

"First, you know, a new theory is attacked as absurd, then it is admitted to be true, but obvious and insignificant; finally it is seen to be so important that its adversaries claim that they themselves discovered it." – William James, Pragmatism's Conception of Truth

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MSOP Confinees Should Have Right to Representation On DCT Board by Non-Voting Membership

by *Cyrus Gladden, Editor*
 (From Excerpts from "DCT Creation and DCT Executive Board Language," a [presentation of State of Minnesota, Department of Human Services, Direct Care and Treatment Division (March 12, 2024)]
 Most fundamentally, this presentation addresses why a DCT agency is needed by listing the things that DCT provides:
 Mental health treatment.
 Substance use disorder treatment.
 Sex offender treatment.
 Community-based support for all of these functions and all clients in each.

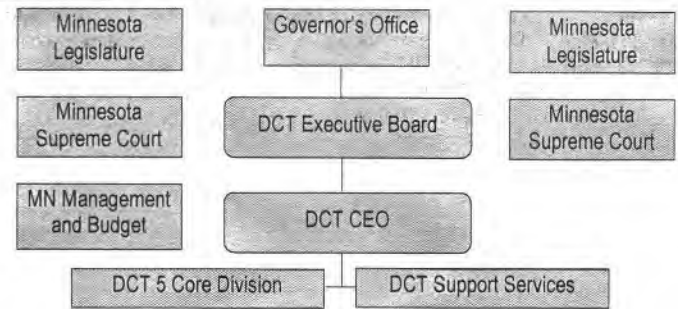
Even just as to those confined in MSOP, this shows that sex offender treatment is one of DCT's chief responsibilities, and hence the importance of paying close attention to this function. The Legislature has recently divided up the formerly burgeoning Department of Human Services in part just so that DCT could give such sustained, focused attention to this important matter that DHS was not able to do effectively, essentially just letting MSOP proceed on its own without effective Department oversight. This simply could not go on, one of the Legislature's concerns resolved by the elevation of DCT to a separate department-equivalent administration of such treatment matters. Hence, by all rights, oversight of MSOP should be, and can be expected to be one of the most crucial and constant activities of DCT, its governing Board, and its administering Chief Executive Officer (CEO).

This gets us to the question of who the "stakeholders" of the processes of DCT really are. Early in the process of consideration of considering proposed changes involved in DCT agency creation, DCT conducted "three listening sessions," inviting counties, employee unions, and tribes, as well as others it categorized without identification or explanation as "other stakeholders." Later, DCT presented the Executive Board and the DCT creation language to those same groups of "stakeholders."

However, at no point did it reach out to those confined in any of its "DCT 5 Core Division" treatment program, including MSOP confinees, for input to those initial processes. It can be understood why those with mental problems so functionally severe that they may not be able to think clearly or to speak clearly may not be able to advocate for themselves at all, much less effectively. However, this is certainly not the case to MSOP confinees, who, on the whole, are completely lucid, adequately articulate, and have many members of that body of confinees who are fully versed in all issues concerning their detention and claimed "treatment" in MSOP. Therefore, there is no plausible ground for exclusion of that entire body of 750 confinees as being a "stakeholder," collectively, with things that need vocalization that no one can provide with the same clarity and personal familiarity than such confinees themselves.

More fundamentally, by definition, those being confined and ostensibly being given treatment claimed capable of preparing such confinees for

DCT Oversight:



release, but which has failed, with only very few exceptions, at actually liberating such confinees, have the quintessentially archetypal status of "stakeholder" in the very object of, and function of the treatment process and release over which DCT now stands as sole overseer of. MSOP confinees should collectively be seen as a "stakeholder" in DCT and its decisions and their outcome.

This presentation answers the question, "Why a DCT Executive Board?," in part by citing "greater transparency." It tersely explains this by citing these factors:

"Board offers greater transparency and public accountability than exists under a more traditional commissioner-led model.

Board meetings are open to the public. Issues are openly discussed.

Ample opportunities for the public to provide input and ask questions.

Records of actions taken are available for public review."

This explanation points up why MSOP confinees, as a whole acting through a representative member, certainly should have a right to be part of DCT Executive Board proceedings. Just in terms of those of us who are confined in MSOP facilities, we number 750 individuals who are suffering under a detention program with alleged treatment that only manages to release to provisional discharge a running average of about 20 to 25 persons per year and, over the entire 30 years existence of MSOP, has only seen about 25 former confinees ever be granted Final Discharge. In light of this, we need the most transparency of any group affected by decisions of the DCT Executive Board.

Right now, there is absolutely no accountability of MSOP for its choices of how to operate MSOP. DCT can remedy this, not just imposing accountability, but also publicly airing all issues concerning MSOP. However, such airing and the hearing process this Executive Board will never be adequate or fair to us without allowing a representative of all MSOP confinees to address the Board on each issue concerning us.

Given our large number and the critical nature of our indefinite, potentially lifetime confinement as things now stand, our circumstance, compared to that of all other individuals in other programs administered by DCT shows that we will have an ongoing need to have input to many,

if not nearly all matters upon which the Executive Board will deliberate and decide.

For this reason, we submit that our interests cannot be protected merely by being only occasional witnesses summoned to give testimony on isolated issues. We need to participate as a nonvoting member of the Board to ensure that our voice is taken into account on everything the DCT does that will affect us. Only in this way can we effectively and adequately provide input and ask questions in such Board meetings and ensure that issues which affect us are openly discussed and that a full and fair record of all matters considered is made.

MSOP: Bad by Design and Broken, Says Minnesota Monthly

John Rosengren, "Locked Up for Good – or Forgotten?," Minnesota Monthly (April 19, 2024)

Text: "The Minnesota Sex Offender Program housed at Moose Lake is tucked away in the woods, off State Highway 73, about 120 miles north of Minneapolis. The high-security facility surrounded by fences topped with razor wire is out of sight and out of mind for most Minnesotans, which leads those locked inside – some who already have served time and others who haven't even been charged of a crime – to call it a shadow prison.

"This place is a secret – in a remote location, cut off from others," says Duncan Brainard, 34, who was committed to the Minnesota Sex Offender Program in 2010 at age 21. "People don't know this is happening in America."

So when a group of about 15 people gathered outside the facility one day last summer and honked their car horns repeatedly to show support, the detainees inside found the action especially gratifying.

"The smiles on the guys' faces spoke volumes," said Daniel Wilson, 35, who was committed after serving almost three and a half years in prison for fourth-degree criminal sexual conduct. We are so used to not having contact with the public. [The honk-in] sends a message you're not forgotten. We're willing to give you another chance out here."

Coming Soon:

- ✓ PCSOT Testing Could Keep You Locked Up Unjustly
- ✓ Is Effective Counsel Your Right in SOCC Cases?
- ✓ Community Notification: A Shock-Show That Harms Its Audience?
- ✓ Action needed after NJ's 'gulag' is exposed
- ✓ Free Speech in Campus & SOCC
- ✓ Sex Offender Residence and Employment
- ✓ What Does Barring Inter-SO Associations Actually Result in?
- ✓ Remorse Bias — What's THAT?
- ✓ RNR vs. Good Lives vs. Virtue Ethics vs. Desistance: Which Best Matches Offender Rehabilitation & TJ? Any bets?
- ✓ PPG Testing: Keeping You Down by False Hope, Fear, & Shame
- ✓ 'All Except for' Blanket Exclusions of SOs from Justice Reforms
- ✓ Banishment by 1000 Laws
- ✓ Levenson on Needs-Preferences of Clients of SO Treatment
- ✓ Increase in registered SOs as a form of national blacklist
- ✓ Due Process Requires Courts to Examine Scientific Evidence Undermining Statutes
- ✓ 'New' SORN Laws Are Punitive
- ✓ SO Reintegration - Environmental Ingredients Are Known; Officials Just Need to Use the Cookbook.
- ✓ Different Backgrounds: Different Perceptions of SO Policies
- ✓ Perlin Sounds Off
- ✓ NIMBY: Not the Latest Toy Robot
- ✓ Legislative Testimony by the Confined
- ✓ PPG Test Results – Inadmissible
- ✓ What IS Rehabilitation When It Is Said to Differ for Sex Offenders?
- ✓ Moral vs. Clinical Decisions
- ✓ Guessing the Number of Unreported Sex Crimes Is Not Science.
- ✓ Why the AI Black Box Can't Tell You Why It Thinks the Worst about You.
- ✓ Pedophiles in UK Communities — & Many more to come!

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Bad by Design

The Minnesota Sex Offender Program and similar programs elsewhere resulted from a rash of state laws passed in the 1990s in the emotional aftermath of several heinous sex crimes. Yet it has become a problematic model. With 741 men in the sex offender program (most of them at Moose Lake, the rest at a facility in St. Peter), Minnesota has the highest per-capita commitment rate of sex offenders in the country and one of the lowest release rates.

Most inmates, like Wilson, have been civilly committed after already serving time in prison for their crimes. Others -- a little more than 6% -- have never been charged with a sexual offense, yet have been locked up anyway. And all without a clear path of release. Those committed are about six times more likely to die inside than to be released, making their commitment basically a life sentence.

Minnesota is one of 20 states that allow civil commitments for sex offenders. While the decision to release someone from a civil commitment is made by a judge -- just as the decision to commit is -- the court relies on the recommendation of a special review board. That board is an independent advisory panel made up of an attorney, a psychiatrist, and another mental health professional. The panel considers treatment records and reports, sexual violence risk assessments, and recommendations from the client's treatment team. It also weighs presentations made by county social services, MSOP staff, the client, the client's attorney, and the county attorney who initially requested the civil commitment.

'Our job is to provide individuals with treatment and put them in a position where they're able to control and manage their behavior and go back safely into society,' says Chuck Johnson, who oversees direct care and treatment at MSOP as deputy commissioner of the Minnesota Department of Human Services.

But Johnson's statement rings hollow with those detained in the program, who view the high-security facility more as a prison than a treatment center.

For two decades after its inception in 1994, no one got out. In the last five years, the courts have released only 15 people outright from MSOP. In February 2021, a group of detainees staged a hunger strike, presenting the administration with 17 barriers to their releases and suggested remedies.

Johnson says the administration agreed to address five of the issues, including to speed up the transition process to less restrictive settings, to explore restorative justice opportunities, and to better recognize progress made in individuals' treatment programs, but the activists inside were not

satisfied.

Detainees staged another hunger strike that summer, with 10 residents going nearly two weeks without food. They also conducted silent protests, held rallies in the yard, and wore armbands that said 'End MSOP.'

'We are not here for sex crimes,' Wilson says. 'We are here for mental health issues. Our goal is to shut down Moose Lake and replace it with a mental health treatment facility.'

Civil Commitment

One demand is to remove the term 'sex offenders' from the program's name because of the stigma it carries. 'Be careful of thinking of them as a homogeneous group of people, says Eric Janus, former dean of William Mitchell law school and author of the book *Failure to Protect: America's Sexual Predator Laws and the Rise of the Preventive State*. 'A fair number had abusive childhoods, were sexually abused themselves. They have been convicted of a broad range of crimes -- from violent rape to adolescent experimentation.'

