P U B L I C H E A R I N G

before

ASSEMBLY LAW, PUBLIC SAFETY & CORRECTIONS COMMITTEE

on

Status of Sentencing, Treatment, & Incarceration of Sex Offenders in New Jersey

July 11, 1986
Room 403
State House Annex
Trenton, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblyman William Shusted, Chairman
Assemblyman Charles J. Catrillo

ALSO PRESENT:

Aggie Szilagyi
Office of Legislative Services
Aide, Assembly Law, Public Safety & Corrections Committee

Public Hearing Recorded and Transcribed by
Office of Legislative Services
Public Information Office
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New Jersey State Legislature
ASSEMBLY LAW, PUBLIC SAFETY, DEFENSE
AND CORRECTIONS COMMITTEE
STATE HOUSE ANNEX, CN-068
TRENTON, NEW JERSEY 08625
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MEMORANDUM

TO: Members of the Assembly Law, Public Safety, Defense, and Corrections Committee

FROM: Thomas J. Shusted, Chairman

DATE: July 3, 1986

SUBJECT: PUBLIC HEARING and COMMITTEE MEETING on Friday, July 11, 1986

The Assembly Law, Public Safety, Defense, and Corrections Committee will hold a public hearing on Friday, July 11, 1986 at 10:00 a.m. in Room 403 of the State House Annex in Trenton.

The purpose of this public hearing is to elicit information and to discuss the current status of the sentencing, treatment, and incarceration of convicted sex offenders in this State pursuant to N.J.S. 2C:14-1 et seq. and N.J.S. 2C:47-1 et seq.

Anyone who wishes to participate should contact the Aide to the Committee, Aggie Szilagyi, at (609) 984-0231.

Prior to the start of the public hearing, the committee will hold a brief meeting to consider the following bills.

A930 Cooper	Establishes an annual award for woman police officer of the year.
A2680 Catrillo/Kavanaugh	Authorizes the Commissioner of the Department of Corrections to approve the exchange or transfer of foreign convicted offenders.
A 2740 Zangari S 1209 McManimon	Authorizes parole officers to apprehend parolees.
AR87 Marsella	Endorses the use of "designated drivers" programs by alcoholic beverage licensees.
S 817 Dumont	Permits use of a substituted base year for drunk driving arrests to determine municipal share in the "Municipal Court Reimbursement Fund."

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ASSEMBLYMAN THOMAS SHUSTED (Chairman): Ladies and gentlemen, may I please have your attention? I appreciate your indulgence in waiting for a meeting that was supposed to start at 10 o'clock. Unfortunately, the five members of the Assembly Law, Public Safety, and Corrections Committee -- of the five, only myself and my colleague, Assemblyman Charlie Catrillo, are able to be present this morning. I had hoped that we would have one other Assemblyman here, and as late as yesterday afternoon I was assured that he would make every effort, but, unfortunately, due to other commitments that Assemblyperson is not going to be with us.

So, any of the bills we had listed cannot be considered by us because it is required under the rules that we have a quorum before any bill can be considered and released from the Committee. So, we will have to carry over the bills that are listed, unless some Assemblyperson comes in during the period that we are conducting the public hearing concerning the matter that we are going to discuss this morning.

I might just start by saying that the purpose of the public hearing is to elicit information and to discuss the current status of the sentencing, treatment, and incarceration of convicted sex offenders, pursuant to New Jersey's statute, 2C:14-1 and 2C:47-1.

We have two speakers who have asked for the opportunity to speak and we will call on them. And we have also received a statement from the New Jersey Association on Corrections, which will be incorporated into the minutes of the meeting.

So at this point, I would like to ask Commissioner William Fauver of the Department of Corrections, if he would like to come forward and, Commissioner, for the record give us a statement?

C O M M I S S I O N E R W I L L I A M F A U V E R: Good morning, Mr. Chairman, Assemblyman Catrillo. I have with me at

the table-- I would like to introduce Superintendent Sally Scheidemantel who is Superintendent of the Adult Diagnostic and Treatment Center. I'd like to just give you a little background on it, and she and I are available. She will have a few things to say, and then we'll both be available for any questions or comments.

Some material was passed out to you this morning to give you some background on this. I really won't take the time to go into why this came into being, and so forth, because I think it's fairly obvious that there was a decision that something should be done -- specially or differently -- with sex offenders who fit the criteria of being repetitive and compulsive, and after that decision was made and recommended to the court, that they would be assigned here. Prior to Avenel being completed, they went to other places, including Rahway, where programs of various nature were done.

The sex offender unit has now reached a point where it is the most severely overcrowded, percentage-wise, of all the units within the State system.

At both of the budget hearings that I recently attended, I indicated that I thought if there were new moneys needed for construction, it probably would be in this area since the numbers were growing so rapidly.

You have some figures in front of you that show the growth, both by charts and just in raw numbers -- and in the bed space that has been needed. So the percentage of -- as I said -- overcrowding has become worse.

The first of the graphs showing the average population shows from 1976 to '86. It went from 155 to 447, and as you can see, the backup in the county jails of sex offenders -- which is also a problem -- had not started until just a few years ago. So, we have been able to meet it. Some of the reasons we were able to were, there were not as many arrests for sex offenses so that the pool of people coming in to be

considered as to whether they fit under the law was smaller. So, even though a percentage might be the same, it would be the percentage that were found guilty of this -- or, excuse me, were found to fit the criteria -- the percentage would stay the same, but because of the larger number, there would be larger numbers at the facility, and this is one of the things that's happened.

The other is that the releases are way down. There were 13 releases last year from this facility and only two of those were paroles. The other 11 were people who had completed their maximum sentence. So that I'm not making a judgment on whether that's appropriate of inappropriate, but the facts are that with that number going out and the numbers coming in, is one of the reasons why this has grown to the proportion of the population that it has.

So I think we recognize this as starting to develop, as indicated by the graph on the numbers, and we have done some work in adding beds there, but it has not made a dent, really, in the backup, which remains about the same -- or about 90 people backed up in the county jail, waiting to get into Avenel.

So what we're attempting to do on this is, we're just starting a pilot project to do some therapy and also some prereadiness for therapy in the counties, and we started with three counties. We currently are in Union County -- we started a couple of weeks ago -- in Middlesex, and we are now looking at Burlington as possibly the third county to get started in. These will be groups of six, seven, or eight sex offenders -- whatever the numbers are in that particular county who will be treated by people assigned by Avenel. There will be therapists from Avenel, not county people.

ASSEMBLYMAN SHUSTED: Will they deal only with the county, or will other counties be able to send prisoners there?

COMMISSIONER FAUVER: Well, at this point they're dealing only with those counties and we want to see how that

works out. One of the possible plans was to regionalize to that around the State -- to be able to transfer sex offenders into a county so they would be-- We obviously would never be able to cover all of the counties, nor do I think should we because some may have one offender at their place and it would obviously be more economical and better to transfer that person somewhere else. So that's something that we've looking at.

We're also looking at, currently -- on money that is appropriated -- adding construction to put beds there. We had money where we were going to expand the system in general for another, roughly, thousand beds which would have included Camden -- which is still going to happen; Rahway -- which we're still going to do; and a unit between Bordentown and Yardville. We're going to scrap that unit because the need is greater at Avenel, and we're going ahead with some construction at Avenel to try to meet this.

There are a couple of other things that are happening, I think, that have increased the population. One is just the general awareness of sex abuse cases, incest cases, and things like that, which have been played up on TV and have gotten a lot of play in the papers. I think more people are coming forward on this, so that the numbers are greater, again, to deal with.

As I indicated earlier, the percentage of people seen and adjudged to be repetitive and compulsive stays the same. If it's 10% of 600, it's obviously a lot higher than 10% of 200. So, that's basically how we got where we are.

I prefer to-- I would just like to respond to any question you have, or, if you would prefer, the Superintendent will make a comment.

ASSEMBLYMAN SHUSTED: What is the average term that a sex offender serves at Avenel?

