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Coming Soon:

- ✓ Is Effective Counsel Your Right in SOCC Cases?
- ✓ Community Notification: A Shock-Show That Harms Its Audience?
- ✓ 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
- ✓ Blanket Exclusions of SOs
- ✓ Banishment by 1000 Laws
- ✓ Levenson on Needs-Preferences of Clients of SO Treatment
- ✓ Due Process Requires Courts to Examine Scientific Evidence Undermining Statutes
- ✓ 'New' SORN Laws Are Punitive
- ✓ SO Reintegration - Environmental Factors Must Be Considered
- ✓ 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 Doesn't Know Why It Condemns You.
- ✓ Pedophiles in UK Communities — & Many more to come!

Free Downloads of all tLP editions:
 * <http://www.cure-sort.org/mr---the-legal-pad.html>
 * <http://wapercyfoundation.org/>

Feedback? News? Write!

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In Minnesota, Direct Care and Treatment Gets Ready to Take Over.

1. DCT Legislative History and Timeline

Dale Klitzke, *DCT General Counsel, DCT Legislative History and Timeline, Direct Care and Treatment (1/7/2025).*

[Text:] **"2023 Legislation – Chapter 61**

- The Legislature officially approves separating DCT from the Department of Human Services.
- The Legislature creates the Department of Direct Care and Treatment, effective January 1, 2025.
- Initial proposal was that DCT would be led by a five-member Executive Board.
- Working with the Revisor of Statutes, DCT prepares legislation to reflect changes in the law.
- Minn. Ch. 246C provides authority for DCT as a separate agency and defines role and responsibilities.

2024 Legislation – Chapter 79

Direct care and Treatment – Ch. 245, 246, 246C, 251

- Operations of Treatment Centers
- Requirements of biennial estimates of appropriations
- Acceptance of Services
- Duties



Ancient

Financial Responsibility & Admin. Judges – Ch. 256, 256G

- Administrative Hearings
- Social Services programs administered.
- County of Financial Responsibility
- Reimbursement Services for MI, SUD and Dev. Disabled – Ch. 252, 253, 254

- Location of services
- Commitment proceedings

Civil Commitments – 246B, 253B, 253D

- Commitments of MI, MI&D, SSA, SPP
- Special Review Board

2024 Legislation – Chapter 125
 Clean-up of Ch. 79

- Correct 'Department of DCT' to 'DCT'
- Repeal certain section no longer needed
- Update sections addressed in Ch. 79 with new

legislative initiatives in 2024

New legislation for DCT/DHS

- Creation of Task Force and Review Panels
- Requirement for closures
- Ch. 246C is amended
- Engagement services
- Creation of Direct Care and Treatment
- Effective Date July 1, 2024
- Board membership (from 5 to 9)
- Board powers and duties and effective dates
- CEO powers and duties

DCT Executive Board Makeup
 Seven Voting Members

- 1 psychiatrist
- 1 commissioner of Human Services
- 2 members with experience on a hospital or nonprofit board
- 3 members with background in traditional healing, behavioral health services, care coordination, health care professional, health care administration, or residential services

Voting members may not be current DCT or county employees, members of the Legislature, or staff or members of labor unions representing DCT. One voting member must come from Greater Minnesota.

Two Non-Voting Members

- 1 appointed by the Association of Minnesota Counties
- 1 appointed by labor unions that represent DCT employees

DCT Executive Board Responsibilities

- Approve strategic direction and monitor performance
- Approve mission, vision, and strategic plan and direction
- Oversee care and management of patients and clients
- Ensure clinical quality, patient safety and customer service excellence
- Ensure financial viability over operating and capital budgets
- Oversee contracts
- Build strong and appropriate relationships with stakeholders
- Ensure quality of medical staff
- Update the Legislature on operations, budget, goals and accomplishments
- Delegate day-to-day operations to chief executive officer

DCT Executive Board Advisory Committee
 Members to Include

- Four legislators, two from the House, two from the Senate
- One member from the Association of Minnesota Counties
- One union representative
- One member from the National Alliance on Mental Illness MN
- Two members with lived experience being

served by DCT

The Advisory Committee must be appointed by Jan. 1, 2026, and hold its first meeting by Jan. 15, 2026.

The DCT Executive Board shall regularly consult the Advisory Committee until the committee expires on Dec. 31, 2027."

2. Welcome to DCT!

Welcome to Direct Care and Treatment, Direct Care and Treatment (1/7/2025).

[Text:] "Direct Care and Treatment is a highly specialized behavioral health care system. Health System CEO Marshall E. Smith

- Health System CEO since 2016
- Oversees all Direct Care and Treatment operations
- Heads a 17-member executive team
- Reports to the DCT Executive Board
- Direct Care and Treatment Vital Statistics
- DCT Impact
- More than 12,000 civilly committed patients and clients served annually
- Services are delivered at more than 150 sites statewide
- Services are delivered by more than 5,000 full and part-time staff



Modern

Budget State Fiscal Year 2025 \$775 million
Our Work in a Nutshell

- We treat and support individuals with complex mental illnesses, intellectual disabilities, and behavioral health needs that other care providers cannot or will not serve.
- Our goal is to provide the best possible care in the most appropriate setting, and to help our clients live happy, healthy, engaged and rewarding lives.
- Our Values
- We are person-centered with each other and the people we serve.
- We provide a safe and therapeutic environment.
- We are accountable to our patients, clients and each other.
- We learn from each other, from our experiences, and our mistakes.
- We help each other succeed.
- We practice equity and inclusiveness.

Our Core Services

- Community Based Services
- Forensic Services
- Mental Health and Substance Abuse Treatment Services
- Outpatient Services
- Minnesota Sex Offender Program
- Medical Services
- Operation Services

Community Based Services – Helping people live their best lives

Community Based Services Includes

- Residential Services
- Vocational Services
- Community Support Services
- Minnesota Intensive Therapeutic Homes
- Minnesota Life Bridge
- Employees: About 1,514
- Main Office: Vadnais Heights, MN

Donovan Chandler
Executive Director

Community Based Services

Forensic Services – Safe, effective, secure treatment

Forensic Services Includes

- Forensic Mental Health Program
- Forensic Nursing Home
- Community Integrated Services
- Forensic Examiners
- Serves 370 patients annually
- Employees: About 1,000

●Main Office: St. Peter

Dr. Soniya Hirachan
Executive and Medical Director

Forensic Services

Mental Health & Substance Abuse Treatment Division – Acute inpatient psychiatric care

Mental Health & Substance Abuse Treatment Includes

- Anoka Metro Regional Treatment Center
- Six Community Behavioral Health Hospitals
- Child and Adolescent Behavioral Health Hospital
- Community Addiction Recovery Enterprise
- Minnesota Specialty Health Systems
- Employees: About 1,300
- Main Office: Vadnais Heights, MN

Outpatient Services – Special care dentistry and outpatient care

Outpatient Services Includes

- Five special-care dental clinics
- An outpatient psychiatric clinic in Faribault
- Medical and primary care services
- Employees: About 45
- Main Office: Vadnais Heights, MN

Minnesota Sex Offender Program – Combining treatment and public safety

Minnesota Sex Offender Program Includes

- Moose Lake Facility
- St. Peter Facility
- Community Preparation Services
- Reintegration Services
- Employees: About 865
- Main Office: Moose Lake

Nancy Johnston
Executive Director
MSOP
Medical Services – A wealth of clinical experience

Medical Services Includes

- Oversees clinical care in all DCT facilities
- Supervision of the physicians, dentists, nurse practitioners
- Central Pre-Admissions
- Forensic Fellowship Program
- Medical Director's Office
- Employees: About 125
- Main Office: Vadnais Heights, MN

Dr. KyleeAnn Stevens
Executive Medical Director
Operation Services – Policies, processes, patient care, and safety

Operation Services Includes

- Facility management and asset oversight
- Technology support and health information management services
- Office of Special Investigation
- Incident Commander of DCT Creation Project
- Employees: About 270
- Main Office: Vadnais Heights, MN

Dan Storkamp
Executive Director
Operation Services
Other Key Executive Team Members

- Terra Carey, Chief Quality Officer
- Joshua Livstrom, Chief Compliance Officer
- Lynn Glancey, Chief Financial Officer
- Dale Klitzke, General Counsel
- Carrie Briones, Legislative Director
- Christopher Sprung, Communications Director
- Cindy Jungers, Human Resources Executive Director
- Stacy Wells, Health Equity Executive Director
- Ryan Fralich, Administrative Director

Unplugging from DHS

On July 1, 2025, Direct Care and Treatment will officially separate from DHS and become a standalone state agency.

3. DCT — Timeline & Topics Presentation

Dan Storkamp, DCT Operation Services Executive Director, Timeline & Topics Presentation, Direct Care and Treatment (1/7/2025).

Feb. 18th Agenda

- 09:00 a.m. Meeting Start / Agenda Review
- 09:05 a.m. MHA Presentation [Minnesota Hospital Association]
- 10:00 a.m. History of DCT Presentation (Chuck Johnson)
- 10:45 a.m. Bylaws Overview (Dale Klitzke)
- 11:45 a.m. Lunch Break
- 12:15 p.m. Board Member Photos
- 12:30 p.m. FY25-26 Board Meetings
- 01:00 p.m. Board Subcommittees (Board Chair)
- 01:30 p.m. Executive Team Introductions
- 04:00 p.m. Formal Meeting Adjourned

4. DCT — MHA Explains: “What Is a Board?”

Jenny Shoenecker, Associate VP, Improvement, What Is a Board, Minnesota Hospital Association (1/7/2025).

