

CURE-SORT NEWS

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Spring 2015



More changes happening; a lot going on

By Wayne Bowers

We all are familiar with the fact that change can come at any time and in many ways. You got word from us last issue of changes in our personnel and procedure on this newsletter. Well, it has changed again. Unfortunately new editor Matt Mercer was diagnosed with pancreatic cancer shortly after the previous issue was completed. We have urged Matt to devote all energy to his treatments and recovery. He does have one article this issue, but is devoting his efforts to his health. And so I find myself back in the editor's role again for the time being.

Another change had already been planned with Matt and me as Ed Gundersen has joined our crew for the publication as Production Assistant and will undertake all layout duties. Many of you wrote Matt when a lot of those actually should have been addressed to the SORT office.

A LOT GOING ON

Letters, phone calls and email reach us regularly with questions about the outcome of the **Minnesota** court case. No decision has been made yet. At question is the constitutionality of the Minnesota Sex Offender Program (MSOP). U.S. District Judge Donovan Frank is hearing the case and will give the verdict.

A trial started in St. Louis, MO, in U.S. District Court that will determine if the treatment at a controversial **Missouri** Department of Mental Health program for sexually violent predators is constitutional. Seeds for the case were planted in 2009, when a handful of men — civilly committed against their will to the maximum security Sex Offender Rehabilitation and Treatment Services, or SORTS, facility in Farmington — wrote out legal claims by hand. They were being billed by the state for care and treatment that they didn't want to be a part of at SORTS.

There is other legal action and court cases underway across the country, but the Minnesota and Missouri cases have been at the forefront of major civil commitment issues. One point to make — the term "sexually violent predators" is one that we despise at CURE-SORT and feel it has become a legal catch word and many people throw around that term at people who in no way meet what the term means.

As we have a much larger readership today with the merge of the database of the CURE Civil Commitment Newsletter, let us point out that our publication is not a daily paper and so we will not be listing all up to date material, as it is impossible to do so. We cover all aspects of issues within sex offender news — registry, residency, therapy, re-entry, along with civil commitment. We feel there has been an overreach in all areas related to sex offenses. When a major decision is made, we will highlight that court action — whatever aspect of our work it covers.

Our organization began in 1990 with a focus on improving and emphasizing therapy for those who needed it while incarcerated. Much has changed since those early days of our work under founder Loren Perry. We saw what was occurring in the mid-1990s when he and I merged our efforts as we saw Megan's Law taking shape. What I call "tracking laws" have only expanded since that time.

One area of civil commitment that is most disgusting, as we read letters and talk with people, is the poor conditions and lack of respect that is shown to civil detainees in many facilities. I do not want to make that statement a blanket one, as I don't have information on all the 19 states and District of Columbia civil commitment centers. One thought of the disrespect is the fact the climate around these facilities has become the location of the "worst of the worst" and thus staff feel comfortable showing such poor respect.

Continued on Page 4

In This Issue:

- Page 2: Letters
From the Editor's Desk
- Page 3: California Court Rules San Diego sex offender
Law unconstitutional World
- Page 4: Changers Make a Difference
- Page 5: Halcyon Days at Sand Ridge Secure Treatment
Center
- Page 6: A Position on the Importance of Therapy

Letters From Across the Nation

The following are excerpts from letters we receive. We appreciate your interest, concern, and feedback. We can't include every comment. The opinions printed below are those of the writers and do not necessarily reflect the views of CURE-SORT. These are examples of what we receive.

Richard in Texas

Please know we thank you all for all you do to aid us on the inside "Have a nice day."

EDITOR'S NOTE:

We are receiving a lot of material from people housed in civil commitment centers across the nation. The material is helping educate us on your conditions. A quarterly newsletter does not give us space to print these rather lengthy explanations. Be assured we are making note of your concerns and are sharing the information with other concerned people and agencies and hopefully this very valuable information will lead to positive change.

From the Editor's Desk

By Wayne Bowers

Well it is back to this position and we wish Matt Mercer well in his efforts to counter pancreatic cancer which he learned of recently. Another story details this more.