The stereotype that casts sex offenders as monsters and not fully human seems to justify their indefinite incarceration. 'The only way you can make the argument it's OK to lock up nine to prevent one from committing a crime is that these people's lives don't matter, that they're not really human citizens, that their liberties and freedoms are expendable,' Janus says. 'It is kind of un-American to say, 'We're going to lock you up before the crime.' There are a number of people there [at Moose Lake] who never posed a threat.'

Minnesota state law allows a county attorney to request a civil commitment if an individual is deemed likely to engage in harmful acts of sexual conduct or is considered dangerous to others because of an inability to control sexual impulses.

'Clear and convincing evidence' is the standard for a civil commitment rather than being presumed innocent until proven guilty beyond a reasonable doubt, as in a criminal case. 'Anyone can file a petition for commitment, Wilson says. 'You could make up something about your neighbor and file a petition, and there's a chance they'd be committed.'

The law is rooted in the fear that violent sex offenders are likely to repeat their crimes. Yet several studies show the recidivism rate for sex offenders released from a program like MSOP is below 5%. Of the more than 150 individuals who have been moved to less secure facilities or outright released from MSOP since 2016, state authorities are not aware of any having committed another sexual offense.

Some Program Changes

In 2015, U.S. District Judge Donovan Frank, in St. Paul, ruled on a lawsuit filed by 14 civilly committed sex offenders, declaring MSOP unconstitutional and concluding that the program had become punitive rather than therapeutic. He cited the low rate of release and the lack of regular evaluations to review the basis of the detainees' civil commitments. The Eighth Circuit Court of Appeals in St. Louis subsequently reversed

his ruling on the unconstitutional status and sent the case back to district court to consider a finer point. In February of this year, Judge Frank ruled that the residents in MSOP could continue to be detained but added, 'The Court continues to believe that politics or political pressures should not compromise Class Members' rights to treatment and eventual reintegration into society.'

Yet politics have polluted the policy. Understandably, lawmakers don't want to risk another situation where a convicted sex offender reoffends after his release, the way Alfonso Rodriguez Jr. did when he sexually assaulted and murdered Dru Sjodin in 2003 after serving a 23-year prison sentence for rape. They warehouse them at Moose Lake to play it safe.

'The MSOP resulted from political pressure to civilly commit these sex offenders,' says Dan Gustafson, the attorney who represents the plaintiffs. 'Because of that political pressure, the system has never functioned very well as a treatment program.'

While the plaintiffs are expected to appeal Frank's latest ruling, the Minnesota Department of Human Services, which oversees MSOP, has made improvements. At the urging of a 2010 legislative audit, it has increased group therapy from six to 10 hours a week. Fifteen men have been released outright and another 57 provisionally discharged to housing under MSOP supervision. A total of 204 have been referred to Community Preparation Services [CPS], a less restrictive setting where therapy continues.

[Editor's Note: Most recently, however, group therapy sessions have been reduced to one two-hour session per week. Many of those picked for elevation to CPS have not been physically transferred there, since there is a lack of sufficient bed-space. This has been caused by the fact that MSOP continues to slow-roll people through CPS, regularly taking as much as five years, and sometimes even as long as ten years to actually attain provisional discharge.

MSOP also only designates a limited number of security staff to monitor and surveil those on provisional discharge. This becomes more critical, since provisional discharge usually takes close to five years to complete. As a result, only a fairly small number can be on provisional discharge at any given time. This in turn serves to 'cork the bottle' of CPS, only allowing a comparative trickle to attain provisional discharge in any calendar year.

The contention that CPS and provisional discharge need to take as long as this combined total of as much as ten years has been criticized as forensically needless. While a substantial portion of those on provisional discharge have had that status revoked for fairly minor rule violations not involving any crimes, the Editor is only aware of one sexual crime having occurred to date, after more than 100 releases in the existence of MSOP.]

The DHS has been trying to increase its capacity at CPS for years, but the state legislature has repeatedly turned down its

funding requests. In 2020, the legislature finally approved \$1.8 million to add 20 beds, expanding space to accommodate 109 residents. Meanwhile, 31 MSOP clients remain on the waiting list for CPS, but that wait can last two years or longer. That delay prompted two more lawsuits by a pair of MSOP detainees claiming the wait is excessive. Their cases are pending before the Minnesota Supreme Court. [Since this article, those two challengers won and one is on provisional release, while the other is in CPS.]

Meanwhile, those like Brainard, who has been locked up for more than a decade under the diagnosis of a 'sexually psychotic personality,' are slowly losing hope of ever being free again. In recent months, Brainard has attempted suicide twice and has 'tried everything I can to go home -- being servile, too crazy' But, he says, 'This is such a broken environment.'

Gov. Dayton Admitted MN's SOCC Law Is an Illogical Crock, but That He Didn't Care.

Jacob Sullum, "Governor Explains Why the Minnesota Sex Offender Program is a Crock," <https://ajustfuture.org/governor-explains-why-the-minnesota-sex-offender-program-is-a-crock/> (June 25, 2015)

Defending the constitutionality of civil confinement, Mark Dayton exposes the fallacy at its core.

Last week, U.S. District Judge Donovan Frank ruled that the Minnesota Sex Offender Program (MSOP), which civilly confines people after they have completed their criminal sentences, violates the 14th Amendment's Due Process Clause. Minnesota Gov. Mark Dayton disagrees, but his defense of the program exposes the fallacy at its core. 'It's really impossible to predict whether or not [sex offenders] are at risk to reoffend,' Dayton says. 'So the more protection you can give to the public, as far as I'm concerned, given their history, is entirely warranted, and that's what this program does right now.'

The problem with Dayton's position is that the law authorizing the MSOP requires predictions about whether or not sex offenders 'are at risk to reoffend'; if such predictions are 'impossible,' the whole law is a crock. Under the Minnesota Civil Commitment and Treatment Act, two kinds of offenders can be locked up, ostensibly for 'treatment,' after they have served their time: a 'sexually dangerous person' or a 'sexual psychopathic personality.' The former is defined as someone who 'has engaged in a course of harmful sexual conduct'; ...and 'as a result, is likely to engage in acts of harmful sexual conduct.' The latter is defined as someone who as 'dangerous to other persons.' Crucial to both of these definitions is a finding that the person, because of his purported disorder,

is likely to commit new crimes after being released. But, according to Minnesota's governor, who claims there is nothing wrong with the MSOP, such findings are basically bull_____.

It gets worse. 'I don't think any parent in Minnesota wants to subject their daughter or their son to a probability,' Dayton says. 'They want to make sure their government is doing absolutely everything conceivably possible to make it 100 percent safe to walk in the park or to or from school.' So even if recidivism were predictable, Dayton would say that someone who is 99 percent guaranteed not to reoffend should nevertheless be locked up for the rest of his life. Just in case.

It is precisely this reluctance to release anyone, no matter how unlikely he is to commit new crimes, that persuaded Judge Frank the MSOP is a system of punishment and preventive detention disguised as psychiatric treatment. When no one is ever deemed well enough to be released, the pretense that the people confined by the MSOP are patients rather than prisoners is so obvious that even Dayton can't be bothered to carry on the charade."

Desistance Will Foster Sex Offender Wellbeing & Prevent Child Sexual Abuse

Rebecca Lievesley & Craig A. Harper, "Applying Desistance Principles to Improve Wellbeing and Prevent Child Sexual Abuse among Minor-Attracted Persons," 28(1) *Jour. of Sexual Aggression* 1-14 (2022).

Editor's Note: All bracketed material in this article is commentary by the *tLP* Editor. Also note the use in such commentary below of the term "pedosexual" to refer to those with the chronophilic sexual orientation to pre-pubertal children of either or both physical genders in accordance with research conclusions by Prof. Michael Seto and Dr. Mundy, among others, determining this to be a sexual orientation, rather than a mere "attraction" or "preference", and as opposed to a sexual disorder. This choice of nomenclature is consistent with sexual orientation specifiers based on gender ("heterosexual" and "homosexual") and serves to avoid the term "pedophile," which has been used to refer to one claimed to be suffering from the politically sponsored diagnostic-category-by-fiat, "Pedophilic Disorder," and which, in recent years, has become code-speak among the general public to suggest that the one so labeled has been and will assuredly continue to be a recidivistic sexual abuser of children.

Abstract excerpts: "The prevention of sexual abuse among people with sexual, attractions to minors is a field of study that is growing in both size and importance.

[This article artificially divides prior sex offenders from those not (yet) offending – even though the goal is to prevent sexual abuse (whether by a hitherto non-offender or a prior offender).]



Such ideas fixes once trumped science.

...[T]here is an increasing amount of research into this topic, particularly in relation to ...the barriers to them seeking help, [W]e explor[e] how an extension and adaptation of the desistance framework could provide a framework for working with MAPs [minor-attracted persons] in their journey for sound mental health and, ultimately, the prevention of sexual offending."

[This reverses and conditions prevention on 'sound mental health.' This uses an implicit definition of sound mental health that incorrectly demands elimination of such a desire for pedophilic sex as a prerequisite for sound mental health. Were that true, all pedosexuals would be nonstop recidivists. Given research that has ascertained percentages of the general population ranging from 5-29% who have sexual attraction to children, this is a patent impossibility. See, e.g.: J. Briere & M. Runtz, "University Males' Sexual Interest in Children: Predicting Potential Indices of 'Pedophilia' in a Non-Forensic Sample," 13(1) *Child Abuse and Neglect* 65-75 (1989); K. Smiljanich & J. Briere, "Self-Reported Sexual Interest in Children: Sex Differences and Psychosocial Correlates in a University Sample," 11 *Violence and Victims* 39-50 (1996)). To the contrary, almost all pedosexuals are lifelong non-offenders.]

Text excerpts: [p. 1:] "Individuals who have a sexual attraction to minors face vast amounts of social stigma (Jahnke et al. 2020).

[Glad you noticed. Of course, this means that a prime aim of all "interventions" must be to eliminate such stress and its mental health damage. Since this cannot be accomplished without ending or at least drastically reducing social stigma, that must be done.]

While the majority of research in this area focuses on the narrower category of pedophilia (e.g., Cantor & McPhail, 2016; Jahnke, 2018a, 2018b; Seto, 2012), our focus here is on minor attraction in a broader sense. In our use of this term, we encompass a range of chronophilic attraction categories (Seto, 2017). As such, we refer to this population as minor-attracted persons (MAPs) in line with recent work suggesting the chronophilic non-exclusivity of sexual attractions to children (Lievesley et al., 2020; Martijn, et al., 2020; McPhail et al., 2018).

