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RECIPIENT OF THE 1995 PHILADELPHIA
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Re: House Judiciary Committee
Talk Force on Civil Commitments
Public Hearing-House Bill 1811 (Orie)
Civil Commitment of Sexual Predators

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Introduction

I would like to thank this committee for attempting to make Philadelphia and Pennsylvania safer for my child. As well as being a psychologist, who treats, studies, and evaluates sex offenders, I am a father who is concerned about the well-being and healthy development of his daughter.

I am the Director of Clinical and Forensic Services at the Joseph J. Peters Institute which is located in Center City, Philadelphia. JJPI has been dedicated to the evaluation and treatment of sex offenders and the victims of sexual abuse for more than forty years. We currently have a large outpatient treatment program as well as a prison program for incarcerated sex offenders.


Sexual Psychopath Laws

As I am sure you are aware, sexual psychopath or sexual predator laws are not new to this country. These laws were quite popular in the 1930's and some have remained on the books in some states since that time. Despite these well-intentioned efforts to control sex offenders, research in this area indicates that these laws did not decrease the re-offense rates of sex offending behaviors when compared to states which did not have such laws.

Treatment of Sex Offenders

Conventional wisdom suggests that sex offenders are not treatable and interventions are ineffective in interrupting the deviant cycles which are often implicated in sex offending crimes. The current research on this matter, however, does not support this wisdom.

The first step in the treatment of sex offenders involves a comprehensive evaluation which helps

to discriminate between those who are likely to recidivate and those who are not likely to recidivate. This goal is achieved via actuarial risk assessments which are already in place in some other states. Instruments to measure the existence of sexual deviant fantasies, which were not available in the 1930's, now help us to accurately assign a risk category and help with the development of an effective treatment plan. 

Sex offenders are extremely heterogeneous and defy easy classification. Although the behaviors of sex offenders may be similar in some ways, the motivations for the crimes vary widely across and within groups of sex offenders. By understanding and studying the motivations of the sex offender, treatment can be designed which can interrupt the deviant cycle of offending.

Most sex offenders are treatable. We know that the recidivism rate for sex offenders, taken as a whole, is lower than for criminal code violators, taken as a whole. We know that completion of a sex offender specific treatment program is the best predictor against future offending.

We know that sex offender specific behavioral treatments in combination with intensive community supervision delivered by dedicated parole and probation agents greatly reduces the risk of re-offending behaviors. While there is no cure, per se, there are many methods at our disposal which assist in managing risk and decreasing the likelihood that offenses will occur over the lifetime of the offender.

We know that there are several pharmacological treatments which are available today which were not readily available in the past. Antiandrogens, such as Provera and Lupron, reduce the sexual drive of offenders who are oriented toward a satisfaction of deviant sexual aims. We know that less intrusive medications, such as Prozac and its derivatives, can be effective in decreasing deviant sexual thoughts, and in combination with behavioral treatments effectively reduce the risk of re-offending. We know that these treatments can assist motivated, currently incarcerated offenders who, without treatment, will spend years entertaining deviant fantasies before a likely release to the community. We must recognize sexual offenders as patients as well as prisoners rather than only as prisoners until they have served their maximum sentence and then are classified as patients who should be civilly committed.

Sexual predator laws are directed toward the small minority of convicted sex offenders. The vast majority of sex offenders target family members, not strangers. In connection with the treatment suggestions previously mentioned, we have an obligation to educate the parents of our children about sexually inappropriate behaviors and sex offenders. For too long, the burden has been placed on our children to discriminate between touches which were "bad" and those that were "good". Community-based programs such as "Stop It Now" can effectively assist us in primary prevention programs which curb the rates of sexual offending.

Conclusion

All of us have the same goal in mind which is to decrease the number of victims who suffer child sexual abuse. Education and primary prevention efforts can thwart some sexual abuse before it occurs. Treatment and intensive community supervision is a cost-effective alternative to civil commitment for most sex offenders.