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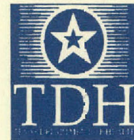
Texas Resource

The Official Newsletter of the Council on Sex Offender Treatment



Fall 1999 / Winter 2000 **Volume 7, No. 2**

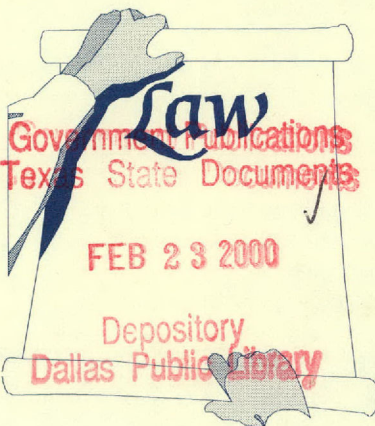
The Civilly Committed Sex Offender in Texas

by Matthew L. Ferrara, Ph.D., Matthew L. Ferrara and Associates

Matthew L. Ferrara, provided professional services related to civil commitment

During the last legislative session, SB 365 was passed and Texas joined several other states that civilly commits predatory sex offenders after the offender's criminal sentence has expired. On the surface, it may appear that Texas is in step with the contemporary trend of dealing with sex offenders in a increasingly conservative manner. Appearance can be deceiving. Texas may not be in step with the rest of the nation. Actually, Texas may be leading the nation by implementing an innovative type of civil commitment sex offender program.

The civil commitment of sexually violent predators in Texas is similar to programs in other states in several ways. First, sexually violent predators are identified by the state and referred to trial for civil commitment. Only the most predatory and most dangerous sex offenders are referred for commitment. Second, a civil trial is conducted and if the offender is placed in the program, he or she can be maintained on civil commitment indefinitely. The civil commitment is different than a criminal sentence. The offender's criminal sentence may expire and the civil commitment may last long after criminal sentence has expired.



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Up to this point, the Texas civil commitment program is similar to those in other states. However, there is a big difference between the Texas program and other states. In other states, the civilly committed sex offender is placed in a locked, secure residential facility and required to submit to sex offender treatment. In Texas, the civilly committed sex offender is placed in the community and required to submit to outpatient sex offender treatment.

There are three key components to Outpatient Program for Civilly Committed Sex Offenders. These components are designed to maintain community safety while providing treatment designed to attain the goal of No More Victims. The salient aspects of each of the program components are discussed below.

Case Manager - the case manager is the supervising officer for the sexually violent predator. The case manager develops a supervision plan for the client, conducts field and office visits and coordinates all of the services offered to the client. The case manager submits reports to the court regarding the risk of the client and makes recommendations regarding the continuation of a client on civil commitment. The case manager is hired by the Council on Sex Offender Treatment (Council) and submits reports to the Council.

Treatment - the treatment provider will be an experienced registered sex offender therapist who is on contract with the Council. The treatment provider will administer an intensive group-based treatment program that has been approved by the Council. The treatment approach is cognitive therapy as this approach has empirical support for use with offenders. A treatment plan is developed for each client that is comprised of standard tasks and individualized tasks. Therapeutic tasks are arranged in stages. A client must complete all tasks at one stage before progressing to the next stage. In addition to standard cognitive techniques that focus on sex offender issues, clients are also required to complete tasks pertaining to anger management, self-esteem, interpersonal relationships, sexuality, and intimacy. Of course treatment entails the use of the polygraph and plethysmograph.

Tracking Services - tracking services are provided by Texas Department of Public Safety (DPS) officers. As might be expected, electronic monitoring will be used.

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(Civilly Committed Sex Offender in Texas continued from page 1)

However, since the clients in the Outpatient Program are deemed to be high risk, electronic monitoring is not sufficient. Global Positioning Tracking is also used with the sexually violent predator. This type of tracking allows for a client's exact location anywhere in the community to be pinpointed. In the past, electronic monitoring could reveal if a client is not where he is supposed to be. The Global Positioning Tracking can reveal where the client is when he or she cannot be found at designated times or places.

The reason that sexually violent predators are civilly committed is to protect the citizens of Texas. The three components of the Outpatient Program are designed with community protection as the preeminent consideration. While great care has been taken in designing the program components there is a paradoxical effect that may actually do more to ensure safety that anything else.

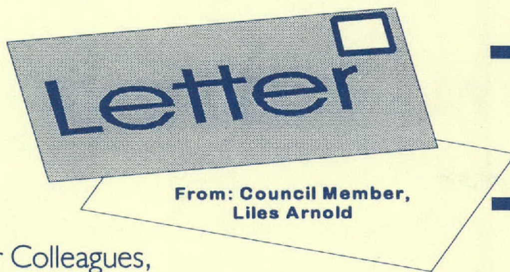
On the surface, the commitment of sex offenders to an outpatient program appears to be a risky endeavor. However, because sexually violent predators are committed to an outpatient program, Texas has the potential for having the most successful, and hence safest, program for civilly committed sex offenders. Consider some of the inherent benefits that an outpatient sex offender treatment program has over a residential sex offender treatment program.