[This is just an attempt to re-institute hebephilia as a disorder. Further, the mere existence of some predominant pedosexuals who, at least at some point or range within their lives find some lesser level of attraction to one or more adults does not reduce the profound significance of the

existence of the majority of pedosexuals who experience no such sexual attraction to any adults throughout the whole arc of their lives. A separate point: The term "minor-attracted person" was invented to deflect hostility that has grown over recent decades to the term pedophile (often erroneously taken as identical with the incendiary label, "child molester"). However, "minor-attracted person" conflates those who are exclusive pedophiles and those who are attracted only to teenagers. When referring to those attracted to pre-pubescent children, a much more specific and unambiguous term would be "child attracted person" (CAP). While this term might also be vulnerable to pejorative use outside of the scientific community, its clarifying value in academic discussions merits use in papers such as this one.

Distinctly, drawing a line, as this article appears to do, between those who have committed a crime of child sexual abuse and those who (at least to date) have not and reserving use of the term MAP solely to those who have not is artificial, given the common orientation that motivates most who commit such crimes. To relegate those who have acted criminally upon such orientation to a category titled "sexual abusers" or any similar term conflates both those who really have such orientation with the sizable portion of that category of criminals who do not have such an orientation, but simply acted opportunistically in their crime(s) of sexual abuse against a child/children. This admixture in academic discourse badly muddles the science, especially when later excerpted quoting may miss this crucial distinction. Scientists should not inadvertently contribute to this confusion. Those predominantly or exclusively sexually oriented to children are all MAPs (really, CAPs) regardless whether they have acted criminally on their orientation or not.]

...Our aim here is ...to set out a potential framework by demonstrating how concepts related to desistance from sexual offending (e.g., deciding to change, rehabilitation) can be applied to the front-end of any possible offense chain as practitioners and policy makers seek to prevent child sexual abuse.

[Actually, this is not accurate. What really occurs is not a decision to change, but instead a permanent concession within oneself of the non-viability of sexual abuse in one's future. Notions of "change" as by an implicit demand to change to a teleiophilic orientation are an impossibility to accomplish. At page 7, Lievesley and Harper concede this, (citing a "lack of credible evidence...to suggest that predominant or exclusive sexual attractions towards children can be changed" by attempting to increase sexual attractions toward adults. – citing Cantor, J.M. & Federoff, J.P., Can pedophiles change? Response to opening arguments and conclusions. *Current Sexual Health Reports*, 10(4), 213-220). Predominant pedosexuals who, at some time have a sexually intimate relationship with an adult are simply demonstrating that, in their individual case, they were always capable of experiencing some level of sexual pleasure from such intimacy.]

We do not discount the potential utility of

informal support services (e.g., online forums and social media) that may equally lead to the achievement of important human goals (e.g., connectedness and relatedness to others);...

[The best of these, at least from an emotional support perspective, are those run by other pedosexuals. See, e.g., *Kailey Roche, Skye Stephens, Sarah Moss & Michael Seto*, "Online Forum Use in Child Attracted Persons, 31(3) *The Canadian Journal of Human Sexuality* 409-421 (2022).]

[p. 2:] "...These initiatives will include the promotion of prevention schemes ...that offer support to those who self-identify as having a potentially problematic sexual interest (e.g. minor attraction, or interests in violent or coercive sexual interactions).

[Again: the obsession with grouping the sexually violent with pedosexuals. This is a libel on pedosexuals, who would never inflict deliberate harm on a child. See: *Renee C. Mitchell & M. Paz Galupo*, "The Role of Forensic Factors and Potential Harm to the Child in the Decision Not to Act Among Men Sexually Attracted to Children," 33(14) *Jour. Of Interpersonal Violence* 2159-2179, at 2168-69 (2018).]

Across a range of research areas in psychological science, we have a tendency to over-theorize and seek conceptual novelty when trying to explain human behavior (Kruglanski, 2001), with new theories often having little practicability (Berkman & Wilson, 2020). Forensic psychologists also indulge this tendency (Ildeniz & Ó Ciardha, 2019).

[This is just a slam against new approaches to sex offender therapy from partisans for traditional (CBT) therapy, which has been proven to have zero or at most negligible impact on offending or one's sexual desire. – See discussion *infra* on ineffectiveness of extant treatment modalities, including CBT.]

...This multiplicity of theoretical frameworks is perhaps more surprising when considering the amount of overlap between them, with a small number of core constructs being present across different theories (e.g., emotional dysregulation, deviant or excessive sexual arousal, offense-supportive cognitions, antisocial personality traits, and interpersonal skill deficits).

[Emphases added; underlined items are typically misconceived and/or misapplied.]

...Instead, adaptations can be made to existing models of desistance from crime to, in effect, shift the process of desistance back one step. That is, instead of seeing desistance as beginning once a sexual offense has taken place, we might conceptualize it as having its origin when an individual chooses to move away from a potential offending trajectory...

[The 'robotic simulacra approach' I have previously discussed in earlier *tLP* editions can fill this need for substitution completely. Opposition to this is based on hatred and emotional revulsion. See Editor's Closing Commentary, *post* on this substitution approach.]

[p. 3:] "...[T]he *Integrated Theory of De-*

(Continued on page 4)

sistance from Sexual Offending (ITDSO; Gobbels et al. 2012) ...is comprised of four distinct phases of desistance, with each informing and underpinning the next. The four phases are labeled 'decisive momentum,' 'rehabilitation,' 're-entry,' and 'normalcy.'

[This is not how leading researchers on desistance Farmer and Harris conceive of desistance. See: Farmer, Mark, McAllinden, A.M., & Maruna, S., "Understanding Desistance from Sexual Offending: A Thematic Review of Research Findings." 62(4) *Probation Journal* 320-35 (2015); Danielle Arianda Harris, "A Descriptive Model of Desistance from Sexual Offending: Examining the Narratives of Men Released from Custody," 60(15) *Int'l Jour. Of Offender Therapy and Comparative Criminology*, 1717-1737 (2016) For one thing, The authors of this article, Lievesley and Harper, define their replacement for the first phase of desistance ("decisive momentum") as "making a decision to change" (emphasis added). In contrast, as observed by Farmer et al. and Harris, the focus instead is simply on the former offender deciding to permanently cease offending. To borrow from Dickens, this Scrooge-like epiphany and resolve is reached sometimes in as little as a moment.

This simple resolution is not at all the same as the amorphous and sweeping psychic change demanded by programs such as the Minnesota Sex Offender Program (MSOP) under rubric of CBT. Indeed, Lievesley and Harper, at page 4, quote the singular view of Göbbels claiming a need for an utter "reconstruction of the self" as a prerequisite for desistance (effectively what MSOP demands as what it claims creates "meaningful change"). No other self-proclaimed advocate of desistance demands anything like this total self-reconstruction, and no such treatment is involved in desistance at all.

No such elemental change in persona is required to engage in desistance; one need not change who one is. In contrast to CBT as operationalized by MSOP, where "identity" connotes "meaningful" change to one's basal psyche (an extraordinarily doubtful undertaking), the simple, pragmatic resolve not to offend further requires only a change in "identity" (a completely different use of the word) from the "identity" of a sexual offender to that of someone who identifies himself internally as a non-offender.

But in contrast, Lievesley and Harper insist that the "change" they refer to as supposedly needed for desistance "is not quick. That is, there can be weeks, months, or even years of considering behavior change" (citing "Prochaska and DiClemente's (1983) stages of change framework" – an early program for quitting smoking, a habit involving, *inter alia*, a manifold-daily repetition of actions that become over time a felt necessity for bodily comfort and a prerequisite for social self-assurance. In contrast to the abysmal failure rate of those seeking to "kick the habit" of smoking long-term, those resolving never to sexually re-offend have a high-degree of first-time success, with no extended period needed



Manifold Daily Repetition?

for advance "deliberation" about whether to desist.

It should not escape notice that, at least in MSOP, the claimed necessity of a "process" of change regularly takes in excess of a decade, and often is never completed, according to demanding therapists and assessors. Thus, it becomes clear that Lievesley and Harper are not contemplating a cognitive determination that further sexual offending is not viable as a choice and must be ended immediately and permanently, if all prospects of any meaningful life going forward are not to be permanently lost.

Instead, rather than seeing desistance as an alternative to the deliberately dragged-out, sluggish "process" of "change" through many years of treatment, Lievesley and Harper see desistance simply as an after-the-fact add on at the end of all that CBT treatment – which according to CBT proponents and its especially leisurely practitioners in facilities such as those of MSOP, would make such decision not to reoffend (as in desistance) an unnecessary, foregone conclusion.

Further, at page 4, Lievesley and Harper insist that "principles of risk-need-responsivity ...are central to the rehabilitation stage" of desistance. In short, their approach would appear to utterly co-opt desistance and deprive it of any role as an alternative to such extremely time-consuming, potentially never-ending process treatment such as CBT, including its elaborate reliance on R-N-R theory, as well as elimination of all "dynamic risk factors." None of this is necessary in the desistance approach.

Lievesley and Harper defend the claimed "effectiveness" of CBT treatment, but only on the strength of studies in and before 2017, a time during which CBT proponents were seeking to shore up CBT use against claims of failure to prevent later re-offense and to cause permanent change in such elemental psyche to remove all drive to sexually offend. When later subjected to more rigorous statistical examination, those claims of effectiveness failed on every relevant metric, when simply compared to former offenders who had no treatment, but who were released from prison or commitment facilities after a period identical to those who underwent CBT treatment during such confinement. Moreover, the natural phenomenon of eventual complete desistance from crime is now known to build during imprisonment as well as after release. Patrick Lussier & Evan McCuish, "Desistance from Crime without Reintegration: A Longitudinal Study of the Social Context and Life Course Path to Desistance

in a Sample of Adults Convicted of a Sex Crime," 60(15) *International Journal of Offender Therapy and Comparative Criminology* 1791-1812 (2016). Thus, this confounding cause contemporaneous to any effect by sex offender treatment prevents any [proof that any sex offender treatment modality eliminates or reduces the incidence of later recidivistic sex crimes.

Lastly, in more recent decades, sex-crime recidivism rates have plunged dramatically – down from rates in the mid-teens before the millennium to 3% or less on average now, irrespective of treatment. Consequently, even a claim of relative reduction of recidivism – let's say, allegedly 25% – from those earlier teens of percentages would now only yield an actual reduction in recidivism of about ¾ of 1%. Such far lesser absolute differences in current recidivism, coupled with contemporaneous, confounding factors such as increased age and desistance call into question whether sex offender treatment now contributes anything statistically significant toward reducing the incidence of sex crimes.

Even beyond these statistics, the overall lack of impact of treating sex offenders on sex-crime recidivism is an inference supported by the fact that "there is no evidence from existing research trials to show that any psychotherapeutic treatment reduces sexual recidivism rates to a significant degree." Alexandra Lewis, Don Grubin et al., "Gonadotrophin-Releasing Hormone Agonist Treatment for Sexual Offenders: A Systematic Review," 31(110) *Jour. of Psychopharmacology* 1281-1293, 1290 (2017).