[Text:] “Introduction Board of Directors is:

- A group of diverse individuals elected to oversee and guide an organization's direction.
 - Boards are common in corporations, nonprofits and other entities.
 - Boards ensure accountability, strategic oversight, and long-term success.
- Board Role**
The role of the board is to govern the organization.
- Board of Governance is the framework that defines how a board operates and the responsibilities it has. Governance includes the policies, systems, rules, and practices that guide the board's decision-

Board Meeting Schedule

January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025
DCT Executive Board Intro & SUD Review Meeting	DCT Executive Board 1st Full Meeting	Two-day meeting & tours at AMRTC/CARE Anoka & NMCR Coon Rapids	St. Peter Forensics meeting & tour	Two-day meeting & tour at Southern Cities & CBHH Rochester	MSOP Moose Lake meeting & tour	First official DCT Executive Board Meeting

making process and oversight.

Governance vs. Management

- Governance:** Governance of a nonprofit organization covers the oversight for organizations, large-scale planning, and overall direction of the nonprofit.
- Management:** Nonprofit management is what covers the day-to-day operations of the organization. Essentially, the executive director and team members take care of the regular activities that put into operation the vision determined by the board of directors.

Key Functions

Strategic Oversight:

- Approve vision, mission, and strategic plans.
- Governance:
- Ensure compliance with laws, regulations, and ethical standards.

Financial Oversight:

- Approve budgets and monitor financial health.

Risk Management:

- Identify and mitigate potential risks.

Legal Responsibilities

Duty of Loyalty:

- Act in best interest of the organization
- Duty of Care:

- Be prepared for meetings, ask questions, follow best practices. Ensure prudent use of assets, including facility, people and good will.

Duty of Obedience:

- Ensure obedience of applicable laws and regulations, follow bylaws and adhere to purposes/mission.

Board Accountability

Chain of Command

●Attendance

●Participation

●Confidentiality

●Public Support

●Conflict of Interest

●Education

●Self-Evaluation

Chain of Command

- Concerns and complaints should be directed to the CEO.

- Only unresolved issues should be brought to the board after consultation with CEO and after other resolution attempts have been made.

Confidentiality

- Do not disclose proprietary, sensitive, personnel-related information.
- Do not disclose any patient-specific information.

Minnesota Open Meeting Law

- Meetings of governmental bodies be open to the public
- Purpose is to

- Prohibit actions being taken at secret meeting
- Assures public right to be informed
- Afford public opportunity to present its views

<https://www.house.mn.gov/hrd/pubs/openmtg.pdf>

5. DCT Executive Board

Voting Members

Dr. Paul Goering, MD

Seat: Member with Experience Serving on a Hospital or Nonprofit Board

Term: January 1, 2025 - January 3, 2028

Fellow at the Leadership Institute of Healthcare

Carol Olson

Seat: Member with Experience in the Delivery of Behavioral Health Services

Term: January 1, 2025 - January 1, 2029

Former Executive Director of DCT Forensic Services

Dr. Prachi Striker

Seat: Licensed Physician who is a Psychiatrist or has Experience in Serving Behavioral Health Patients

Term: January 1, 2025 - January 4, 2027

Child and Adolescent Psychiatrist at Children's Minnesota

Mary Maertens

Seat: Member with Experience Serving on a Hospital or Nonprofit Board

Term: January 1, 2025 - January 3, 2028

President of M4Resources, LLC

Chelsea Rivers

Seat: Member with Experience Serving on a Hospital or Nonprofit Board

Term: January 1, 2025 - January 1, 2029

Social Work Associate at the Department of Veteran Affairs

Jodi Harpstead

Seat: Commissioner of Human Services, or designee

Commissioner of Dept. of Human Services

Vacant

One voting member has yet to be appointed

Non-Voting Members

Lynn Butcher

Seat: Member who has an Active Role as a Union Representative Representing Staff at Direct Care and Treatment

DCT Quality Officer

Laurie Halverson

Seat: Member Appointed by the Association of Counties

Dakota County Commissioner

Scheduled Meetings

Tuesday Jan. 7, 2025

8:30 to 3 p.m.

3200 Labore Road

Vadnais Heights, MN 55110

DCT Executive Board Agenda 01-07-25

Video recording of Jan. 7, 2025 meeting:

Part One

Video recording of Jan. 7, 2025 meeting:

Part Two

Questions or Concerns

Contact Kari Gallagher at kari.a.gallagher@state.mn.us

Past agendas and minutes

Agendas

DCT Executive Board Agenda 01-07-25

Minutes [No information yet]

Video Recordings of Board Meetings

Jan. 7, 2025 meeting: Part One

Jan. 7, 2025 meeting: Part Two

Resources

Publications [No information yet]

Background Documents

DCT Overview presentation (PDF)

Minnesota Hospital Association over-

view of how a board functions

(PDF)

DCT legal presentation (PDF)

Timelines and Topics presentation

(PDF)

Updated: 2025-01-09

Source URL: [https://mn.gov/dhs/partners-](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/behavioral-health/dct-executive-board/)

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workgroups/behavioral-health/dct-

executive-board/

DCT Executive Board Welcome Meeting

Tuesday January 7, 09:00 AM - 03:00 PM

Superior Conference Room,

Vadnais Heights, MN

Agenda

08:45 a.m. DCT Executive Board Arrival

09:00 a.m. Meeting Start / Agenda Review

09:05 a.m. Governor's Welcome

(Commissioner Harpstead)

09:10 a.m. Board Introductions

09:30 a.m. DCT Presentation (Marshall

Smith)

10:00 a.m. MHA Overview - What is a

Board?

10:30 a.m. Board Legislation Presentation

(Dale Klitzke)

10:45 a.m. Board Chair Election

11:00 a.m. Timeline/Topics Presentation

(Dan Storkamp)

11:15 a.m. Forms for Signature (Dale Klitz-

ke); Conflict of Interest; Position Descrip-

tions; W-9s, etc.

11:30 a.m. Lunch Break

12:00 p.m. SUD Report (Wade Brost, Lynn

Glancey, Carrie Briones)

02:00 p.m. Board Preference Survey

02:05 p.m. Formal Meeting Adjourned

02:05 p.m. Reimbursement Education

(Optional)

6. DCT Separation from DHS: Changes to MSOP Before/After: Subtle but Significant

The 'New' Independent Direct Care and Treatment "Agency" UNDERSTANDING THE CHANGES TO MSOP: A COMPARISON

MSOP CURRENT LEADERSHIP STRUCTURE	JULY 1, 2025 -- NEW LEADERSHIP STRUCTURE
GOVERNOR (TOP ELECTED OFFICIAL)	GOVERNOR (TOP ELECTED OFFICIAL)
DEPARTMENT OF HUMAN SERVICES (DHS)	*DIRECT CARE AND TREATMENT (DCT)
Governor appoints DHS Commissioner	--Governor appoints Executive Board*
DIRECT CARE AND TREATMENT DIVISION (of DHS)	*DEPARTMENT OF DIRECT CARE AND TREATMENT
Chief Executive Marshall E. Smith	Chief Executive Marshall E. Smith
MSOP EXECUTIVE DIRECTOR: NANCY JOHNSTON	MSOP EXECUTIVE DIRECTOR: NANCY JOHNSTON
MSOP EXECUTIVE LEADERSHIP TEAM	MSOP EXECUTIVE LEADERSHIP TEAM
MOOSE LAKE - 437 CLIENTS	MOOSE LAKE - 437 CLIENTS
ST. PETER - 178 CLIENTS	ST. PETER - 178 CLIENTS
COMMUNITY PREPARATION SERVICES (CPS) - 129 CLIENTS	COMMUNITY PREPARATION SERVICES (CPS) 129 CLIENTS
TOTAL DETAINEES IN MSOP FACILITIES: 744	TOTAL DETAINEES IN MSOP FACILITIES: 744
Current Budget	Current Budget
Department of Human Services (DHS)	Department of Direct Care and Treatment (DCT)
\$28.3 billion	\$775 million
MSOP share, DHS budget: 44/100ths of 1%**	MSOP share of DCT budget: 16%**

*: 2025 pending Senate File 626 - IF enacted -- will change DCT designation from "Agency" to "Department" and repeal the Executive Board in favor of a Commissioner appointed by the Governor.

** These comparative figures reflect an increase of over 32 times the relative fiscal load of MSOP on the parent agency's overall budget. In effect, this is the only major change wrought by separation of DCT from DHS other than the transparency brought by the DCT Executive Board due to its transparency. That Board and its transparency survive only if Senate bill 626 fails. But this remains: Before the separation, MSOP was regarded by DHS as just a relatively small, inconsequential agency that was mostly left to itself to run without substantial oversight by DHS. From now on, however, MSOP will be treated by DCT as one of its main functions, taking up 16% of its funding. Both because of this and DCT's adherence to the 'medical model' of ethics, DCT oversight of MSOP can be expected to be much closer than previously, when MSOP received frequently unconditional *carta blanche* backing by the supportive DHS Commissioner.

