CURE CIVIL COMMITMENT NEWSLETTER

VOLUME I, ISSUE 3 PO BOX 2310 WASHINGTON, DC 20013 JULY, 2012

FROM THE EDITOR

This is a special edition of the Civil Commitment Newsletter as nearly all of these pages are dedicated to coverage of the *First Annual Symposium on Child Sexual Abuse: A Public Health Perspective* sponsored by the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins University School of Medicine in Baltimore, Maryland on April 27, 2012. In many ways, I wish each of our readers could have attended this important and educational event. The overall message was that no one wants to excuse sexual abuse but public health professionals are interested in moving beyond a purely criminal justice model that punishes severely after someone acts out and making room for a preventative health care model that reduces the number of victims of sexual abuse.

The keynote address was given by Dr. Fred Berlin, who spoke about the prevention and treatment of sexual disorders. With Dr. Berlin's permission, some of the highlights of his address are in this edition of the newsletter. In addition, we are publishing key points from the other presenters at the seminar, including our own Wayne Bowers, head of CURE-SORT. This seminar was a good first start to changing the public dialogue from the draconian punishment-only model that is in vogue today, to one that addresses the issue of child sex abuse from a public health perspective that focuses on treatment and prevention.

Recently Mary Devoy, the Executive Director of Reform Sex Offender Laws of Virginia asked about any studies on the percentage of Sexually Violent Predator population who self-identify as homosexual. She is theorizing that homosexual sex offenders are targeted at a higher rate for civil commitment than are heterosexual sex offenders. In Virginia, they use the Static 99 as a tool for civil commitment and it clearly has an anti-gay bias. If you would like to share your insights on this question you can write her at: Reform Sex Offender Laws of Virginia, PO Box 98, Mechanicsville, VA 23111.

Finally, I want to reiterate that I do read all of the mail we receive, but have been unable to answer the mail due to the large volume. Recently two other CURE members have offered to volunteer their time to help me with this task. In the future we plan to respond to each letter when you write a letter with some type of concern, so keep those letters coming. You are all educating us on this important issue.

Thomas Chleboski
Editor

WILL VCBR BE RUN BY A FOR-PROFIT COMPANY?

The Virginia Center for Behavioral Rehabilitation in Burkeville, VA where the Commonwealth indefinitely civilly commits citizens as Sexually Violent Predators after they have served their court ordered prison sentence should **NOT** become a privatized facility.

The state has already double bunked the VCBR's cells/rooms to fit 2 residents when the original plan was one person per room, so they can now house double the planned population. I have received reports in the last few months that the already poor food service and medical care has declined even farther and the residents have had their outside time reduced and even eliminated in some cases. If the VCBR is sold to a private company then civil commitment becomes a business in our state and these services will become even worse and instead of a minimum of 5 years in the facility before being considered for release it will be much, much longer.

About 2 weeks ago the Indiana advocate sent RSOL of Virginia this information: GEO also owns and operates SOMS/therapy classes that are mandated for registrants. In GEO's financial F10 statement, they quote:

"Competition for inmates may adversely affect the profitability of our business. We compete with government entities and other private operators on the basis of cost, quality and range of services offered, experience in managing facilities, and reputation of management and personnel. Barriers to entering the market for the management of correctional and detention facilities may not be sufficient to limit additional competition in our industry. In addition, some of our government customers could assume the management of a facility currently managed by us upon the termination of the corresponding management contract or, if such customers have capacity at the facilities which they operate, they may take inmates currently housed in our facilities and transfer them to government operated facilities. Since we are paid on a per diem basis with no minimum guaranteed occupancy under some of our contracts, the loss of such inmates and resulting decrease in occupancy could cause a decrease in both our revenues and our profitability."

Virginia residents are encouraged to contact Governor McDonnell's office as well as their State and Federal representatives to oppose any contract that would make VCBR a for-profit operation. Detaining people for profit is a dangerous precedent and Virginia residents need to let their elected officials know they oppose this idea.

