

S 760.6
R312
2:1

Government Publications
Texas State Documents

AUG 22 1994

Depository
Dallas Public Library

The Texas Resource

The Newsletter on Sex Offender Treatment Issues from the
Council on Sex Offender Treatment

Spring 1994

Vol. 2, No. 1

INSIDE...

COVER STORY: *Public Hearing on REGISTRY Rules*.....1

LETTER FROM THE CSOT CHAIR: *Dr. Collier Cole Discusses the Hearing*.....2

LETTER FROM THE IAC CHAIR: *Cecelia McKenzie. Writes on Behalf of the Interagency Advisory Committee*.....3

NEWS BRIEF: *CSOT Appointed to Commission on Children & Youth*.....4

UPDATE: *Sex Offender Registration Program*.....6

WELCOME TO THE REGISTRY! *New RSOTPs*.....8

BOOK REVIEW: *Part II of the Handbook of Sexual Assault is reviewed by Dr. Matthew Ferrara*.....10

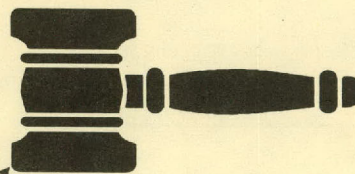
GUEST COLUMN: *A Letter from Victim Advocate Nancy Harrington*.....11

COMING UP: *Training in Sex Offender Treatment*.....12

JUVENILE CONFERENCE: *Second Annual Event is Announced*.....14

FYI: *News Bites*.....16

Public Hearing Draws Statewide Attention on REGISTRY Rules



On January 26, The Council on Sex Offender Treatment (CSOT) held a public hearing on the proposed new rules for the REGISTRY. Testimony from twelve professionals from around the state focused on calls for a new system of certification and the clarification of the law regarding use of the title "Sex Offender Treatment Provider."

The rules, which pertain to the conditions of an applicant's inclusion in the Sex Offender Treatment Provider REGISTRY, have been under revision by the Council since 1993. The REGISTRY is a statewide publication which lists therapists and physicians who have met minimum requirements established by the Council to become a Registered Sex Offender Treatment Provider (RSOTP).

A draft of the proposed new rules was distributed to sex offender treatment providers last fall, and persons interested in expressing comments or suggestions on the new rules were invited to testify at the public hearing. Among the most significant changes proposed by the Council's draft was the creation of an Affiliate Sex Offender Treatment Provider level. This status would allow a licensed professional who has not had the clinical experience required for an RSOTP, but who practices under the supervision of an RSOTP, to be listed in the REGISTRY as an "Affiliate Sex Offender Treatment Provider" (ASOTP). The draft outlines supervision requirements for the AASOTP.

The draft of the proposed new rules also specifies that a provider would be required to have a minimum of 1,000 hours of clinical experience in sex offender assessment and treatment in order to qualify. The current rule states that one year of clinical experience is required, which needs not be full-time. The change provides for a more accurate measurement of clinical experience, and also requires that experience be obtained within a consecutive seven-year period and be supported by two professional letters of reference.

In the area of training, the proposed new rules clarify that

continued on pg. 5.....



Council on Sex Offender Treatment

Collier M. Cole, Ph.D.
Chairperson

Norma W. Reed, LMSW-ACP
Vice-Chairperson

Walter J. Meyer, III, M.D.

Interagency Advisory Committee

Cecelia McKenzie
Chairperson
Texas Department of Health

Pam W. Rodgers, M.A., LPC
Vice-Chairperson
Texas Department of Protective
and Regulatory Services

Rosalie Bolden
Texas Council on MH-MR Centers

Joseph Bon-Jorno
Texas Department of Criminal
Justice - Institutional Division

Galen Brewer
Texas Department of Mental
Health-Mental Retardation

Patti Dobbe
Texas Department of Criminal
Justice - Pardons and Paroles
Division

John R. Hill, M.S.W., LMSW
Texas Department of Criminal
Justice - Community Justice
Assistance Division

Glen A. Kercher, Ph.D.
Sam Houston State University

Linda Reyes, Ph.D.
Texas Youth Commission

Harold P. Scogin, Sr.
Texas Juvenile Probation
Commission

Letter from the CSOT Chair

Dear Colleague:

On behalf of the Council on Sex Offender Treatment, I would like to extend our appreciation to the many dedicated professionals who attended January's public hearing on the proposed new rules for the REGISTRY. We heard from treatment providers statewide, each of whom expressed a desire to improve the field of sex offender treatment and who identified many important issues.

The Council has considered all of your comments extensively. What we found to be at the core of your concerns is the implication of the current law restricting use of the title "Sex Offender Treatment Provider."

It must be made clear that the Council's enabling statute, Senate Bill 1130, is a title act and not a practice act. It protects the use of the title, but it does not limit anyone's ability to provide treatment.

Another important issue which surfaced in public testimony is the inclusion of additional licensed professionals in the REGISTRY. This issue provoked much discussion between the members of the Council and the Interagency Advisory Committee. Our final decision regarding the list of qualifying licensures is based on a shared concern for the quality of sex offender treatment.

As one of our colleagues pointed out at the hearing, sex offender treatment is in its infancy. This population is unique and extremely challenging to work with, requiring very specialized treatment. Treatment providers need to be thoroughly trained in general mental health treatment and in the specific practices of treating the sex offender. We believe that the more experienced and trained individual treatment providers are, the better able they will be to facilitate positive change in the offending behavior.

Based on testimony presented at the public hearing, we have included the Psychiatric Clinical Nurse Specialist, Psychiatric Mental Health Nurse Practitioner and Psychological Associate in the list of qualifying certifications for the REGISTRY. All are masters-level professionals with formal training in mental health and psychiatry. It is not our intention to exclude professionals such as the LCDC and CADAC from treating sex offenders for the specific issues which they have been trained to address. We recognize that these professionals may be instrumental in the rehabilitation process of a dually-diagnosed sex offender; however, since he or she is primarily providing substance abuse treatment, it would be inappropriate to register him or her as a sex offender treatment provider. We encourage these professionals to work under the guidelines of their credentialing boards, and under supervision of the RSOTP providing sex offender treatment services.