In modern decades, sentences for sex crimes and periods of confinement pursuant to civil commitment for sex crimes have been typically in excess of 20 years, strongly suggesting that whatever personal evolution that may have occurred in those terms of respective/collective confinement was itself a form of desistance based on substantially increased age at release, regardless of any treatment program coterminously undertaken. See, e.g., Katherina Seewald et al., "Effectiveness of a Risk-Need-Responsivity-Based Treatment Program for Violent and Sexual Offenders: Results of a Retrospective, Quasi-Experimental Study," 23 *Legal and Criminological Psychology*, 85-99 (2020); *Civil Commitment Working Group Illinois, Inside Illinois Civil Commitment: 'Treatment Behind Razor Wire'*, <https://insidecivilcommil.com> (Chicago and Rushville, IL, 2022); Mews, A. et al., *Impact of Evaluation of the Prison-Based Core Sex Offender Treatment Programme, Ministry of Justice Analysis Series* (2017), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623876/sotp-report-web-pdf.

More closely concerning the Mews study, *supra* -- which is the largest single study evaluation of its type to date – the reoffending rates for men who completed the "Core" SOTP (n = 13,219) in England and Wales (between 2000 and 2012) were compared to those of a propensity score-matched untreated comparison group (n = 2562).

Over an average 8.2-year follow-up, non-sexual reoffending rates appeared largely similar across the groups. However sexual reoffending for the treated sample was found to be higher than that of the untreated comparison group (10% versus 8%, respectively), representing an absolute increase in sexual reoffending of 2% and a relative increase of 25%. The findings from this study understandably created concern.



Iatrogenic Treatment?

In short, commentators suggested that tens of thousands of individuals who had sexually offended and received psychological "treatment" may have been made worse by a program intended to make them better. See, e.g., Brown, P., Ross, C., "Academic Oversight in Policy Research: Questions Arising from the Sex Offender Treatment Programme Study," 3 *Lancet Psychiatry* 224-6 (2019), [https://doi.org/10.1016/S2215-0336\(19\)30374-8](https://doi.org/10.1016/S2215-0336(19)30374-8).

A number of meta-analyses have been undertaken over recent years that have synthesized outcome evaluations of treatments for sexual offending. See, e.g., Gannon, T.A., Oliver, M.E., Malion, J.S., James, M., "Does Specialized Psychological Treatment for Offending Reduce Recidivism? A Meta-Analysis Examining Staff and Program Variables as Predictors of Treatment Effectiveness," *Clin. Psychol. Review* (2019), <https://doi.org/10.1016/j.cpr.2019.101752>.

and Beech, A. et al., "An Examination of Potential Biases in Research Designs Used to Assess the Efficacy of Sex Offender Treatment," 7 *Jour. Aggress Confl Peace Res.* 204-22 (2015), <https://doi.org/10.1108/JACPR-01-2015-0154>. Many of these studies have examined both biological and psychological treatments. See, e.g., Beech, *supra*.

Anne R. Izzii, "Constitutional Law – The Cage a Fetish Can Build: Proposed Legislative Reform for Civil Commitment Procedures in Sexually Violent Predator Laws," 39 *Western New England Law Rev.* 141, at 145-46 (2017), states: "...[T]he facilities that do offer treatment are not beneficial because, as of yet, researchers in the field have not found any successful treatment options. ...[T]he issue is not treatment standards, but rather the current lack of any viable treatment methods in the field of sex offender management." (citing: David

(Continued on page 5)

Nordsieck, "How the Professional Judgment Standard Could Undermine the Validity of Sexually Violent Predator Laws," 88 Wash. U. L. Rev. 1281 (2011)). See also: *Julia Wilpert et al.*, "Comparing the Central Eight Risk Factors: Do They Differ Across Age Groups of Sex Offenders?," 62(13) *Int'l Jour. Of Offender Therapy & Comparative Criminology* 4278-4294 (Oct. 2018); Mokros, A. & Banse, R., (2019). The "Dunkelfeld" Project for self-identified pedophiles: A reappraisal of its effectiveness. *The Journal of Sexual Medicine*, 16(5), 609-613 (finding that the treatment component of the program made no difference in subsequent recidivism, compared to those not undertaking such treatment); accord: *Daniel Montaldi*, "A Study Of The Efficacy Of The Sexually Violent Predator Act In Florida," 41 *Wm. Mitchell Law Rev.* 780-865 at p. 811, 818 (2015); *Gregory DeClue & Denis L. Zavodny*, "This Just In: Sex Offender Treatment Is Beneficial for One in 28 Patients," 17(4) *Sex Offender Law Report* 49-64 (June/July 2016); *Mary Prescott*, "Invasion of the Body Snatchers: Civil Commitment after Adam Walsh," 71 *U. Pitt L. Rev.* 839, 843, 849-50 (Summer 2010).

Montaldi, *supra*, at 843, declares: "At this point in time, no form of treatment – inpatient or outpatient – shows a clearly measurable effect in reducing risk for offenders recommended for commitment in Florida. However, a lack of efficacy does not mean that treatment programming has been poorly designed or administered. It seems more likely that rates for untreated offenders, even those thought by experts to be especially high risk, are already so low that no intervention short of physical incapacitation can reduce rates further, at least not significantly. A kind of statistical "floor" effect in sexual recidivism may be occurring....", adding at 845: "...[T]here appears to be no discernible risk-reducing effect coming from progressing in treatment or completing it...." At pp. 862-63, *Montaldi* concludes explicitly on this point: "The data support an even stronger conclusion, albeit one that bears further study. Data so far provide little if any evidence of a treatment effect at all for offenders considered by mental health *863 experts to be sexually violent predators, whether inpatient or outpatient. Detainees granted full discharges with no expected treatment have sexual recidivism rates about as low as offenders with settlement agreements and formerly committed offenders...."

From this point, the *Lievesley* and *Harper* article appears to finally capitulate the point that the desistance approach does succeed by itself, without any need for intensive, ongoing treatment or any preparation by preceding intensive treatment during confinement. From this refreshing (and accurate) perspective, the article concludes thus:]

"Normalcy

[pp. 8-9:] Consistent with the original ITDSO model (*Gobbels et al.*, 2012), the ultimate aim for the end of treatment and professional support, for both MAPs and for individuals with sexual convictions, is for them to be able to live happily, healthily,



and offense-free. ...Among those exclusively attracted to children there will be experienced losses, such as a lack of authentic interpersonal relationships, and the inability to have a stable intimate or sexual partner. MAPs will also still experience high levels of societal stigma. (*Jahnke*, 2018a).

The lack (or loss) of authentic friendships and family relationships is a common experience among MAPs (*Elliott et al*, 2018; *Lievesley & Harper*, 2019). Common themes of not being able to be open with friends and family about one's sexual orientation is tied up with fears and experiences of societal stigma. As such, support may be offered by professionals about how to best have conversations about minor attraction with trusted friends and loved ones. These conversations may happen privately or within the context of relationship or family therapy, but the aim may be to help to integrate knowledge of MAPs' sexual attractions into existing close bonds (rather than seeking to alter relationships to accommodate this new knowledge).

Support may be offered in the form of ways to effectively manage sexual arousal in a way that is both safe (for others) and satisfying (for the MAP). There is scant work on this route to normalcy and sexual satisfaction in MAPs at this point. *Mundy and Cioe* (2019) have reported that individuals with 'criminal paraphilic interests' (p. 304), which encompass minor attraction, report lower levels of sexual satisfaction when they are not able to engage in some form of paraphilia-related sexual behavior. Given that sexual satisfaction has been identified as a primary human good, (*Ward & Marshall*, 2004), it is possible to suggest that allowing some form of sexual expression may be effective for both increasing MAPs' mental wellbeing and potentially decreasing forensic risk. A precise route to achieving this is morally unclear. Safe sexual expression may come in the form of fantasy engagement, or more tangibly in the form of the use of inanimate aids, such as sex dolls or computerized sexual imagery. However, these options should be carefully considered before being enacted, and significantly more research is needed to identify which forms of sexual expression are effective, and for whom.

Social context

[pp. 9-10:] ...[T]he (online) social community of MAPs is also a potential source of support for promoting prevention efforts. As noted by *Holt et al.* (2010), the online MAP community is vast. While this has drawn popular attention and critique, the benefits of social support systems are well-documented in relation to a range of mental health conditions in reducing social isolation

and sharing helpful coping strategies (*Wright*, 2016). Not only this, but the online MAP community is well-connected, and has the potential to highlight safe practitioners and sources of information. This approach to recommending service providers may have subsequent effects for reducing some of the barriers to help-seeking, as fears about professional judgments or a lack of expertise can be alleviated by learning from the experiences of others. In this sense, the prosocial anti-contact aspects of the online MAP community has the potential to play a crucial role in promoting engagement with the prevention process, minimizing the potential influence from antisocial pro-contact individuals."

[Editor's Closing Commentary:

Since commentary interspersed with article text *supra* has already adequately addressed points discussed in those locations, this closing commentary instead addresses only the closing article sections, "Normalcy" and "Social context."

The author's apparent suggestion that pedosexuals cannot have an "authentic" friendship is baseless. The authors themselves indicate that online support sites have, altogether, hordes of pedosexual visitors. Not all of this is for practical advising, much of this traffic is simply pedosexuals making the acquaintance of other pedosexuals and forming friendships with those they meet initially via this digital method.

In light of the fact that most such support websites have a decidedly anti-sexual abuse stance, this cannot be dismissed as criminal dialog. While research to date is insufficient to prove the point statistically, countless anecdotal reports indicate that the bonds of friendship formed between/among pedosexuals are as "authentic" and with a full range of depth as are friendships among people in general society.

The fear that pedosexual social interaction inherently spells criminal conspiracy has never been based on facts. Of course, many pedosexuals have been 'outed' by their past sexual crime(s). Unfortunately, given the current general social suspicion and hatred of any known pedosexual, regardless of 'clean' criminal record, it is doubtful that even such an utterly crime-free pedosexual will ever achieve full acceptance to the same extent as someone never suspected of pedosexual orientation can be.

Of course, such outed pedosexuals may have no choice but to interact as cordially and authentically with non-pedosexuals, if only to avoid hostility and frosty distancing by neighbors and others with whom cooperative interaction may be required. Nonetheless, given the limits of such tepid relationships, it is unrealistic not to see that pedosexuals are effectively driven toward each other for companionship and deeply meaningful dialog.

Lastly, *Lievesley* and *Harper* acknowledge in these closing sections of their article that some satisfying form of sexual behavior is needed to avoid risk of criminal action. This does not cast pedosexuals as sinister characters. Any teleiophilic individual should be

able to understand that his/her own life would be unacceptably deprived were all sexual conduct with any potential for their satisfaction totally banned by law. This is not to ask for legalization of child sexual abuse. On the contrary, the question is simply what substitution is or can be made available that will have sufficient value as a substitute in terms of sexual satisfaction that it can obviate all perceived desire for criminal sexual misconduct? There is no evidence that substitution candidates such as use of visual imagery, even videos provoke 'hands-on' sex crimes. However, there is no clear evidence that such measures, over the long haul, can provide the level of total replacement satisfaction needed to permanently obviate and prevent criminal sexual misconduct.