Thank you for your support!

HIGHLIGHTS FROM DR. FRED BERLIN'S ADDRESS

We're in an area where many people, as most of you know, are skeptical about psychiatry. There are lots of folks who believe that psychiatrists are quick to excuse sin by relabeling it psychopathology. I happen, by the way, to agree that we have to be careful not to do that. There are people of sound mind who are misbehaving, and they shouldn't be excused and not held responsible by somehow dismissing their actions as being a manifestation of some sort of psychiatric condition. On the other hand, we don't want to simply assume that someone is of sound mind when their behavior is predisposed because of something relevant from a psychiatric perspective. If that's the case, then that relevancy needs to be factored into trying to decide how to deal with them.

I also want to make the point, since it's almost impossible to get into this area without talking about criminal justice, that I'm a physician. I'm going to approach this from the mental health point of view. My belief, just to state it upfront, is that we need to have both a criminal justice involvement and a public health perspective. I would make an analogy to alcoholism. We have to have laws against drunk driving…society has a right to protect itself…but it would be naïve to think that you are going to solve the problems of alcoholism simply by putting drunk drivers on a registry, and to think that we can punish and legislate the problem away. And yet, when it comes to this particular area, my sense is that society seems to have the idea that if we just pass one more law, or just be a little bit tougher, that's going to be a solution. But if the only thing we do for somebody with pedophilia, someone who is sexually attracted to children, is to send them to prison, nothing about that can either erase those attractions or enhance the capacity of such a person to successfully resist acting. Sooner or later, like it or not, most of these folks are back out on the street. I am not so naïve as to think that we can succeed as a society without having laws. But unless we begin to appreciate that people in many instances need to be helped, not punished and chastised, not only do we do such persons a disservice, I think we do a tremendous disservice to the community as well.

The first thing I do in evaluating a person, where there are any concerns at all about sexual behavior, is to ask, does this person have some sort of a psychiatric condition? If they do have a psychiatric condition, the second questions would be, is it one that involves some difference in sexual makeup?

We differ from one another in a variety of ways, and one of the various ways in which we differ from one another is in our sexual makeup. And I'm going to name four ways that human beings differ from one another sexually and talk about how that's related to the various paraphilias that are listed in the DSM, pedophilia being one of those paraphilic disorders. So, those four ways that people differ sexually are:

- Behavior. The kinds of behaviors they either do or don't find to be erotically arousing.
- Partners. The kinds of partners they either do or don't find to be sexually attractive.
- Intensity of sexual desire they experience. For some people, sex is a pressing issue…it's on their minds a lot and they have a very pressing desire…but for others, it is less so.
- Attitudes they have about their own sexual desires.

I want to be very clear about what a psychiatrist means by pedophilia… when I use the term, "pedophilia," as a physician, I don't mean it as some sort of a demonizing pejorative. The diagnosis of pedophilia does not necessarily apply to somebody who happens to be sexual with someone under the age of consent. For example, a man who gets involved sexually with his 13- or 14-year-old stepdaughter, who may look like she is 18 or 19, could be prosecuted for committing the crime of child sexual abuse, but he may not be doing that because there is something abnormal about his sexual makeup. Any man can find an attractive teenager to be appealing. That doesn't mean he's going to act on it, but that's not outside the range of what most individuals can find to be appealing. And the fact that he's engaging in this kind of behavior doesn't necessarily mean that he has the psychiatric disorder that we mean when we use the word, "pedophilia."

I don't think children are miniature adults. There's a maturation process. We don't let prepubescent children decide to sell the family home, or drive a car, or buy alcohol. Most of us as adults can have enough difficulty with intense sexual, emotional relationships, without thinking that an eight- or nine-year-old can engage in that kind of behavior with an adult without the risk of being exploited.