The Council notes its appreciation to the Texas Association for Sex Offender Treatment (TASOT) and the Texas Nurses Association for their involvement in the development of our rules. The Council was able to respond to TASOT's concerns through the creation of Senate Bill 1130, and again during the drafting of the proposed rules.

Sincerely,

A handwritten signature in cursive script that reads "Collier M. Cole".

Collier M. Cole, Ph.D.
Chairperson, Council on Sex Offender Treatment

Letter from the IAC Chair

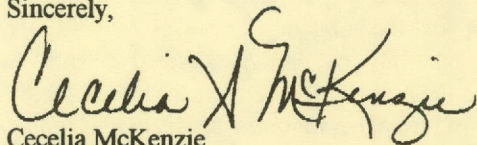
Dear Colleague:

The Interagency Advisory Committee (IAC), which is comprised of representatives from various state agencies, has put a great deal of thought into its recommendations to the Council on the issue of the REGISTRY rules. As administrators of state programs for sex offenders and survivors of sexual assault, members of the IAC have a common priority in our work with the Council: to increase the number of qualified sex offender treatment providers across the state.

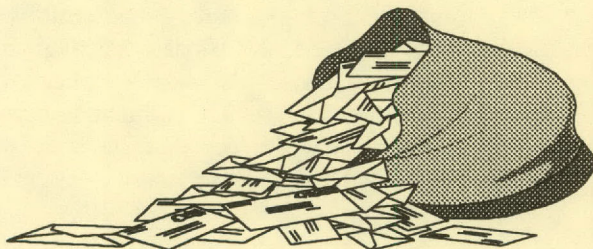
The IAC supports the standards the Council has set for Sex Offender Treatment Providers. We believe it is imperative that persons working with this population be equipped with a broad base of education and experience in the field. We are aware of an urgent need for greater availability of sex offender treatment services. At the same time we want to ensure that the people providing these services are educated, trained and properly licensed. This is why we have recommended the Council keeps its current requirement that Sex Offender Treatment Providers be masters-level professionals with certain licensure; add a requirement for continuing training every two years; and conduct criminal background checks on all applicants.

We look forward to continuing to work with all of you who have been so instrumental in the development of sex offender treatment, and to welcoming new professionals to the field.

Sincerely,

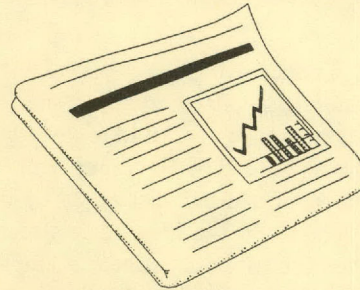


Cecelia McKenzie
Chairperson, Interagency Advisory Committee



**The Council on Sex Offender
Treatment is pleased to offer the**

1994 Press Review



**This comprehensive collection of
clippings from newspapers around Texas
and the nation reflects a years worth of
information and events on the subject of
sex offenses.**

175 pages of articles on:

- Bills and Laws**
- Trusted Offenders**
- Sex Offenders**
- Juvenile Sex Offenders**
- Nontraditional Therapies**
- Therapy**
- Penile Plethysmograph**
- Society's Outrage and Fear**
- Victims**
- Ethics**
- The Prison System**
- A Retrospective Look at Sex
Offender Issues**

**This collection offers valuable insight to
sex offender treatment providers,
criminal justice and law enforcement
professionals, human services personnel
and others interested in understanding
the current issues of sex offenses.**

**To order a copy of the 1994 Press
Review for \$6 per copy, call CSOT at:**

(512) 463-2323

**Or send a written request along with
payment to:**

**P.O. Box 12546
Austin, Texas 78711-2546**

Council on Sex Offender Treatment Serves on the Texas Commission on Children & Youth

The Council on Sex Offender Treatment recently began serving on the Texas Commission on Children and Youth. The Council was appointed by Governor Ann Richards to serve as an ex-officio member of the Commission, which was created by the 73rd Legislature to develop a comprehensive proposal aimed at improving and coordinating public programs for children.

Led by Senator Jim Turner, Chair, and State Representative Allen Hightower, Vice Chair, the Commission consists of eleven public members; three Senators; four State Representatives; and thirteen ex-officio members from state agencies, including the Council on Sex Offender Treatment.

"As an agency that serves children, our role is to consider the high number of children who are victims of sex offenses in Texas, as well as the number of sex offenders who are children themselves" said the Council on Sex Offender Treatment's Executive Director Eliza May, who represents the Council on the Commission.

The Commission has approved a work group structure that divides members into four groups focusing on Prevention, Intervention, Accountability and Service Delivery. Within this structure, members will examine four distinct areas of programming: education, health care, family services and juvenile justice.

In the area of education, the Commission will develop a plan to reduce the rate of school dropouts while ensuring children are prepared to enter the work force upon graduation. Recommendations will seek to increase parents' accountability and involvement in children's schooling. The Commission will also review and make recommendations on disciplinary procedures in Texas schools. "Our schools must develop a policy of zero tolerance that all of us stand behind," Richards said. "Zero tolerance for violence and disrespectful behavior. Zero tolerance for drugs and weapons."

A plan to increase access to basic health

care for children will also be developed. This includes preventative care, prenatal care, immunization and mental health services. Texas ranks 48th in the nation in early prenatal care. More than two million children in the state have no health insurance coverage.