- The success rate for offenders treated in an inpatient setting is about half of that for offenders treated in an outpatient setting. Use of an outpatient program can potentially provide for more long-term community safety than inpatient programs.
- Treatment progress made in a locked residential setting does not readily transfer to the community. Even if clients do well in residential treatment, there is no guarantee that their good performance in the residential setting will transfer to the community.
- Sex offenders in other states must complete sex offender treatment in a secure setting. At some point, these sex offenders must be released to the community. At that point, the programs in other states must face the issue that Texas deals with directly throughout the offender's treatment.
- Most programs that are residential will allocate a great deal of money and resources to treating the sex offender in the residential program. It is typical for little resources to be allocated to supervising and treating the offender in the community. This increases risk to the community.
- It could be reasonably expected that some, if not most, of the clients in a civil commitment program are psychopathic. There is a growing body of research that shows some forms of treatment may increase violent crimes by psychopaths. The type of treatment that the research is showing can increase negative outcome of psychopaths is residential treatment, and in particular therapeutic communities.

Like other states, Texas has passed legislation to control and limit the risk of the sexually violent predator. Unlike other states, Texas has taken a bold, innovative approach that holds the promise for much success. While it is difficult to know in advance how successful a program will be, it appears that the Outpatient Program has considerable potential. The program will of course be scrutinized and time will be the ultimate judge of program outcome.

Disciplinary Actions from the Council

Roxie Sparks, Registered Sex Offender Treatment Provider (RSOTP) received a formal written reprimand. The complaint was substantiated that Ms. Sparks hired a client, on two occasions, to perform repair work in her home, a violation of rule §810.92(b)(3) Each registrant shall avoid dual relationships with clientele. Action was taken by the Council on September 17, 1999.



Governor George W. Bush appointed Liles Arnold as a professional member to the Council on July 9, 1998. His term expires February 1, 2003. Mr. Arnold is a Licensed Professional Counselor.

Dear Colleagues,

The past few weeks have been rather interesting around my office. I have found myself involved in more crisis management than I usually experience over the course of a full year. One of my clients was forced to move from his apartment complex when his neighbors discovered he is a registered sex offender. After being visited by about thirty of his neighbors and having his tires flattened he decided to go elsewhere. Another client received a surprise visit from the local media who knocked on his front door with cameras rolling. A few days later he too was confronted by neighbors letting him know that they are not pleased with his presence in their neighborhood. Another client showed me a flyer that was passed around his neighborhood identifying him as a registered sex offender and yet another reported in group that his neighbor simply yelled from her front porch that he was a registered sex offender.

These recent episodes seem to be directly connected to the more specific information now available since the passage of HB 2145 which authorizes the release of the offender's full name, address, and publication of his picture on the Internet.

Rather, my purpose here is to offer some thoughts regarding our responsibility as RSOTP's given the fact that this type of information on our clients is now readily available to the general public. How can we respond to the challenges the current climate presents?

First, there is an opportunity for education that we as RSOTP'S are qualified to offer to the public. Since we routinely work with a sex offending population we may have grown a bit numb to how frightening it may be for the parents of young children to learn that a registered sex offender lives on their street. The purpose of the notification laws to enhance community safety is best served if those parents can be educated as to how to best utilize the information they now have access to. Simply joining forces to drive an offender out of a particular neighborhood, or acting out in some vengeful manner does not reduce the risk the offender represents to the public at large. Community discussions that promote awareness of, and accountability for, the offender hopefully can be instrumental in reducing that individual's risk to act out.

Secondly, we need to be skillful in assisting our clients with the increased pressures they may experience as more and more people are made aware of their status as a registered sex offender.

While it is certainly true that our clients brought these circumstances upon themselves by committing a sexual offense, we as their therapists need to offer more to them than reminding them of that fact. Some clients who move into a victim stance under this type of duress may need some cognitive restructuring on this point, but they also are going to need a repertoire of coping skills, communication skills, and encouragement to live responsibly and implement the concepts they have been learning in our treatment programs.

Finally, those among us who have the interest and ability to do research should be exploring in the months and years ahead whether or not community notification is serving the purpose of reducing sexual abuse in our state. If it is, then we can all be grateful for that. If it is not, I hope that RSOTP'S will be ready with new ideas for the effective management of sexual offenders in our neighborhoods. We have an obligation to the communities of Texas to consistently work toward the reduction of sexual violence in our state.