With our changes in publication this year, there has continued to be confusion. Thomas Chleboski explained well in the October 2014 CURE Civil Commitment Newsletter that publication was closing with that issue and civil commitment news and information would be included in the CURE-SORT News in the future. Our publication is not a civil commitment paper or a sex offender paper but incorporates all information we decide to publish in regards to a wide range of topics on sex abuse, sex offenders and prevention.

In this column last summer we mentioned Prison Rape Elimination Act (PREA). We receive numerous reports in letters of people who have been sexually assaulted and direct them to their institution's PREA staff and also to Just Detention International, formerly known as Stop Prisoner Rape. Just Detention's April newsletter features a story on PREA and Miami-Dade Jails in Florida and another update on how PREA is evolving in Texas, despite former Gov. Rick Perry's rejection of the program.

Groundbreaking television coverage of transgender people recently is another step in opening people's eyes to the realization sexuality is a complex topic and there needs to be much more understanding in exploring what is the makeup of anyone who takes a non-traditional approach to expressing sexual feelings. We know there are portions of this activity which break the law. We urge society to be more open in understanding what our fellow citizens consider is sexually appealing and learn how to help them find ways to control their feelings, rather than always falling on the criminal justice approach, which we can tell is a complete failure.

PLEASE NOTE: Check the date on your mailing label to determine if your membership is due to expire. Also, please let us know if your address changes – especially inmates -- because your mail will not be forwarded. Be sure to include your prison I.D. number to guarantee proper mailing.

California court rules San Diego sex offender law unconstitutional

By [Kate Mather](#)

California officials announced April 15 that the state would stop enforcing a key provision of a voter-approved law that prohibits all registered sex offenders from living near schools.

The California Department of Corrections and Rehabilitation said it would no longer impose the blanket restrictions outlined in Jessica's Law that forbids all sex offenders from living within 2,000 feet of a school or park, regardless of whether their crimes involved children.

High-risk sex offenders and those whose crimes involved children under 14 will still be prohibited from living within a half-mile of a school, the CDCR emphasized. Otherwise, officials will assess each parolee based on factors relating to their individual cases, the agency said.

The shift comes nine years after California voters approved the controversial law, which has made it difficult for some sex offenders to find places to live.

The California Supreme Court on March 2 unanimously ruled that Jessica's Law violated the constitutional rights of parolees living in San Diego County who had argued that the limitations made it impossible for them to obtain housing. As a result, advocates said, some parolees were living in places like riverbeds and alleys.

"**While the court's ruling is specific to San Diego County**, its rationale is not," CDCR spokesman Luis Patino said Thursday. "After reviewing the court's analysis, the state attorney general's office advised CDCR that applying the blanket mandatory residency restrictions of Jessica's Law would be found to be unconstitutional in every county."

The CDCR sent a memo to state parole officials on Wednesday outlining the policy change. The directive said residency restrictions could be established if there was a "nexus to their commitment offense, criminal history and/or future criminality."

The memo said officials would soon provide further direction on how to modify conditions for parolees currently already living in the community.

In its ruling, the Supreme Court determined that the blanket policies for parolees "severely restricted their ability to find housing." Justice Marvin R. Baxter, who is now retired, wrote that the rules "increased the incidence of homelessness among them, and hindered their access to medical treatment, drug and alcohol dependency services, psychological counseling and other rehabilitative social services available to all parolees."

A CDCR report found that the number of homeless sex offenders statewide increased by about 24 times in the three years after Jessica's Law took effect. Parole officers told the court that homeless parolees were more difficult to supervise and posed a greater risk to public safety than those with homes.

One of the San Diego County parolees who challenged the law was convicted of a sexual assault on an adult woman in 1991. That man, who had several serious illnesses, wanted to live with a relative who was a health professional, but he couldn't because of the residency restrictions. Instead, he stayed in an alley behind the parole office.

The court ultimately determined that the residency restrictions did not advance the goal of protecting children and infringed on parolees' constitutional rights to be free of unreasonable, arbitrary and oppressive government action.