CREDIT: THE DOBBS WIRE | INFO@THEDOBBSWIRE

7. MN Senate Tries to Regress DCT to an Obsolete Department to Erase Marshall Smith's Streamlined Innovations, and to Repeal DCT's Executive Board & Its Advisory Committee to Block Full Transparency & Full Data Provision to DCT Regulators.

by Cyrus P. Gladden II, Editor

Those who have been regular readers of recent tLP editions already know that Direct Care and Treatment *DCT (formerly a division within the Department of Human Services) was legislatively separated from the DHS by legislation in 2023 and 2024, to

become a separate, department-level "agency" of state administrative government. The official passing of control of everything within DCT's administrative scope will occur on July 1, 2025.

The head of DCT from 2016 to present has been Marshall E. Smith. Mr. Smith has a long career in hospital administration, starting in the private sector. It should not come as any surprise then that he has abundant experience in the methods of corporate administration, including having been a chief executive officer of a corporation himself, in that capacity reporting to and receiving direction from a board of directors.

The recent inability of the DHS to account for vast sums of its funding in the most recent years shows the inherent inefficiency and lack of data controls that the outmoded departmental model of state administration carries with it. Quite bluntly, Minnesota government should take extensive lessons from corporate management in overhauling its governmental administration.

One of the main obstacles to such efficiency reforms and transparency of governmental actions (most especially, of funds transfers and allocations) has been the 'imperial' nature itself of the commissioner's sole rulership over an entire department, and the fact that crucial facts often remain compartmentalized in myriad offices and subdivisions of a department, never coming to the attention of the commissioner, who remains occupied by countless other matters on any given day.

And, quite frankly, when facts that could reveal troublesome situations, such as failures of audit trails for

funds, are presented to the sanctum sanctorum of a commissioner, political considerations including embarrassment of the department and its commissioner often cause a decision to simply closet such facts, rather than deal with them in ways that will bring them to public light.

Thus, far more is at stake when deciding to retain such obsolete, failing department-models of governance, rather than embracing modern alternative methods such as the corporate model that take maximum advantage of group decision methods (as by a governing board of experts, such as the board membership requisites spelled out in DCT legislation in 2023 and 2024).

Plus, other states, including next-door Wisconsin, with "sunshine laws" (after the long-accepted saying that the best disinfectant is sunshine) require open meetings etc. for full transparency of decisions on policy and on case-by-case policy exceptions.

Conversely, establishing a formal method to 'pipeline' information to a decision-making board from a broadly based, fully experienced advisory committee is indispensable for well-informed decision-making.

The over-aged department-commissioner model does none of these functions well, and most typically fails to accomplish them at all. In contrast, the corporate model that has been slated to be operationalized in DCT this coming July is a sleek and gleaming model for efficient and respectable governance in plain and approving sight of the public. Who would not chose the latter over the obsolete former way of governance? More importantly, *why would state solons not choose the way of the future?*

At press time, this writer is not aware of any cogent explanation for this sudden, last-minute bill in the state Senate that rolls back decisions made in a sequence of legislative acts over the last two years, each of which produced voluminous analyses and reports that force the conclusion that the establishment of the Direct Care and Treatment agency was one of the most painstakingly considered and thoroughly forethought legislative actions ever taken in this state. Were there any need to rethink all that careful step-wise legislation, surely it would have come to light — and very publicly — long before now.

That the last-minute bill (2025 Senate File 626) appears rushed through, as if to lock up the brakes to prevent some unstated possible disaster without any public statement of such necessity, is just plain fishy.

It may be that some legislators actually prefer inefficient government or sloppy handling of data or of funds that will be arrested by discussions and deliberations within the eyesight of the public.

Or it could be that some legislators simply want administrative decision-making to be confined to the dark halls of monolithic governmental buildings inhabited by myriad troll-like politicians responsive only to the occupant du jour of the commissioner's chair rather than by diligent and principle-driven administrators with expertise in the subject of the governance to which they contribute their knowledge.

Or — and this seems clear from the pro-

posed dissolution of the DCT Executive Board that Senate File 626 urges — that those revanchist legislators prefer that any advice from the DCT advisory committee, including the pipeline of crucial truths from those with "lived experience" as clients of the DCT's various divisions — the very people who may know best where the operations and processes of those divisions are flawed, failing, or even utterly counter-productive to their declared aims — will end only in those same corrupted halls of crass political calculation, where such truths and advice will simply be discarded to no effect.

Perhaps those truths are unwelcome and highly discomfoting, perhaps even scandalous. Perhaps legislators simply want to keep the covers on all of that and let those defective process continue to roll on, like so many items of defective, malfunctioning, and maiming pieces of industrial machinery that some would prefer to keep operating as the least embarrassing course. Maybe this is what American state government has degenerated into. But I don't want to believe that's true, and I hope that you won't want to let it happen either.

Please contact your state senator to object to this bill.

If you are an activist for a complete rewrite of the legislation underlying SOCC in Minnesota or simply its repeal, please also continue advocating both that and a massive overhaul of the clinical process and assessment by MSOP toward effective treatment and rapid release and final discharge at the earliest time.

This means as soon as the individual in question does not currently present a risk of sexual re-offense at least more likely than not. This can be best ascertained simply on current statewide, general recidivism statistics from those released from prison, but NOT by using the anti-scientificly corrupt, biased and skewed MnSOST tool of the MN DOC (in any version).

Ideally, MSOP should simply be closed, and each of its confinees should be remanded to their committing courts for automatic retroactive invalidation of their commitments as inconsistent with current psychological knowledge.

Be sure, however, to add to your arguments for these goals this legislative attempt to dodge the facts mandating these ends by blocking our ability to present these facts to authorities with expertise, interest, and moral dedication to principles of science and to justice.

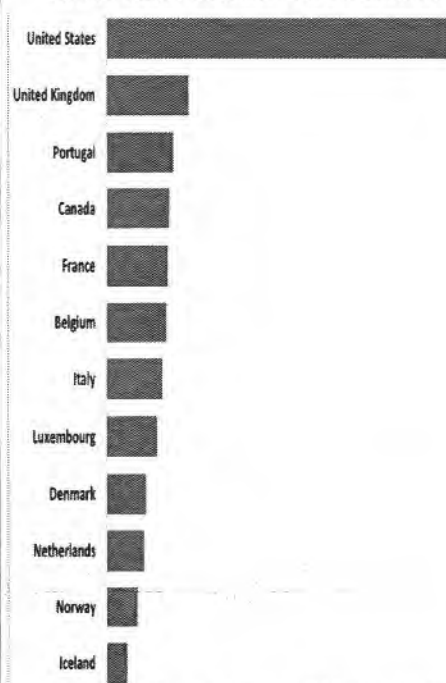
PPI Revisits Social Welfare Funds Misappropriations

[Editors], "12 of our most important reports, briefings, and wins for 2024," Prison Policy Initiative Updates, *Prison Policy Initiative*, (www.prisonpolicy.org, December 23, 2024). Text excerpts: "...States of Incarceration: The Global Context

The U.S. has the highest incarceration rate of any independent democracy on

INCARCERATION RATES

United States vs. Other NATO Countries



Incarceration rates per 100,000 population
(Source: <https://www.prisonpolicy.org/global/2024.html>)

Appropriate	\$ 30,000	Recreational equipment
	\$ 10,000	Program supplies
	\$ 5,000	Library books
	\$ 45,000	Things that benefit incarcerated people
Questionable	\$ 500,000	Heating system repair
	\$ 300,000	Recreation area construction
	\$ 35,000	Courthouse upgrades
	\$ 835,000	Facility maintenance (including non-jail facilities)
Inappropriate	\$ 800,000	Bodycams
	\$ 300,000	Gun range memberships
	\$ 290,000	Consultant
	\$ 160,000	New staff uniforms
	\$ 74,000	New vehicles
	\$ 9,000	Employee appreciation meals
	\$ 3,000	New fridge for staff break room
	\$ 3,000	Fitness trackers for officers
	\$1,639,000	Things that benefit staff only (including staff of other county departments)

earth — worse, every single state incarcerates more people per capita than most nations. In the global context, [the U.S. as a whole] appears as extreme as Louisiana and Mississippi in their use of prisons and jails. [See chart, above.]

Shadow Budgets: How Mass Incarceration Steals from the Poor to Give to the Prison Prisons and jails generate billions of dollars each year by charging incarcerated people and their communities steep prices for phone calls, video calls, e-messaging, money transfers, and commissary purchases. A lot of the money goes back to corrections agencies in the form of kickbacks. But

what happens to it from there?...

An investigative report in Dauphin County, Pa., found that only a small fraction of welfare fund expenditures from 2019 to 2023 directly benefitted people incarcerated in the jail. While few jail and prison policies explicitly outline what qualifies as an appropriate use of funds, our breakdown below generally follows the logic of a Montana audit that attempts to parse appropriate, questionable, and inappropriate expenditures. Here's the breakdown for the Dauphin County jail [see table above]:

How did the county jail spend incarcerated people's money?

Donald Trump can still be president, but he could be barred from being a bartender, car salesman – or a real estate developer. Donald Trump's legal proceedings would not have stopped him from being president and most likely won't create many obstacles that a billionaire can't handle. But there are still more than 19 million people in the U.S. with felony convictions that face hiring discrimination for ordinary jobs every single day...."

WAR Praises Ruby and Tiffany of EndMSOP Coalition

Anne Croat, Director of Membership and Engagement, [untitled broadcast email], Women Against Registry (January 14, 2025) [Text Excerpts:] "At the WAR room tonight, we'll be joined by Ruby and Tiffany from the EndMSOP Coalition, which is working to end Civil Commitment in Minnesota.