Years ago, psychiatrists were telling individuals that we could cure pedophilia, and we can't. That doesn't mean that we can't successfully treat it, or successfully help people, or that people can't successfully resist acting on certain temptations, but there is no cure.

I think one can be very concerned with protecting people, and not wanting them to be harmed, and can at the same time have compassion and concern for people who are struggling, and want to assist them. If we help a person who is having these feelings to live life as a safe and productive individual, it's a "win-win." The community is better off and the individual is better off. I don't see in this a conflict in any way whatsoever.

I hope you also agree with me that for those people who do need help, it may be useful to have psychiatry involved so that we can assist them. Because I want the community to be safe and I want fundamentally decent people to have a life for themselves.

The *First Annual Symposium on Child Sexual Abuse: A Public Health Perspective* sponsored by the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins University School of Medicine was held in Baltimore, Maryland on April 27, 2012. The purpose of the symposium was to address the issue of child sexual abuse from a public health perspective in the hopes that our society will begin to focus more on prevention and treatment rather than simply punishment after the fact.

After the insightful address by Dr. Fred Berlin, a panel discussion was held in which four people shared their experiences on both sides of the issue. Wayne Bowers of CURE-SORT discussed the process he went through as a young man and how he offended young people. After taking responsibility for his behavior, he shared how he came to Johns Hopkins and worked hard and received the life-changing therapy that has helped him to manage his addictions and make the many positive contributions to society that he continues to make in his work with CURE-SORT.

Dr. Nancy Irwin grew up in Georgia and said that her father was a general and her mother lived in a state of regular anxiety. She shared that she was sexually abused by a Presbyterian minister from the ages of 14-18 and even after he was moved, he kept writing her letters. As a result, she became bitter and angry towards men and would swing back and forth between promiscuity and sexual anorexia. She finally decided to speak her truth and let go of the hurts of her past. She now works with offenders as a clinician in California.

Jim Clemente shared that he was sexually abused at a CYO camp at age 15. He never told of the abuse and described how he felt a lot of guilt, fear and loneliness. He ended up becoming an FBI agent and profiler. He was recruited to investigate his own case. He eventually became a prosecutor as well and prosecuted sex crimes.
10 years after the abuse Jim's brother revealed that there were pictures of hundreds of boys molested by the camp director. In his work he has talked to both victims and offenders and acknowledged that there is stigma attached to both victims and offenders.

"Mark" was victimized by a woman. He grew up in Germany and described his parents as a busy father and a distressed mother. "Mark" described both alcoholism and abuse in his family history. He was abused by his mother and two older brothers and ended up suffering from alcoholism, food and sex addictions. He is now 8 years sober and has been successful in 12-step programs for recovery. Growing up he felt like he had to be a people-pleaser and this likely made him open to being abused. The mutual help of 12-step programs has helped with his recovery. "Mark" shared that he has found forgiveness in recovery.

Elizabeth Letourneau is an Associate Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins University and she spoke about prevention strategies. She gave a brief history lesson when she addressed 3 Waves of Sex Crime Legislation, with Wave I *(1890-1935)* on sterilization & institutionalization, Wave II *(1935-1965)* with a focus on civil commitment and Wave III *(1965-present)* focusing more on incapacitation (longer sentences), more complete definitions of sex crimes, civil commitment, registration, notification, residency restrictions and GPS monitoring.

Dr. Letourneau then made the point that we cannot legislate away or punish away sex crimes. Unfortunately sex offenders are characterized as monsters, as the most dangerous type of criminal with high recidivism rates, despite evidence to the contrary. She observed that there is a misallocation of both the focus and resources in addressing the problem. For example, most child safety programs focus on "stranger danger" even though this represents a small amount of the actual incidents of child sexual abuse. In addition, up to ½ of sex offenders are <u>NOT</u> preferentially attracted to children and this is an area that needs research on effective treatment for both victims & offenders.