I was honored and delighted to be asked by Governor Bush to serve as a professional member on the Council on Sex Offender Treatment. Over the past few years, the Council has worked diligently within the professional community to create more accountability and further the opportunities available to sex offender treatment providers, while providing for a safer society.

As a newly appointed Council member, I envision three necessary components in reevaluating the most effective ways to respond to your needs. As a council, I would like to see increased communication, collaboration, and accountability for the criminal justice system, mental health system, service providers, and the community. It is not my intent to use this forum to debate the merits of this new law.

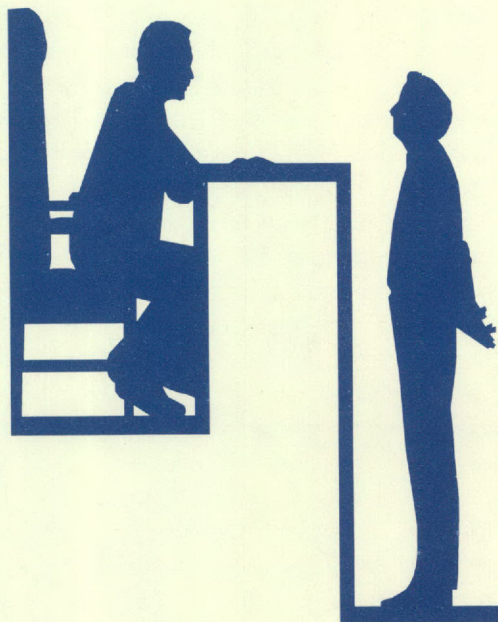
Sincerely,
F. Liles Arnold, M.S., LPC

Testifying as an Expert Witness

Glen Kercher, Ph.D.
Sam Houston State University
Mr. Kercher is Chairperson of the Interagency Advisory Committee (IAC)

For many years the courts have allowed the testimony of mental health providers to inform the trier of fact about behavior that is difficult to understand. In so doing, however, they have found themselves in the difficult position of trying to decide what constitutes an "expert." Several judicial decisions in the past six years have addressed this issue, and as a result expert testimony is coming under increasing scrutiny.

The decision to accept the testimony of an expert witness has often been based solely on the witness' professional affiliation. A Registered Sex Offender Treatment Provider's (RSOTP) claim of expertise in treating sex offenders rests on the assertion that through education, training, and experience he or she possesses the knowledge and skills that well-informed RSOTPs generally possess. However, this assertion tells the court nothing about whether to accept any group member's claims about that topic. Qualifications are a necessary, but not a sufficient basis for a claim of expertise. The court may ask what well-informed members of the profession claim to know about the issues before the court, how they know what they claim to know, and whether their ways of knowing and applying this knowledge are sufficient grounds to accept their conclusions. For example, knowledge is regarded as scientifically derived not simply because of the qualifications of the scientist, but the methodology used to study the question.



In 1923 the US Supreme Court in *Frye v. United States* recognized that qualifications are a necessary but not a sufficient condition for the admissibility of expert scientific evidence. *Frye* required that the expert's methods and procedures have gained general acceptance within the scientific community. This decision was criticized because it (1) did not offer a definition of science; (2) relegated judges to a passive role in deciding whether to admit expert testimony; and (3) seemed to assume that being generally accepted was the same as being right or useful.

In 1975 Congress enacted the Federal Rules of Evidence, which gave judges broad discretion to screen evidence. Most of the states have since adopted evidence codes patterned directly after the Federal Rules. These rules were intended to lower the barriers to expert opinion testimony. Prior to their enactment, common law rules of evidence were relatively restrictive with regard to expert testimony. The courts were concerned that an uneducated, naive jury might abdicate its decision-making responsibility to the expert. As a result, expert testimony was generally admissible only when the issues were wholly beyond the knowledge of the fact finder. The Federal Rules of Evidence reflected a relaxation of those barriers to expert testimony. The new approach was premised on greater confidence in the intelligence and sensibility of jurors.

The U.S. Supreme Court in *Daubert v. Merrell Dow Pharmaceuticals, Inc.* (1993) attempted to remedy some of the flaws in *Frye*. The decision articulates what is "right." It also places responsibility for the admission of expert testimony on a definition of science and a method of analysis, beyond mere popularity, to assess the trial judge. But the primary importance of *Daubert* is that it signals increased scrutiny of experts. This decision reflects a shift towards greater restrictiveness, proceeding on the belief that experts, who either because they are unqualified or because they utilize unreliable methods and procedures, have persuaded unsophisticated juries to reach unjust verdicts. The larger significance of *Daubert* is as part of a trend in both state and federal courts toward a more demanding level of scrutiny requiring scientific support or validation for the assertions made by mental health professionals in forensic settings (Greenberg and Shuman, 1997).