Ruby, with a background as a clinician at MSOP, became acutely aware of the shortcomings in the system designed to treat and rehabilitate individuals. Witnessing the struggles and limitations of the program ignited a fire within her to seek change and reform. Her experiences allowed her to empathize with the individuals caught within the civil commitment system, motivating her to transition from clinical work to advocacy.

On the other side of the spectrum, Tiffany's personal connection to MSOP, through a family member, brought her face-to-face with the human impact of civil commitment. Witnessing the challenges, stigma, and lack of effective treatment options, Tiffany felt compelled to join forces with Ruby to address the systemic issues plaguing MSOP and similar programs across the nation.

In a presentation aimed at dismantling Minnesota's shadow prisons – sex offense civil commitment – advocates expose the inefficacy and exorbitant[ce] of the existing system. After serving a prison sentence, individuals are unjustly confined indefinitely under the guise of treatment, draining resources without preventing sexual harm.

Tiffany and Ruby present a compelling case, unveiling the stark reality that the current system is not only morally questionable but also economically unsustainable. Their presentation challenges policymakers and the public to reconsider sex offense civil commitment and the urgent need to close these shadow prisons. As Tiffany and Ruby shine a light on the inefficiencies and human rights concerns, they stand as catalysts for change, urging Minnesota to adopt a more compassionate and cost-effective approach to post-prison rehabilitation."

In re Gavin Ends SOCC, Noting Lack of Recidivism Probability After Age 60.

In re Commitment of Edward Gavin, N2024

IL App (1st) 230246 (6th Division, Oct. 4, 2024).



Public Enemy #0, aged, but doubtless, plotting his next crime wave.... (Identity on page 10)

Text Excerpts: "In 2006, the State sought to commit Edward Gavin under the Sexually Violent Persons Commitment Act (SVP Act) ... A determination in 2017 made Gavin an SVP, leading to his commitment. In 2019, Gavin petitioned for discharge. The trial court found probable cause to believe that Gavin no longer met the criteria for an SVP. In September, 20022, a jury determined that Gavin remained an SVP under the statute. In September 2022, a jury determined that Gavin remained an SVP under the statute.

Gavin appealed. He contends that the State failed to meet its burden ...that (i) he continues to suffer from a mental disorder and (ii) this disorder makes it substantially probable that he would engage in acts of sexual violence if released.

We find that the State did not prove that Gavin was 'substantially probable' to reoffend as the SVP Act requires. Thus, we need not reach Gavin's other claims and reverse."

[Editor's Comment:] The examining forensic psychologist in this discharge proceeding found Gavin to have "Other Specified Paraphilic Disorder, Non-Consent." However, in Gavin's commitment trial, two testifying psychologists found that Gavin had "Paraphilia, not otherwise specified, nonconsent." The appellate judge in Gavin's discharge-petition case found that the DSM-5 does not have a specifier of "Nonconsent" for that disorder. The assessment result finding Gavin to have a "substantial probability" of re-offense was based on the non-consent deviance that Gavin had. However, the appellate judge noted that a DSM diagnosis of either diagnosis does not include a finding that the disorder necessarily predisposes the individual to engage in acts of sexual violence or prove any particular level of control the individual has or lacks over the behavior. That assessor added a diagnosis of antisocial personality disorder. However, the judge found a lack of proof that this diagnosis would necessarily lead toward sexual offending by Gavin.

At the time of trial on his petition for discharge, Gavin was age 64. Based on this and relying on defense expert testimony by Dr. Brian Abbott, well-known for that role for the defense in many SOCC cases, the judge applied a reduction factor of 2% per

year past age 40, arriving at a reduced figure of a mere 6.4% at time of trial. The appellate judge ruled this to signify that Gavin did not presently present a substantial probability of re-offense to engage in acts of sexual violence. Under Illinois law, "substantially probable" means for this purpose that future recidivism is much more likely than not. See, e.g., *In re Detention of Bailey*, 317 Il. App.3d 1072, 1086 (2000).

Kansas SOCC Holds Most Forever – Deliberately.

[Excerpts from: *Jordan Michael Smith*, "Letter from Kansas: The Forever Cure – Is civil commitment rehabilitating sex offenders – or punishing them?," *Harper's*, January 2025, pp. 35-43

[p. 35:] "On Taisa Cavalho Mick's first day as a psychotherapist with Larned State Hospital's Sexual Predator Treatment Program (SPTP), her co-workers warned her to be careful around her patients. She shouldn't get close to them, or believe a word they said, other staffers told her. They were untrustworthy predators, liable to manipulate her – or worse. Mick was surprised. She didn't hear anything about empathy or treating patients with respect, even though the ostensible goal of the program was to provide therapy.

...Like nineteen other states, the District of Columbia, and the federal government, Kansas detains many former inmates convicted of sex offenses after they finish serving their criminal sentences.

[p. 35:] "[U]pon her arrival [at the Larned SPTP], Mick found that the SPTP resembled a prison more than it did a place for therapy. A perimeter of sharp wire ringed the four buildings to which SPTP residents are confined, and security guards roamed the grounds. Residents ...reported standard medical treatment, terrible food, and little time outdoors. Their phone calls are monitored as are their conversations with one another. Outside of a sparse weekly schedule of group therapy sessions, classes, and menial labor at the facility, residents mostly spent their days watching TV, or simply sitting around.

...Mick discovered that treatment seemed directionless and outdated. Her patients ... told her that staff members sometimes shamed them, and that when [patients] complained about their confinement or the treatment they received, they were often reprimanded, and had their meager privileges revoked. They could be punished for countless minor infractions: swearing, smoking, getting tattoos, sharing food. ... [A]ccessing something like throat lozenges at the SPTP required getting a doctor's order; residents sometimes had to beg for medical attention. ...Those who made more than \$127 per month were required to pay half their earnings to Larned.

[pp. 36-37:] "...Mick found that her patients rarely resembled the monstrous criminals her colleagues had warned her about.

...Many had been there ...for decades – a

number of them were in their seventies or eighties. ...Mick believed some had received improper diagnoses after leaving prison.

[p. 38:] She came to believe that the SPTP would never release most of these people, no matter how eagerly they participated in treatment and kept up good behavior; her job was not to treat these patients but to perpetuate the illusion of treatment. Whatever the program claimed, Mick grew convinced that it was designed to lock people up indefinitely, not to rehabilitate them.

...As a wave of civil-commitment laws passed in the Nineties and Aughts, many critics questioned how effective they would be at curtailing sexual abuse. More recently, a growing body of research has borne out their concerns: as a Brooklyn Law Review article put it, 'SVP laws have had no discernible deterrent or incapacitation effects.' Some opponents have argued that civil commitment diverts resources from more effective programs such as structured therapy and education and risk-management programs. In 2024, for instance, the SPTP's budget ...worked out to nearly \$130,000 per resident. Rather than spending billions on a 'regime that has continued to fail to adequately protect children,' a 2023 Johns Hopkins University-led study concluded, states should invest in programs that can better 'prevent child sexual abuse in the first place.'

[p. 39:] Even some who oversee long-established civil-commitment programs have questioned their efficacy. Robin Wilson, the clinical director of Florida's civil-commitment program from 2007 to 2011, believes that treatment should begin at the outset of a prison sentence, not after it has ended, and that most programs start treatment too late to be psychologically helpful. 'You end up having people who potentially end up going to treatment long after the treatment would have been most effective, and ultimately for much longer and more intensively than their risk profile suggests...' 'There are better, more efficient, more scientifically defensible, more ethical ways to do this.' In 2014, the research director of Minnesota's Department of Corrections, Grant Duwe, called on states to consider more intermediate, community-based alternatives to civil commitment, such as intensive parole.

...Many experts argue that [sex offender] evaluations [in civil commitment proceedings] are arbitrary, biased, and scientifically flimsy; the American Psychiatric Association's Task Force on Sexually Dangerous Offenders urges psychiatrists to oppose [laws for such commitment], viewing civil commitment as a violation of civil rights and a misuse of psychiatric methods. A 2020 report by the Williams Institute at the UCLA School of Law found that black sex offenders were twice as likely as their white counterparts to be civilly committed. One common evaluation tool is a ten-item questionnaire that asks, among other things, whether an offender had any male victims; if the answer is yes, he is deemed more

(Continued on page 6)

likely to reoffend. Such apparent pretensions to precision exasperate critics, who often point out that "sexually violent predator" is a legal designation, not a medical one.

And in some states, SVP evaluations are so likely to result in civil commitment as to make precision seem beside the point. In Kansas, for example, the portion of those evaluated who are then designated as SVPs has at times reached as high as 94 percent, according to a Lawrence Journal-World investigation.

No state has adopted civil commitment since New York did so in 2007 – a sign, perhaps, that many have come to recognize the inefficacy and exorbitant cost of such programs. ...[I]n 2023, a ...survey of [such commitment] programs in seventeen states conducted by the Sex Offender Civil Commitment Programs Network, an association of facility employees, found that ...the vast majority of those who have entered civil commitment have never been released. Under Missouri's SVP law, unconditional release isn't even an option. In Kansas, only 16 of the 380 people ever committed have been discharged; 14 have received conditional release; and 65 have died in custody. Virtually everyone else remains locked up.

