

Network of Victim Assistance

30 West Oakland Avenue, Doylestown, PA 18901-4209

20th Anniversary Committee

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TESTIMONY

Re: SEX OFFENDER LEGISLATION

Pennsylvania
House of Representatives
Judiciary Committee
February 21, 1995

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A Member Agency • United Way of Bucks County

I would like to begin my comments by giving a brief description of the Bucks County Sex Offender Treatment Project or, as it is more commonly known, the Specialized Treatment of Offenders Program (STOP)

The Network of Victims Assistance (NOVA) and the Bucks County Department of Adult Probation and Parole early in 1993, long before any media attention was being given to the problem, each, without discussion with the other, came to the realization that community protection from sex offenders was a problem that was not being addressed in any adequate fashion.

Following a series of formal and informal meetings, during which the two organizations became aware they shared this mutual concern, they joined together in an effort to develop for Bucks County a program that would attempt to reduce criminal sexual offending. The effort resulted in a three-year grant from the Pennsylvania Commission on Crime and Delinquency which allowed for the program's development.

This stated goals of the program were:

1. identification of all convicted sex offenders residing in the county.
2. an increase in the level of supervision of those offenders by the Department of Probation and Parole.

3. a refinement in the quality of supervision of sex offenders by:
 - a. increasing the skills of probation/parole officers by educating them to identify those behaviors peculiar to sex offenders and indicative of an increase in a particular offender's likelihood to re-offend and,
 - b. provide the probation/parole officers with the ability to immediately access criminal justice procedures for the initiation of parole/probation revocation proceedings and immediate incarceration;
4. to gain the ability to adequately assess the individual offender to determine his actual risk for ongoing offending, to identify the offenders' cognitive and behavioral patterns and a institute a method of providing individual offenders with the skills to recognize their own increasing risk of reoffending, providing them with the skills to regain behavioral control prior to engaging in offending behaviors.

These individual goals were operationalized through the implementation of the following steps:

1. Identification of all sex offenders in the county currently under supervision was accomplished through the cooperative efforts of several departments.
 - a.- the Bucks County Department of Corrections adjusted its "Classification and Screening" procedures to allow

for the identification and referral of all convicted and sentenced sex offenders to the treatment program within one week following an offender's sentencing.

b.- the Department of Probation and Parole divided the county into four geographical areas and assigned to each of those areas one newly designated "sex offender specialist." The department identified all probationers and parolees convicted and sentenced for sex offenses and reassigned those identified probationers and parolees to one of the four specialists.

c.-the county office of the State Board of Probation and Parole was advised of the new program, its goals and procedures and was requested to refer its county sex offenders to the same treatment program in the manner developed by the county probation and parole office. The Allentown office of the State Board is cooperating in this effort.

The level of monitoring and supervision of the identified sex offenders living in the community has been has been dramatically increased by the following methods:

a.- probation/parole officers have increased face-to-face contacts with the offenders to three times per month. Visits take place variously in either the probation/parole office or the offender's home. Home visits can take place at any time. In addition, at least

one additional contact per month is made with each offender by telephone.

b.- a new specially-designed case monitoring plan has been developed by the probation/parole sex offender specialists indicating a wide range of behaviors that relate to reoffending that are not allowed while the offender is under supervision. Part of this case plan gives the sex offender specialist permission to search the property of the offender for items that would indicate increased risk of reoffending.

- as an example of the benefit of this type of case plan, in one instance, an individual convicted of showing pornography to a minor, placed on probation and referred to the sex offender specialist in the county probation/parole office, was discovered during the first home visit to have a number of child's toys, photographs of children and children's drawings in his possession. The offender was essentially socially isolated and could offer no rational explanation for his possession of these items. The information was used by the treatment staff to take a different position with this client and eventually identify him as a pedophile. Prior to this sequence of events this individual was unknown as a pedophile or potential pedophile.

c.- offenders are referred to one of the sex offender

treatment groups available. These groups, conducted by treatment personnel who have specialized training in the treatment of sex offenders, are held twice per week for a period of two hours per session. Attendance at each group is mandatory and unexcused absences will result in immediate notification of the probation/parole department and possible violation action and incarceration.