In the area of family services, recommendations will be made on how to improve the prevention, detection and treatment of child abuse and neglect. This is the issue which the Council on Sex Offender Treatment hopes to affect with its resources in the area of child sexual abuse. According to a 1989 legislative study of Texas' child protection system, children who are physically, sexually or emotionally abused are more likely than others to grow up to be criminals. In fact, a national

study by an advocacy group called The Children's Youth Fund found that 20 percent of abused children are convicted of crimes, and 80 percent of delinquent juveniles claim to have been abused or neglected. The Commission will also consider a plan to

provide child care for all working parents and submit a review of rules governing foster care.

Goals for the juvenile justice system start with prevention: improving services for predelinquent and at-risk children in order to keep them out of the system. The Commission will examine how to best provide effective care for children once they are in the system, and establish a mechanism for cooperation among agencies that deal with juvenile crime. "It is imperative that we develop better ways of working together to solve the problems of our youth" said Senator Jim Turner, Chair of the Commission.

In order to achieve its goals, the Commission has scheduled fifteen meetings over eleven months to review the data it collects and develop recommendations. The Commission must submit its proposals to the Governor, the Lieutenant Governor and the Speaker of the House by December 1, 1994.

"It is imperative that we develop better ways of working together to solve the problems of our youth."

- Senator Jim Turner, Chairman

at least 75% of the required forty hours of training must be in sex offender rehabilitation, while no more than 25% may be in victim training. For renewal, RSOTPs and ASOTPs must submit documentation of 24 hours of training every two years.

Professionals testifying at the hearing raised a number of issues about the proposed rules. Dr. Matthew Ferrara, a current RSOTP, testified to the need for a third level of certification, and suggested different education, training and experience requirements for each of the three "tiers" he proposed. Dr. Ferrara believes it is to have people working directly under an RSOTP recognized by the Council, "Because of liability. When there's an external credentialing body it reduces liability. It says 'We just didn't dream this up by ourselves...'"

James Willmann, General Counsel for the Texas Nurses Association (TNA), testified on behalf of TNA and the Houston Association of Psychiatric Nurses. He advocated the inclusion of Psychiatric Mental Health Nurse Practitioners and Clinical Nurse Specialists in the REGISTRY. Both are

may not claim to be a sex offender treatment provider or use the title 'sex offender treatment provider' unless a person is listed in the registry."

Council members stated that the Council has no intention of limiting practice with this act. The goal is to increase the number of qualified sex offender treatment providers in Texas. It was demonstrated, however, that in some cases, the law has been interpreted to mean that someone who is not an RSOTP can not legally provide treatment to sex offenders, even in the capacity of a co-therapist or an educator. This is not the case: LCDCs, CADACs and Nurse Practitioners must practice under the guidelines of their own licensing boards, which do not prohibit them from treating sex offenders for the specific issues they are trained to address.

Barbara Levinson, a Clinical Nurse Specialist, LMFT and RSOTP, offered as an example a Parole Board contract she recently applied for. Anyone treating sex offenders under this contract was required to be an RSOTP with a masters degree.

Diane Morris, General Counsel to the CSOT, explained that the Council's enabling statute is a title act and not a practice act. This means that the law does not prohibit anyone from practicing sex offender treatment. What it does limit is the use of the title "Sex Offender Treatment Provider."

Masters-level Registered Nurses with formal training in mental health and psychiatry. Mr. Willmann pointed out that these professionals meet all of the current requirements of inclusion in the REGISTRY except the clause which lists the specific licensure to be held by RSOTPs. "I think the purpose of the REGISTRY is to clearly identify persons who are competent to provide the services. We think these two classes of RNs are competent."

Vivian Lewis Heine, president of the Texas Association for Sex Offender Treatment (TASOT), testified in support of an entry-level status in the REGISTRY to allow new providers into the field and to allow people with other licensure like LCDCs, opportunities to provide co-therapy. This raised the issue of the interpretation of Senate Bill 1130, which became a central issue of the hearing.

Diane Morris, General Counsel to the CSOT, explained that the Council's enabling statute (SB1130) is a title act and not a practice act. This means that the law does not prohibit anyone from practicing sex offender treatment. What it does limit is the use of the title "Sex Offender Treatment Provider." Ms Morris clarified the law: "A person

"They have taken that and made it, in my interpretation, a practice requirement" Ms. Levinson said. Eliza May, Executive Director of the Council, clarified that the Parole Board's contract is not in the pervue of the Council. The Parole Board in this case chose to adopt the requirements of the REGISTRY for their contract in order to ensure quality treatment.

The hearing provoked much thought about a number of critical issues facing the Council, specifically the need for the public to understand the difference between practice and title acts. The Council resolved to make an effort to clear up this issue, starting with *The Texas Resource*.

The Council has made revisions to the proposed rules based on the public testimony. The most significant of these changes is the inclusion of the Advanced Nurse Practitioner, recognized as a Psychiatric Clinical Nurse Specialist or a Psychiatric Mental Health Nurse Practitioner. The new rules are expected to be adopted by late spring.

Sex Offender Registration Program: An Update

When a convicted rapist is released from prison on probation or parole, how will you know if you, or your child, is at risk of being his or her next victim?

The Texas Department of Public Safety (TDPS) addresses this question through the Sex Offender Registration Program. The statewide program has registered approximately 3,000 sex offenders in the two-and-a-half years since its inception. Of these, about 288 are juvenile offenders.

Law enforcement officials keep track of sex offenders who are registered with the program. Those offenders can be found more easily in the case of suspicious activity or a reported sex offense in the community. Since Texas privacy laws prohibit registration information from being released to anyone other than law enforcement personnel, you may not know if your new neighbor is a child molester, but the police officer on your neighborhood's beat should. This tracking mechanism is intended to deter sex offenders from committing new offenses, help law enforcement officials protect the community and offer citizens information to protect themselves from victimization.

That is the hope, but how well are the goals of the program being met? According to Paul Jordan, Crime Analyst for TDPS' Criminal Intelligence Service, law enforcement officials report feeling better about knowing who the sex offenders in their communities are. However, the efficacy of the program has not been thoroughly evaluated and there is no way to tell whether the law will affect the rate of recidivism among sex offenders.