...[One] counselor, who started working at the SPTP in 2012 and resigned two years later, has described the program as "an abomination." She told a reporter that only a handful of her ninety patients were too dangerous to be released, yet most get stuck in a "vicious cycle," ultimately boycotting treatment out of frustration.

[p. 40p:] ...Sean Wagner, the SPTP's administrative program director from 2014 to 2017, [reported] that there was a push around this time to make treatment more structured and individualized. ... But many staffers resisted or outright refused to implement these initiatives. He attributes this in part to widespread prejudice among the staff: "I had two hundred thirty-seven civilly committed sexual predators, and they were basically a piece of cake compared to the two hundred fifty employees I oversaw ... There were nurses who 'thought all these guys needed to be shot.'"

Virginia Shadow Prison Mis-Performs Assessments to Keep Confinees in Bad Confinement Conditions.

by Cyrus P. Gladden II

During August, without prompting, three confinees of the Virginia Center for Behavioral Rehabilitation (VCBR) and whose names I was unfamiliar with before receiving the letters in question, wrote to me expressing their sources of dismay with Assessments needed to qualify for release and termination of their respective sex offender civil commitment and complaining



The Man in the Iron Mask

about stark and, in certain aspects, inhuman conditions of confinement.

One of these correspondents (we will just call Mr. A) stated that he had been under such commitment in VCBR for 17 years. He had been imprisoned for numerous years beforehand and was actually released from prison, rather than being committed direct from prison. His commitment occurred afterward when his parole was revoked only for consuming alcohol – a technical violation, but without any sexual offense or any attempt to commit one.

He complains that, after such a commitment is imposed, even though no new evidence is ever required to keep it in force, it simply does so automatically. Of course, competent psychologists would observe that humans are so malleable that diagnoses are not permanent, but instead must be supported by new sets of facts when re-examined years later. The same must also be said as to estimations of probability of later sexual re-offense if released; a re-estimation must be ascertained based on current facts. It is widely known that risk of re-offense reduces year upon year as one leaves his early 30s and moves into later decades of life. Neither of these re-determinations happened for Mr. A. Instead, the judge in this hearing stated that she did not know what to do. She allowed the prosecutor to tell her what to do. The prosecutor insisted that a "Home Plan" be set up even though this would only have been proper had Mr. A been seeking "conditional release" from commitment confinement. Since he only contended a final discharge from commitment was proper under the circumstance, such a Home Plan was irrelevant to his contention. Even so, after a six-month deliberation period, the judge handed down a ruling that Mr. A

should be re-committed, on the claim that Mr. A did not want to abide by conditional release rules. But that was untrue; Mr. A simply contended that he does not currently fit the criteria of a Sexually Violent Predator. Mr. A's sex offense was a quarter-century old. During his commitment, Mr. A completed the Sex Offending Treatment program. That, in fact, was why the State offered Mr. A conditional release.

In Virginia procedure for this kind of commitment, an Annual Review hearing is held. Mr. A's contention was that, in the absence of any modern factual basis for his continued commitment, the commitment should be terminated. The judge disagreed. Mr. A asked his appointed attorney to appeal that rule extending his commitment, but attorney told Mr. A that he was perfecting an appeal for filing, but that was a lie. He failed to file any appeal and the time for appeal lapsed before Mr. A discovered what had happened. Mr. A's case points up grievous unconstitutional flaws in Virginia sex offender commitment procedure and in standards of decision in such commitment renewal decisions.

More typically, Mr. B was evaluated for commitment six months before completing his prison term under his 20-year sentence. However, the evaluating psychologist gave Mr. B an incorrect diagnosis and apparently did this by recklessly simply "borrowing" data and a diagnosis belonging to a different sex offender (whose name was stated in Mr. B's evaluation, clearly showing the error). Despite this, Mr. B was committed in May 2023.

Mr. B's original diagnosis had been claimed to be Pedophilic Disorder and Antisocial Personality Disorder. Now after 12 months of treatment and Mr. B having taken a test, his diagnosis was replaced by

only (1) Alcohol Use Disorder, (2) Phencyclidine Use Disorder, and (3) Other Specified Disruptive Impulse Control and Conduct Disorder. However, after that a different psychologist showed up and claimed he had been sent to perform another assessment. After speaking with Mr. B for only 30 minutes, he left. In his report, he simply resurrected and endorsed the original, incorrect diagnosis, notwithstanding the year's treatment in the interim and notwithstanding the assessment performed just before his assessment.

Mr. B also complains about conditions of his confinement. Specifically, he relates that he is forced to live in a prison-style cell with a toilet/sink combo and a cellmate whose criminal record is unknown to Mr. B. He and the other confinees in that facility are mostly forced to remain in the small "pod" of cells he is assigned to. He is allowed to leave to attend recreation 1 hour a day, five days a week. There are no activities, such as basketball, soccer, or use of exercise weights. Hence, it is unclear what "recreation" includes.

He complains that water for confinees to drink is "contaminated," adding that it tastes like "dirt." He observes that only staff are provided bottled water to drink.

He states that he and other confinees there are "a served 3 cold meals a day" which are delivered on carts to the pods in which confinees dwell.

Mr. B points out that toilets, sinks, and showers are often unavailable due to water being cut off. Separately, incoming mail to confinees is held, ostensibly for "investigative" purposes. However, he adds, since all confinees suffer this, it is patently unbelievable that any actual investigation(s) is/are all simultaneous going on as to all/most confinees.

Mr. C starts by complaining that for work performed in the facility, confinees are paid less than \$1.00 per hour. He adds that, applicable both to such tiny wages and all money went in to confinees (by family and friends, mostly) confinees must set aside 15% of such receipts for savings. This is a serious challenge, given the small amount involved and confinees needs that they must cover by their own canteen and other purchases. Failure to constantly meet this savings requirement causes a finding of a confinee's failure to meet "a treatment objective." In turn, being cited for such a failure causes the confinee in question to be "set back [in treatment] if we don't meet this objective."

Outgoing phone calls cost a confinee 12 to 17 cents per minute (in contrast to calls made by prisoners through the very same contractor's system at only 4 cents per minute). Although this might seem a minor quibble, a 15-minute call at the 17-cent rate costs the confinee \$2.55. Give the tiny monetary resources available to confinees, that limitation on calls to the outside is extreme. While the prison-specific tablets provided on facility contract for confinee use includes "video visits, the cost for this service is \$15.00 per hour. There is a hint of

(Continued on page 7)

over-the-barrel extortion in this, since in-person visits are only allowed on three mid-week days each week, only between 9 a.m. and 4 p.m. (when most outsiders are at work and hence unavailable for such visits). There are no vending machines in the visiting area. If a confinee or any visitor has to use the rest room, the visit is terminated.

Although 'care packages' from home (including clothes) used to be allowed, they are no longer allowed. Hence, all clothes must now be bought brand new by the confinee and only from a short list of "approved vendors." Similarly, game systems and any electronics that include a USB charger or USB port are also no longer permitted in the facility. Antenna TV reception is all that is allowed (no cable TV). Even in optimal weather, this practically imposes a limit of 32 channels. Weather-caused cutouts occur almost constantly.

In sum, the overall confinement conditions resemble prison conditions, in some instances even worse than that. A common claim by staff that confinees are afforded all rights enjoyed by free citizens is ludicrously far from the truth. And, as described at the outset, the confinement and post-confinement system of psychological assessments recklessly disregard the truth and include incorrect analysis and gross misstatement of fact. Whenever a second assessment corrects adverse misstatement in an earlier assessment, a third assessment will promptly be performed to buttress the incorrect analysis in the first one rather than allowing the corrections in a second assessment to stand. As a result, confinees are improperly being kept confined based on falsehoods and bad analysis by those with advanced degrees that certainly should know better, and probably actually do know better, but simply don't want to cause any confinee to be freed, even when it is clear that he should be freed.

Against Capital Punishment

Josiah Krammes and Randall Hayes, "The Case Against Capital Punishment for Child Sex Abuse," 18(1) *the NARSOL Digest* p. 17 (Feb. Mar. 2025), reprinted in *Titus House Newsletter*, p. 1 (Jan. 2025).

[Text:] "We are writing on behalf of the statewide Pennsylvania Association for Rational Sexual Offense Laws to express our deep concern over State Representative Ryan Warner's proposal to allow the death penalty for individuals convicted of child sexual offenses. While protecting children is a cause we all share, this proposal is fraught with ethical, legal, and practical problems that demand our attention. <https://tinyurl.com/3w4jnf7s>

The problem with capital punishment

First, capital punishment is irreversible,

and the criminal legal system is not infallible. Numerous cases have shown that innocent people can and do face wrongful convictions, particularly in highly emotional cases like sexual offenses. A single mistake under such legislation would have catastrophic and irrevocable consequences.

Moreover, harsher penalties can have unintended effects on victims themselves. Studies indicate that extreme punishments, such as the death penalty, may discourage victims who oppose capital punishment from coming forward. This is especially true when the perpetrator is someone they know – as is true with 93% of sexual harm cases. Instead of supporting victims, this policy risks silencing them and compounding their trauma.

<https://tinyurl.com/4w9hcbuj>

Beyond these ethical concerns, Rep. Warner's proposal directly conflicts with established legal precedent. In *Kennedy v. Louisiana* (2008), the U.S. Supreme Court ruled that the death penalty for crimes where the victim does not die is unconstitutional. Attempting to circumvent this binding precedent would embroil Pennsylvania in costly legal battles while offering no real benefit to public safety.