She also observed that programs aimed at young people are proving effective. Peer-focused bullying prevention programs have seen reductions by 1/3 from 2003-2008 in peer violence and peer bullying. Sexually offending by peers declined 50% in the same period. She advocated combatting child sexual abuse in schools by observing the 3 R's:

- Recognize potentially abusive situations
- Resist abusive overtures
- Report previous/ongoing abuse

Dr. Letourneau noted that government programs have had mixed success. From 2002-2007 the CDC has focused prevention priorities on rape prevention & dating violence than on child sexual abuse on. *Stop It Now!* aims at preventing child sexual abuse by mobilizing adults. She also noted that since the implementation of Megan's Law in 1996, call-ins by those seeking help for sexual issue <u>stopped</u> to call-in help centers. She also noted that mandated reporting – put a near <u>stop</u> to any self-help and self-referrals of sexual offenders.

If victims of child sexual abuse are treated effectively, this reduces victimization. Child sexual abuse increases the risk of future perpetration, especially if abuse occurs between the ages of 3-7 in boys. However, children with severe sexual behavior problems who are treated with a family focused cognitive behavioral therapy are no more likely to offend sexually than those with anxiety disorders. Adult men who are treated have lower recidivism rates and lower rates of committing any crime again.

She concluded that we need a new approach – a Public Health Approach – to child sexual abuse.

The Keynote address was given by Dr. Antonia Novello, who served as the Surgeon General of the United States under President George H.W. Bush. Dr. Novello advocated a change in the way society thinks. Currently all intervention by the criminal justice system and clinical psychology comes only after the harm is done. We need to shift the paradigm to prevention – educating and emphasizing health. Child sexual abuse is a human rights issue. Sexual abuse affects the mind, the body, and the spirit. We need to end the sexualization of children in society. Sexual abuse can happen to anyone and you need to know the risk factors. Great Britain & Australia are dealing with the public health aspect of child sexual abuse – why can't we??? Dr. Novello also observed that society needs to allow for perpetrators to heal. We need a new approach to how we deal with this important issue.

Dr. Charles Ewing of the University of Buffalo Law School is both a psychologist and an attorney. He observed that based on the data, sex crimes are dramatically decreasing while at the same time, the government is waging a war on sex offenders. He presented the fact that Sexually Violent Predator Laws – civil commitment – are creating a state of permanent commitment for those in civil commitment as only 11% are ever discharged. He noted that many psychologists make up abnormalities on the fly to justify civil commitment (e.g. "paraphilia NOS"). He called this an abuse of our diagnostic system and called these psychologists "whores of the court".

There is a bias that the person is a sexually violent predator that precludes the hearing. Also, laws do little to reduce recidivism. All it does do is cause incapacitation for these offenders. The State of New York gives treatment to SVPs for just 3 hours per week, and New York does better than most states. In many cases, lawyers advise offenders NOT to take treatment because of full disclosure rules.

Currently civil commitment costs the people of the State of New York $200,000 per person per year. We are spending close to $1 billion annually on SVP laws that are based on flawed principles & fueled by sensational media accounts. If we were really concerned about recidivism and really believed incapacitation works, then we should increase sentences. If we believe treatment works, we should give it from Day 1.

Megan's Laws require all sex offenders to register, be classified and be put on the internet. Over 700,000 are on registries today, based on false numbers. The Adam Walsh Act created even more burdens to the states. Residency Restrictions require that RSO's must live 500 to 2500 feet from anywhere children are. Some of these laws effectively ban sex offenders from even being in town. These laws have NOT reduced recidivism; they just made false sense of safety & security. The major problem is that these laws are so punitive that they may ***increase*** the likelihood that someone may reoffend.

The possession of child pornography became a federal crime in 1991 and is now also a crime in all 50 states. Federal penalties include up to 10 years in prison for possession, plus 5-25 years for receiving child porn. This decidedly nonviolent offense can lead to civil commitment, registration, lifetime supervision, & restitution. Federal judges feel that these laws have gone too far. They want more rational sentencing policies. Draconian sentences are based on visceral disgust over the images but are not an intelligent public policy.