Sex Offender Registration Law

The law as originally written in 1991 required anyone convicted of indecency with a child, sexual assault, aggravated sexual assault, incest or four or more counts of indecent exposure to register with the Chief of Police or Sheriff where they reside or intend to reside for more than seven days.

The 1993 Legislature made two changes of major significance to the Sex Offender Registration Law. First, it added to the list of offenders required to register those convicted of sexual performance by a child or possession or promotion of child pornography.

The Council on Sex Offender Treatment was a catalyst in the effort to further amend the law to require persons who have received deferred adjudication for any of the following offenses to register: Indecency with a Child, Sexual Assault, Aggravated Sexual Assault, Sexual Performance by a Child, and Possession of Promotion of Child Pornography. These changes affect anyone convicted after September 1, 1993.

How the Program Works

When the Texas Department of Criminal Justice (TDCJ) releases a sex offender on parole or a judge releases an offender on probation, they must notify the offender in writing of his or her obligation to register locally as specified by the registration law. The judge or parole officer should also forward a copy of the written notification to TDPS and to the police or sheriff's department responsible for registration where the offender resides.

It is then the offender's responsibility to go to the law enforcement agency and register. The registration form requires information on the offender's name, birth date, physical description, any aliases, social security number, driver's license number, home address and offense data. Failure to register is considered a Class A misdemeanor, and if an offender has previously been convicted of failure to register it is a third-degree felony.

However Jordan explained that high rates of voluntary compliance are not essential for the registration law to have law enforcement benefits. If a complete list of released sex offenders who should register is routinely produced by the state prison system and the courts, then law enforcement officials can either affirmatively pursue those not in compliance or

wait to pursue charges if individuals come to their attention.

In order for the above scenario to work, however, the notification procedure must be followed through. According to Jordan, this isn't happening uniformly. He says that in many cases the judges, parole officers and law enforcement officials are simply lacking information about the registration program and are unclear about their role in the process.

In an attempt to repair this breakdown in communications, Governor Ann Richards sent a letter in January to Police Chiefs, Sheriffs, District Courts and District Judges reaffirming their duties the sex offender registration process. In response to the Governor's letter, Jordan received about 100 phone calls from criminal justice agencies statewide. He hopes to see compliance rates increase to as high as 75% within six months as a result of Governor Richards' action. Currently, compliance rates are about 50% for those offenders who are informed in writing of their obligation to register.

Registration Laws Nationally

Twenty four states currently have registration laws, and laws are pending in seven other states. Most of these laws have only been enacted since 1985, although California and Florida have had registration laws on the books since 1944 and 1957, respectively.

Research has not yet quantitatively measured the effectiveness of registration laws. Yet like Texas, states that have evaluated their programs have found compliance rates to range from 50% to 75%.

The information collected on the offender is more extensive in Texas than in most other states. The Texas Legislature has authorized program administrators to request any information necessary to track an offender upon release. The registration form completed by offenders includes name, birth date, physical description, any aliases, social security number, driver's license number, home address and offense data.

Two states, however, go as far as collecting DNA information. California collects

Sex Offender Registration Laws Across the U.S.

As of January, 1994, twenty-four states have sex offender registration laws.

Alabama, Arizona, Arkansas, California, Colorado, Florida, Idaho, Illinois, Kansas, Louisiana, Maine, Minnesota, Montana, Nevada, New Hampshire, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Utah and Washington.

blood and saliva samples, and Illinois is beginning to collect blood samples upon registration. Jordan can not say whether this kind of information collection is in the future of Texas' registration program, but, he says, "That's something that we're going to consider in the next biennium for the legislature - there are a lot of things we have to consider..." The TDPS is currently working on identifying areas within the original statute that were not addressed or were too broad in their definitions to present to the legislature.

Although opponents of registration laws say information collection like this violates offenders' right to privacy, legal challenges to registration laws in four states have resulted in decisions that have upheld the constitutionality of the laws. Supporters of registration programs argue that the privacy interests of sex offenders are secondary to the government's interest in public safety.

Even Congress has now entered the arena of tracking sex offenders. The \$22 billion crime bill now before Congress includes the Jacob Wetterling Crimes Against Children Act, which would mandate all states to develop sex offender registries. The provision was named after a young boy abducted at gunpoint near St. Joseph, Minnesota in October, 1989 who has never been found. If the bill passes, many advocate a national registry as the next step.

For further information on the registration program, contact Paul Jordan at the Texas Department of Public Safety, (512) 465-2200.

WELCOME NEW

The Council on Sex Offender Treatment wishes to welcome 31 new Registered Sex Offender Treatment in compliance with the minimum requirements for

ABILENE

George W. Butler, M.S.
Pastoral Care and Counseling Center
1317 N. 8th Ste. 200
Abilene, Texas 79601
(915) 672-5683

AUSTIN

Frances Ann Cox, LPC
7804 Keswick
Austin, Texas 78745
(512) 447-1405

DENTON

Ramiro Valdez, Ph.D., LMFT
Psychological Services, P.A.
401 S. Locust, Ste. 105
Denton, Texas 76201
(817) 566-9007

Marc Orner, Ph.D.
Abilene Professional Center
3303 N. Third Ste. A
Abilene, Texas 79603
(915) 677-6998

Liz Hughes Kromrei, LMSW
Dayglo Family Treatment Programs
2700 South I.H. 35, Ste. 200
Austin, Texas 78621
(512) 448-0187

DESOTO

Benjamin J. Boaz, LMFT
Allied Counseling Center
1636 N. Hampton, Ste. 204
DeSoto, Texas 75115
(214) 228-2662

ARLINGTON

Arthur T. Lozano, LMSW
Lozano and Associates
107 W. Randol Mill Rd. Ste. # 103
Arlington, Texas 76011
(817) 460-6665