S U P T. S A L L Y S C H E I D E M A N T E L: Our average length of stay is five years.

ASSEMBLYMAN SHUSTED: How long does it take for a sex offender, after he's been sentenced, to presently get into Avenel?

SUPT. SCHEIDEMANTEL: It's averaging 10 to 11 months of sitting in the county jails.

ASSEMBLYMAN SHUSTED: And do you have any data as to why the average stay is five years?

SUPT. SCHEIDEMANTEL: Just by the nature of their psychosexual problems and the group therapy process. Usually it takes a man a year or so to accept therapy and to become an active participant for himself. And the process itself -- they come with many sex problems and very low self esteem. Often they themselves have been victims of sexual abuse as a child, and it takes them -- depending on their willingness to work in therapy -- roughly that long to go through the program. It's a long process. These people have come to us with many faceted problems.

ASSEMBLYMAN SHUSTED: Well, it seems to me, Ms. -- how do you pronounce your last name? (At which time witness pronounces her last name) There seems to be a change in the philosophy of the treatment of sex offenders. What we're really looking at as the purpose of this public hearing -- at least one of the purposes -- is to ascertain whether or not the legislation that was originally enacted dealing with sex offenders and the treatment at the diagnostic center -- whether the philosophy has changed now from what it was when it was originally conceived.

I see that initially it seemed to be that the thrust was to try to rehabilitate sex offenders and then, with the coming of the penal code in 1979, that thrust changed so that it was not only rehabilitation but also punitive. Do you have any views as to which is a better way to handle sex offenders?

COMMISSIONER FAUVER: My answer to the first part is that I don't think there has been a change. I think the change

has been in the numbers and the fact that, you know, the treatment program is basically the same kind of treatment program. I'd like to explain that there is an extra step in the paroling process for Avenel that does not exist in the other institutions, and that is, there is a committee that reviews the cases -- outside of the institution people, there's a committee that reviews cases -- and makes referrals to the parole board. So, there is an extra screening process of inmates coming out of Avenel that does not exist in the other institutions.

So as an example, the staff might be recommending five people for parole per month. This committee then reviews them. They recommend one, or none, and the Parole Board itself, if it's one, may recommend zero. So, with the extra screening in there -- which I think is good -- I think there is a safeguard. I think it accounts for one of the reasons that the numbers are down. But I don't really think there's been a change, unless it's a change in the thinking of the Parole Board as to the punitive part taking preference.

ASSEMBLYMAN SHUSTED: Well, let me just read something to you, Commissioner. I wanted to get your comments on this. There was an Appellate Division case that came down just recently -- Gerald against the Commissioner. You're familiar with that?

The court said in that case -- and I'm quoting now from page 446: The code, however, unlike the former act" -- and I think they're referring to the Criminal Code -- "recognizes that not every sex offender sentenced to ADTC can or will respond affirmatively to treatment. Whereas, former NJSA 2A:164-7 required a sex offender to be accorded treatment in whichever institution in which he was confined, NJSA 2C:47-4(a) requires the provision of treatment only in ADTC. If ADTC treatment cannot be effectively rendered, then the rehabilitative purpose of sex-offender sentencing is deemed to

have failed. In that case, 2C:47-4(b) authorizes defendants transfer out of ADTC to another institution. The expressed consequence of this transfer is the termination of the defendant's sex offender status for the purpose of determining the conditions of his confinement and release."

So, that's what I'm saying when I'm referring to a shift in philosophy as to the treatment of sex offenders. It seems now that it's a two-pronged approach, where it's not only rehabilitative, but if the rehabilitation doesn't work then they have to serve their punitive sentence, which was not the original concept of the Sex Offender's Act. Am I correct in that assumption?

COMMISSIONER FAUVER: That's correct, but I think the result would have basically been the same because it the person had not responded to the therapy, they would not have been recommended for parole and would have wound up staying there at Avenel anyway. I don't-- The decision -- yeah, I agree with you; I think the decision does that.

ASSEMBLYMAN SHUSTED: What did you do in the past when they didn't respond? I'm going back now to pre-1979.

COMMISSIONER FAUVER: Well, they would either stay or be transferred out. I mean, nobody was ever recommended for parole because they -- you know, like I said -- refused treatment and just tried to put the time in.

They were transferred out to another institution. We were required to provide the continuation of therapy at the other institution, which the Superintendent just reminded me of, and I think that's the difference now: It's saying, "We don't have to do that if they don't fit the program and are out of the program."

ASSEMBLYMAN SHUSTED: If they don't fit now, they just go into the general prison population?

COMMISSIONER FAUVER: And serve, right.

ASSEMBLYMAN SHUSTED: So, it really doesn't solve that

problem that the--

COMMISSIONER FAUVER: It doesn't solve whatever the sexual problem was, no.

ASSEMBLYMAN SHUSTED: Well do you have any suggestions as to how that could be handled?

COMMISSIONER FAUVER: Well I think if we could accommodate all of them physically at a place, or several places that were sex offender units primarily -- not primarily but exclusively -- for that purpose, then we would not be transferring out except under extreme conditions.

For example, under this Gerald case there are about 20 inmates over a period of time that have been transferred out. Several of them were involved with taking hostages at ADTC. Basically, we see them as staying out of there because they've committed another crime and would be serving that part of their sentence somewhere else.

We're doing a review of all of these cases. Gerald, the one in question, has been transferred back to ADTC and we're reviewing the other roughly 20 cases to make a determination as to whether they should be returned or whether they would stay in a general prison population somewhere else.

So, I think I'm saying to you, Mr. Chairman, that both-- I think the bed space and increased staffing are-- General practice would be to keep them at a sex offender unit and attempt to treat them. One of the reasons-- As was indicated, in a lot of men there is an unwillingness to accept that they have a problem, so it takes a long time to get them involved in therapy.

Another thing that is happening which has caused the increase -- which I forgot to point out earlier -- is the mandatory sentencing of sex offenders. So, there are also a number of those, as there are-- The number of those, rather, the same as the number of the general prison population, has increased to the point that the Parole Board, or the Review

Board, has no authority to release them prior to a certain date that is mandatory, and that would fit in with your point before -- you know, that would be more punitive than it was in the past.

ASSEMBLYMAN SHUSTED: Commissioner, what would your response be-- I sent you, I guess about a month or so ago, a couple of newspaper articles that I read. They were of interest to me and I guess that's what precipitated this hearing. In the articles there was reference to the fact that, at least in the judgment of the writer, Avenel was nothing more than a warehouse as far as the treatment of these sex offenders, that those who didn't participate -- for whatever reason -- were merely being warehoused at Avenel and subsequently they'd be sent to another prison and put into the general prison population. What is your response to that?

COMMISSIONER FAUVER: Well, I'd like to give you an initial response, and then I'd like to have the Superintendent give you a response to that too. My initial response is that I disagree with it in that I think the treatment philosophy was why Avenel was originally conceived, and I think it continues to be the philosophy there. I don't believe people are being warehoused.

I think what happens is, when we get into the crowding situation that we're in, we are transferring people out who are refusing therapy because there are other people in the county jails asking for it who are under the sentence, and we're trying to bring them in. So, we have in that sense the luxury of people who want to get into treatment as opposed to those who are refusing it. So, we have been reviewing cases to be able to move people out and to move others in.

If we had the space, as I indicated, we would not be moving those people out unless they committed another crime while they were at Avenel.

ASSEMBLYMAN SHUSTED: Aren't some of them refusing

therapy because they enhance their possibility of being paroled at an earlier date than they would if they continued under the treatment at Avenel?

COMMISSIONER FAUVER: I think that's a perception. I don't think that's necessarily the reality of that. I think what they do is equate the sentence they have with what they see people getting in the regular prison sentences, and the times they get out -- and they are earlier. I think they equate that the same thing will happen with them.

I would hope that the Parole Board would take into consideration our comments on the reasons for the transfer, which was a refusal to accept the problem that the person has or a refusal to accept treatment, and not parole them at their first eligibilities. But, yeah, it's possible that that would happen.