However, one technology now in a state of final perfection offers satisfaction to that total, permanent replacement level, thereby promising a path to eradication of all hands-on sexual offending against children. Imagine a human-simulacron robot utterly indistinguishable from a living human in all respects: in visual appearance, in behavior, in speech, in touch and even in all respects of ability for dialog and interaction with a human. At a point now within achievability in the imminent future through application of AI, even this last previous obstacle is about to fall. Without getting into details unneeded for purposes of this discussion, simply rest assured that this moment is about to arrive.

Be further assured that, shortly thereafter, the cost of such simulacra will subside through mass production. Meanwhile, automated selection methods will be launched that can meet the fustiest of personal preferences to an exacting tee, by generating desired features on a custom basis immediately before upon-order manufacture.

Given legality in conformity with the requirement of *Ashcroft v. Free Speech Coalition*, 535 U.S. 234, 253 (2002), that these devices not be modeled on a specific recognizable child, there will be no legal risk in acquiring/owning/ possessing/having sexual interaction with one of these simulacra created by software and 3-D printing and automated cast making.

Social interaction with such a simulacron will not just provide company, but can include deeper levels of a sense of emotional bonding for the person engaging in such intimate interaction, all without psychological harm.

At this point, there is no evidence that AI will ever progress to instill a sense of consciousness (self-awareness) in any AI device. Consequently, all of the potential psychological harms cited as outcomes of child sexual abuse simply cannot occur in the absence of the psyche that is the situs of such harms.

Even if ultimately such progress occurs, programming will be used from the beginning to block the development of such self-awareness, thereby preventing psychological harms that can be inflicted upon an actual human child. To ensure that such

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vulnerability to harm never occur, unlike in the movie *A.I.*, there will be no special switch and trigger-phrase to create such true consciousness and actual felt emotion in the simulacron.

AI programming will, from the first rollout of simulacra, provide a highly convincing simulation of the appearance of consciousness, with the resulting genuineness of interactions between human and simulacron allowing development of a strong and lasting sense of bonding for the human. In this way, the overall felt emotional reward to the human will work to create a strong allegiance to continuing the apparent relationship permanently, again by elevating a perceived need for risk aversion establishing an overwhelming disincentive as to ever sexually offending against a human child.

For more on this ground-cutting topic, the reader is referred to *Harper, C.A. and Livesey, R.*, "Sex Doll Ownership: An Agenda for Research," *Current Psychiatry Reports*, 22:54, <https://doi.org/10.1007/s11920-020-01177-w>, and the review of that article at *B4U-ACT Quarterly Review (B4QR)*, Winter 2021, at pp. 12-13, reprinted with kind permission, *sub nom.* "Will the Future of Sex Robots Be in Sex Offender Treatment, Pedosexual Exclusive Surrogates, or Victims of Societal Anti-Scientific Rage?", at *the Legal Pad*, Vol. 7, No.7, p. 6 (July 1, 2023). For a longer *tLP* item on this topic from the pedosexual perspective, see: (Ed.), "Your Non-Offending Robotic Future," *the Legal Pad*, Vol. 2, No.7, pp. 13-16 (July 30, 2018).

Because the salience and the monumental importance of this issue at this watershed time, the Editor republishes here his closing *Editor's Comment* to that 2018 piece in summation:

Editor's Comment. Setting aside the attempt of the authors of this last article to create a debate about whether this trend should or should not be legal, it clearly illustrates in considerable detail that simulacra used for substitute sexual activity are (even now) already riveting in their realism. Over as little as the next several years, this realism will be perfected.

While one can always concoct arguments that such simulacra will strike at least some in society as revolting, that is actually less likely when that realism becomes so perfect that any given child simulacron simply appears to passers-by as an actual child. Moreover, most pedosexuals will probably not parade their child simulacron around in public in order not to provoke avoidable anger.

Finally, at worst, it is no more than a wash (and probably much less) to compare the angry reaction to a pedophile freshly apprehended for sex crimes with a child to such reactions about a pedophile acting on that attraction only with an unliving, artificial simulacron with no capacity for feelings. The question of whether such conduct, restricted to such substitutes, is better than unrestrained conduct directed at actual children as crime victims is so obvious as to be purely rhetorical.

It is no reply to simply demand that there be no pedosexual conduct at all. Pedosex-

uality, like every other form of sexuality, has always existed, and has always found expression of some kind. Further, there is no end to those who are so oriented. You could incarcerate or even execute all known pedophiles, and yet pedosexual acts would still continue, given that you could never ferret out their vast numbers (about 20% of all males being secretly at least somewhat attracted to prepubertal girls and about 6% somewhat attracted to prepubertal boys) living undiscovered throughout society, and given their constant replenishment by the spontaneous, random discovery by young people of their own pedosexual orientation. See, e.g., *Smiljanich & J. Briere*, "Self-Reported Sexual Interest in Children: Sex Differences and Psychosocial Correlates in a University Sample," 11 *Violence and Victims* 39-50 (1996); G.C.N. Hall, R. Hirschman, & L.L. Oliver, "Sexual Arousal and Arousability to Pedophilic Stimuli in a Community Sample of Normal Men," 26 *Behavior Therapy* 681-694 (1995); *Claude Crepault & Marcel Couture*, "Men's Erotic Fantasies," 9 *Archives of Sexual Behavior* 565 (1980).

It is not something that can ever be stamped out; it is simply something that can only be managed, and then only to a degree that it leaves some societally acceptable outlet attractive to pedosexuals for sexual behavior of that orientation.

Recent research has discovered that most pedosexuals never commit any 'hands-on' sex crime with a child, but instead confine themselves to either illegal child pornography use or use of legal 'near pornography.' The reality is that this 'diversion effect' vastly outweighs any claimed 'prompting effect' toward commission of later sex crimes. (Indeed, the whole notion of a pornography prompting effect may always have been nothing more than excuse-making by pedosexuals after being caught for such hands-on crimes. — See *tLP*, Vol. 1, No. 5, p. 3.)

This too may be uncomfortable for non-pedosexuals to contemplate, but the point is that even that paler substitute of purely audiovisual perceptual excitement has proven a mostly effective alternative, diverting countless pedosexuals from committing sex crimes with real children.

Now consider another harsh reality of the world of a pedosexual. Almost all pedosexuals have a distinct preference for one gender over the other. In fact, many pedosexuals see themselves as oriented only to one gender or the other.

Further, it is inaccurate to see pedosexuals as oriented to all children regardless of age. Most have a strong preference only for children in a narrow age range (for instance, 6 to 9, or 11 to 13). Add to this the fact that all children are constantly growing. Hence, a human child pleasing to a given pedosexual now will later grow out of that core attraction range. On the contrary, a child simulacron never grows at all, and thus remains in the optimally pleasing age range of that pedosexual.

Then too there are racial preferences (in some cases exclusively nearly exclusively so). On top of this, there are preferences

for color and texture of hair, of hue of skin, of shape of facial features, body shape and state of musculature, and literally any other feature upon which people may differ.

Hence, most often a decision by a pedosexual to interact sexually with any given child is actually an acceptance of a child who does not really approximate the pedosexual's ideal choice, but rather is only chosen because of availability.

Now compare that to a pedosexual shopping for a child simulacron. Virtually any combination of desired features can be put together to optimally achieve such close matching to preferences. Further, any number of behavioral options can be selected, so that the simulacron acts in ways pleasing to the pedosexual in question, right down to the subtlety of a particular kind of expression or a unique habit of tilting the head a certain way. Further, strong emotional attachment by the pedosexual will surely grow in time as the simulation of consciousness fills his need to love and to feel loved.

In sum, the simulacron experience of a pedosexual is certain to be far more satisfying and emotionally rewarding than any sex crimes with a real child. The rhetorical question thus becomes: why would a pedosexual ever choose the human option?

Add to this the conflicted realization by the pedophile that a human child will likely suffer trauma or at least emotional sequelae either from such sexual conduct or the reactions of others to it, and the risk of being caught by police and sent to prison for perhaps decades. Given all this on top of the factors cited previously above, with the simulacron option available, the human-child option becomes utterly unthinkable to the pedosexual.

Last of all, consider this: Almost all of the academic discourse concerning the simulacron proposal has centered on "child-attracted persons ("CAP"s) or "MAP"s who have not (at least to date) sexually offended as the population to whom simulacra should be marketed/provided in some affordable way. This is not a deliberate snub of those with past criminal records of child sexual abuse, apparently, simply to avoid a controversy, the prospect of purveying/providing them to those with such past criminal records has largely been simply ignored.

Yet for many decades, whether correctly or not, much of the problem of child sexual abuse has been blamed on those with sex-crime records, as if, after one has bitten that apple even just once, further bites are sure to ensue. Logically, there are two approaches to this:

First, if this is untrue, both ex-cons of this type and those CAPs/MAPs who are not should be sold/leased/provided simulacra, since the risk of criminal action(s) later on is equal between the two groups. Second, if those with a past record have an elevated risk of offense now, then to avert that greater risk, those with past crimes should be accorded first priority to be able to acquire a simulacron. Under no circumstance should they be banned from acquiring one, unless the political aim is to foster recidivist crimes. This, of course, would be a barbaric, inhu-

man choice of law.

Actually, as always, the facts do not lie at either end of this dichotomy, and hence do not support it. Risk of recidivism above the risk of someone without past crimes but who is oriented/attracted to children is a long-known problem. However, the tendency toward recidivism reduces year-upon-year, such that all modern studies agree that by ten years after rejoining free society (if not sooner), a former child sexual abuser will have only the same probability of future sexual offense as has one without the criminal record, but only the attraction.

Thus, both those with and without past crimes should be encouraged to acquire a simulacron as a substitute for sexual crimes. Should those with past sex crimes be at the head of the line, given their past history? Most would likely say yes, but certainly not at its tail. However, this is not an issue that needs decision right away.

Now, you are just an individual. However, in our country, individuals can exercise their right to participate in the political process. Even in other circumstances or places, the power of persuasion can always be applied. Here then is the question:

Do you honestly prefer things the way they currently are — in which many children suffer sexual abuse every year, or would you prefer a world in which all pedosexuals exclusively choose the far more preferable choice: harmless socio-sexual relationships with simulacra — which, again, are only non-conscious machines?

Enable and foster that second choice, and the world will change virtually overnight for the better.

Child Robots as Unconventional Harm Reduction Interventions for Minor-Attracted Persons



Your Next Teacher Could Be a Simulacron.

Appel, J.M., "Unconventional Harm Reduction Interventions for Minor-Attracted Persons," 18(2) *Clinical Ethics*, DOI: <https://doi.org/10.1177/14177509221117981> (2022), reviewed at 3(3) *B4U-ACT Quarterly Review (B4QR)* 15-19 (Summer 2023).