<https://tinyurl.com/un7fe6y8>

Additionally, the death penalty is a punishment that disproportionately affects marginalized communities. Economic and racial inequities plague its application, ensuring that the wealthy and privileged are better able to escape its consequences while vulnerable populations bear the brunt of this ultimate sanction.

Even law enforcement officials have raised red flags about this proposal. Beaver County District Attorney Nate Bible has warned that imposing the death penalty for child rape might incentivize perpetrators to kill their victims to avoid detection. This tragic consequence would only heighten the danger to children rather than protect them.

A Better Way

PARSOL believes there is a better way. By expanding prevention programs, increasing support for survivors, and ensuring fair sentencing that balances accountability with the possibility of rehabilitation, we can address the root causes of sexual abuse while upholding justice and human dignity.

Protecting children is too important to be undermined by measures that defy constitutional principles, ethical norms, and practical realities. We urge lawmakers to reject this dangerous proposal and to pursue evidence-based reforms that safeguard our communities. A call to Pennsylvanians to act:

We encourage all Pennsylvanians to contact their legislators to oppose this proposal."

NARSOL's note: Josiah Krammes and Randall Hayes are co-chairs of Pennsylvania RSOL (NARSOL's Affiliate in Pennsylvania) and can be found at @PARSOL-Official. <https://tinyurl.com/23bbppuz6>

Measure	Very True	Some -what True	Un- sure	Some -what False	Very False
1. In my state, all sex offenders are classified the same, no matter their crime. (False)	9.9%	24.5%	42.2%	15.4%	8.0%
2. In some states, registered sex offenders are required to live at least 1,000 feet from a school zone, park, or bus stop. (True)	22.3%	29.5%	37.6%	6.8%	3.6%
3. Some sex offenders are re-quired to register for life. (True)	42.1%	25.3%	24.9%	5.5%	2.3%
4. In some states, juvenile offend-ers who are at least 14 years old at the time of the offense can be placed on the registry if convicted. (True)	13.7%	21.6%	53.9%	8.3%	2.5%
5. All sex offenders are required to be on some sort of electronic monitoring/GPS tracking device at all times. (False)	7.3%	10.6%	29.8%	25.2%	27.1%
6. Sex offenders have very high rates of f=reoffending. (False)	24.3%	37.1%	26.2%	7.8%	4.7%
7. The Amber Alert system is named after a child named Am-ber; it has nothing to do with the color amber. (True)	49.7%	15.4%	26.1%	4.9%	3.9%
8. There are more male sex of-fenders registered than female sex offenders. (True)	47.4%	26.9	18.7%	5.6%	1.4%
9. Individuals convicted of their very first sexual crime can be classified as sexual predators or can be placed in a Tier III classi-fication. (True)	16.0%	25.4%	51.4%	5.4%	1.8%
10. After serving their prison sentences, some states allow sex offenders to be incarcerated indefinitely through a process called Civil Commitment. (True)	9.9%	16.3%	59.7%	10.4%	3.6%

Moral Panics & the CATSO Scale – Does Perpetual Panic Over SOs Predict Attitudes to Them?

Jennifer L. Klein, Danielle J.S. Bailey & Danielle Tolson Cooper, "Moral Panics and the Community Attitudes toward Sex Offenders (CATSO) Scale: Does the Perpetual Panic over Sex Offenders Predict Participant Attitudes toward This Group?," 21(3) *Criminology, Criminal Justice, Law & Society* 69-86 (December 2020)

[Text Excerpts:] [p. 70:] "The misperception regarding sex offenders is one of the reasons that public support continues to hold strong in the face of contradictory empirical evidence. Persons convicted of sexual offenses are believed to be a homogeneous population, consisting mainly of child predators who rape and murder children (Sample & Kadleck, 2008). Perpetuation of this stereotype in popular media and the creation of an *us-versus-them* mentality of offender posed against victim has created a perpetual panic regarding sexual offenders (Burchfield et al., 2014). This citizen panic, in turn, drives legislative changes that expand the type and number of offenses

considered to be sexual offenses, as well as enhanced post-conviction restrictions for persons convicted of sexual offenses (Lytle, 2015).

One explanation for the perpetuation of sex offender legislation is moral panic, which is broadly defined as inappropriate reactions to minor social problems. Goode and Ben-Yehuda (1994) documented five elements needed to sustain a moral panic. All five of these elements have been identified in relation to community members' support for sex offender registries. (Klein & McKissick, 2019), suggesting that moral panic may be the reason that sex offender legislation continues to broaden in scope and numbers. However, to date, relatively few researchers have examined what other effects moral panic has had on the environment surrounding persons convicted of sexual offenses. The current study uses online survey data to examine the role that moral panic plays on the perpetuation of the sex offender stereotypes in community member samples.

Literature Review

Persons convicted of sexual offenses are subject to a variety of restrictive, post-conviction requirements that are designed to increase public safety but may result in a counterintuitive effect by inhibiting reentry and rehabilitation success (Huebner & (Continued on page 8)

Bynum, 2006; Prescott & Rockoff, 2011). Scholars argue that moral panics may be responsible for the continued proliferation of restrictive sex offender legislation even in the face of negative empirical evidence (Klein & McKissick, 2019). However, to date there has been limited research on how moral panics influence community attitudes towards sex offenders and sex offender policies. Of the research that does exist, a majority focuses on how moral panic drives public support for restrictive sex offender policies (Fox, 2013; Klein & McKissick, 2019; Maguire & Singer, 2011), with limited attention paid to the role that moral panic plays in sex offender stereotypes and community attitudes overall.

Moral Panics

Cohen (1972) defined moral panics as a 'fundamentally inappropriate' reaction to a relatively minor social event that leads to an exaggerated level of fear and panic. This reaction was rooted in the self-fulfilling prophecy that whatever event sparked the original crisis would occur again, a belief that caused society to seek out and dramatize similar events as proof of that implicit assumption (Cohen, 1972). Goode and Ben-Yehuda (1994) identified five necessary elements of a moral panic: concern, hostility, consensus, disproportionality, and volatility. Citizens must be concerned about a behavior of a group of people to such an extent that the group's behavior is portrayed as a threat to the social values of the broader community. This hostility creates an *us versus them attitude*; one that demonizes the offending population as a 'folk devil' (Cohen, 1972) or villain. Consensus requires this attitude to be widespread throughout society, and disproportionality refers to the widespread concern being exaggerated or distorted to such a degree that the attention paid to that behavior or group is beyond the attention paid to similar behaviors/groups. Finally, volatility indicates a sudden eruption of panic and, oftentimes, just as sudden cessation. Goode and Ben-Yehuda (1994) noted that while the total lifespan of a moral panic may be relatively short, others can become routinized or institutionalized into society so that the condemnation of the behavior continues, but the intense level of fear of the behavior and panic subsides. However, sex offender researchers argue that moral panics regarding sexual victimization and persons convicted of sexual offenses have become so ingrained in society that sex offender policy is driven by constituent fear (Sample & Kadleck, 2008), moral panic, and misbelief (Maguire & Singer, 2011).

[pp. 70-71:]

Perpetual Moral Panic of Sexual Offenses and Offenders.



Moral Panic Social Engineers

Both Cohen (1972) and Goode and Ben-Yehuda (1994) described moral panics as a temporary situation, one that would eventually subside. In fact, Goode and Ben-Yehuda (1994) wrote that 'the fever pitch that characterizes a society or segments of it during the

course of a moral panic is not sustainable over a long stretch of time' (p. 158). However, sex offender policy researchers argue that the fear of sexual victimization has sustained itself in a way that other moral panics may not. In particular, Jenkins (1998) argued that sexual abuse of children became a sustained focus of panic from the 1990s onward, as a result of several factors, including expansion of internet access, female empowerment, and several high-profile cases in which a child was abducted, raped, and murdered. Burchfield and colleagues (2014) found support for what they termed 'perpetual panic' by analyzing Google search data between 2004 - 2012. Their data showed a high public interest in 'sex offenders' between 2004 and 2012 that did not experience significant yearly fluctuations compared to searches related to 'terrorism' and 'crime.' This suggests that public interest was not driven by local events as would be expected under a moral panic framework. Fox (2013) argued that part of the perpetuation is due to the initial panic over sex offenders as individuals, which evolves into panic regarding the perceived efficacy of the criminal justice system to address this sexual violence. This occurs when perceptually lenient judicial sentences given to child sexual abusers are made highly publicized as proof of an ineffective system. These events, coupled with the sustained fear of sexual victimization, have resulted in a 'perpetual panic' (Burchfield et al, 2014) that has resulted in 'an endless supply of new laws intended to control or punish sex offenders in new and harsher ways' (O'Hear, 2008, p. 69).

Part of the persistence of moral panic towards persons convicted of sexual offenses stems from the misunderstanding of community members toward the reality of sexual offending. Sexual victimization is usually experienced at the hands of a known perpetrator like a family member, friend, or acquaintance (Mancini, 2013), and with only 20% of sexual victimization perpetrated by a person unknown to the victim (Greenfield, 1997). According to studies by the National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children (NISMA); the type of child abductions that have fostered the idea of 'stranger danger' happen so rarely that only 90 cases of stereotypical stranger kidnapping were identified out of the 797,000 cases (less than 1% of cases) analyzed during the NISMART-2 study (Sedlack et al., 2002). A later in-depth analysis of NISMART-3 data noted that a majority of these stranger cases involved female victims between the ages of 12 and 17 who were taken initially without threats or violence (Wolak et al., 2016). Sexual recidivism is also relatively rare. ... However, these realities are rarely reflected in community members' perceptions of sexual offenders.