To assess reliability of expert testimony the Daubert Court focused the inquiry on whether the scientific facts or body of scientific knowledge was of a type reasonably relied upon by experts in a particular field in forming opinions or inferences upon the subject. That is, were the inferences or assertions of the expert derived by the scientific method? To help the judge in making these determinations, the Court offered four guidelines: (1) Is the theory or hypothesis falsifiable or testable? (2) Have the findings been subjected to peer review and publication? (3) Is there a known or potential error rate associated with applications of a theory? (4) Is the technique or methodology at issue generally accepted?

In 1995 Texas adopted the *Daubert* test in *E. I. DuPont de Nemours and Co. v. Robinson.* A textual analysis of the *Robinson* opinion and later pronouncements by that opinion's author make clear that it is limited to scientific expert testimony and does not apply to nonscientific expert testimony. However, the U.S. Supreme Court ruling *Kumho Tire Co., Ltd., et al., v Carmichael et al.* (1999) made it clear that the *Daubert* criteria apply to both scientific and quasi-scientific testimony. This ruling leaves little doubt that testimony by mental health experts will be increasingly evaluated according to the *Daubert* criteria.

Nevertheless, there continues to be considerable debate both within the legal profession and the clinical field about whether *Daubert* and *Robinson* should apply to testimony by mental health experts. One area of mental health expertise about which the courts have often held that the scientific evidence is more prejudicial than probative is testimony on "rape trauma syndrome" and "battered woman syndrome." Some courts may not permit using the term "rape trauma syndrome," favoring the more neutral term, "posttraumatic stress disorder."

(Testifying as an Expert Witness continues on page 7)

(Testifying as an Expert Witness continued from 6)

The former term tends to give the impression that rape has occurred, which is prejudicial. Since the 1970s many courts have applied the "general acceptance" test to exclude diverse sorts of social and behavioral science evidence, including evidence on syndromes and profiles. It might be anticipated that testimony which emphasizes so-called "typical profiles" of pedophiles or rapists might be challenged according to *Daubert/Robinson* criteria.

There are a number of ways mental health experts can minimize challenges to their testimony based on *Daubert/Robinson* criteria.

1. The expert should explain his or her theoretical orientation to the court. This should be simple and parsimonious. Some forensic experts (Harrison, 1998) recommend emphasizing neurobehavioral and developmental orientations while downplaying cognitive and existential explanations, presumably because the first two are more immediately empirical than the latter.

2. Cite major references supporting one's orientation.

3. Insure that the methods used are consistent with the stated orientation. For example, explain how the interviews used with children took into consideration developmental principles. In basing opinions on children's testimony, the clinician should be prepared to support his or her opinion with published research on the validity of such testimony.

4. Explain the rationale of one's methodology. Cite references supporting the data collection and treatment approaches. Mental health experts should be prepared to demonstrate how their methods and approaches are consistent with guidelines and standards of care proffered by professional associations and licensing/certifying organizations. For example, RSOTPs should insure that they follow the standards of care and ethical guidelines of the Council on Sex Offender Treatment and the Association for the Treatment of Sexual Abusers in the provision of services to sex offenders. Moreover, a number of professional associations have published guidelines for practicing in the forensic area and for assessing and treating a wide array of clients and mental health problems about which the expert may be questioned when presenting testimony. Among these are the American Psychological Association and the American Academy of Child and Adolescent Psychiatry. One or both of these associations have promulgated guidelines for the assessment and treatment of children and adolescents who may have been physically or sexually abused, who have conduct or bipolar disorders, or who have abused substances. Other references with which mental health experts should be familiar include *Sattler's (1998) book* on forensic interviews of children and families, *Ziskin's book (1988)* on how to address psychological and psychiatric testimony, and *Ackerman's (1995) book* on forensic assessment. These are essential references for any mental health expert testifying in court. It should be noted that increasingly mental health experts are being retained to challenge the testimony provided by mental health experts for the opposing side. The bases for these challenges include determining whether guidelines and standards of care were followed in assessing or treating the person at issue, the validity of the methods used, etc.

5. Eliminate fringe methods (because their validity and reliability are difficult to defend) such as drawings, serial interviews with children, etc.

6. Know the fundamentals of test construction and the particular psychometric properties of the instruments used. An essential reference is Anastasi (1999). Be prepared to defend the conclusions drawn from test data.

7. The expert's opinions should follow clearly and logically from his or her orientation and methodology.

Mental health professionals need to be prepared to report the limitations of currently available data-gathering procedures and theories for answering questions in the cases about which they are offering testimony. These experts are well advised to think clearly about their role in assisting the courts in reaching legal conclusions. To do less is to diminish the credibility of the treatment enterprise.