"This bioethics article posits several proposals for interventions which aim to reduce the problem of child sexual abuse (CSA).

(Continued on page 7)

Appel argues that several emerging technologies, such as child sex robots, immersive virtual reality, and 'synthetic' child sexual images, could be utilized to combat CSA by using them to fulfill the desires of minor-attracted persons (MAPs), primarily those which are sexual in nature. He compares this to the concept of harm reduction used in other areas of public health policy such as illicit and dangerous drug use, arguing that while some of these technologies may cause moral disgust in the general population, they are nevertheless preferable the alternative. Appel also discusses other related topics, such as the role of disgust in legislating, how any of these technologies might be practically implemented, and his responses to anticipated objections.

The article has some positive characteristics, such as the fact that it correctly states that MAPs and child abusers are separate categories, and that it argues against laws that are purely based on personal feelings of disgust. However, it also contains several major issues, some of which undermine the aforementioned positive points. The largest of these can be seen in the premise of the article: MAPs are constantly portrayed as a problem in need of management and as inherent dangers to children, which reduces MAPs to the status of 'potential child abusers.' It constantly presents the topic through a fear-based and highly stigmatizing view of MAPs. This important problem, along with various others, will be discussed later in this review.

Appel begins by introducing the topics of minor attraction, CSA, and how he views the relationship between the two. He cites a study which claims that 10% of American men and 4% of American women admit to having an interest in having sex with children or viewing sexual images of children if it were free from consequences, along with similar studies done in other countries. Appel says this evidence of widespread sexual interest in children, along with his view that 'the conduct of [MAPs] is likely responsible for ...a substantial plurality' of CSA cases in the United States, means that society should create interventions which enable MAPs who do not 'act on their feelings' to avoid doing so in the future. He expresses skepticism of traditional methods of CSA primary prevention, saying there is little evidence for their effectiveness. To protect children, he says, society should consider alternative methods that have so far been overlooked because of society's moral disgust over them.

[p. 16:] Appel also speculates about other potential benefits, such as ...the ability of governments to regulate and direct 'inevitable' technology, and saving money otherwise spent on tracking down, arresting, and imprisoning those who might have otherwise been prevented from having sexual activity with children. ...Appel hopes that, over time, the successes of these preventive measures will 'generate public acceptance' of things they were once resistant to.

He proposes ...the use of child sex robots ...arguing that legislators should get past their initial disgust and focus on the practi-

cal implications of these bans, specifically that they might be endangering children. Appel also proposes AI child robots, somewhat similar to sex robots already being developed. He speculates that these would help would-be abusers meet their needs in alternative ways, or at least meet enough of them that they would not take on the risk of breaking the law to do so.

[p. 17:] Of course, the solutions Appel proposes would need implementation. ... Appel recommends that a body implementing such initiatives be on a 'public-private partnership model,' ...operating largely privately but with heavy government involvement and funding for individuals who want to access services but cannot afford it. He also muses on who should work in such industries, whether they be MAPs, non-MAPs who are not bothered by the work, or non-MAPs who can 'subordinate their disgust with a singular focus on protecting children.'

Appel recommends that the efficacy of these intervention possibilities be studied to ensure they are adopted if effective. However, he also advises caution and regulation....

[p. 18:] Unfortunately, this article has several serious flaws, the largest of which is contained in its core premise. It constantly frames MAPs as a problem to be managed, as 'potential abusers.' ... Children do not need to be protected from MAPs; they need to be protected from individuals exhibiting predatory behavior - whether or not they are MAPs.

Appel intentionally makes no consideration of the needs and rights of MAPs, such as having legal avenues for the expression of their sexuality. This might communicate to MAPs that they are still not valued as people. It is unlikely that programs conceived under such a mentality would be able to appeal to MAPs, as it might cause resentment and fail to empathize with the population they are attempting to work with.

Appel's proposed interventions also have various issues. ...First, they are based on highly speculative technologies which may or may not be viable for practical use in the future. Despite the 'hype' surrounding AI-based technologies, it still remains to be seen if they will live up to the promises of tech firms. Appel also focuses on these technologies being tightly regulated and monitored by the state, which will be a dealbreaker for many, if not most, MAPs. MAPs are a notoriously private population who are understandably skeptical of institutional surveillance and control, especially where their sexual attractions are concerned. Offering them 'solutions' which are ultimately controlled by the state rather than open-source and independent is unlikely to catch on.

[pp. 18-19:] ...While the technologies Appel discusses may yet find use in the future, any such applications must be couched in both realistic expectations and basic respect for MAPs."

Editor's Closing Comment: In this case, the B4QR reviewer apparently hastily concludes that the need for control of the use of these simulacra is a biased lack of re-

spect for legally innocent CAPs/MAPs. This conclusion is at least somewhat off-point.

Now that such simulacra are essentially indistinguishable in appearance, touch, and behavior, including aspects such as speech and the cognitive ability to converse as humans do, they have become a singularly powerful tool to do what no other approach has even been able to do without massive harms to the lives of the restricted and regulated: provide a substitute for criminal action that promises to be 10% effective - presumptively completely wiping out an entire type of crime experienced and perceived as personally and socially disruptive and harmful. Because of this profoundly society-changing effect, declining to implement use of this tool is simply not an option.

However, like all powerful tools, this use of simulacra comes with the possibility of tragic harm if misused. That misuse has one form: if an unprincipled simulacron owner were to use it as a lure to a real human child to establish a scenario for sexual abuse of that real child.

The anticipated sexual and social satisfaction the simulacron will provide to the owner makes this scenario very unlikely, particularly due to the almost certain apprehension of such an owner immediately following such criminal misuse. Nevertheless, no such scenario is completely impossible. Further, human experience, with the incessant parade of surprises it includes, bars us all from dismissing this possibility.

Worse, since, as many forensic experts quoted and paraphrased in various editions of this newsletter have conceded, there is simply no way of telling who might someday unexpectedly commit a crime, including a sex crime. More likely than by society members with no actual desire for such a crime at all, this could be: (1) those with the aforesaid past sex-crime record; (2) CAPs and MAPs without such a criminal record; or (3) non-MAPs (including non-CAPs) who might, on any given occasion, have an urge to commit a sexually assaultive crime that may target a child in that moment simply out of convenient availability as a victim.

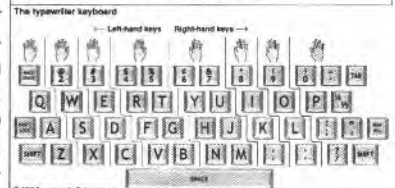
The seeming dilemma in this circumstance is that, to have any substitution effect, such simulacra must be acquired by those who, without such simulacra, could commit such a hands-on crime. No measure can be absolutely perfect against all scenarios.

However, this seeming dilemma is not insoluble. All that is required is a set of methods of monitoring the use/misuse of the simulacra to ensure they are not misused. One simple method to thwart such criminal attempts is simply to have the simulacron identify the presence of any human child and to notify law enforcement immediately of that fact. Coupled with an advance agreement that the owner would not have any human child in the presence of the simulacron, this would create a reasonable ground for immediate intervention by police. On an occasion where such presence strongly suggested the probability of an imminent crime, this monitoring and police notification could mean the difference between commission of an actual crime and merely a disrupted attempt. On another

occasion, when only an innocent reason accounts for the child's presence, only an embarrassing official confrontation would be the likely outcome, a relatively small price to pay.

Willingness on the part of prospective owners of such surrogates for MAPs-CAPs to agree to such police notifications also should seem a small additional price to pay to own and have the company of such a completely convincing simulacron. One can always insist upon one's right to absolute privacy (that is, if one has no prior criminal record of sex crime). But the tradeoff is forgoing the opportunity to gain such a companion simulacron to provide for so many of one's human needs. I think it's clear which way most CAPs, at least, would choose. We can work out the details later.

Online Forum Use by Child Attracted Persons



Kailey Roche, Skye Stephens, Sarah Moss & Michael Seto, "Online Forum Use in Child Attracted Persons, 31(3) The Canadian Journal of Human Sexuality 409-421 (2022).

Abstract: "Social support for child-attracted persons (CAPs) may be important for increasing well-being, thereby reducing the risk of committing child sexual abuse. Unfortunately, in-person social support may be difficult to obtain because of stigma. CAPs may instead turn to online forums for people who are sexually attracted to children. The present study looks at the emotional, informational, and tangible support CAPs offered and received through online forums. We recruited 353 CAPs from Twitter and multiple online forums. The survey covered basic demographics, frequency of forum use, reasons for forum use, social support received or offered, helpfulness of forums, and their quality of offline support. Most CAPs said that they initially sought out forums to avoid feeling alone in their attraction; the quality of offline support was rated as moderate. Emotional support and informational support were the most frequently endorsed forms of social support. CAPs who visited more forums reported forums to be less helpful, which could reflect 'forum shopping.' A Poisson regression predicting online support from quality of offline support and various demographic and forum use variables did not reveal any significant results. This is the first quantitative study to look at the benefits of forums for CAPs regarding specific types of social support. The authors consider if certain forums, in addition to professional help, could be part

(Continued on page 8)

of a repertoire of resources for CAPs who may be struggling."

Text excerpts: [p. 409:] "There has been a recent increase in research on people who are sexually attracted to children (we refer to this group as child-attracted persons,¹ CAPs hereafter) outside of clinical or forensic settings. Some of this research has included surveys regarding stigma and well-being, given the highly negative public perceptions of CAPs (e.g., Imhoff, 2015; Imhoff & Jahnke, 2018; Jahnke, Imhoff, et al., 2015). Research on stigma has suggested that there is a positive association between emotional distress, a lack of social functioning, and avoiding access to mental health services – even if needed and/or desired (Jahnke, Schmidt, et al., 2015; Levenson & Grady, 2019).

[p. 410:] "...Unfortunately, some therapists and trainees also hold stigmatizing attitudes (e.g., Lievesley et al., 2022; Roche & Stephens, 2022) as well as confusion regarding mandatory reporting if CAPs disclose their sexual attraction in a therapeutic context (Stephens et al., 2021). Furthermore, some CAPs have expressed that when they have sought help from a mental health professional, they did not find the experience to be helpful, citing issues such as negative judgments and a focus on sexual attraction regardless of the client's own therapeutic goals (Levenson & Grady, 2019).

...While there are certainly those who have support from close others who know about their attraction (e.g., Elchuk et al., 2021; Levenson & Grady, 2019), some CAPs have cited negative experiences associated with disclosure, such as losing friends and family, or have avoided disclosing altogether due to anticipated negative reactions (e.g., Freimond, 2013). In one study, 47% of CAPs reached out to online forums when asked if they have tried to seek help for their sexual attraction (Levenson & Grady, 2019), which suggests that a significant number of CAPs see online forums as an appropriate place to seek support.