ASSEMBLYMAN SHUSTED: How much treatment does the average inmate get, we'll say in a week's time at Avenel?

COMMISSIONER FAUVER: Would you like to take that one? (speaking to Superintendent Scheidemantel)

SUPT. SCHEIDEMANTEL: Okay. Each inmate is assigned to a primary therapist and a primary therapy group, and that's scheduled to meet -- aside from when the therapist would be on vacation -- once a week for approximately two hours. The groups average in size, between 10 to 12 men.

ASSEMBLYMAN SHUSTED: So, they would --

SUPT. SCHEIDEMANTEL: They're in those-- That's the primary mode of therapy, to go into a group. Available in addition to that, however, are a variety of ancillary programs that are outlined in the material we gave you, so a man could do another hour or two hours in those groups a week, depending on which groups his therapist feels are beneficial to him.

Beyond that, there are also some paraprofessional groups, led by inmates themselves, for specialized areas such as drug abuse. Viet Nam veterans have a group of their own to

talk through some problems that are germane to them.

We also view the other programmatic components as therapeutic. A man who can't read or write isn't going to do terribly well in therapy, so we value our education program very much.

We also find self-esteem could be enhanced if the man involves himself in sports competition, or maybe weight lifting, just to improve his body image.

So, there is an effort amongst all staff to focus on the treatment element and make this person into an individual who is much more likely to produce in therapy.

ASSEMBLYMAN SHUSTED: But you're saying that he gets at least a minimum of two hours?

SUPT. SCHEIDEMANTEL: Absolutely, and encouraged to participate in much more.

ASSEMBLYMAN SHUSTED: Is there any requirement that they spend at least a minimum of two hours?

SUPT. SCHEIDEMANTEL: Obviously, we have people on treatment refusal, and they are not coming to the groups. They have chosen, for other reasons you've outlined, not to participate.

ASSEMBLYMAN SHUSTED: And what happens when they don't come? I mean, is there any kind of--

SUPT. SCHEIDEMANTEL: There's some peer pressure. Obviously, the other inmates in the group will say, you know, "Why aren't you showing?" The work supervisor will say, "Why aren't you in group?" And, obviously, the therapist will reach out to the individual and make inquiries as to what's happening.

I mean, typical reasons are: Somebody died in the family; they have a letter from home that's upsetting them; it's too hot; it's near the holidays. And, yes, we certainly make an effort to keep them involved in the group process.

ASSEMBLYMAN SHUSTED: Do you feel that the current law adequately addresses the problems that you face at Avenel?

SUPT. SCHEIDEMANTEL: What you referred to earlier-- I don't think the law, as it presently stands, is a tremendous problem. Morale-wise for both staff and the inmates, the mandatory minimum sentences, as confirmed in State V. Chapman, do pose a problem for us. It's very difficult to motivate someone for therapy that has a 10 or 15 year mandatory. That's of real concern to us. They become disillusioned; therefore, they become behavioral problems to us, and it's just very difficult to do therapy for that long with someone.

ASSEMBLYMAN SHUSTED: Well, did you find that under the old law when they had the indeterminate sentence that the response, or the participation, was greater than it is today?

SUPT. SCHEIDEMANTEL: That's certainly a carrot approach to the situation. At the same time, knowing that we could keep someone for 30 years, regardless, that kind of negated the notion that you could also get out the day you walked in. I don't think it's terribly inappropriate to have the fixed sentences of 10 years. The mandatory minimums, if anything, have caused us the greatest consternation. And that's not to say -- if I may add -- the mandatories are inappropriate in a punitive sense. It's just it presents a problem for us to treat that individual.

ASSEMBLYMAN SHUSTED: Charlie, do you have any questions?

ASSEMBLYMAN CATRILLO: Yes, a few things. Thank you, Mr. Chairman.

First, I've never been to Avenel. I don't know what the facility is like. Is this a regular prison setting? Is it different than, for instance, Trenton State, which has visitors? In other words, what I'm saying is, are the men who are there in regular prison cells? Is it a different setting? Is it a dormitory setting? What is it like?

SUPT. SCHEIDEMANTEL: It's much different than Trenton Prison. First off, it's newer -- even the newer part, compared

to the old part of Trenton Prison.

ASSEMBLYMAN CATRILLO: Anything's newer than the old part of Trenton Prison.

SUPT. SCHEIDEMANTEL: Easy, right. One hundred eighty single-man cells is how it opened up.

ASSEMBLYMAN CATRILLO: Yeah.

SUPT. SCHEIDEMANTEL: Okay. And then, as you see from the chart, there have been a series of dormitories created in what were quiet study rooms and day rooms that were used for recreational purposes. So, there are dormitories. Some are seven-man dormitories, some are four-man dormitories.

ASSEMBLYMAN CATRILLO: All right.

SUPT. SCHEIDEMANTEL: Those are in the first three housing units that came with the building. The basement, as the chart shows, has been converted into dormitory space.

Then, finally, the 48-man addition came. That came in October of '85. It is a 48-bed dormitory, and it is a very lovely facility. They are eight-man cubicles. They have dividers between them, and -- as dormitories go -- it's a very livable situation.

ASSEMBLYMAN CATRILLO: Right. In other words, they are not in lockup for a certain amount of hours per day, or anything like that?

SUPT. SCHEIDEMANTEL: No. They have a tremendous amount of freedom to walk through the jail, and time in cell is very minimal.

ASSEMBLYMAN CATRILLO: Yeah, that's what I had assumed but I wasn't sure. But, assume there is a prisoner at Avenel, and his treatment -- his therapy -- is, say, Friday at 10:00, and he doesn't show up. Is he allowed not to show up? Is he allowed to just say, "It's too hot;" "I've been upset by this letter from home;" "I don't want to go?" Is that possible? Can he can just refuse to attend the group session?

SUPT. SCHEIDEMANTEL: It's similar to what's happening

in the psychiatric hospitals. There's a right for refusal.

ASSEMBLYMAN CATRILLO: All right, it's a refusal.

SUPT. SCHEIDEMANTEL: And we make every effort to encourage the person to participate.

ASSEMBLYMAN CATRILLO: And wouldn't that refusal to participate -- I would assume -- require that person to remain at Avenel for a longer period of time than if he did participate on a regular basis?

SUPT. SCHEIDEMANTEL: That would seem logical.

ASSEMBLYMAN CATRILLO: And if I were a prisoner and I had my choice between Avenel and a dormitory, and Trenton State and a 23-hour lockup, wouldn't it be to my advantage as a prisoner to stay at Avenel as long as I could?

SUPT. SCHEIDEMANTEL: Many of our men have never been in any other prison. This is their first incarceration. They have--

ASSEMBLYMAN CATRILLO: Okay. But, assuming that they had heard or seen--

SUPT. SCHEIDEMANTEL: (continuing) They have serious misconceptions as to what goes on in the rest of the State.

ASSEMBLYMAN CATRILLO: All right. But, assuming they had either seen and/or heard the conditions in other prisons are not the same as Avenel, wouldn't-- If I were a prisoner, it would seem to me that I would want to stay there as long as possible; therefore, I wouldn't show up for my group therapy, knowing that if I showed up and I was in therapy for a year, maybe I would want to stretch that to two years. Maybe I would want to stretch that to three years. Maybe I would want to stretch that as long as I possibly could simply because I'd rather be in a dormitory in a nicer, newer setting than a prison cell in an older setting. Do you see what I'm getting at?

What I'm saying is, is it possible for a prisoner to deliberately stretch out his therapy process so that he remains

in this setting for as long as possible rather than be put in another setting?

SUPT. SCHEIDEMANTEL: I don't think that was a real concern in the past because the threat of transfer wasn't so great.

ASSEMBLYMAN CATRILLO: Yeah.

SUPT. SCHEIDEMANTEL: So, I don't think that's been a motivating factor in the past.

COMMISSIONER FAUVER: I think you also have the fact that, you know-- Well, two things: One is, without the mandatory sentence he does have a greater control over his destiny as to when he gets out on the indeterminate. So, you know, it would be to his advantage to go to the therapy and get out of Avenel to the street, not get out to go to another institution.