This combination of treatment and monitoring by probation/parole in effect allows for the sex offender to be monitored and supervised for a total of five hours per week, minimum, as opposed to, perhaps, one contact per month prior to the establishment of the program.

d.- On street supervision and monitoring of offenders has also been enhanced through the level of cooperation between the treatment personnel and the sex offender probation/parole specialists. Each geographical team meets formally once per month to review on a case-by-case basis each offender as to ongoing behavior, offender efforts to meet established goals/expectations and for the team to strategize and coordinate efforts with any individuals identified as possibly at increased risk of reoffense.

In those cases identified by the Department of Corrections, and in which the offender is still in the custody of the department, the Bucks County Sex Offender Treatment program is

providing a ten-week psycho-educational program that confronts, in a structured and educational manner, the problem of offender denial and addresses the need for change and treatment while the identified offender is still incarcerated. This piece of the program is designed to ready the individual offender for post-incarceration involvement in the community-based program. The transition from custody to street is handled with a good deal of communication between corrections, treatment and probation/parole personnel which has been the earmark of the program to date.

I have attached to the copies of this testimony some figures describing the population of offenders dealt with by this program during the period extending from April, 1994, when we first began seeing offenders, through the end of the calendar year.

I would, at this time, like to turn my attention to the package of legislation regarding sex offenders currently under consideration by this committee. I would like to address this legislation from two viewpoints: first, as the director of the sex offender program just described and, secondly, as a representative of NOVA, a local non-profit organization whose mission is the advocacy and provision of services to the victims of offender's crimes.

In the first instance, I would like to express my pleasure in finding the clear requirement in HB 75 that convicted sex offenders be required to participate in treatment while incarcerated and

while under the supervision of probation and parole. If it was not clear earlier, it is the belief of those engaged in the Bucks County Sex Offender Treatment program that offender involvement in a coordinated program of treatment and probation/parole is the most effective way we have of monitoring and supervising these offenders and offering the community the most effective means of protection from future offenses.

Having said that, there are some areas of concern I would like to address. The areas of concern are for the most part with regard to HB 85.

First among them is the manner proposed to identify those offenders perceived to be the most dangerous offenders: those being labeled "sexually violent predators."

A major concern is with the classification itself and this concern exists on several levels:

1. The legislation, as I understand it, identifies two parameters that must be met for an offender to be categorized as a sexually violent predator:

a.- conviction on at least one of a number of specific identified offenses and,

b.- that he is identified as suffering from a mental abnormality or personality disorder that makes a person likely to engage in predatory, sexually violent offenses.

With regard to the broad range of crimes that can trigger the assessment. There is a real concern that broad brush approach will result in a developing standard defense attorney strategy to

charge-plead clients early in the process to non-sex specific crimes that will allow these offenders to remain hidden in the system.

Clearly, the concern of the legislature under this procedure is to identify those offenders who will place the community, especially children, at risk for sexual violence. And again, clearly, the intent on the part of this part of the legislation is to identify some means of triggering an evaluation to identify those offenders who pose the highest risk. But, by using such a broad brush, we risk losing in the system a number of individuals who have no chance of being labeled sexually violent predators, but whose offenses need identification and treatment to interdict the possibility they will escalate their sexual misconduct to unacceptable levels of violence and dangerousness.

In the short time the STOP program has been in existence, the offender who has caused all professionals who have worked with him the most concern about future dangerous behavior would not be considered for evaluation under your triggering mechanism. He was convicted of terroristic threats. 167 terroristic threats. Each of them of a sexual nature. Each of them against female victims who were strangers to him.

Secondly, for an offender to be designated a sexually violent predator the legislation states he must be found to suffer from a "mental abnormality" that "...predisposed that person to the commission of criminal sexual acts to a degree that makes the person a menace to the health and safety of other persons."

Unless the legislature is creating a new form of mental

abnormality, I fear its board of evaluators will find it difficult to qualify any offender under this standard. No such abnormality has been identified in current literature.

What is perhaps more disturbing however is that much current literature, and I might recommend in particular the work of Mr. Roy Hazelwood and Dr. Jennifer Warren of the University of Virginia, there is strong evidence to indicate otherwise. Those sexual offenders who we most fear, the sadistic sexual murderer, is far from suffering from a mental health problem. he is just evil, untreatable and perhaps the best reason for a sentence based on the philosophy of selective incapacitation.