Karen Suzanne Knox, LMSW-ACP
2118 Oxford St.
Austin, Texas 78704
(512) 443-1374

EAGLE LAKE

Richard H. Miller, LPC, CSW
P.O. Box 605
Eagle Lake, Texas 77434
(409) 234-3368

CARROLLTON

Gordon T. Foote, LMSW-ACP
Family Counseling Place
4333 North Josey Lane, Ste 307
Carrollton, Texas 75010
(214) 394-2137

DALLAS

Sharon N.D. Cressey, LMSW
Llen Sha
3503 Edgewood St.
Dallas, Texas 75215
(214) 426-4432

EL PASO

Lawrence S. Hamilton, LPC
Lawrence Hamilton
1031 E. Rio Grande
El Paso, Texas 79902
(915) 532-8497

COPPERAS COVE

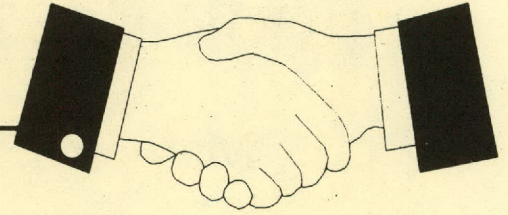
Margaret M. Creasy, Ph.D.
Cope Center
214 South 2nd Street
Copperas Cove, Texas 76522
(817) 547-8280

Lorele Vanzant, LMSW
Adolescent, Child & Adult Counseling Ctr.
8330 Meadow Road, Ste. 202
Dallas, Texas 75231
(214) 360-0156

FORT WORTH

Sylvia Black, LMSW-ACP
Hughley Psychotherapy Clinic
11803 S. Freeway, Ste. 204A
Ft. Worth, Texas 76115
(817) 551-2973

RSOTPS



Providers. Since the 1993 REGISTRY was published, the following providers have been declared in training and experience established by the Council.

FORT WORTH

Stephen F. Stipe, LMSW
PACC
1172 Country Club Drive
Ft. Worth, Texas 76112
(817) 496-9876

KERRVILLE

Patricia Bowles, LMSW
Kerrville State Hospital
1019 Denton
Kerrville, Texas 78028
(210) 896-5349

RICHMOND

Lawrence R. Mullen, LMSW
627 Tara Plantation
Richmond, Texas 77469
(713) 343-9311

Gordan S. Kelly, LMSW
Helping Arts
6387 B Camp Bowie, Ste. 156
Ft. Worth, Texas 76116
(817) 921-6999

LEWISVILLE

David M. Price, LPC-LCDC
326 Edmonds # 102
Lewisville, Texas 75067
(214) 219-1619

ROUND ROCK

John M. Holbert, LMSW
Family Guidance Center
100 Round Rock Ave., Ste. 111
Round Rock, Texas 78681
(512) 255-2415

GALVESTON

Dr. Jeff Baker, Ph.D.
University of Texas Medical Branch
Psychology Intern Training Program
Galveston, Texas 77555-1028
(409) 772-3030

LOCKHART

John R. Morris, LPC
Pegasus School, Inc.
P.O. Box 577
Lockhart, Texas 78644
(512) 398-7114

SAN ANTONIO

William F. Landers, Ph.D.
2600 McCulloch Avenue
San Antonio, Texas 78212
(210) 733-9091

HOUSTON

Cynthia J. Orme, LPC
P.O. Box 440546
Houston, Texas 77244
(713) 949-5222

LUBBOCK

William Magee, LPC
Human Resources Associates
1605 56th Street
Lubbock, Texas 79412
(806) 744-7169

James B. Keedy, LPC
323 Ridgehaven
San Antonio, Texas 78209
(210) 822-1826

William H. Potter, LPC
Crossroads Recovery Center
P.O. Box 890442
Houston, Texas 77289
(713) 901-1280

NACOGDOCHES

David Lawson, Ph.D.
Counseling Associates
2424 N. Pecan, Ste. 100
Nacogdoches, Texas 75961
(409) 569-6228

SEGUIN

Janice K. Hull-Frye, LMFT
Seguin Family Institute
412 N. King
Seguin, Texas 78155
(210) 372-4909

PLANO

Donald B. Johnson, Ph.D.
Johnson Consultants
3100 Independence Prkwy # 311282
Plano, Texas 75075
(214) 670-1194

Book Review

...by Mathew L. Ferrara, Ph.D.

HANDBOOK OF SEXUAL ASSAULT: Issues, Theories, and Treatment of the Offender

Edited By W.L. Marshall, D.R. Laws and H.E. Barbaree, New York, NY: Plenum Press

This is the second part of a five-part review. The first review, written by Judy O'Brien, M.A., LPC, addressed chapters one through three. Here Dr. Ferrara provides a critical analysis of chapters four through ten.

Chapter four of the Handbook of Sexual Assault is entitled "Sexual Aggression: Achieving Power through Humiliation." In this chapter Juliet L. Darke discusses the issue that sexual aggression is not primarily a sexual act, but rather an act of power and control. Darke makes a unique contribution in that she reviews research on the use of the plethysmograph in order support her contention. Her argument is quite convincing, and the issues she raises have implication for the correct use of the plethysmograph.

Darke posits that humiliation of the victim is the main motivation for acts of sexual aggression. While aspects of her hypothesis seem plausible, two flaws conspire to undermine her argument: first she lacks an operational definition of "humiliation," and second, no current methodology exists to accurately measure humiliation. Darke, however, recognizes these pitfalls and devotes considerable attention to recommending strategies for future research regarding humiliation.

In chapter five, Mary R. Murrin and D.R. Laws address the issue of "The Influence of Pornography on Sexual Crimes." Avoiding a simplistic approach, the authors provide a multi-faceted analysis which captures the complexity of this issue. A rich discussion compares two competing hypotheses: the idea that pornography causes rape versus the concept that cultural attitudes support both rape and pornography.