Times staff writer Maura Dolan contributed to this report.

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CURE-SORT News

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World Changers Make a Difference

By Matt Mercer, MA

“When the world begins to see you change, don’t expect them to applaud.....”

This line is from singer, Amy Grant. It expresses what I want to share with you in this brief article.

No matter where you are and what circumstances you bring to the table, you have the potential to be a world changer. In other words, world changers develop themselves and others, within their sphere of influence, no matter how small or large. World changers are not out to impress others; which is probably a good thing. Trying to impress others, about how we want others to see us, can actually work against us. If you are sitting in a civil commitment program; most likely your reputation has already been shot to hell and then some. There will always be those who, through their hocus-pocus usage of the DSM-V, try to come up with some diagnosis that is considered to be untreatable-- such as being labeled a “homosexual pedophile.”

Yes, homosexual pedophilia has been used by courts to state that this person cannot be treated, as there is no established treatment. Well, a world changer remains undaunted. “That is what others say I am. In reality, I am.....” Their change is not to manipulate the system, and get them atta-boy points. They change regardless of whether others see it or not.

One of the challenges is for those who are chained to the correctional system; whether that includes mental health or not. Am I making changes in my life for the system, or for me? Quite frankly, out of ten different correctional officers I had, only a few really appeared to care. So my change was for my own benefit. I saw potential within myself, and built upon that foundation.

The Army used to have a great slogan: “Be all that you can be.” I like that. I have the potential to develop myself, through an acknowledgement that this is for my benefit.

Along the way, I have been diagnosed by Psychiatrists and Psychologists, whose own perceptions, were based on their own biases. Sex offenders, in their viewpoint, have untreatable diagnoses that justify ill-treatment. That does not mean I roll over and accept whatever someone else says about me. I have had so many different diagnoses done, that I am considered to be a jumbled mess!

Push yourself to be a world changer. Start within. Smile at those who think you just don’t have what it takes. They are the problem, not you! A smile says, “Oh, you are so wrong!” Frustration and lashing out only empowers those who do not need it. World changers see the end in view, and remain unruffled by those who would not know a world changer if it bit them on the nose.

This is your journey. Sometimes along the way, we have detours that slow us down. As I write this, I am newly diagnosed with cancer of the pancreas. It is a challenging diagnosis. My focus of what is important has changed. I am still a world changer. I am just coming at it from a different perspective. My disease is a gift.

I encourage you to be a world changer; despite any challenges that appear to be staring you down. Stare back. You know you have worth, and a lot of potential. Sometimes the circumstances we face are the exact ones we need to challenge and prod us—forward. We often call that a “blessing in disguise.”

TIDBITS

An excerpt from *Bits & Pieces*, February 1985 adds credence to the above. It talks about one of the most important attributes of a good leader—leading by example:

“Good executives appreciate the fact that the power of a good example is one of their most powerful tools. They know that people are watching them as they go about their daily work, and that their own example will influence others far more than verbal advice or preaching.

“Some people feel that when they have reached a certain level they are no longer subject to the same standards they expect of others. They think it’s their job to tell people what to do regardless of whether they do it themselves or not. But, if they don’t believe in something enough to practice it themselves, the telling seldom does much good.”

Continued from Page 1 – Changes

A concern is the lack of a national watchdog of civil commitment centers. The American Correctional Association has an auditing process with standards that prisons and jails must follow. A committee of correctional personnel and advocates keep tabs on what occurs in correctional facilities and regular meetings contain workshops to discuss various aspects of the work. CURE has a representative on this accreditation team in Dianne Tramutola-Lawson, chair of Colorado CURE and CURE’s national chair.

Wouldn’t it make sense that a surveillance team regularly watched over the civil commitment centers? Is the lack of this scrutiny due to HIPPA laws which cover the facilities, since they are developed under a health and human service program?