The punishment of adults for soliciting sex from "minors" online is harsh even though a statistically small number of people, 13%, are guilty of this conduct. Federal sentencing for internet sex solicitation is 10 years to LIFE! Federal courts interpret that as long as you *think* it's a minor, you're guilty, regardless of the real age of the other individual involved.

David Finkelhor of the Crimes Against Children Research Center gave some enlightening statistics. The sexual abuse of children saw a 62% decline from 1992-2010 and a 3% decline from 2009-2010. Forcible rape saw a 35% decline from 2009-2010. Drops in numbers have been questioned in terms of veracity for a numbers of reasons. However, the statistics point to large declines in sexual offenses, which is contrary to the rationale for so many laws targeting sexual offenders.

Patty Wetterling, the mother of Jacob Wetterling who was kidnapped in at age 13 and is still missing, gave an inspiring talk. She noted that the motive of kidnapping of a child by a stranger is usually sexual abuse. As a victim she spoke strongly for more treatment for offenders and she was critical of the registry as it lumps everyone into the same box and she felt that politics has high jacked it from being the law enforcement tool it was meant to be by turning it into a public humiliation site.

Dr. Stephen Moore & Dr. Kathleen Headley spoke last and Kathleen is an incest survivor who shared her story of being abused by her paternal grandfather from her birth to his death. She shared her story of recovery.

Britain's High Court on Thursday blocked a U.S. government bid to extradite a sex criminal to Minnesota, saying the state's restrictive treatment program for sex offenders was far too draconian. Judges Alan Moses and David Eady endorsed 43-year-old Shawn Sullivan's appeal against extradition after U.S. authorities refused to guarantee that Sullivan wouldn't be placed in Minnesota's civil commitment program, which provides for the indefinite detention of people found to be "sexually dangerous." The judges said that commitment to the program would be in "flagrant denial" of Sullivan's human rights.

Sullivan, a dual U.S.-Irish citizen, is accused of raping a 14-year-old girl and sexually molesting two 11-year-olds in Minnesota in the 1990s. He escaped to Ireland as prosecutors prepared to file charges, and while staying there was convicted of sexually assaulting two 12-year-old girls.

The British judges made clear in an earlier decision that they would have supported Sullivan's extradition had it not been for the sex treatment program, which they described as among the toughest in the United States. The High Court justices outlined a litany of concerns, noting that offenders don't have to be mentally ill to be committed; their offenses don't have to be recent; and in some cases, those placed in the program don't even have to have been convicted of any crime. The judges added they'd seen no evidence that anyone had ever been released from the program since it began in its current form in 1988. Peter Wold, Sullivan's criminal defense attorney in Minnesota, said the British judges had balked at the prospect of indefinite detention. "That offended them, and it should offend a lot of people, to have the prospect of people being committed with no end in sight."

We welcome your feedback on the newsletter as well as any articles, artwork or photographs that you may wish to submit. Indicate whether you would like your name to be published with your submission if it is selected for publication in an edition of the newsletter. Please understand that any submissions will remain in the CURE Civil Commitment Newsletter files and that the editorial staff reserves the right to edit any submission as needed. Thank you!

The CURE Civil Commitment Newsletter is published quarterly (January, April, July, and October) and is available, free of charge, to anyone wishing to receive it. The newsletter boasts an all-volunteer staff but there are costs to produce the newsletter including printing and postage. If you would like to donate to offset the costs of this project, please make out a check or money order to "CURE" and mail it to CURE Civil Commitment Newsletter, PO Box 2310, Washington, DC 20013. If you would like to receive the newsletter please send us your contact information at the same address:

Name: ____________________

Address: ____________________

City: ____________________ **State:** __________ **Zip Code:** __________