Reaching out to online forums is understandable given the potential risks associated with confiding in a mental health professional or close others offline. In a study of lesbian, gay, and bisexual men and women by Frost et al. (2016), gay and bisexual men were more likely to seek social support from other sexual minority individuals. By analogy, we might expect that CAPs are more likely to seek social support from other CAPs as they would presumably be more open to discussing their attraction to children and can offer shared experiences and perspectives. Even when considering topics outside the realm of sexual attraction to children, it is likely that CAPs feel more comfortable engaging in discussions of general topics in a space where they feel they do not need to hide their sexual attraction. One way of connecting with peers is by engaging with others on online forums and discussion boards (Uzieblo & DeBoeck, 2022). Indeed, forums are a helpful tool for

other stigmatized groups, such as sexual minorities and those with mental health issues, to obtain informal support in a safe space (e.g., Cipolletta et al. 2017; Hanley et al., 2019); therefore, it is possible that forums also benefit CAPs by connecting with other CAPs through this common sexual attraction and providing them with social support.

[p. 411:] "...We ...hypothesized that many participants would not have people in their offline social support who knew about their sexual attraction to children because we assumed that those who have not disclosed would be more likely to seek support online. In a recent study by Elchuk et al. (2022), 35.6% of CAPs had not disclosed their attraction to family or friends; of those who had disclosed, they rarely discussed their attraction with their family or friends. This could provide an impetus for CAPs to seek support through online forums.

Method

[Of the 353 respondents included in the analysis of this study,] 69 (13.2%) indicated they did not have a sexual attraction to children, 64 (12.3%) provided a rating of "0" (i.e., no sexual attraction) for attraction to children 14 years old and younger...." [Given the lingering question why those with no sexual attraction to children would visit a survey website for those with such an attraction, this may reflect a protective false denial by those who answered this way. One weakness of this survey is that these potential participants were all rejected with no further inquiry as to why they answered that way, leaving undiscerned how many of these were simply hesitant to be honest out of self-protection motivation.]

[Comments about noted excerpts from Table 1: Participant Demographics (N = 353):

As to participant ethnicity, 84.2% were White, Black were only 1.2%, and the total of Latin American, Asian, and "Mixed Heritage" was only 10.9%. This counterintuitive result was never discussed. Those in racial/ethnic minorities generally have been convicted of sex crimes in at least somewhat comparable percentages to the total representation of their racial/ethnic group in society as Whites convicted of such crimes. Further, as a subdivision of such crimes, the sub-percentages among such groups of those convicted of sex crimes against children are comparable to such sub-percentages among Whites. Therefore, making undisclosed assumptions about the reason(s) for this unexpected discrepancy in participants in this study would seem a major weakness in this study.

Separately, the large percentage of single individuals as to "Relationship Status" men is worthy of note, given the many attempted distinctions that have been made in very many studies of differing sexual offending patterns among those with attractions toward children who are, respectively, either primarily "intrafamilial" offenders or "extrafamilial" offenders. Even combining "Married," "Common law," "Divorced, and Widowed," the small total (18.8%) of individuals who had had relationships that

Table 2: Descriptive Information for Forum Use and Offline Support M (SD) or %
 [Editor's Comments:] Of "Reasons for Initially Seeking Forums," "To Not Feel Alone" was, at 81.1%, by far the largest reason given, a big rise from that reason as given by past users of forums not using them now (55%).

Specific forums used listed here ("Forums Used") and their usage as cited by current users and by former users include:

	Current Users	Former Users	Editor Comment
Virtuous Pedophiles	19.7%	50%	Big drop
Visions of Alice	18.9%	20.0%	Stable usage
BoyChat	14.0%	20.0%	Slight drop
MAP Support Chat	13.3%	10.0%	Slight increase
B4U-ACT	8.0%	25.0%	Big drop%
GirlChat	7.2%	25%	Big drop
Not Listed	47.7%	30.0%	Big increase
Frequency of Visiting Forums			
Daily	58.7%	31.6%	Big increase
Frequency of Posting On Forums			
Daily	38.0%	21.1%	Big increase
Social Support Received on Forums			
Tangible	11.7%	21.1%	Big drop
Social Support Given on Forums			
Informational	88.8%	62.5%	Big rise
Tangible	14.8%	25.0%	Big drop
(Note: Emotional support was stable from former users to present users both for receiving & giving; Informational support was stable on Receiving side.)			
Average Helpfulness of Forums for Navigating Sexual Attraction to Children			
(scoring options: 1 to 5)	4.12	3.58	High & rising
Average Helpfulness of Forums for Managing General Life Issues			
(scoring options: -5 to 5)	3.56	3.35	High & slightly rising
Average Importance of Forums to Life (1 to 5)			
	3.51	3.17	High & rising
Knows about Sexual Attraction: "Offline friend" was highest, over any psychologist/counselor, family member listed, coworker, or clergy member]			

could be deemed "familial" in the sense of probably having included procreation and therefore having had children of the relationship who may have been sexual abuse victims or were likely to have at least been the object of sexual attraction. Leaves open the question of whether, and if so, how and to what extent those having a tendency toward intrafamilial offending against children, versus those who tend toward an attraction to extrafamilial offending may have significant differences in their pattern of use or lack of use of online support. At the very least, this would appear to cry out for follow-up studies to discern such potentially varying patterns and to seek to understand cause(s) for them if they exist, or alternatively if not, why no such differences in methods of support-seeking would exist between groups of offenders (intrafamilial versus extrafamilial) with such otherwise deeply divergent patterns of sexual offending with contrasting approaches to secret-keeping.

The "Sexual Attraction Ratings" figures are more opaque than meaningfully informative. On the whole, the differing arrays for attraction to child and/or youthful males as opposed to females confirms the general pattern seen elsewhere, reflecting

that, particularly attractions that (loosely) might be deemed "hebephilic" or "ephebophilic" are often markedly less clear as a definitional distinction between those who are truly solely or mostly attracted to minors, as opposed to "teleiophilic" individuals whose mostly adult-orientation extends downward to a lower bound at or slightly above puberty. But this calls into question what such mostly teleiophilic individuals were seeking in the CAP-support online sites researched here. More importantly, it questions whether this research design, not excluding such individuals, was truly capable of making valid conclusions of significance to those with more clearly defined attractions solely to sub-pubertal children. This in turn opens the door further to the question of in what ways the quest for online support may be different for groups of pedophilic people who are differentially attracted to children of lower ages in the prepubertal range (e.g. pre-schoolers and kindergartners, for example, as one range) versus those attracted solely to children in higher ages of prepuberty (e.g., 8 through 10).]

[pp. 414-15:] **Results**
Descriptive Information of Forum Use
 (Continued on page 9)

[See Table 2, upper-right.]

[p. 417:] "Discussion

...Although we hypothesized that most participants would indicate seeking out forums to replace a lack of available professional support, this was not the case; most participants initially sought out forums to not feel alone.

[p. 418:] ...Very few CAPs said they used the forums for tangible support. This is understandable as tangible support (e.g., providing someone with money) would typically require an exchange of personally identifiable information, something that is typically avoided by CAPs online due to the stigma associated with their sexual attraction and concerns that being identified could lead to social or even legal consequences. It was clear from those who participated that security was of significant concern and some even cited that they were concerned about their login to various forums being detected. Those who moderate forms may need to carefully consider the impact of security (or perceptions of security) of the platform when trying to engage CAPs. Regardless of stigma, some people may also be more mindful of exchanging personal information, such as banking information or their location, which would further reduce the willingness to offer or receive tangible support online."

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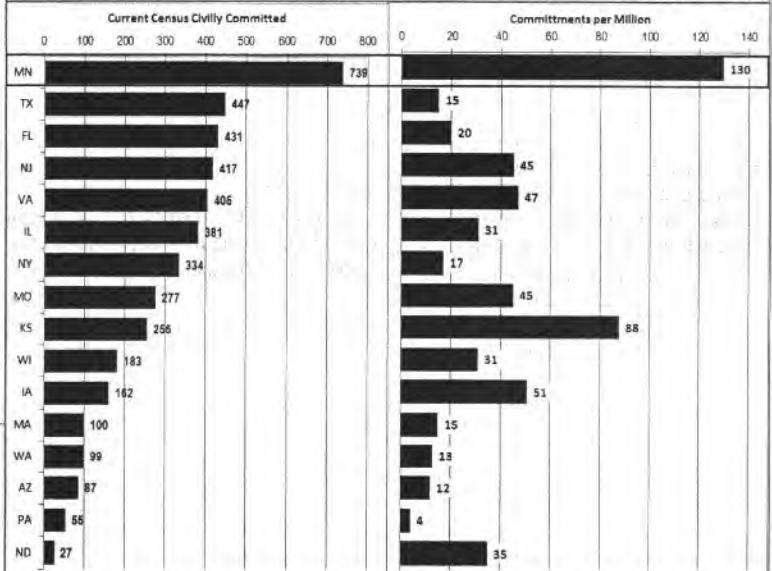
Littlefield Confinee Describes Some Salient Conditions of Confinement.

Peter Torres, [personal correspondence to the Editor (September 25, 2024).

Text:

- 475 + clients
•As of the past two years 3 clients were allowed to leave to the world as Tier 5's. But altogether since 2015: 14.
•Groups last up to 3 hours twice a week, a total of 6 hours a week. Each therapist is different. Some have real training. Some others are ex-parole officers with some clinical psychology training. So it varies with each therapist.
•Medical is indifferent, always promising to make it better. But 43 have died here due to medical willful and deliberate negligence.
•When I got here, food was passable; lately they are cutting down. Yes, we can buy outside items, from food, appliances (small), video game systems, and TVs, as well as DVDs. Each tier is different, but we are allowed to purchase best food orders: Tier 1 - once a year; Tier 2 - twice a year (every 6 months); Tier 3 - 4 times a year; and Tier 4 - every month. Only Tier 4s can buy canned goods and perishable food. They can cook for themselves. We can only order from HEB, Walmart, GameStop, Target, Walkenhorst, Big & Tall, Amazon. Tier 1s through 3's have microwaves, but Tier 3's have fridges. Tier 4s have stoves and refrigerators.
•We have access to legal data through law library. One officer controls the internet access. But lately they have been tampering with our legal mail and storage USB socket drives. Due to all success at legal suits.
•We used to have Tier 2 work of 11 hours a week; they took away now. Tier 3s can work for 6 months; it used to be 20 hours a week; they took that away and dropped it down to 12 hours a week. Tier 4s used to have 40 hours; now they only have 24 hours a week. They pay only minimum wage (\$7.25 an hour), and now we earn a check placed into checking account. TCCO takes 25% of our wages.
•No cash allowed. We are allowed bank

SOCPCN 2023 Stats on SOCC (Note: 4 States, incl'g CA, not reporting)



cards if we have a bank account.