A review of literature pertaining to the use of pornography by sex offenders argues that exposure to pornography does not influence the incidence of

sex crimes. Instead, the authors contend, the nature of a person and his or her cultural milieu determines the effect of pornography usage.

S.J. Hucker and J. Bain look at the issue of "Androgenic Hormones and Sexual Assault" in chapter six. The review offered here is not extensive. The authors recognize that the "studies on hormones, sex and aggression reviewed in this chapter are characterized often by small groups and conflicting results" (p.100). Despite these limitations, this chapter provides basic introductory information that is worth reading.

In chapter seven, "Sexual Abnormalities and the Brain," Ron Langevin provides a concise and informative review of neuropsychological research on sexual aggression. He avoids an overuse of technical jargon and notes where research is lacking. Langevin offers critical insights into the research methodologies of various studies. He adduces strong support for his contention that sexual aggressives and pedophiles have different recognizable brain pathology.

Chapter eight is titled "Stimulus Control of Sexual Arousal: It's Role in Sexual Assault." In it, H.E. Barbaree argues that the conflicting results of plethysmograph studies are the result of poor stimulus control. He proposes that the stimuli used in these studies are mixed: i.e., rape stimuli contain "bits" of information regarding consensual sex, and vice versa. Barbaree instructs that clinicians need to establish stimulus control which involves systematic manipulation of key elements across trials, while holding extraneous variables constant. He goes on to

Guest Column

...by Nancy Harrington

Nancy Harrington is the Executive Director of Montgomery County Women's Center and Vice President-Membership of the Texas Association Against Sexual Assault (TAASA). The following letter to the Council on Sex Offender Treatment was published in the December, 1993 issue of "The TAASA Connection," TAASA's newsletter.

Dear Council on Sex Offender Treatment:

You may wonder from time to time why advocates and staff from rape crisis programs around the state seem angry, even hostile, when the topic of sex offender treatment comes up. Our faces contort, our backs stiffen, our entire body language displays frustration. Don't try to talk to us about the lack of funding for offender treatment - you're talking to women, and men, from programs who receive, on the average, \$10,000 or \$12,000 annually from the state to provide services to hundreds of victims of sexual assault or abuse. At my center, it averages out to about \$26 per survivor for services that range from a one-time reassurance phone call to a year or more of counseling and support group services. I don't think I need to discuss the number of dollars spent by the State of Texas on offender treatment - add that to the cost of incarceration and you're comparing an elephant to a field mouse. It appears to me that the state doesn't believe that the cost of recovery is as important as the cost of punishment.

Sometimes we're angry because we see sex offender treatment types as a part of the "system" - a system which revictimizes our clients on a daily basis. Do you need examples? How about my client who was forced to leave her home by CPS because the father of her children was sexually abusing them. She had to come to us for rent assistance, but dad got to stay in the family home. (This same client spent nine months in prison for \$1,800 worth of food stamp fraud - while rapists get probation in county). Or I could talk to you about one of shelter residents who was kidnapped and raped by her estranged husband while staying in the shelter. The criminal justice system wasn't very interested in her story.

But when he subsequently kidnapped her child and threatened an off-duty constable with a gun, it resulted in a SWAT situation at this home.

Or what about our client who was raped by a wrecker driver who was a volunteer peace officer for the sheriff's office. The investigating officer told her she wouldn't be a credible witness because she was living with a black man (the victim was white). We wanted to help her pursue the issue and take them to task for protecting one of their own and for making racist comments, but like so many victims, she vanished - she moved, she quit her job, she cut off contact with previous acquaintances.

I don't know what the situation is like in other parts of the state, but in my community we have little or no contact with sex offender treatment programs. However, we have a joint project with a batterer's treatment program, the Pivot Project, which works very well. Pivot Project personnel have always been very clear that they see their programs as secondary to family violence shelters - the safety of the victims comes first. They are also very realistic about the low success rates of their program, an opinion which isn't always shared by sex offender treatment programs. I feel that the Pivot Project sees

"Sometimes we're angry because we see sex offender treatment types as a part of the 'system' - a system which revictimizes our clients on a daily basis "

family violence and sexual assault as very much a cultural problem, and they know the limitations of their treatment, such as anger control, which may reduce the physical abuse, but often escalates the emotional abuse of the victim. Chemical/physical castration may control how the anger and pursuit of power over someone else is demonstrated, but it does nothing to help the root of the problem.

continued on pg.12.....

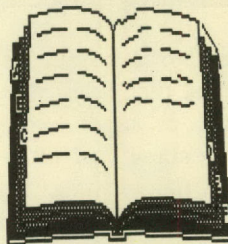
demonstrate how stimulus control has produced valuable information about arousal patterns for pedophiles, but not for rapists, and proposes an interesting three-factor tier of rape arousal. This well-founded and readable chapter is surely one of the more insightful ones in the book.

In chapter nine, Lana E. Stermac, Zindel V. Segal and Roy Gillis examine "Social and Cultural Factors in Sexual Assault." In a brief discussion of general socio-cultural factors associated with rape, the authors note that a great deal more is known about factors associated with the sexual exploitation of women than the exploitation of children. Moving from a study of global issues, the authors examine sexual aggression and sexual harassment by non-offenders.

Most of the studies cited entail the use of college students as subjects. These studies support the notion that existing attitudes promote the sexual exploitation of women. An examination of studies of known sex offenders emphasizes that perpetrators of sexual assault are not unique or exceptional in their social attitudes or skills. The authors conclude that perpetrators of sexual assault may merely be acting out socio-cultural norms, not individual beliefs.

Zindel V. Segal and Lana E. Stermac author chapter ten, "The Role of Cognition in Sexual Assault." This brief chapter reviews the scarce literature pertaining to the empirical study of offender cognition. Conspicuously absent from is any discussion of thinking errors and offense cycles. Had the authors examined these issues the chapter might have been more relevant for clinicians and those engaging in an applied research.