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Q

Dear Maria and Liles:

I am doing sex offender treatment in a rural area for adolescents and adult offenders. Is there an ethical question about treating an adult offender and an adolescent offender who are brothers? Neither know that I am treating the other. So far there have not been any allegations that the older brother has sexually offended the younger brother.

Signed, "All in the Family" Sex Offender Treatment Provider

The Ethics Corner will be a regular feature of the Texas Resource. Council members Maria Molett and Liles Arnold will be reviewing and providing responses to frequently asked questions. Please submit your "Ethics Corner" questions to the Council E-mail address:
csot@licc.tdh.state.tx.us

The Ethics Corner

A

Dear "All in the Family" Sex Offender Treatment Provider:

This question has both supervision and ethical considerations to it. As a supervisor our questions are: How do you know they are brothers? How long have you known? Do they know that the other is on probation for a sex offense? Do their respective probation officers know? If so, how? Who in the family knows that they are in treatment with you? How long do you think it will be before they discover that you are seeing both? How might they manipulate the situation if they know you are their therapist? What problems do you foresee that this situation will cause? Do you have a full disclosure, honesty policy in your treatment program? The answers to these questions should assist you in deciding what you must do.

Now, as for ethical concerns the first one we see is confidentiality. At this time you can not talk with anyone without releases. This can get very complicated especially if you involve the family (this is why a full disclosure policy is effective) as the support system in both of them puts in a bind/conflict of interest (second ethical problem). For example what if you do find out that they have molested the same person, another family member or they were involved in an offense together? How will you deal with any of these or all of these situations? REMEMBER the law is clear if you have any knowledge of child abuse you must report.

Remember families with abuse keep secrets so it is very important that treatment does not. Our concern is that when it gets to be a problem that you are working with both it may be too late. We suggest you address this issue now and have a set policy for your treatment program based on ethics and professional standards that will serve you in the future. The solution may be that one will have to have another treatment provider even if this means traveling to another city. Or it may turn out to be a huge mess with you being the one who is blamed.

Q

Dear Maria and Liles:

I would like some information: Would a "sex offender" that likes adult women, change his preference to children of either sex? If a "sex offender" went to prison then got out, would he wait 25+ years to molest a child if he is not a child molester in the first place? What is the "normal treatment" of a sex offender? Is a "sex offender" cured after treatment? Can a traumatic event change a sex offender?

Signed, Unknown

A

Dear Unknown:

According to current professional literature and research in the area of sex offender treatment, a person who has been labeled a sex offender can have multiple paraphilia. They can have sexual arousal for children and adults (at the same time) as well as arousal for other paraphilia, like voyeurism or exhibitionism. Arousal for children can be either male or female or both; can be specific to certain ages, like infants, pre-school, pre-teen, or teen age.

In order to classify a person as a child molester one would have to have objective evidence through the offense / victim report, clinical polygraphs specific for sex offenders, and penile plethysmographs. If not, it is very typical of the offender to deny the charges and behaviors. Self-report by an offender is never good enough.

Regarding your question, "would he wait 25+ years to molest a child...?" We don't know. Unfortunately, the only proof we would have is if the child made an outcry and the offender was arrested. Most offenders molest hundreds of times and with numerous victims before they are caught. We know this because of the sex history clinical polygraphs. So, the answer to your question most likely is, NO, he hasn't waited, he's been molesting, he just hasn't been caught.

(The Ethics Corner continues on Page 9)

(The Ethics Corner continued from page 8)

Concerning treatment for sex offenders, the standard treatment is Cognitive-Behavioral treatment. Group treatment is the majority of the focus. Treatment involves the offender being total honest (use of clinical polygraphs), identifying their deviant sexual arousal (plethysmograph), modifying the arousal (behavioral interventions), addressing cognitive distortions, offense cycle, relapse prevention and victim empathy. Involvement of the family or significant others in the offender's life is very important to educate them and so that they can be a support for the offender. Additionally, sometimes medication is also used and can be effective. Sex offender treatment is long term and there is no cure.

A person will always have deviant arousal, they can learn how to control it, but it is always there. The offender always has to watch their "red flags" or high risk situations. These are emotions or situations that increase the risk of offending. For example, if an offender has sexual arousal for infants they should NEVER be alone with an infant, bathe or change an infant. If they do, they will begin to fantasize about the infant and this will lead to offending.

To your question, "can a traumatic event change a sex offender?" Again, I don't know. I will say that unless a polygraph and plethysmograph proved it, I would not believe it. I will give you some real case examples:

1. **A sex offender who is a paraplegic (no feeling below the waist), has molested children;**
2. **A sex offender shot himself in the head, and lost a great deal of his brain. His deviant arousal returned and he re-offended; and**
3. **A sex offender who is terminally ill molested his granddaughters.**

There is a book titled, Out of the Shadows,
by Patrick Carnes you may find interesting on this subject.