The stereotypical sex offender is perceived by the general public as an untreatable child predator who will inevitably recidivate (Lam et al., 2010; Levenson et al., 2007; Richards & McCartan, 2017). Leven-

son and colleagues (2007) used a sample of Florida residents to examine public perceptions of sexual offenders and found that community members estimate sexual recidivism levels around 75% and believed that half of sexual assaults are committed by strangers. Additionally, most of the sample (77%) agreed that sexual offense rates were on the rise, a belief that sustains a high fear of sexual victimization even though the empirical literature does not support this. Another concerning finding from Levenson and colleagues (2007) was community members' resistance to empirical research. Almost half of the sample agreed with the statement, 'I would support [sex offender] policies even if there is no scientific evidence showing that they reduce sexual abuse' (Levenson et al. 2007, p. 14). This acknowledgement may explain why the moral-panic regarding sex offenders is sustained, community members are so afraid of sexual victimization, and sexual offenders that they will actively refuse empirical reality if it contradicts that fear.

[pp. 71-2:] *Moral Panic Impact on Sex Offender Policy.*

...Klein and Cooper (2019) examined community member support for more punitive sex offender legislation such as the use of registry restrictions and enhanced supervision levels. The authors found that support was driven by four of the five elements of moral panic theory; only concern was not significant. All four of the other moral panic elements were supported as expected, with community members more likely to support restrictive sex offender legislation when they were more hostile towards sexual offenders, believed a disproportionate response was occurring towards offenders, felt less consensus in the community, and did not feel a volatile response had already occurred. Given the significant impact of moral panic on legislative support, there may also be an impact of moral panic elements on sex offender perceptions. In particular, are stereotypical perceptions of sexual offenders influenced by moral panic elements?

[p. 72:] Current Study

...For this study, we are attempting to answer the following research questions: (1) Are prior attitudes and beliefs regarding current SORN legislation significant predictors of the CATSO Scale? (2) Are the elements of a moral panic significant predictors of the elements if the CATSO Scale?

[p. 74:] Table 2. *Registry Knowledge Measures (N = 887)* [See next column.]

[pp. 76:] *Moral Panic Variables.* ...Five items were used to create the *concern* scale: 1) Are you worried about sex offenders living nearby your home? 2) Are you worried that children in your community (your own children, or children in general) may be at risk of becoming a victim of a sexual offense? 3) Are you worried that you personally may become the victim of a sexual offense? 4) Are you worried about children in your community (your own children, or children in general) being approached by a sexual offender? 5) Are you worried that as sex offenders continue to live in the community, then more sex offenses will occur? All five items were

measured on a four-point Likert scale, with response options ranging from *definitely not* (1) to *definitely yes* (4). Factor analysis confirmed that all five items loaded onto the same factor at .794 or higher, and reliability analysis confirmed that the multi-item, averaged scale was reliable and appropriate to use in the models (Cronbach's alpha = .841).

Five items were also used to create the *hostility* scale: 1) Are you angry that sex offenders are allowed to live in the community? 2) Do you feel any resentment over the fact that some of your neighbors may be sex offenders? 3) Do you feel any anger toward the criminal justice system for releasing sex offenders from jails and prisons? 4) Are you angry that sex offenders may be working at businesses where you may frequently shop or visit? 5) Are you angry that children in your community (your own children, or children in general) might come into contact with sex offenders? All five items were measured on a four-point Likert scale, with response options ranging from *definitely not* (1) to *definitely yes* (4). Factor analysis confirmed that all five items loaded onto the same factor at .782 or higher, and reliability analysis confirmed that the multi-item, averaged scale was reliable and appropriate to use in the models (Cronbach's alpha = .915).

Five items were also used to create the *consensus* scale: 1) Do you think that a majority of community members are in agreement about the risk that sex offenders pose? 2) Do you think that many community members feel that changes must be made in the supervision of sex offenders? 3) Do you think that community members in general feel threatened by sex offenders as a group? 4) Do you think that a majority of community members are in agreement that children are at risk of being sexually victimized? 5) Do you think that many community members feel that sex offenders are too dangerous to be living in the community? All five items were measured on a four-point Likert scale, with response options ranging from *definitely not* (1) to *definitely yes* (4). Factor analysis confirmed that all five items loaded onto the same factor at .745 or higher, and reliability analysis confirmed that the multi-item, averaged scale was reliable and appropriate to use in the models (Cronbach's alpha = .892).

Five items were also used to create the *volatility* scale: 1) Do you think that law enforcement reacts quickly when a sexual offense takes place? 2) Do you think that legislators work fast enough to get necessary registry laws passed to further keep track of sex offenders? 3) Do you think that the media reports on sex offense cases too quickly before all of the facts are gathered? 4) Do you think that the quick response of the media makes communities safer because people are made aware of the sex offense? 5) Do you think that police are too slow to catch sex offenders when sex offenses take place? All five items were measured on a four-point Likert scale, with response options ranging from *definitely not* (1) to *definitely yes* (4). Factor

(Continued on page 9)

analysis confirmed that all five items loaded onto the same factor at .713 or higher, and reliability analysis confirmed that the multi-item, averaged scale was reliable and appropriate to use in the models (Cronbach's alpha = .852).

Four items were also used to create the *disproportionality* scale: 1) Do you feel that the current state of the sex offender registry is too harsh? 2) Do you think that keeping sex offenders on electronic monitoring/GPS tracking for more than five years without a break is too severe a punishment? 3) Do you think that sex offenders should report to law enforcement more than two times per year? 4) Do you think that the media overreacts in their reporting of sex offenses when they occur in a community. All five items were measured on a four-point Likert scale, with response options ranging from *definitely not* (1) to *definitely yes* (4). Item 3 was the only one not reverse-coded for directionality purposes. Originally, this scale contained five items like the previous four moral panic scales, but one item was removed due to a low factor loading. The completed factor analysis confirmed that four of the five items loaded onto the same factor at .748 or higher, and reliability analysis confirmed that the multi-item, averaged scale was reliable and appropriate to use in the models (Cronbach's alpha = .835)....

[p. 78:] **Results** ...Of the control variables, only race was a significant predictor of *Capacity to Change*, which indicates that non-White participants ...are more likely to believe that sex offenders are incapable of change. Of the registry strictness, search, or knowledge variables, only the stereotypical sex offender variable was significant. This suggests that those who identified a less accurate profile of the most common sex offender characteristics ...are more likely to believe that sex offenders incapable of change. Finally, of the moral panic variables, *hostility*, *consensus*, and *disproportionality* were significant predictors of *Capacity to Change*. This indicates that those participants who felt more hostile toward sex offenders ...who felt more consensus in the community ...and did not believe that a disproportionate response was occurring ...were more likely to believe that sex offenders are incapable of change.

The element of *Severity/Dangerousness* was predicted within the third model. For this model, a total of 38.9% of the variance was explained by the predictor variables.... Of the control variables, gender and race were significant predictors of *Severity/Dangerousness*, which indicates that women ...and non-White participants ...are more likely to believe that sex offenders are dangerous offenders who commit severe crimes. Of the registry strictness, search, or knowledge variables, the registry knowledge and stereotypical sex offender variables were significant. This suggests that those with less accurate knowledge and that those who identified a less accurate profile of the most common sex offender characteristics ...are more likely to believe that sex offenders are dangerous offenders who commit severe crimes. Finally, of the moral panic variables, concern

was the only variable that was not a significant predictor of *Severity/Dangerousness*. This indicates that participants who felt more hostile toward sex offenders, who felt more consensus in the community, who did not believe that a volatile response toward sex offenders was occurring, and did not believe that a disproportionate response was occurring, were more likely to believe that sex offenders are dangerous offenders who commit severe crimes.

[p.79:] ...Of the control variables, only race was a significant predictor of *Deviancy*, which indicates that non-White participants ...are more likely to believe that sex offenders are deviant individuals. Of the registry strictness, search, or knowledge variables, only the stereotypical sex offender variable was a significant predictor of *Deviancy*, suggesting that those who identified a less accurate profile of the most common sex offender characteristics are more likely to believe that sex offenders are deviant individuals. Of the registry strictness, search, or knowledge variables, only the stereotypical sex offender variable was significant predictor of *Deviancy*, suggesting that those who identified a less accurate profile of the most common sex offender characteristics ...are more likely to believe that sex offenders are deviant individuals.

Of the moral panic variables, only hostility and volatility were significant predictors of *Deviancy*. This indicates that those participants who felt more hostile toward sex offenders ...and who did not believe that a volatile response toward sex offenders was occurring ...were more likely to believe that sex offenders are deviant individuals.