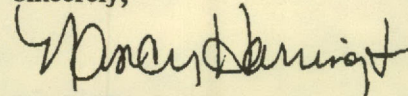
On the whole, section two of the Handbook of Sexual Assault is scholarly, contemporary and informative. While chapter eight will challenge the reader a bit more than others, and chapter four provides a good, organized review of the literature, some chapters are less informative and do not offer new knowledge or insights. Still, the contents of this section make the book a worthwhile addition to one's personal library.



It angers me when therapists try to blame sexual assault or family violence on chemical addictions. Batterers beat their partners when they're drinking and when they're sober, and I suspect the same can be said for sex offenders. Even though I agree that drugs and alcohol may intensify the abuse, I will never be convinced that it causes the abuse. I also resent efforts to involve victims in 12-step programs. The whole premise is different for them - are we really asking a survivor to give up his/her power, take a fearless moral inventory and make amends?

Every month I sit at my desk and make hash marks on a piece of paper in an effort to record the days, the weeks, the years of suffering that the survivors we serve have endured. Can you blame be for being angry?

Sincerely,



Nancy Harrington

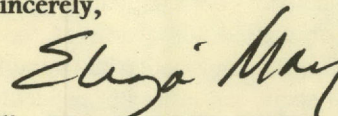
Dear Ms. Harrington:

We share in your anger. What we must all realize is that we, advocates of victims and treatment for sex offenders, probation and parole officers, child protective services staff and other professionals in the field, are all fighting the same battle.

We are here to try to treat sex offenders, but not because we don't feel they are to blame for their actions. On the contrary, we hope that by taking responsibility for their actions and developing empathy for their victims, offenders may be able to change their behavior. If a Sex Offender Treatment Provider can prevent just one sex offender from reoffending, you have a few less hash marks to make on your paper. While victim advocates are working to heal the wounds, treatment providers are working to prevent the wounds from being inflicted in the first place. The more we work together, the more successful we will all be.

We applaud you in your continued dedication to preventing victimization in Texas.

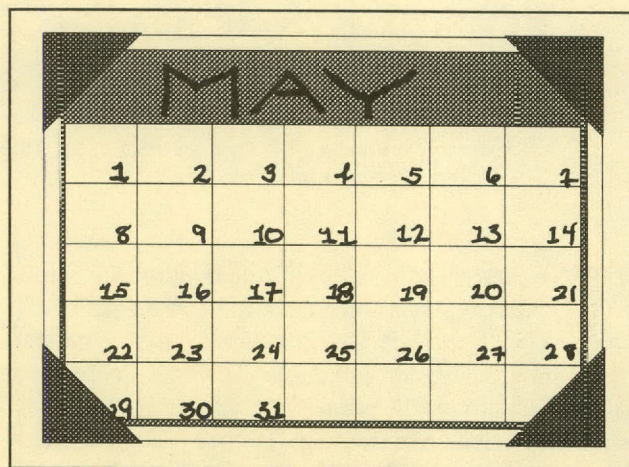
Sincerely,



Eliza May, M.S.S.W., LMSW
Executive Director, CSOT

Continuing Ed....

Following are training opportunities in sex offender and victim treatment. Inclusion in this list does not constitute endorsement by the Council on Sex Offender Treatment.



Tarrant County Junior College presents:

- Treatment of Victims of Child Sexual Abuse I: Theory and Assessment, April 18-19
- Advanced Training in Child Sexual Abuse, Post-Adoption Issues that Make or Break Placements, May 24
- Treatment of Victims of Child Sexual Abuse II: Treatment Specifics, June 1-2
- Treatment of Sex Offenders III: Practice, August 3-4
- Treatment of Victims of Child Sexual Abuse III: Practice, August 10-11
- What is That Thing Called the Plethysmograph?, August 26

Fort Worth, Texas. Call (817) 232-7703.

The Safer Society Training Institute presents:

- Assessment and Treatment of Intellectually Disabled Sex Offender, April 7-9
- Relapse Prevention for Adult Sex Offenders, May 5-7
- Assessment and Treatment of Sexual Abuse in Reactive Children, June 16-18
- Assessment, Treatment and Relapse Prevention with Juvenile Sexual Offenders, September 8-10

Burlington, Vermont. Call (802) 247-3132.

The Center for Sexuality and Religion and University of Minnesota present:

- Religion and Sexual Health, April 12-14

Metrodome, Minneapolis, Minnesota. Call (612) 626-7600.

The American Professional Society of the Abuse of Children presents:

- Second National Colloquium, May 4-7

Hyatt Regency, Cambridge, Massachusetts. Call (312) 554-0166.

The Council on Sex Offender Treatment in collaboration with the Texas Juvenile Probation Commission and the Texas Youth Commission presents:

- The Second Annual Conference on "Working With the Juvenile Sex Offender," July 28-29

Wyndham Southpark Hotel, Austin, Texas. Call (512) 463-2323.

The Association for the Treatment of Sexual Abusers presents:

- The 13th Annual ATSA Research and Treatment Conference, November 9-12

Park Fifty Five, Park Lanes Hotel, San Francisco, California. Call (503) 233-2312.

The Council on Sex Offender Treatment and Sam Houston State University present:

- The Third Annual Conference on Treatment and Supervision of Adult Sex Offenders, October 9-11

Sam Houston State University, Huntsville, Texas. Call (512) 463-2323.

Presenters Scheduled for Second Annual Conference on "Working With the Juvenile Sex Offender"

The wheels have been set in motion for the Second Annual Conference on "Working With the Juvenile Sex Offender," scheduled for July 28-29 at Austin's Wyndham Southpark Hotel.