Finally, at least with regard to this section of HB 85., it is curious that after all this effort at identification of the sexually violent predator, the legislation provides no further sanction to monitor or supervise the predator's behavior once he is released to the streets other than that he must continue to fill-out quarterly and annual address verifications for a period of time longer than the 10 years required on non-sexually violent sex offenders. Such a difference in sanctioning only begs the question, "Why bother with the new label?"

With regard to a purely practical concern about this legislation. HB85 directs that one three-member State Board to Assess Sexually Violent Predators be established. This board will then be responsible to respond with a completed assessment, within 30-days, on all convictions, apparently either state or county, of any offender convicted under any of the triggering statutes.

I am without any helpful statistics but I question whether,

given the size of this state's population and the number of statutes that can trigger the assessment, that one board can manage all that would be expected of it.

An additional matter that needs to be considered here is the manner in which the assessment is to be done by the board. I am assuming this assessment will be a paper assessment based on the offender's prior records and the records from the instant offense. It might be prudent to review what difficulties this board will have obtaining these records as those records naming children as victims will be sealed and access may not be available under current statutes.

I would like to turn to the question of notification, a problem with possible consequences that, with the exception of vigilantism, are somewhat subtle and difficult to deal with.

From the point of view of those involved with the monitoring, supervision and treatment of these offenders there is only one real point to be made.

Notification, if nothing else, will raise a great deal of anxiety and panic on the part of the offender.

This may have some benefits. There will be those who may rightly claim that this level of anxiety about people watching him will keep the offender in line. Their justification is he will not re-offend because he knows people will be watching.

However, such an offender will also be compelled to seek relief from his own anxiety. Unfortunately, his history will in all

likelihood lead him to seek this relief in the very behaviors the notification clause seeks to prevent.

This dilemma may best be solved in the approach taken by those professionals whose work it is to deal with victims and potential victims.

NOVA has taken the position that notification will not help people protect them from the offenders in the long run for a number of reasons:

1. There is the problem of victim rights. Most offenders offend against their own family members. Notification would or could transgress the confidentiality that victim rights programs and federal legislation have fought so hard to maintain. Such efforts at protection have worked to calm the fears of victims and allowed them to seeking help and assistance. Notification will intrude on this process, in all likelihood it will change the concerns of the victim from seeking assistance to repair her own damage to the active protection of the offender from possible neighborhood harm.

2. There is the question of creating new victims. The new victims being those notified of a dangerous offender in their midst. They will be told by the authorities charged with their protection that there is reason to fear a neighbor, but there is nothing the authority can do to protect them. Fear and danger, anxiety and frustration is created and what is provided as a means of relief?

3. There is concern about what a lack of notification will mean in a community. Will that signal families that there is

nothing to fear? That there is no danger? That there is no reason to be vigilant or cautious?

In closing allow me to make some final comments:

1. I would urge the legislature that in ordering that sex offenders seek and obtain treatment that they be clear about what treatment they should obtain. The Association for the Treatment of Sex Abusers (ATSA) is currently seeking to establish such standards and their lead should be followed.

In the meantime it would be our recommendation that such treatment be provided by providers trained in the orientation and techniques advocated by ATSA. Treatment of this population should not be considered fulfilled by visits with a general practicing psychiatrist, psychologist or therapist or counselor of any other sort.

Sex offender treatment is a specialized behavioral, cognitive-behavioral approach and those ordered to receive such treatment should be provided with the appropriate treatment.

2. Part of that treatment includes a close working relationship between practitioners and the department of probation/parole. A participating department should have officers specialize in the techniques of monitoring and supervision of this population and be supported in its efforts with procedures that will allow that officer to act quickly and efficiently when the risk of a reoffense become evident.

3. There is of course the issue of money. Several items for your consideration.

a.- We believe that offenders should pay for their own treatment and that this becomes a matter of compliance with the established probation/parole case plan. However, in many cases, this will not foot the bill for the treatment provided. Some action needs to be taken on the part of the legislature to ensure that providers of this mandated treatment are adequately reimbursed.