REPORT or NOT REPORT, an Attorney General Opinion for the Polygraph

On July 6, 1999, the Office of Attorney General issued Opinion No. JC-0070, regarding whether a polygraph examiner who in the course of an examination learns that a child has been abused or neglected must report that information to the appropriate authorities.

SUMMARY

The summary concluded the following:

Section 261.101 of the Family Code prevails over a conflicting statute, such as section 19A of the Polygraph Examiners Act, article 4413(29cc) of the Revised Civil Statutes, unless the legislature has explicitly indicated to the contrary. Because the legislature has not expressly excepted the information a polygraph examiner acquires during the course of a polygraph examination from the scope of section 261.101 of the Family Code, a polygraph examiner must report information indicating that a child has been or may have been abused or neglected in accordance with section 261.103 of the Family Code.

The examinee's local community supervision and corrections officer or parole officer is not an "agency designated by the court to be responsible for the protection of children" for purposes of section 261.103 of the Family Code, unless a court has specifically ordered otherwise.

A court probably would find that a polygraph examinee is not entitled to counsel during the course of a polygraph examination under section 261.101 of the Family Code and, consequently, that conducting the examination without counsel does not violate the examinee's due-process right. The attorney-client privilege applies to the testimony of a polygraph examiner hired by an attorney in certain circumstances.

An examinee may have a right to claim the privilege against self-incrimination during the course of a polygraph examination. If the state wishes to compel an examinee who has legitimately invoked the privilege to respond to the question, the state must determine whether to provide immunity for the confession.

You may review the opinion in its entirety at:
http://www.oag.state.tx.us/opinopen/opinions/op49cornyn/jc-0070.htm

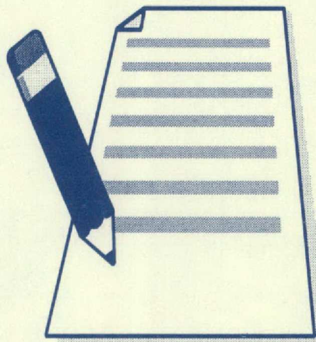
Report on the Civil Commitment Multidisciplinary Team Committee

Maria T. Molett, M.A. L.P.C.,R.S.O.T.P.
CSOT Representative to the CCMDT

The Multidisciplinary Team is defined in the legislation of civil commitment as:
An interagency committee that has been statutorily established to implement civil commitment. The team is responsible for reviewing records of persons referred to the team under Section 841.021 of the Texas Health and Safety Code to determine if civil commitment is warranted. The team shall include:

- two persons from the Texas Department of Mental Health and Mental Retardation;
- one person from the Texas Department Of Public Safety;
- one person from the Council on Sex Offender Treatment, and
- three persons from Texas Department of Criminal Justice, one of who must be from the Victim Services office of that department.

The team reviews cases as presented to them by the Services Division of the Texas Department of Criminal Justice or the Texas Department of Mental Health and Mental Retardation.
These individuals have been identified as offenders subject to civil commitment and information is given to the team on each offender.



The team meets and reviews each case. All information is available to the team to assist them in their decision. These criteria include, but are not limited to:

❶ past and present convictions, including the nature of the offenses and the offender's relationship to the victims;
❷ institutional adjustment;
❸ prior treatment participation
❹ existence and/or stability of proposed release plans;
❺ whether or not the offender will be supervised by the Parole Division upon release, and proximity of date of discharge from supervision; and
❻ level of risk assessed for the probability that the offender will commit another sexually violent offense upon release.

If the team determines that the person is a repeat sexually violent offender and likely to commit a sexually violent offense after release of discharge the team shall:

- give notice of that determination to the Texas Department of Criminal Justice or the Texas Department of Mental Health and Mental Retardation, as appropriate, within 30 days; and
- recommend the offender for an assessment of behavioral abnormality.

A Sexually Violent Offense:
❶ Indecency with a Child by Contact, 21.11 (a)(1) PC;
❷ Sexual Assault, 22.011 PC;
❸ Aggravated Sexual Assault, 22.021 PC;
❹ Aggravated kidnaping with the intent to violate or abuse the victim sexually, 20.04 (a)(4) PC;
❺ Burglary with the intent to commit any of the offenses listed above, 30.02 (a)(d) PC;
❻ Criminal Attempt to commit any of the offenses listed above, 15.01 PC; and any
❼ offense under prior state law, the laws of another state, federal law, or the Military Code of Uniform Justice that contain elements similar to the offenses listed above.

Behavioral Abnormality: A congenital or acquired condition that, by affecting a person's emotional or volitional capacity, predisposes the person to commit a sexually violent offense, to the extent that the person becomes a menace to the health and safety of another person.