I think, also, you have to remember that some of the refusals, although these are the reasons put forth -- as the Superintendent indicated -- the behind-the-scene reason is that he's not acknowledging that he has a problem and, you know, "I don't have to go to group. I don't have to be in therapy because I'm not like the rest of these guys. It's not a problem. I'm in control." And if he goes, and he shows up, and they get through to him -- you know, he's admitting that weakness on his part.

ASSEMBLYMAN CATRILLO: Yeah. What I'm trying to get at is this: When Avenel was set up, we had indeterminate sentencing, which meant that you stayed as long as it took for you to be cured -- okay? -- and then you were released. You were released when you were ready to be released. It may take a year. It may take two years. It may take three years, but whenever you were ready, you were going to be released. Now we have a mandatory minimum sentencing structure -- as you said, 10 years, 15 years. So the guy says: "I'm going to be in here for 10 years. I'm going to be incarcerated for a minimum of 10

years. I'm in Avenel now. It's nice here. It's nicer than any place else I'm going to be, so I want to stay here for as long as I can stay here." Wouldn't it be to my advantage as a prisoner to lengthen my stay at Avenel as long as I could because it is better? As you said, it is appreciably better than Trenton State, or Rahway, or other places.

SUPT. SCHEIDEMANTEL: I think the individual with the mandatory knows he's going to stay, regardless.

ASSEMBLYMAN CATRILLO: Right.

SUPT. SCHEIDEMANTEL: So, it doesn't matter to him whether he comes or not. Many of them are very actively, legally pursuing their cases. The first couple of years they are very involved and that's another reason why they don't come to therapy, tying into what the Commissioner said: If they come to therapy and admit guilt, they're are having a very hard time in the courts. So, they don't come because they don't want to talk about their crime.

ASSEMBLYMAN CATRILLO: But they stay at Avenel.

SUPT. SCHEIDEMANTEL: Yes, they do.

ASSEMBLYMAN CATRILLO: Wouldn't this contribute to your overcrowding problem? You have people who are sitting there taking up bed space that are not participating.

SUPT. SCHEIDEMANTEL: Well, I think that's what the Commissioner alluded to earlier. He made the decision to transfer people out to permit people from the county jails to come in.

ASSEMBLYMAN CATRILLO: Yeah. What is the guideline there? How many therapy sessions do they have to miss before they get sent to a not-so-nice place?

SUPT. SCHEIDEMANTEL: Our basic guideline that we've had in force for some time -- and the Commissioner accelerated those guidelines -- are that each therapist has to write a review on a man every six months. We said two negative reviews were grounds for consideration of transfer -- not necessarily

two consecutive reviews, but two negative reviews. The Commissioner accelerated that in April and took people, basically, that had just outright refused therapy, some with just one review.

ASSEMBLYMAN SHUSTED: Well do you think that would be reduced if you had indeterminate sentences? It seems to me that a lot of these people are not going because they just want to get out of that. They want to go into the general prison population where they think they'll be released earlier. Is that not correct?

COMMISSIONER FAUVER: That's part of it, yes.

ASSEMBLYMAN CATRILLO: So, if you had the indeterminate sentences which were in existence prior to the penal code, you do have that incentive -- as you testified to earlier.

COMMISSIONER FAUVER: Yes.

ASSEMBLYMAN SHUSTED: Do you think that the indeterminate sentences are equal to, better than, or worse than the existing sentencing?

COMMISSIONER FAUVER: I think treatment-wise they're better than because of the reasons stated -- that there is a carrot and there is a reason to encourage you to get involved. This is true not just in Avenel, but like the State-sentenced inmates who have regular sentences with mandatory minimums ranging up to 20 or 30 years, if you try to get them involved in some kind of a program, you know, it's like, "Why bother?"

So, I think that strictly from a treatment perspective, I would say that the indeterminate is -- you know, would definitely be advantageous. It would certainly be a morale factor, as Sally indicated, for the staff and the inmates. Whether it would be appropriate, meeting the punitive aspects and all, that's -- you know, that would have been decided by the court in these other cases and now they would be decided by us.

ASSEMBLYMAN SHUSTED: Well how about in the past? Did you have much recidivism when you had indeterminate sentences and you released prisoners who were rehabilitated?

SUPT. SCHEIDEMANTEL: We've had failures under either penal code, by all means.

COMMISSIONER FAUVER: Yes.

SUPT. SCHEIDEMANTEL: I don't think the penal code is indicative of the failure rate.

ASSEMBLYMAN SHUSTED: So, what I'm saying is, under the old system, where a person -- under the indeterminate sentence -- took his therapy and he was adjudged to have been rehabilitated, and that person was released from prison, did you have much recidivism on that person who was released?

SUPT. SCHEIDEMANTEL: I think it's fair to say that the failure rate is much lower with the individual that we parole out of the facility because the parole in itself indicates his participation in therapy.

The failure rate is much higher for the man who sits there throughout his entire term and maxes out regardless of whether it was 2C or 2A.

ASSEMBLYMAN SHUSTED: Then under the present system, if he does not participate in the program he doesn't really address his problem.

SUPT. SCHEIDEMANTEL: Under either penal code that's exactly true.

ASSEMBLYMAN CATRILLO: Mr. Chairman?

ASSEMBLYMAN SHUSTED: Yes?

ASSEMBLYMAN CATRILLO: Do you have a recidivist rate? Do you have a number for those who successfully complete your program? In other words, if 100 mean go in and successfully complete the therapy, how many come back?

SUPT. SCHEIDEMANTEL: I've seen recidivism rates ranging from a low of 17, 18, to as high as 24. I'm not satisfied as to the accuracy of those numbers.

ASSEMBLYMAN CATRILLO: Do you think that it's higher or lower?

SUPT. SCHEIDEMANTEL: I don't know that it's much higher. I think the difference-- The key part is looking at whether they were paroled out or whether they maxed out, because the rates do differ between those two groups.

ASSEMBLYMAN CATRILLO: I understand that. All right, assume the ones that were paroled out.

SUPT. SCHEIDEMANTEL: I would say our rate's probably accurate on that. The max-outs I'm not so sure about -- and keep in mind we have no way of knowing if they recommit in another state. These people are rather insidious and align themselves in situations where they can recommit -- reoffend -- and they're very good at keeping their offenses under cover, not being caught for many, many years. And, we're looking at statistics that show they're back in the criminal justice system, not whether, in fact, they're not getting caught, and there's a big difference for us.

ASSEMBLYMAN CATRILLO: I understand that. Okay. It seems to me what you're suggesting is that under -- it would seem to me logical under an indeterminate sentencing structure, if a guy knows he's going to get out by successfully completing the program, then this obviously is the carrot at the end of the stick for him to successfully complete the program -- and I would agree with that.

Do you think it would be possible, or do you think it would be advantageous if we structured a sentencing system whereby we held out a mandatory minimum but then said, "If you successfully complete the program, you will serve a short period of time as a punitive measure thereafter?" Do you think that would be helpful? In other words, "You're going to do 10 years if you want to sit in jail. If you want to complete the program, from the day you complete the program, you're going to have to sit in jail for one year," do you think that would be

helpful? In other words, there would be a combination of a mandatory minimum sentence plus the carrot to get them to go to treatment.

SUPT. SCHEIDEMANTEL: I think we'd agree to that concept, assuming the mandatory minimum was served first, and perhaps not even at our facility.

ASSEMBLYMAN CATRILLO: Served first?

SUPT. SCHEIDEMANTEL: Get the punitive over, done with, and then come to us -- or some portion of the mandatory, whatever was agreed upon. Then, come to us for the treatment and let us work intensely with that individual because we certainly don't want to parole to another facility; we want to parole to the street.

ASSEMBLYMAN CATRILLO: All right, yeah. That would make sense. In other words, he goes in, serves a certain amount of time, and now you say to him, "Look, do you want to get out of here? Go get treatment. Successfully complete the treatment and you're going to be back on the streets significantly sooner than you would be if you just want to sit here." Do you think that would work?