Halcyon Days at Sand Ridge Secure Treatment Center

"The first fifteen years here, after the civil commitment facility opened in 2001, were dreadful and filled with despair. In the last 1 ½ years, however, we have seen a continual trend toward release. There are two such venues: discharge, which releases a man "carte blanc" other than the mandate to 'register,' subscribe to the local residency restrictions, and wear an electronic monitor while remaining in Wisconsin. The second, supervised release (SR) gets one out of the institution (with its barbed wire and electronic fence) but with very close restrictions tantamount to 'house arrest' for the first of what usually is a three year provision. During that time, a monitor will accompany the client whenever he needs to leave the dwelling for any reason: therapy, food shopping, medical, and get this: employment. Any shop wanting to hire an "ex-con" sex offender with an outside surveillance person stationed in the workplace, within 20 feet [of him would have to be a very compassionate, understanding business.]

"Under those circumstances, the state DHS will pay for all housing and maintenance of a person until the local court grants a discharge. The state statute, #980.08 list five provisions which may qualify a committed person for SR: housing available in the community of origin, therapeutic services available; reasonable assurance of compliance with restrictions, ability to live independently, and the real kicker: 'making substantial progress in treatment. 'This last provision can only be certified by the treatment professionals who run the therapy programs here--divided into four categories. There are four stages of success: Phases I, II, III, and IV, the last of which is the supervised release portion of the deal. After ten to fifteen years of experimentation, the treatment modality has been narrowly tailored to fit the needs of the four types of men enrolled: Conventional, for those with normal intelligence and moderate psychopathy, C.T.(Cognitive Therapy) for those of normal intelligence but with elevated psychopathy; Adapted C.T. for those with elevated psychopathy (25+) and lower intelligence; and the most difficult category: COMPASS, for men with developmental disabilities who might normally be living in adult 'group' homes in the community if they had not sexually offended.

"With numerous staffing changes at the upper levels, the facility seems to have stabilized with now lesser emphasis on security and more on treatment. The place is moving away from a solid (punitive) prison setting into one where staff truly care about the success of all the treatment participants, which amounts to approximately 285 of 350 residents. When the designer of this protocol left the facility to concentrate on his specialty, research, the pace of release really accelerated when he secured a federal grant to study and report on the men who have been granted SR. Presently, his budget has been extended to cover 150 men. This explains the trend toward granting SR and two release units have been set up to familiarize the men with personal cooking, budgeting and other needs upon returning to the community; spirit is high.

"Our situation is thus polar opposite of some other states such as Minnesota, who has been reluctant to release any of their patients; hence, the intervention of the federal court there and in other places like Missouri. Realistically, the opinion of the state-appointed psychological examiner starts the process but it can take a full year for the court process to occur. Occasionally, the county or state's attorney will stipulate to the release and it can be expedited. Or the state can oppose and hire another expert. Then there is the severe problem of the community's reaction when a man is scheduled to reside at a certain location. The communities can then go so far as to veto the release by burning down the proposed residence as has recently happened in Cottage Grove, a suburb of Madison, WI. The arsonist was apprehended after police obtained a roster of the citizens who had attended the local notification meeting and checked video surveillance. The result is predictable: the state has to completely restart his release process and he will be confined for another 3-6 months or longer. In the final analysis, the state seems to be doing its best to facilitate releases after being ordered by the court. Of course, it is much cheaper to confine a person on house arrest @\$35,000 per year as opposed to the institutional budget of \$175,000 per man per year to keep them confined.

"This comports to the seminal Supreme Court case: *Olmstead v. L.C.* by Zimring 119 S.Ct. 6L7; t44 L.Ed.2d 540, of June 22, 1999, a (6-3) decision during which mentally disabled patients brought suit against state, challenging their confinement in a segregated environment. The United States District Court granted partial summary judgment to patients. State appealed. The Supreme Court, Justice Ginsburg, held that: (1) patients were qualified for community-based treatment, but (2) states could take into account the available resources in determining whether patients were entitled to immediate community placement. The second part of that decision can be utilized to further confine the patient slated for release---not to a burned out home."

Charles Anderson

Resources

We are pleased to offer the following resources. Donations accepted to cover cost of postage and printing. Mail donations to the CURE-SORT address noted on Page 3.