The Council on Sex Offender Treatment presents the conference in collaboration with the Texas Juvenile Probation Commission and the Texas Youth Commission. **Fay Honey Knopp**, one of the country's leading experts in the field of juvenile sex offender treatment, has agreed to deliver the keynote address at the conference. Invited speakers include **Senator Jim Turner**, Chair of the Texas Commission on Children and Youth, **Dick Ladd**, Health and Human Services Commissioner, District Judge **Jeanne Meurer**, Travis County Assistant District Attorney, **Rosemary Lhemberg** and **Steve Robinson**, Executive Director, Texas Youth Commission.

The conference's planning committee is hard at work developing an interactive program format to include a panel discussion with experts in the field, a question-and-answer session with juvenile offenders, and in-depth topic presentations in break-out sessions. Break out sessions will include the following:

- ☼ Etiology and Treatment of Sexually Abusive Adolescents: The Essential Neuro-psychiatric Component
Matthew Ferrara, Ph.D. and Sherry McDonald, LMSW-ACP
- ☼ Assessment and Management of the High Risk Juvenile Sex Offender
Kit Harrison, Ph.D., Sonia S. Burlingame, Ph.D. and Eileen Starbranch, M.D.
- ☼ Treating the Adolescent Sex Offender Under the Relapse Prevention Umbrella
Tom Burditt, ACSW, LMSW-ACP
- ☼ A Research-Based Model for the Prevention of Juvenile Sex Offenses and the Assessment and Treatment of Juvenile Sex Offenders
Welborn K. Willingham, Ph.D. and Associates
- ☼ Using the Multiphasic Sex Inventory in the Assessment and Treatment of Juvenile Sex Offenders
Leonard Cucolo, B.S., and Sarah Guilford, B.A.
- ☼ The Juvenile Probation System's Role in Prevention
Vicki Wright, M.Ed.
- ☼ Building a Continuum of Care: A Treatment Model
Albert Bellard, LMSW-ACP and Terri Staton, LMSW-ACP

CONFERENCE COST: \$40.00/day

CEUs: 12.15 contact hours approved for SOTP REGISTRY and TDCJ; CJAD, LMSW, LPC and LMFT credits pending.

TO REGISTER: Fill out and return the Registration Form on the opposite page by **July 19, 1994**.

HOTEL ACCOMMODATIONS: A block of rooms has been reserved at the Wyndham at a rate of \$55/night, single occupancy. Reservations must be made by June 22 to guarantee these rates. Call (800) 443-2241.

Many Thanks to the Conference Planning Committee...

Carlos Loreda, Ph.D., Co-Chair

Private Practitioner

Ester Vela, LMSW, Co-Chair

Private Practitioner

Stephanie Emmons

Travis Co. Assistant District Attorney

Charles Locklin, ACSW, LMSW

Health and Human Services Consultant

Former Director, Waco Center for Youth

Michael Qunell, M.Ed., LPC

Director, Sex Offender Treatment Program

Brownwood State School

David Walenta, M.S., LPC

Director, Sex Offender Treatment Program

Giddings State School

Vicki Wright, M.Ed.

Director, Human Resources and Training

Texas Juvenile Probation Commission

*******CONFERENCE REGISTRATION FORM*******

Second Annual Conference on
"Working with the Juvenile Sex Offender"

_____ name _____ agency

_____ street address _____ city _____ state _____ zip code

_____ telephone _____ fax _____ social security no.

I would like to register to attend training on:

_____ Thursday, July 28 (\$40.00) _____ Friday, July 29 (\$40.00) _____ July 28 & 29 (\$80.00)

_____ A check is enclosed. _____ Please invoice my agency. Purchase order/ITV #: _____

Make check payable to the Council on Sex Offender Treatment. Refunds will be provided with notification of cancellation in writing by July 1, 1993. Registration Deadline: July 19, 1994

RETURN THIS FORM TO: Council on Sex Offender Treatment, P.O. Box 12546, Austin, TX 78711-2546. For additional information call the Council at (512) 463-2323.

*******SOTP REGISTRY ORDER FORM*******

The REGISTRY is a statewide publication which lists therapists and physicians who are Registered Sex Offender Treatment Providers. If you would like to order copies of the REGISTRY for your organization, please return this form with your payment of \$4.00 per copy to: CSOT, P.O. Box 12546, Austin, TX 78711

Quantity	Description	Unit Price	Amount Enclosed
_____	Sex Offender Treatment Provider REGISTRY, 3rd Edition, Nov. 1993	\$4.00	_____

Please complete the following:

Name: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Thank you for your order
Council on Sex Offender Treatment, agency PIN # 33463463464000

FYI.....

- ♣ CSOT and Sam Houston State University announce the Third Annual Conference on the Treatment and Supervision of Adult Sex Offender. The Conference will be held October 9-11, 1994 at Sam Houston State University, Huntsville, Texas. For information call CSOT at (512) 463-2323. A call for proposals coming soon.
- ♥ H.B. 181 amended the sex offender registration program's original statute by including "deferred adjudication" for sexual performance by a child, and or possession or promotion of child pornography. Statue becomes effective for any convictions on or after September 1993. We can thank State Representative Fred Hill and Senator John Whitmire!!
- ♠ Anne Byrd joined the CSOT as an intern from Southwest Texas University's School of Social Work during the Spring '94 Semester. The Council wishes to thank Anne for all of her work and wishes her the best as she moves on to graduate school.

Material in The Texas Resource is not copyrighted and may be reproduced. The CSOT would appreciate credit for material used and a copy of the reprint. Direct all questions or comments about The Texas Resource to the Council on Sex Offender Treatment, (512) 463-2323.

CSOT Staff

Kerry Moles
Editor

Eliza May, M.S.S.W., LMSW
Executive Director

Al Montes
Fiscal Officer

Anne Byrd
Intern, Southwest Texas State University

Ashley Westmoreland
Intern, University of Texas

The Texas Resource
Council on Sex Offender Treatment
P.O. Box 12546
Austin, TX 78711-2546