COMMISSIONER FAUVER: Yeah, I think that's one possibility -- that it would work. Either way, the person did the punitive aspect somewhere else, or, if it was short punitive aspect, actually went there and did it.

SUPT. SCHEIDEMANTEL: That would be fine too.

COMMISSIONER FAUVER: There would be a term of parole ineligibility, but there would be a way to reduce it to the lower figure.

I think also what could be considered would be the reverse, and that would be-- This would be the carrot. The other could be the stick. At the other end, it would be that if the person is transferred out after not just the one review, like we're doing now -- the six-month review -- but after considerable ones, that increases his parole eligibility --

period. So, if he goes to the other institution, he knows he's going to do more time for refusing than for staying there and dealing with the problem. Right now, that's -- it's subjective on the part of the Parole Board as to whether they want to increase it or not.

SUPT. SCHEIDEMANTEL: I think if you look at the bar graph-- And when I tell you that the average length of stay is five years, you can start to see the influx of inmates. Those inmates are just about beginning to get to a point in therapy where they're going to be considered for release.

I know that in the two and one-half years I've been there I'm starting to see more men in the release process.

Another significant factor was in fiscal year '84. We went through a significant upheaval in staff. People who had been with the program for a number of years were in demand elsewhere and left for other jobs, and when you take in new staff, there's a period time for them to get to know their caseload before they're comfortable with recommending parole.

So, those two phenomena certainly contributed to part of the slowdown in release. And I would also have to speculate that the State Parole Board and the Special Classification Review Board are also cognizant of society's concerns with these sex offenders and perhaps have become extra cautious as well.

ASSEMBLYMAN CATRILLO: When you talk about an upheaval in staff, is that in professional staff?

SUPT. SCHEIDEMANTEL: Excuse me. Yes, sir, the psychology staff. We had a number of new psychologists join the staff.

ASSEMBLYMAN SHUSTED: How would you characterize the morale of your staff generally -- professional and non-professional?

SUPT. SCHEIDEMANTEL: Professional staff -- certainly the ones that have been with the program from the inception

remember how it used to be with the 180 men and a very open environment. I spent some time talking to some of them, knowing I was coming here. There are changes just because of the number of people in there. We can't run the program adequately and that's disheartening to staff, and it's disheartening when they're not spending as much time doing some of the things they might want to be doing.

ASSEMBLYMAN SHUSTED: How big was your staff when you had 180 inmates?

SUPT. SCHEIDEMANTEL: Probably about four. We were using some outside consultants at that time. Several years after the facility opened, they made a commitment to use only full time staff members so they'd be available to the men eight hours a day rather than two or three hours a day.

ASSEMBLYMAN SHUSTED: How many do you have now?

SUPT. SCHEIDEMANTEL: We have 11 individuals.

ASSEMBLYMAN SHUSTED: Full time?

SUPT. SCHEIDEMANTEL: Yes, sir.

ASSEMBLYMAN SHUSTED: Are they all -- what? -- Psychologists or--

SUPT. SCHEIDEMANTEL: Nine of them are psychologists. Two of them are social workers. Had I gotten a psychologist position last year in the budget-- The social workers are getting -- they're master level social workers, but I want to phase them out of doing direct service as therapists.

ASSEMBLYMAN SHUSTED: Now, is your background in psychology?

SUPT. SCHEIDEMANTEL: My doctorate degree is in criminal justice.

ASSEMBLYMAN SHUSTED: Do you have any special qualifications as far as diagnostic -- adult diagnostic -- care and treatment?

SUPT. SCHEIDEMANTEL: I am not a clinician, no sir.

ASSEMBLYMAN SHUSTED: We've had some reports that some

of the people who are in the program -- some of the inmates -- only receive ten minutes of treatment a week. What's your response to that?

SUPT. SCHEIDEMANTEL: In one of the handouts that you have, describing the treatment program -- particularly the group therapy program -- I've explained at length in there that that's a calculation, more than likely, and I've seen it in some of the law suits the men have filed as to how often they speak in the group. But, if you're familiar with the group therapy process, you're aware that having the floor, or being the active participant, isn't the only way you participate in group therapy. You participate by listening, observing, and sharing your own impressions of what the other person has gone through. Many of these men don't have unique experiences. You can profit from their experiences.

So, the men are talking about the actual time they get to speak in the group, perhaps. That's our assessment of their allegation.

ASSEMBLYMAN SHUSTED: Okay. So, that's how you would analyze the ten minute comment?

SUPT. SCHEIDEMANTEL: That's our assessment, yes.

ASSEMBLYMAN SHUSTED: Okay. Do you have anything further, Commissioner, that you'd like to--

COMMISSIONER FAUVER: I'd just like to say I would like to invite the Committee to come to Avenel and to see the program and observe some of the -- not just the place but the sessions. A lot of these things are taped. We have a very elaborate system there for taping the sessions. They can be played back to avoid the denial issues. I think it's a very good setup, but not unlike the other institutions or the other programs, it's hurt by the overcrowding issue.

So, I'd just like to extend that invitation to you and--

ASSEMBLYMAN SHUSTED: Would we have an opportunity to

speak to the inmates privately?

COMMISSIONER FAUVER: Sure, if you'd like to -- any time.

ASSEMBLYMAN SHUSTED: Let me ask you one other thing. There was a bill that was introduced -- as I'm sure you are aware -- by Assemblyman Villane, appropriating $300 thousand. Do you have any specific areas or designs for that money?

COMMISSIONER FAUVER: The $300 thousand was designed to do the programs in the counties.

ASSEMBLYMAN SHUSTED: There were three facilities.

COMMISSIONER FAUVER: And to expand into the regionalization. I think that we've already started on the pilot project, which isn't anywhere near that, in a dollar figure. But that's-- Yeah, Assemblyman Villane's bill is to enable us to do regional sites or to at least expand.

ASSEMBLYMAN SHUSTED: I'm going to ask a loaded question: Is that money enough?

COMMISSIONER FAUVER: Is that money -- nobody ever asked me the question before, "Is it enough?" It's always "Isn't it too much?"

I don't know. We're really just guessing at the numbers, and what we did was equate "x" number of inmates in the counties, if we could regionalize them, how many groups we would need and, therefore, how many therapists and that type of thing. Probably we wouldn't know until after the first year whether it was expended, but the reverse of that is that without that money there won't be the programs that we want to try in the counties at all.

ASSEMBLYMAN SHUSTED: Well, do you think a satellite program on a permanent basis would be feasible?

COMMISSIONER FAUVER: I'm not sure on a permanent basis. I don't think we could ever equate it to the institution -- or that institution itself -- because of the ancillary kinds of programs that are there that would not be available in the county jails.

I think it's really more of a stop-gap measure to do that. I really think a facility itself would be needed, or additional space at Avenel as a longer range solution.

ASSEMBLYMAN SHUSTED: That is if the existing law remains the same. If we have mandatory minimums, is it your judgment we are going to need larger facilities to accommodate the inmates?

COMMISSIONER FAUVER: Yeah, I think so. I think we're going to need more if that remains the same.

ASSEMBLYMAN SHUSTED: If that law were changed where it went back to the indeterminate, do you think it would require additional facilities?

COMMISSIONER FAUVER: Well, I'm not sure because we talked about a lot of the variables, but one we don't have control over -- and shouldn't have control over -- is the Parole Board and the Review Board, which is an outside board. So, whether they would continue-- They may continue to parole, still, a low percentage of people because of the concerns in the community with sex offenders and the-- So, I don't know whether it would necessarily do so. I think it would increase the number of people participating in therapy -- as we indicated -- and probably make more ready. Whether more would actually get out or not, I think, is just a guess. Okay?

ASSEMBLYMAN SHUSTED: Do you have any questions, Charlie? (no questions) Okay. Thank you very much, Commissioner and Ms. Scheidemantel. Thank you very much.