- Yes, we have a credit account here with MTC and a separate bank account if we have a bank account.
•Yes, they take 25% of all cash coming in except it is old money you made before being civilly committed. Married, from your wife, up to \$400, an inheritance, a court settlement, and government checks, like disability and SSI. But you cannot receive it here (the letter), because the unit is classified as a prison unit. The Texas State Attorney General recognizes us as prisoners, in a prison confinement. But they do not take outside purchase fees anymore. If family or we order items to be sent in, they do not take a 25% fee of the value anymore.
•All TCCO fees of 25% are now voluntary. (But you're are punished if you don't pay it.)
•No, we are allowed our own clothes, but only up to a certain limit for each type clothing and shoes. So long as it all fits in our storage area including outside purchases.
•No email access for Tier 1's through Tier 3's; only Tier 4's have access to limited internet use. But we do have access to outside mail with only approved 'collateral contacts' and vendors.
•Yes, we are allowed to own TVs, radios, and game systems, depending on our Tier level.
•Tier 1's: Radios, fans, multi-outlets.
•Tier 2's: TVs, MP3 players, DVD players and accessories.
•Tier 3's: All of 5th above, plus video game systems and cell phones.
•Tier 4's: All of the above, plus an extra game system; PS4/XBOX/X
•We can use computers only for law library and Education access like GED, but no internet access.
•We only have GED class and other self-help-like programs, like business-venture and other types of such non-computer training. No vocations, trades, or such beneficial training. No real certifications or licensing exams, no high-tech training. We have a basic computer program train-

ing typing. But nothing real that will help us reintegrate with the world.

- #We only have outside rec, basketball. We used to have baseball; they took away the bats and our weight equipment bars, due to a successful assault on a case manager. We have board game access; we did have a limited use of tablets, but the vendor took them away due to making no profit. TCCO won't allow us to have access to any internet base apps and programs, like prison allows here in Texas.

MO SOCC Confinee Reveals Some Confinement Conditions There.

Jason Sapp, Open Letter [untitled], Sept. 5, 2024

Text excerpts: "To whom it may concern - My name is Jason Sapp. I am a gay African American male. I was born in 1976 I Kansas City, MO. I am currently a resident at the Southwest Missouri Mental Health Center - Sex Offender Rehabilitation and Treatment Service (SORTS). I have been here sixteen years and I have participated in treatment groups for about twelve years....

A component of the treatment here is to take a Penile Plethysmograph Test. During the test, you are looking at naked pictures of men and women mixed with pictures of teenagers and children clothed with underwear only. While they are showing you these images, you are listening to a man's voice talk about the very graphic sex acts he is doing to a child or teenager or men or women. While the victim is crying out stop. During the test, the treatment staff expects us to use coping skills to control our arousal to what we are seeing and hearing. The test could take up to an hour or two. It could be longer....

(Continued on page 10)

Our canteen bins are kept behind the staff's desk and they are the only ones that can get items out of our bins. We are only allowed to get one food item, one drink, and two condiments out of our bin at a time. We are not allowed to get a Ramen soup and a sausage out of our bin at a time and put them together. You have only thirty minutes to eat what you got out of your canteen bin. We are not allowed to keep our cups and bowls in our room. We have to keep them in a locker. This locker does not lock. Therefore, anyone on the ward could tamper with your cup and bowl. We are not allowed to drink and eat in our room, but we have a sink with running water in our room. Not following any of those rules can lead to getting a Problem Behavior Worksheet and getting one of those will set you back six months from advancing to the next level.

In July 2021, I received a worksheet for Interfering with Security, which is a very severe worksheet. This is for having six paper folders in my room. We are only allowed five. That was brought up in my yearly court report, to show that I have problems with following the rules.

There is no vocational training and no college classes. The only jobs are washing dishes, cleaning toilets/mopping the floor, cutting grass, paint crew, washing cars, library, and green house worker. Only [top tier in top phase] can work in the canteen. Only those in either top or middle level can work. Those in the middle level are only allowed to work ten hours a month, while those in the top level can work 20 hours a month. We earn \$8.85 an hour and this comes out to \$88.50 a month for me (after cost-reduction). This is not enough money to cover my canteen cost such as stamps, batteries, snacks and hygiene items, have money to send to my sister for clothes, music, movies, and put time on my phone card, or save any money for future release. The residents that do not have a job get only twenty dollars a month.

...Three years ago, this place stopped us from having any contact with anyone that is in prison.

About five years ago, a resident on my ward lost all hope of getting out of here, so he went into his bathroom and hung himself. Because of this, the staff removed our bathroom doors and replaced them with shower curtains. In the building I am in, the bathroom/shower is connected to my room and the room next to mine. I share the bathroom/shower with my roommate and with the two men in the room next to me. You can hear a person using the toilet. Sometimes the curtain does not stay closed. They also took our closet doors off and they took the drawers out of the desk in our room and replaced the drawers with shelves.

As a gay man, I am unable to order movies that are related to homosexuality because the faculty has stopped residents from ordering movies that are rated NR and UR. Most movies that have homosexual content are NR or UR. The library has one movie that has homosexual content and is rated PG-13. There might be three books in the library that relate to homosexuality.

...[Since the commitment program's inception,] only seventeen have been released (with an ankle monitor) on supervision. One of the seventeen took his life when he found out that he was being sent back here; one passed away after being released. Eight of the remaining fifteen have been sent back here and ...three were sent to a nursing home, and two others live in a group home. Only four are living in the community. It is important to note here that the ones brought back did not reoffend. Over the time I have been here, between twenty and thirty people have died here. [All this] doesn't give me a lot of hope of being released from here. I was 24 years old when I was sent to prison. I will be 48 this year...."

T4 Is Not a Student Exchange Program to Send Students to China, but You Should Learn a Lesson Here

"T4 Program." *Encyclopædia Britannica Ultimate Reference Suite*. Chicago: Encyclopædia Britannica, 2013.

Also called T4 Euthanasia Program: Nazi German effort—framed as a euthanasia program—to kill incurably ill, physically or mentally disabled, emotionally distraught, and elderly people. Adolf Hitler initiated this program in 1939, and, while it was officially discontinued in 1941, killings continued covertly until the military defeat of Nazi Germany in 1945.

In October 1939, Adolf Hitler empowered his personal physician and the chief of the Chancellery of the Führer to kill people considered unsuited to live. He backdated his order to September 1, 1939, the day World War II began, to give it the appearance of a wartime measure. In this directive, Dr. Karl Brandt and Chancellery chief Philipp Bouhler were "charged with responsibility for expanding the authority of physicians...so that patients considered incurable, according to the best available human judgment of their state of health, can be granted a mercy killing."

Within a few months, the T4 Program—named for the Chancellery offices that directed it from the Berlin address Tiergartenstrasse 4—involved virtually the entire German psychiatric community. A new bureaucracy, headed by physicians, was established with a mandate to kill anyone deemed to have a "life unworthy of living." Some physicians active in the study of eugenics, who saw Nazism as "applied biology," enthusiastically endorsed this program. However, the criteria for inclusion in this program were not exclusively genetic, nor were they necessarily based on infirmity. An important criterion was economic. Nazi officials assigned people to this program largely based on their economic productivity. The Nazis referred to the program's victims as "burdensome lives" and "useless eaters."

The program's directors ordered a survey of all psychiatric institutions, hospitals, and

homes for chronically ill patients. At Tiergartenstrasse 4, medical experts reviewed forms sent by institutions throughout Germany but did not examine patients or read their medical records. Nevertheless, they had the power to decide life or death.

While the program's personnel killed people at first by starvation and lethal injection, they later chose asphyxiation by poison gas as the preferred killing technique. Physicians oversaw gassings in chambers disguised as showers, using lethal gas provided by chemists. Program administrators established gas chambers at six killing centres in Germany and Austria: Hartheim, Sonnenstein, Grafeneck, Bernburg, Hadamar, and Brandenburg. The SS (Nazi paramilitary corps) staff in charge of the transports donned white coats to keep up the charade of a medical procedure. Program staff informed victims' families of the transfer to the killing centres. Visits, however, were not possible. The relatives then received condolence letters, falsified death certificates signed by physicians, and urns containing ashes.

A few doctors protested. Some refused to fill out the requisite forms. The Roman Catholic church, which had not taken a stand on the "Jewish question," protested the "mercy killings." Count Clemens August von Galen, the bishop of Münster, openly challenged the regime, arguing that it was the duty of Christians to oppose the taking of human life even if this cost them their own lives.

The transformation of physicians into killers took time and required the appearance of scientific justification. Soon after the Nazis came to power, the Bavarian minister of health proposed that psychopaths, the mentally retarded, and other "inferior" people be isolated and killed. "This policy has already been initiated at our concentration camps," he noted. A year later, authorities instructed mental institutions throughout the Reich to "neglect" their patients by withholding food and medical treatment.

Pseudoscientific rationalizations for the killing of the "unworthy" were bolstered by economic considerations. According to bureaucratic calculations, the state could put funds that went to the care of criminals and the insane to better use—for example, in loans to newly married couples. Proponents for the program saw incurably sick children as a burden on the healthy body of the Volk, the German people. "Wartime is the best time for the elimination of the incurably ill," Hitler said.

The murder of the handicapped was a precursor to the Holocaust. The killing centres to which the handicapped were transported were the antecedents of the extermination camps, and their organized transportation foreshadowed mass deportation. Some of the physicians who became specialists in the technology of cold-blooded murder in the late 1930s later staffed the death camps. They had long since lost all their moral, professional, and ethical inhibitions.

Like the Judenrat ("Jewish Council") leaders during the Holocaust, psychiatrists were able to save some patients during the T4 Program, at least temporarily, but only if they cooperated in sending others to their death.

The handicapped killing centres developed gas chambers like those later used at extermination camps. As the extermination camps did later, the handicapped killing centres installed ovens to dispose of dead bodies. The death camps that followed took the technology to a new level. The extermination camps could kill thousands at one time and burn their bodies within hours.

On August 24, 1941, almost two years after the T4 Program was initiated, it appeared to cease. In fact, it had gone underground and continued covertly during the war years. While the program claimed over 70,000 victims during its two years of open operation, the killing centres murdered even more victims between the official conclusion of the program and the fall of the Nazi regime in 1945. The total number killed under the T4 Program, including this covert phase, may have reached 200,000 or more. The official conclusion of the T4 Program in 1941 also coincided with the escalation of the Holocaust, the culmination of Nazi programs to eliminate those deemed an embarrassment to the "master race."



Nazi "applied biology"

First They Came for...

First They Came
By Eric Angevine
(adapted from poem by
Pastor Martin Niemöller [1892-1984])

"First they came for the Muslims
And I did not speak out
Because I was not a Muslim.
Then they came for the immigrants
And I did not speak out
Because I was not an immigrant.
Then they came for the trans men and women
And I did not speak out
Because I was not transgender.
Then they came for their political opponents
And I did not speak out
Because I was not a politician.
Then they came for us
And there was no one left
To speak out for us."

the Legal Pad

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