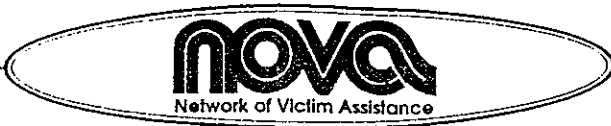
b.-We have a concern that in considering the funding of treatment that the legislature may consider having this treatment reimbursed by some form of medical insurance. We, in the strongest terms possible, would recommend against this approach. Current treatments provided under health care organization and managed care companies seek to limit the number of session and designate who will provide those treatments.

To place offender treatment under these kinds of restrictions will be to surrender authority over the behavior of these offenders to companies whose agenda is not community protection nor offender supervision but maintenance of their own bottom-line.

c.Also in considering payment or reimbursement. Please do not forget the burden this approach to supervision and monitoring places on the resources available to the probation/parole departments. In the case of the Bucks County Department, the sex offender specialists have take on these case loads in addition to the general supervision case loads they already carry. They get no extra consideration. The department gets no extra money, they just stretch what they have to meet the need.

In the case of the Pa. Board's Allentown office it is just as stretched. Two officers who deal with us are carrying case loads in excess of 250 clients. The extra requirements of adequate supervision of this population are overwhelming.

I would at this time like to thank the committee for this opportunity and welcome any questions.



REPORT ON S.T.O.P. PROGRAM

4/94-12/94

REFERRALS

1. Total number of sex offenders referred: **83**
(all referred sex offenders were convicted and sentenced at the time of the referral)
2. Total number of referrals from the Department of Corrections: **48**
 - a.) Maximum Security Facility: **41**
 - County prisoners: **23**
 - State prisoners: **15**
 - Unknown: **3**
 - b.) Community Corrections Center: **7**
 - County prisoners: **1**
 - State prisoners: **5**
 - Unknown: **1**
3. Total number of referrals from the community: **32**
 - a.) Bucks County Probation and Parole: **24**
 - b.) Pa. State Board of Probation and Parole: **8**
4. Total number of Out of County referrals: **3**

1 each from Philadelphia, Montgomery and Berks Counties.



DISPOSITION

1. Currently in Outpatient Treatment: **20**
 - a.) Doylestown: **9**
 - b.) Bristol: **11**
2. On waiting list for Outpatient Treatment: **7**
 - a.) Doylestown: **4**
 - b.) Bristol: **3**
3. Completed Outpatient Sex Offender Treatment: **3**
(Essentially completed their parole and were no longer under any legal requirement to attend treatment.)
4. Discharged for non-compliance or cooperation issues from Outpatient Sex Offender Group and referred back to their Parole Officer for further disposition: **2**
(both individuals were returned to prison).
5. In 10-week Bucks County Prison program: **28**
 - a.) already completed program: **11**
 - b.) currently taking classes: **11**
 - c.) awaiting next session: **6**



REFERRED BUT NOT IN S.T.O.P.

1. In Community Corrections Center
 - a.) On "closed control," unable to attend: 3
2. Currently attending treatment with a private provider:
 - a.) housed at Community Corrections Center: 3
 - b.) on probation/parole: 2
3. Released from prison subsequent to referral but prior to either the beginning of a program or their initial screening interview: 9
4. Inappropriate due to the fact their case is currently under appeal: 2
5. Sentenced to S.C.I.: 1
6. Refused treatment: 2
7. Referred to Mental Health System: 1
8. Inappropriate out-of-county referral: 1



GROUP MAKE-UP

1. *Bristol*, 11 members.

Avg. age: 47 years old

Pedophiles: 4 (50 years old, 53, 55, 82)

Molesters: 2 (46, 46)

Rapists: 3 (23, 44, 40)

Exhibitionists: 2 (48, 30)

Admitters-4 Deniers-7

County-8 State-3

2. *Doylestown*, 9 members.

Avg. age: 36 years old

Pedophiles: 3 (55 years old, 56, 61)

Molesters: 3 (21, 28,36)

Exhibitionists: 2 (32, 26)

Luring a child: 1 (22)

Admitters-3 Deniers-6

County-6 State-6