I don't think anyone else is scheduled to testify. Is there anyone else here who wishes to testify? (no response) Thank you very much for coming and we appreciate your comments.

(HEARING CONCLUDED)

Appendix

NJAC

NEW JERSEY ASSOCIATION ON CORRECTION

TESTIMONY CONCERNING THE STATUS OF SENTENCING AND TREATMENT OF CONVICTED SEX OFFENDERS BEFORE THE ASSEMBLY LAW, PUBLIC SAFETY, DEFENSE AND CORRECTIONS COMMITTEE

July 11, 1986

Sex offenders have been provided with specialized treatment upon conviction since 1950 under both the 2A and 2C Criminal Codes. This enlightened decision of the Legislature has brought credit to the State of New Jersey. Unfortunately, overcrowding, a change in correctional philosophy to a more punitive position away from rehabilitation and imposition of mandatory sentences have worked to undermine the treatment of sex offenders at the Adult Diagnostic and Treatment Center (ADTC) at Avenel.

Let us look at one of the major changes in law. Under Section 2A:164-6 which was repealed in 1979, an offender could not be committed to ADTC for a specified minimum period of detention. The maximum stay was governed by the statute. Release decisions were based on treatment progress. Today, under the 2C Code, sex offenders can be sentenced to mandatory minimum terms. Success in treatment is not the only criteria which now governs release. An inmate whom staff is convinced can safely return to society cannot even be considered for parole if his mandatory minimum has not been served. Further treatment is pointless and this inmate takes up limited treatment space in the overcrowded ADTC. Transferring such an inmate to a regular prison is not a simple task since many of the sex offenders are pedophiles or child molesters who are held in very low esteem by other inmates and are at risk of being assaulted or persecuted. Many times, these individuals must be placed in protective custody.

In discussion with treatment staff two years ago at ADTC, it was made clear that therapy for sex offenders was a long term process and it was very rare that treatment staff would recommend someone for parole in less than four to five years. Placing a mandatory minimum term on a sex offender is counterproductive to the therapuetic process. One of an individual's strongest motivations comes from hope - hope that cooperation in a treatment program will enable the individual to gain an early release. Imposition of the mandatory minimum on individuals who have significant problems in dealing with life stresses in appropriate ways causes them to be less than cooperative and wastes valuable treatment resources.

The Association does not believe that it was the intention of the Legislature to dilute the treatment process by setting up an additional barrier to successful treatment. Mandatory minimum terms for sex offenders should be abolished.

Another issue that was mentioned earlier is the severe overcrowding at ADTC. ADTC operationally can hold 228 inmates. As of the end of May 1986, ADTC was housing 359. This is one of the most severely overcrowded facilities in the state. Treatment is mandated as the primary focus in this institution, yet the ratio of treatment staff to inmates has declined. In 1981, there was one treatment person for every 28 inmates; today there is one for every 33 inmates. Under conditions of severe overcrowding, it seems logical that there would be a greater need for treatment services. It is apparent that less therapy is being afforded to inmates today than in the past. This is hardly something that seems appropriate in a treatment facility.

Parole is not and has not been used as a technique for dealing with overcrowding at the ADTC. Parole rates have been low, usually in the teens, with the average number of releases (including those released at the expiration of their sentence) about 23 per year. Obtaining parole while at ADTC is a cumbersome procedure. By statute, an inmate must be recommended for parole by the Special Classification Review Board (SCRB) appointed by the Commissioner of Correction when it is satisfied that the individual is capable of making an acceptable social adjustment in the community. Prior to reaching the SCRB, a man must be recommended for parole consideration by his primary therapist. Following that, he is reviewed by a panel of ADTC therapists and if they approve, he is then reviewed by the entire ADTC treatment staff. If approved at this level, the ADTC Superintendent reviews the recommendation. If it is endorsed, he moves on to a meeting with the SCRB which then can make a recommendation for consideration by the Parole Board which makes the final decision. If a man's recommendation is rejected at any point in the process, the entire sequence of events must be re-initiated from step one.

Our problem with this process has to do with the Superintendent of ADTC having the authority to reject the recommendations of treatment staff. Recent Superintendents at ADTC have not been clinically trained treatment specialists. They have been criminal justice professionals. We do not feel that individuals without treatment expertise should be permitted to reject the advice of treatment professionals. The SCRB is composed of individuals with specific expertise, who have no personal knowledge of the inmate, and can be expected to render impartial decisions based on the facts of the situation. If the Superintendent were a treatment professional as in the past, it might be appropriate to include him or her in the decision-making process. As the situation stands now, inclusion of non-treatment personnel in a gatekeeping function delays the process and appears to circumvent the Legislature's intent of having experts make the determination of whether an inmate should be considered for parole.

We have been made aware of complaints that a previous Superintendent rejected the treatment professionals' recommendations for parole based on the inmate not having suffered sufficient punishment. This is not appropriate. Inmates should be afforded the right to consideration of the SCRB if all treatment experts concur. A decision by the SCRB is the only mechanism available

which could activate 2C:47-4C which permits the Commissioner of Corrections to ask the sentencing court to modify the original sentence if the SCRB states in writing that continued confinement is unnecessary. As the process stands, the likelihood of any inmate ever being given access to this remedy provided in statute is slim to none. Yet, a Morris County judge in a case cited this section of the Code as being the appropriate mechanism for reducing a sex offender's sentence.

Because the road to parole is cumbersome, some sex offenders are choosing to be reassigned to regular prisons. The Commissioner of Corrections has the authority to transfer inmates who refuse to cooperate in therapy on a sustained basis. Once transferred out of ADTC, normal parole eligibility guidelines are to be applied. This decision was made by the Appelate Court in 1985. Access to the Parole Board is greatly enhanced once a parole eligibility date is given. While such a transfer will not mean that an individual will be eligible for parole right away, and it is unlikely that large numbers of sex offenders will choose this route, for some, this will seem a more "hopeful" avenue to explore. This will have negative repercussions for the community, however, in that convicted sex offenders will not be receiving treatment that they need.

In summary, it appears that New Jersey has developed a somewhat schizophrenic attitude about sex offenders. On one hand, they want these "sick" individuals to be treated and cured; on the other, it wants them punished for their crimes. The first attitude is admirable; the other understandable and appropriate. The problem comes in trying to mix both goals and results in less than successful outcomes. Incarcerating people is a punishment in itself. In an institution like ADTC, treatment must and should be given priority. Resources should be provided to improve and expand the treatment staff. Therapy considerations should be left to the professional staff. Past history indicates that sex offenders are not released willy nilly into society and that they spend significant amounts of time in incarceration. Mandatory minimum terms of imprisonment are counterproductive for all inmates but doubly so for sex offenders who are in treatment.

Thank you for your consideration.

Karen A. Spinner
Director, Public Education and Policy

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NEW JERSEY DEPARTMENT OF CORRECTIONS
ADTC DATA HIGHLIGHTS

Through 1981, ADTC housed an average population of 180-200. Since then, average population has increased substantially each year.

-1982 - 227
-1983 - 256
-1984 - 323
-1985 - 393

Arrests for sex offenses have increased substantially since 1981.

-2,850 per year, 1976-1981
-3,600 per year, 1982-1985

The release rate has dropped precipitously during the past several years.

-20% (average) 1977-1979
- 7% (average) 1982-1985

Outpatient referral volume has been stable except for calendar 1985.