Sexually Violent Predator: A person who is a repeat sexually violent offender (with more than one conviction for a sexually violent offense), and suffers from a behavioral abnormality that make the person likely to engage in a predatory act of sexual violence.

Predatory Act: An act that is committed for the purpose of victimization and is directed towards a stranger, a person of casual acquaintance, or a person with whom a relationship has been established or promoted for the purpose of victimization.

(Report on the Civil Commitment Multidisciplinary Team Committee continues on page 11)

(Report on the Civil Commitment Multidisciplinary Team Committee continued from page 10)

To date the team has meet for three days in Huntsville, Texas to review the cases of the individuals who would be released from prison during January, February, March and part of April 2000.

The results of the process are as follows:

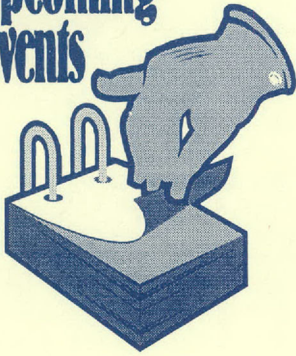
January & February cases:
Cases Reviewed: 54
Referred for Evaluation: 13
Status: 7 Discharge (no parole)
6 Mandatory Supervision (parole)*

March & April (partial)
Cases Reviewed: 25
Referred for Evaluation: 9
Status: 5 Discharge (no parole)
4 Mandatory Supervision (parole)*

***In these cases the committee voted to refer for evaluation because the cases represented such a risk to the community that even though the individuals would be on parole and under supervision the committee felt strongly that they needed to be referred for civil commitment consideration.**

The communities that were represented on the referral cases were: Pasadena, Wichita Falls, Midland, Kent, Kyle, San Antonio, Houston, Grayson County, Blessing, Travis County, Harris County, Lone Star, Austin, Tarrant County, McKinney and Cookville.

Those cases not referred were because the status of their release was mandatory supervision for an extended period of time, they had INS Detainer Status (Mexico), they were not seen as high risk or predatory, or they did not qualify in seven cases for consideration under the law. They only had one offense or the offenses did not meet the definition under civil commitment.



February of 2000 — The **9th Annual Texas Conference on the Treatment and Supervision of Adult Sex Offenders** will be held in Addison, Texas. Please call Cecil Marquart for more information (409) 294-1677.

March 20, 2000 — Last day to submit Call For Proposal for the **8th Annual Texas Conference on The Treatment and Supervision of Juvenile Sex Offenders**.

July of 2000 — The **9th Annual Texas Conference on The Treatment and Supervision of Juvenile Sex Offenders**. The conference will be held in Austin, Texas. Dates and location are currently being considered.

July of 2000 — Spring *Texas Resource* will be distributed.

July of 2000 — Renewal applications will be mailed to all current registrants.

Reminder: rule §810.4(l) Number of continuing education hours. All renewal applicants must submit by the end of every fiscal year, a minimum of 12 hours of continuing education documentation is sex offender treatment of which three hours may be in sexual assault victim related training,

Use page 15 to post on the wall in your client waiting room and fulfill one of the rule requirements!

COUNCIL RULES AND REGULATIONS:
Section §810.62 (a)(18) Registrants shall display the address and telephone number of the council in all sites where sex offender treatment services are provided for the purpose of directing complaints to the council.

Crime Victims' Compensation
A Resource for Victims of Sexual Assault

by Diane C. Birdwell,
Public Information Officer
Office of the Attorney Gerneral

Passed in 1979, the Texas Crime Victims' Compensation Act created the Crime Victims' Compensation Fund which is supported by people who break the law. The offender pays court costs in an amount that ranges from $15 to $45 depending on the type of crime they commit. Probationers and parolees are also required to make payments into the Fund.

The Crime Victims Compensation Fund can provide financial assistance with a variety of expenses related to a crime.

For example, Crime Victims' Compensation can help pay the medical bills and counseling for the injuries of an abused child or a sexual assault survivor. The Fund can also provide lost wage and loss of support payments in certain situations. Compensation can also assist domestic violence victims with financial assistance for relocation expenses. This new award was added to the list as a result of action taken by the Texas Legislature in 1999. This one-time award may not exceed $3,800 and can assist with such items as the actual moving cost, rent and security and utility deposits.

★ The following is a complete list of categories of awards crime victims may be eligible for as they relate to injuries suffered as a result of a crime ★

- reasonable medical, prescription and rehabilitation expenses;
- mental health counseling;
- burial and funeral expenses;
- lost wages and loss of support;
- travel associated with seeking counseling or medical treatment, or attending or participating in the criminal justice process;
- reasonable attorney fees for legal assistance in filing the crime victims' compensation application and in obtaining benefits, if the claim is approved;
- reasonable cost associated with crime scene cleanup;
- reasonable replacement cost for items such as clothing or bedding taken as evidence or made unusable as a result of the criminal investigation, and
- one-time relocation cost for victims of family violence.
- Reimbursement for property damage or loss is not an eligible expense.