One Breath At A Time by Ila Davis (\$17.50)

Understanding Offending Behavior by Stephen Price. (A collection of 9 of Stephens articles from previous newsletters) (\$4.00 for the set of 9 articles)

When Someone on the Registry Moves Into My Neighborhood (Member Price \$%; Non-Member Price \$10)

SUPPORT GROUP: Families & friends for those in civil confinement, contact Andrew Extein, MSW. Interested persons please e-mail: CCN@curenational.org

A Position on the Importance of Therapy

EDITOR'S NOTE: *With our focus on therapy for the recovery and change for a person with a sex offense, we should have had a position on it a long time ago. A focus of CURE-SORT's Board has been to give a statement of our support. That said, we realize there are people with a sex offense conviction, who do not need therapy, such as people charged with a Romeo & Juliet case. We know there are people who have been convicted who are innocent and realize they do not need therapy. There are other instances. Yet we know many struggle with serious issues that have led to conviction and do need to have therapy, which we support as a major step in their success.*

We stand for the prevention of sexual abuse

While there are those who believe sexual offenders are incorrigible, we believe in treatment. Sadly, therapeutic intervention typically occurs years after a pattern of inappropriate behavior has taken root; even sadder, for sex offenders, therapy comes after arrest and in many states, only post-release.

We look forward to the day that pedophilia is treated with the same expediency, compassion and dignity as any other psychological or medical health issue. Imagine if you felt so ashamed of being an alcoholic, that you never went to an AA meeting for fear of shame, being ostracized, having your neighbors post signs in your yard, or worse. No one asks to be an alcoholic; and no one chooses their sexual attractions. One certainly can learn to manage alcoholism and stay sober. One certainly can learn to manage inappropriate sexual urges and stay sober. We at CURE-SORT understand this is an unpopular belief, and one that eludes, if not inflames, the general public. Heuristics are believed by an ignorant public that maligns and thwarts the management of this issue. We exist as a resource dedicated to protecting the public, as well as helping those in need get the help they deserve through primary prevention; that is, treating those before they act out vs. secondary prevention that is treatment after the fact.

Many child molesters, pedophiles, and other sexual offenders (rapists, child pornographers, exhibitionists, etc.) actually hate themselves for what they consider uncontrollable urges and would get help if they knew where to turn. *Fortunately, the global belief that they cannot be helped and that most reoffend is completely false.* With treatment, the recidivism rate is between 5%-13%, much lower than for non-sex crimes (US Dept of Justice; Bureau of Statistics). While there is no *cure* for an attraction to children, the behavior *can* be managed like any other undesirable habit or addiction. Again, early therapeutic intervention and community support are crucial to success. Specifically, cognitive-behavioral interventions have shown through some meta-analyses to reduce recidivism as much as 40%. (Hanson et al., 2002; Losel & Schmucker, 2005). Research has also shown that a warm, empathic, encouraging, directive and non-confrontational therapist style is associated with decreased denial and minimization and improved relationships vs. a harsh, confrontational style (Marshall, 2005; Marshall et al., 2003; Marshall et al., 2002; Marshall, Burton, & Marshall, 2013; Serran et al., 2003; Walji et al., 2013).

"People do not choose to be attracted to children or adults any more than they choose to be attracted to males or females. Not all pedophiles are child molesters (or vice versa). Child molesters are defined by their acts; pedophiles are defined by their desires. There are pedophiles and hebephiles who never act on their sexual attraction towards children. They cannot be blamed for what they feel, and they should be supported for the constant self-restraint they must exercise in order to behave ethically."

Dr. Ray Blanchard, Professor of Psychiatry at the University of Toronto; Former Head of Clinical Sexology Services in the Law and Mental Health Program of the Centre for Addiction and Mental Health; Served on the American Psychiatric Association's DSM-IV and on the DSM-5's Work Group on Sexual and Gender Identity Disorders.

Member passes away

Our condolences go to the family of Steven Arnold, a federal prisoner who had been housed at FCI Petersburg (VA), who was a member of CURE-SORT, who passed away Feb. 24.