned in paragraphs 5 to 8 inclusive) which have been filed in support of the application:

Description of document/s	Date of document/s

11. STATUTORY DECLARATION

I, of.....
 ,
 (name, address and occupation)

do solemnly and sincerely declare that the facts and statements set out in this application are true to the best of my knowledge and belief.

I make this solemn declaration by virtue of the *Oaths Act 1867*.

Declared at in Queensland this day of 20

.....
 Signature

Before me
 Justice of the Peace, Commissioner for Declarations or other authorised person.