Amount of Compensation

- Total reimbursement may not exceed $50,000 unless the injury is catastrophic, and
- Individuals who suffer total and permanent disability as a result of their victimization (considered catastrophic) may qualify for an additional $50,000 which may be used for expenses such as lost wages, prosthetics, rehabilitation and making a home wheelchair accessible.

The Crime Victims' Compensation Fund is regarded as "the payer of last resort." Other sources, such as health care insurance or Medicaid, must be considered first. The staff in the Crime Victims' Compensation Division will work with applicants to see that all available resources are coordinated to work in the best interest of the victim.

(Crime Victims' Compensation continues on page 13)

(Crime Victims' Compensation continued from page 12)

Who is eligible for Crime Victims' Compensation

- Victims who suffer bodily injury, emotional harm, or death as a result of a violent crime;
- Texas and U.S. residents who become victims of crime in Texas and who become victims of crime in a state or country without a compensation program, and
- People who legally or voluntarily assume expenses related to the crime on behalf of the victim.

To be eligible, the victim and claimant cannot share responsibility for the crime, and must report the crime and cooperate with the law enforcement agencies in the investigation and prosecution of the crime.

How to apply

Applications are available from hospitals, law enforcement agencies and prosecutor's office. The Crime Victims' Compensation Division will also provide applications.

For More Information, Contact:

Office of the Attorney General
Crime Victims' Compensation Division
P.O. Box 12198
Austin, TX 78711-2198
(800) 983 - 9933 or
(512) 936-1200

The staff at the Crime Victims' Compensation Division is available to help victims and their families access this program. Applications are available in English and Spanish; our toll-free phone number is staffed by both English and Spanish speakers. Applications and information are also available from our

Website: http://www.oag.state.tx.us

Call for Proposals

The 8th Annual Texas Conference on The Treatment and Supervision of Juvenile Sex Offenders

presented by

☆Correctional Management Institute of Texas (CMIT)
Sam Houston State University
☆Council on Sex Offender Treatment (CSOT)
Texas Department of Health

July of 2000

The CMIT and CSOT request submission of proposals for workshop presentations (1.5 to 2 hour sessions)

Submitted proposals must include:

✓One paragraph biography for each presenter
✓One page abstract including objectives for the presentation
✓25-word summary of workshop for publication in the conference program
✓Track requested for workshop (see below)

Tracks Include:

✓1-2 Years Treatment Experience - Basic & Intermediate Level Workshops
✓1-2 Years Supervision Experience- Basic & Intermediate Level Workshops
✓Polygraph Utilization
✓3+ Years Advanced Treatment Techniques
✓3+ Years Advanced Supervision Issues
✓Sexual Assault Survivor Issues
✓Criminal Law Issues

Submission Deadline: March 20, 2000

The Council on Sex Offender Treatment approves sex offender treatment providers who meet the council's criteria for

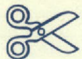
Registered Sex Offender Treatment Provider (RSOTP) and Affiliate Sex Offender Treatment Provider (ASOTP) status.

Members of the public may notify the council of complaints concerning the practice conducted by an RSOTP and/or an ASOTP.

The consumer complaint address & phone number are:

Council on Sex Offender Treatment Complaints
PO Box 141369
Austin, Texas 78714-1369

1-800-942-5540



Call For Proposals

The 8th Annual Texas Conference on the Treatment and Supervision of Juvenile Sex Offenders

July of 2000

Presenter

Education / Licensure

Organization

Address

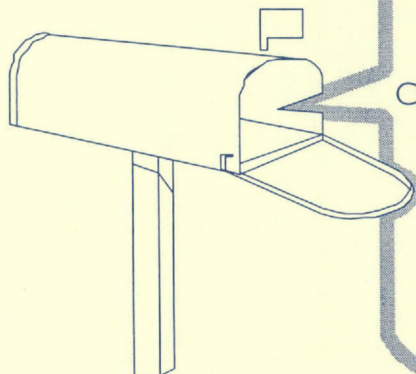
City / State / Zip code

Phone Fax

Title of Presentation

Track

Target Audience



Deadline: March 20, 2000

Mail typed proposal to:

Correctional Management Institute of Texas
ATTN: Cecil Marquart
P. O. Box 2296
Huntsville, TX 77341-2296

For more information contact:
Cecil Marquart (409) 294-1677

PLEASE SUBMIT A FORM FOR EACH PRESENTER

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Council on Sex Offender Treatment
1100 W 49th St
Austin, Texas 78756-3183

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