-460 per year, 1977-1984
-600 in 1985

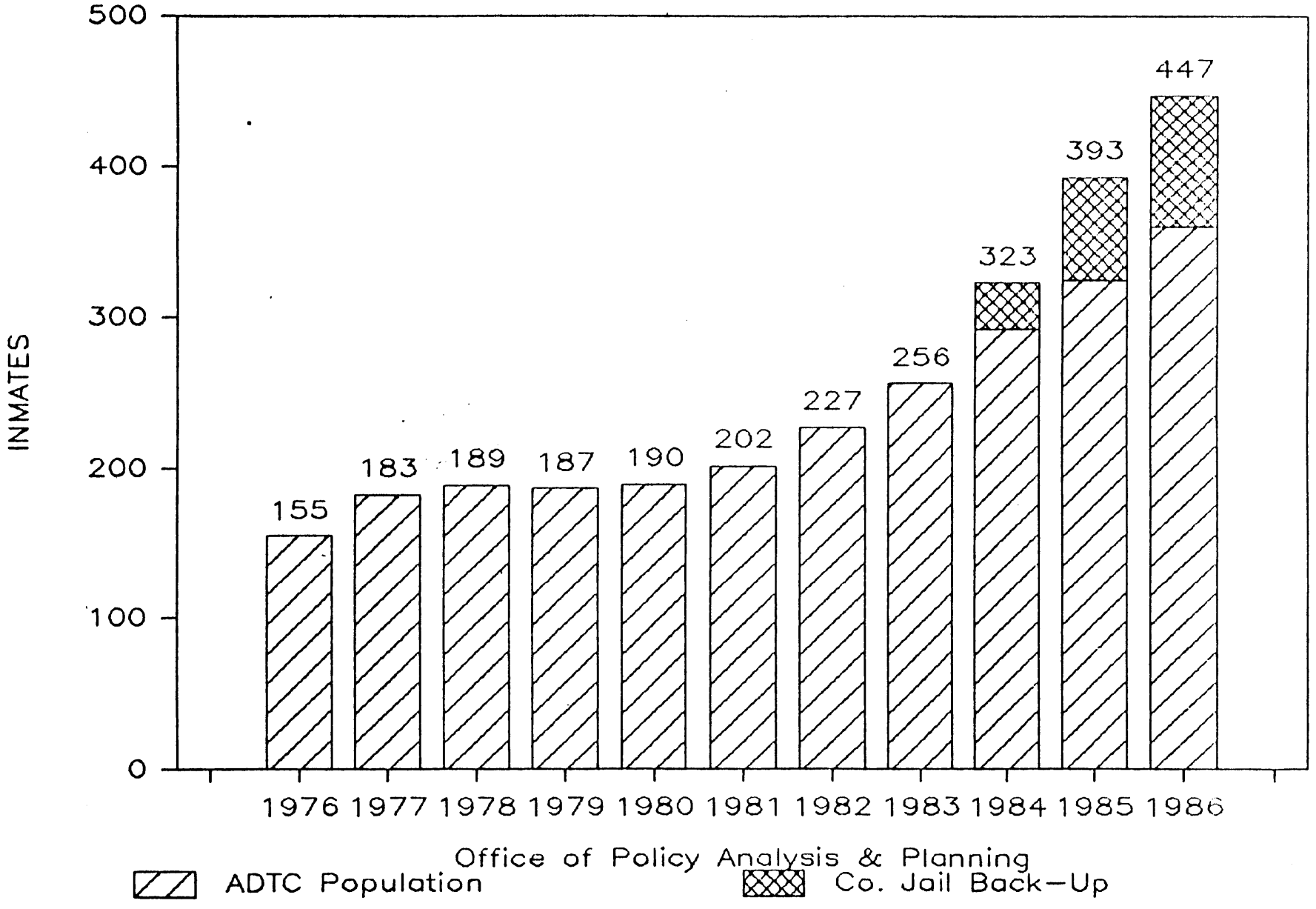
There has been an increase in the percentage of outpatient referrals found to fall within purview of the sex offensers act.

-16% - 1977-1980
-23% - 1981-1985

The most powerful factors that appear to be driving ADTC's population increase are the increased percentage of referrals found to fall within the purview of the act and the decrease in the release rate.

-Note: Through June 1986, only 13 persons have been released from ADTC. Of those, 11 were released at expiration of maximum sentence and only 2 were paroled.

N. J. Department of Corrections



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FY 76 THROUGH FY 86
INMATE POPULATION AND TREATMENT STAFF DATA

END OF FISCAL YEAR	INMATE POPULATION	NUMBER OF TREATMENT STAFF*	COMMENTS
76	155	3	180 single man cells available.
77	195**	5	4 dormitories created utilizing study/quiet and/or passive recreation rooms.
78	188**	6	
79	194**	6	
80	194	8	
81	209	8	5 additional dormitories created utilizing study/quiet and/or passive recreation rooms.
82	233	10	3 additional dormitories created utilizing study/quiet and/or passive recreation rooms.
83	261	10	4 additional dormitories created utilizing study/quiet and/or passive recreation rooms. Also 1 dormitory created in basement area formerly occupied by vocational education (i.e., electronics) program.
84	297	11	Waiting list instituted December 1983. At close of Fiscal Year 84, 25 offenders on waiting list. 2 additional dormitories created in basement area formerly occupied by vocational education (i.e., home improvement) which was relocated.
85	314	11	At close of FY 85, 78 offenders on waiting list. 1 additional dormitory created in basement area, which was formerly a storage area.
86	362	11	At close of FY 86, 95 offenders on waiting list. A 48 bed dormitory unit opened in October 1985.

*Treatment Staff was composed of staff psychologists and consultant psychologists until FY 78 when consulting psychologists were discontinued. During FY 80 and until present, the two master level social workers also have served as primary therapists. With additional psychologist, it is planned to discontinue their participation.

**CN cases, i.e., inmates not under Sex Offender Act, but who in Commissioner's discretion could benefit from program, were incarcerated during FY 77 and FY 78 and then transferred out during FY 79.

BUDGETARY DATA

FISCAL YEAR	PER CAPITA ANNUAL ($)	PER CAPITA DAILY ($)
76	Program activities not comparable to institution's present operation	
77	17,682	40.00
78	15,050	41.23
79	15,682	42.96
80	17,746	48.49
81	17,909	49.07
82	16,828	46.10
83	16,150	44.25
84	17,105	46.86
85	17,682	48.44

APPROPRIATION FY 86	$5,816,000
APPROPRIATION FY 87	$6,897,000

TOTAL TREATMENT STAFF COST FY 86	$386,200

ADULT DIAGNOSTIC AND TREATMENT CENTER

HISTORICAL OVERVIEW

In 1950, the original New Jersey State Sex Offender Statute[1] went into effect and, almost simultaneously, the New Jersey State Diagnostic Center, Menlo Park, opened.

The Statute mandated the examination of all convicted sex offenders, and also mandated treatment for those found to fall within its purview. The major criteria were that repetitive and compulsive behavior be found (and this became the prime determinant) along with either violence or age disparity between the victim and the offender.

If placed under the Statute, the Court had no discretion in that the individual had to be sentenced to an indeterminate sentence, not to exceed statutory limits for the act committed. He was then committed for treatment either to an outpatient program with probation or to an inpatient program.

Initially, sex offenders were sent for inpatient treatment to one of New Jersey's major mental hospitals, which were divided into minimum, medium, and maximum security institutions. Treatment there ranged from chemotherapy to shock therapy, and some individual and group contacts.

In 1966, as the result of a legislative inquiry, sex offenders were removed from the state hospitals, except for those who were overtly psychotic and/or dangerous to themselves or others. They remained at the Vroom Psychiatric Unit in Trenton Psychiatric Hospital. The remainder transferred to a unit at

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[1] NJSA 2A: 164:3 through 13 inclusive

State Prison, Rahway and housed and treated there from March 1967 to February 15, 1976, when the ADTC opened. It was built at a cost of 7.2 million dollars and was funded by public bond issue. The ADTC was specifically designed for treatment from its inception and was one of the first institutions built in the United States specifically for the treatment of convicted sex offenders. ADTC is the most therapeutically oriented of New Jersey's correctional facilities.

The Sex Offender Program remained in the Division of Mental Health (now the Department of Human Services) from its inception until the opening of the present facility in 1976. At that time, the program was transferred to the Department of Corrections as an independent institution.