The fifth and OLS regression analysis focuses on the Total Index of Negative Attitudes, which addresses the collective 18-items that were broken down into the previous four constructs of *Social Isolation*, *Capacity to Change*, *Severity/Dangerousness*, and *Deviancy*. For this model, a total of 39.1% of the variance was explained by the predictor variables.... Of the control variables, only race was a significant predictor of the *Total Index of Negative Attitudes*, which indicates that non-White participants are more likely to have negative attitudes toward sex offenders. Of the registry strictness, search, or knowledge variable, only the stereotypical sex offender variable was a significant predictor of the *Total Index of Negative Attitudes*, suggesting that those who identified a less accurate profile of the most common sex offender characteristics are more likely to have negative attitudes toward sex offenders. Finally, of the moral panic variables, *hostility*, *consensus*, and *volatility* were significant predictor variables. This suggests that participants who felt more hostile toward sex offenders, who felt more consensus in the community, and who did not believe that a volatile response toward sex offenders was occurring, were likely to hold negative attitudes toward sex offenders.

Discussion

The purpose of this paper is to explore explanations for community attitudes to-

ward sex offenders. This paper seeks to explain these community attitudes based on general demographics, knowledge and severity of perceptions regarding the registry, and concepts of moral panic. Although the elements of moral panic are generally used to understand how the community experiences fear about different types of crime, prior research challenges that this operates differently with crimes of a sexual nature. Burchfield, Sample & Lytle and colleagues (2014) have argued that instead of spikes of panic within the community due to specific incidents being publicized, that there is a long-lasting and sustained panic, known as perpetual panic, that is not specific to any one incident but rather is embedded in a culture of fear.

The current study expands the prior knowledge that has assessed community fear exhibited through moral panic by using the four constructs outlined as theoretical predictors of the CATSO Scale: *Social Isolation*, *Capacity to Change*, *Severity/Dangerousness*, and *Deviancy*, and the combined Total Index of Negative Attitudes. This guided the analysis of two research questions: (1) Are prior attitudes and beliefs regarding current SORN legislation significant predictors of the CATSO Scale? (2) Are the elements of a moral panic significant predictors of the elements of the CATSO Scale? In order to address the research questions posed, the researchers conducted one test for each of the elements of the CATSO scale and one combined test.

[p. 80:] Across each of the five models, the proportion of the variance explained range from 15% to nearly 45%, with the model predicting *Capacity to Change* having the greatest explanation. Within each of these models, race was always found to be a significant variable and most other demographics never reached a level of significance (with the exception of the model predicting *Severity/Dangerousness* where gender was significant). While at least one of the moral panic concepts was significant in each of the models, there was overall consistency across all of the models about which of the concepts were significant. In the four models predicting each of the concepts of the community attitudes toward sex offenders separately, the hostility scale variable was significant, and often the strongest predictor, in each of the models except the overall model predicting negative attitudes toward sex abuse....

Beyond the moral panic elements, only race and the stereotypical sex offender variables showed up as significant predictors across the majority of the models, indicating that those who were non-White and less able to identify the stereotypical characteristics of a sex offender were more likely to believe that sex offenders are incapable of change. Many in the public still view individuals convicted of sexual offenses as a homogeneous group of unknown or stranger child predators who wait to abduct children (Sample & Kadleck, 2008). Therefore, we worry less about the possibility that a sexual offense may occur at the hands of someone familiar to us, whether that be a relative, close friend, or acquaintance. This

stranger assailant paradigm does not align with the findings from Ackerman and colleagues (2011) that suggest that the most frequent type of registered sex offender is a White, non-Hispanic male, with a mean age of 44.3 years of age. Research additionally debunks the idea that an abundance of stranger-perpetrated sex crimes is occurring, as less than 1% of offenses are committed by strangers (Sedlack, Finkelhor, Hammer, & Schulz et al., 2002). Furthermore, our findings show that this correct knowledge is essential to the community holding positive attitudes toward sex offenders. Without this increased awareness of the nuances of who gets placed on the sex offender registry, public support for community supervision and civil commitment will continue, despite evidence contrary to their benefits for increased public safety (Caldwell & Dickinson, 2009; Huebner & Bynum, 2006; Prescott & Rockoff, 2011; Renzema & Mayo-Wilson, 2005; Sandler, Freeman, & Socia et al., 2008).

Overall, this study connects the two important areas of literature about the behaviors and outcomes of individuals who are registered sex offenders – Moral Panic and Community Attitudes (Church et al., 2008; Cohen, 1972; Goode & Ben Yehuda, 1994). While prior researchers have mixed criticisms about the constructs used in studying perceptions of sex offenders (Corabian & Hogan, 2015; Kerr, Tully, Vollm, et al, 2018; Tewksbury & Mustaine, 2013), this study tested the four constructs both separately and together to better understand their individual and cumulative outcomes. Despite some variations in effect size, the significant variables were mostly consistent across each of the models. To test the research questions further, future research would benefit from a representative sample from the community, as well as accounting for the prevalence of registrants in the communities represented by the participants.



Practicing for Rescue from MSOP. If you were trapped with no certainty of getting out alive, how would your mental state fare?

[p. 81:] In conclusion, the elements of moral panic were informative toward perceptions of sex offenders. While not all variables performed the same, the hostility scale variable emphasizes the emotional role, and knowledge of characteristics emphasizes the knowledge role in finding a solution between policies that increase public safety, address community concerns, and reduce trauma to those who are registered. Despite continued support by the public for exclusionary and stigmatizing policies, our findings add to the collective body of research suggesting that individuals

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are not as knowledgeable about what they support, implying that there is more of an emotional connection to these laws rather than an evidence-based one. Tough on crime efforts like the sex offender registry were created to supervise the individuals of whom we are most afraid. However, there are individuals who advocate for change to the current registry system. Community member-led advocacy groups at the state and national level advocate for changes to the registry system through legislative means. Empirical evidence, like that provided here, can aid those advocacy groups in their efforts to promote change. This research highlights areas where both researchers and practitioners can look to developing informative campaigns and interventions that address both emotional and factual concerns related to those who are registered.

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PCSOT in SO Treatment - Past Sex Offense History

Erin T. Ricci, "Using Post Conviction Sex Offender Polygraph Testing (PCSOT) and Actuarial Assessments to Reduce Sex Offender Recidivism: A Recommendation for a New Approach," Graduate Seminar, Paper toward M.S., Criminal Justice Degree, Univ.

of Wisconsin, Platteville (Approved per Dr. Susan Hilal, 2020)
Text Excerpts: [p. 28:]

***Specific Issue Denial Test(Instant Offense-IO)**

A third type of PCSOT examination is the Instant Offense-IO. This examination is utilized to confirm an offender's truthfulness regarding a specific issue or crime. The Instant Offense-IO can be used when an offender portrays denial regarding the crime of conviction or when an offender is accused of a new crime while under supervision or treatment. If an offender's previous examination was not successful and remains unresolved, the Instant Offense-IO is utilized to resolve the previous unsuccessful polygraph examinations (United States Courts, 2018) [pp. 32-33:] [A] barrier to PCSOT testing relates to its ability to elicit historical information regarding past criminal behavior. PCSOT has revealed significant numbers of prior offenses that were not previously reported (Wilcox, 2013). If an offender discloses incriminating information, it could result in further prosecution. As a result, treatment will end which negates the intended purpose of utilizing PCSOT as a clinical tool for more effective treatment of sex offenders. (Balmer & Sandland, 2012). Ethically, there is a need to continue treatment of sex offenders but also an obligation to protect current victims who are at risk. To navigate this process, many states have implemented limited immunity and consider further prosecutions on a case-by-case basis. Without limited immunity, offenders are not trusting of disclosing all prior sexual deviancy in fear that they will be further prosecuted, which also negates the purpose of the PCSOT as a clinical tool to enhance treatment. Limited immunity allows the offender to disclose previous victims and sexual deviancy, without the fear of further prosecution (Balmer & Sandland, 2012). ...Limited immunity allows the offender to freely disclose previous deviant behaviors and victims to provide information which enhances their treatment...

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When will tyrants stop inventing excuses to create more confinement?

Marshall Project News Bits Resonate in SOCC Confinement

[from *The Marshall Project* website's news-bit roundup, *Opening Statement*], December 16-19, 2024:]

Text excerpts: ["Don't worry, commitment prevents sex crimes.": "Don't take a student into your office and close the door and be alone with them." The Justice Department issued guidelines last week intended to prevent school police from sexually abusing students in their care. Source: The Washington Post.) ["I want my WaPo!"]



A bedbug

See Paragraph One: "A secret sect. There is renewed concern within the FBI in Idaho and other states over child sexual abuse allegations among members of a sect known as the 'Two by Twos.' (source: The Associated press)."

Things could always be worse department: "...Advocates in Oklahoma City want a federal monitor to take over the local jail. 'We don't kill the cockroaches. They eat the bedbugs,' says a prisoner.

The sanctity of rape allegations busted at last: "The woman who accused Duke lacrosse players of gang rape in Durham, North Carolina, nearly two decades ago admits she made up the allegations. (source: The Associated Press)."

Publicity you could do without: "A sexual assault survivor recounts the surreal feeling of seeing her case echoed in an episode of 'Law and Order: Special Victims Unit.' (source: Slate)."

Does this sound familiar, tLP readers?: "Corrections officials in Washington have repeatedly cited victims' rights as a justification to block incarcerated people from testifying in legislative sessions. (source: The Appeal)."

When the vigilantes break down your door, you'll know the crew to thank for the incitement: "Daniel Penny becomes a right-wing hero. 'There's been no hot-take soul searching because the next president was grinning with an acquitted killer or because an incoming congressman encouraged vigilante violence in a roomful of Trump loyalists including Steve Bannon and Corey Lewandowski." (source: The Boston Globe)."

Photo on page 5: Alfred Nobel

the Legal Pad

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