Effective September 1, 1979, the New Jersey Code of Criminal Justice was revised. Some changes affecting the sex offender statute include: a determinate sentence for each offense, eliminating the indeterminate element in the original statute; earned time credits (work and commutation time) which did not exist in the original statute; and in general, briefer sentences for similar crimes committed under the old statutes. The 2A-sentenced offenders remained under the provisions of 2A Criminal Code.

Of significant recent impact is the New Jersey State Supreme Court case, State v. Chapman, in which the Court stated the imposition of mandatory minimum sentences is not inconsistent with the treatment provisions of the 2C Sex Offender statutes. Thus, an offender must be retained in custody, unless the Commissioner

moves for modification of his sentence, until completion of the period of parole ineligibility despite his therapeutic progress.

Pursuant to NJSA 2C:47-1, each offender convicted of the specified offenses must be referred by the Court to ADTC for physical and psychological examination. The offender is either escorted or, if on bail, reports to ADTC for the one day testing and examination. In accordance with 2C:47-2, a written report is forwarded to the Court with the results of the examination.

The inpatient service component offers treatment via a multi-modality concept as described in the attached separate document.

Referral to the State Parole Board is dependent upon positive recommendations from the Treatment Staff and subsequently the Special Classification Review Board (NJSA 2C:47-5).

Post-release treatment services are an integral part of the sex offender parole program. These follow-up sessions make it possible for staff, the Special Classification Review Board, and the State Parole Board to release offenders with the knowledge that an aftercare program is available. The treatment is by group, individual, and/or, on a selective basis, couples-family techniques.

Informative presentations are conducted for college and nursing students, professionals from criminal justice agencies and community volunteer groups.

In July 1980, the Commission on Accreditation for Corrections granted the ADTC a three year accreditation award. This acknowledges that the ADTC has complied with the standards for adult correctional institutions issued by the American Correctional Association. The ADTC was the first correctional institu-

tion in New Jersey. It was reaccredited in August, 1983.

There are presently 72 civilian and 84 custody staff employed at the facility.

ADULT DIAGNOSTIC AND TREATMENT CENTER

TREATMENT PROGRAMS

The program of treatment designed, constructed and offered by the treatment staff is intended to approach the inmates and his problems from many avenues. The intention is to utilize whatever reasonable technique which will reach and help to resolve the specific pathology of each individual. The specific program in which an individual inmate becomes involved is the result of a treatment plan initially begun at the treatment staff and then mutually agreed to by the inmate and his primary therapist. The various treatment program components currently active at the ADTC are as follows:

GROUP THERAPY:

When an inmate arrives at ADTC, he is introduced to the treatment staff which interviews him in terms of background, education and experience. Based upon this review, the inmate is assigned to a primary therapist. The primary therapist in turn assigns the inmate to a primary therapy group. All inmates confined to ADTC are assigned to both a primary therapist and a primary therapy group.

The composition of each primary therapy group is not determined by the sexual orientation of inmates. Initially, the therapy groups were comprised of inmates who had committed the same sex offense. However, this arrangment proved ineffective because the inmates tended to support one another's point of view during the therapy sessions, thereby undermining any attempt at rehabilitation. In order to avoid this problem, the primary therapy groups now consist of inmates who have committed various sex offense, thus providing different perspectives on any given inmate's experience. The therapy sessions are conducted in a group format because the overwhelming majority of sex offenders at ADTC have difficulty in their relationships with their peers, a difficulty which is often at the root of their sexual problems. Intensive group therapy has proven to be the best method of addressing these problems.

Each therapist utilizes the style, methods and techniques which he/she believes to be most effective. This runs the gamut from behavioral, cognitive, relational/gestalt to the more psychodynamically-oriented approaches. The treatment staff recognizes that traumatic childhood experiences, including sexual abuse, may be significant factors in the development history of many offenders. These experiences are often highly defended or repressed.

There are 9 full time clinical psychologists operating groups at the institution.* At present, approximately thirty-five primary therapy groups are in operation at A.D.T.C. Ten or twelve offenders are assigned to each group. All the groups meet on a weekly basis. Because therapy groups meet, dependent upon the therapist's scheduled leave time, for approximately two hours each week for fifty weeks each, the offender has access to 100 hours of extensive group therapy.

The format of each group varies, depending upon the background of the primary therapist who runs the group. In most groups, each therapy session focuses upon a particular inmate who takes the floor to discuss his problem. Occasionally, the emphasis may be on group discussion without focussing on any specific inmate. There are a variety of ways an inmate may take the floor: by request in advance through his therapist; by asking during group; or by preset schedule made by the therapist. If an inmate has a problem which he feels is emergent and requires immediate attention, he may be permitted to speak in place of a scheduled inmate. In addition, members of

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*During FY 80 and until present, two master level social workers also have served as primary therapists. With additional psychologists, it is planned to discontinue their participation.

the group who are not assigned to speak at a particular session are, at all times, encouraged to speak out with respect to their own sexual problems. Participation by all group members is freely encouraged because the members often learn from their fellow inmates and may find that certain issues raised in the discussion sessions are relevant to their own experiences.

INDIVIDUAL THERAPY:

In addition to group therapy, the primary therapist may also offer individual psychotherapy to group members in order to supplement the work done within the group. In some cases, where appropriate or necessary, regularly scheduled sessions might be set up; in others, inmates may be seen on a more informal basis, or for emergency sessions in between regular meetings when a crisis arises.

Specific techniques can range from indepth interviewing of past history and feelings, mirroring, role playing, covert sensitization, supportive and negative reinforcement, biofeedback, direct confrontatin, use of tape and book libraries, and many others.

ANCILLARY GROUPS:

Inmates who feel that they need additional help may request placement in one of several ancillary programs available at ADTC. The determination as to whether an inmate may participate in any of these ancillary programs is within the discretion of the primary therapist assigned to the inmate. The ancillary programs available to inmates at ADTC are as follows:

Marital/Couple Therapy:

Marital/Couple Therapy, conducted in either a group setting or individually, is held with the purpose of fostering growth and development of each man, and his "significant other," through an exploration of their relationship. Specific goals include: (1) to teach effective communication skills;

(2) to establish a working alliance with one's partner in order to deal with issues of mutual concern; (3) to increase understanding and awareness of self and others; and, (4) to foster the growth and development of the couple's unit. Issues may vary from sexual preferences and dislikes to questions of effective parenting. The co-therapists adhere to no specific format but may vary from the teaching of assertive skills to modeling arguments. One positive by-product of this group is the cohesion established between many of the women, which continues outside of the group.

Family Therapy:

Since, real or imagined, the family unit is often perceived by the inmate as instrumental in the development of his pathology, to not treat this important factor in his life and to have the man return to the same environment from which he came invites the chance of similar dynamics recurring. Clearly family members have to be willing to share their perceptions and feelings with one another, and through this gain a sense of cohesion, understanding, and tolerance. They can work on resolving past conflictual issues while planning how to re-establish their contact when the man is released. Family therapy is the suggested modality for these problems and is offered by the primary therapist, as needed, by appointment.

Sex-Education/Therapy

The presence of sexual misconceptions regarding sexual roles, behavior and identity have clearly been indicated as contributing factors in some offender's sexual crimes.

Therefore, sex education is offered to inmates who are sexually naive, lacking in knowledge or techniques and experience, and who could benefit from work on issues of sexual identity and misinformation. This is in addition to regular therapy. Three successive levels are offered on a one semester basis: Basic, Advanced and Sex-Therapy. Each ends with a final exami-

nation and awarding of a certificate of completion. Visual presentations in film, slides, tapes, etc., are utilized.

PARA-PROFESSIONALS:

There are seven Para-professional groups led by inmates who have displayed particular ability to assist others as a "peer group" leader. It is felt that inmates would be able to relate to other inmates and help one another in their therapy issues much as in the self-help theory of drug rehabilitation programs. This program is intended to supplement the primary therapy of the inmate. Since para-professional therapy aides are in the ADTC twenty-four hours per day, they then become valuable resources to counsel and handle emergencies when the professional staff is absent.

Each of the groups has a general theme on which, to differing degrees, they concentrate. For example, one is for drug problems, another is specifically for returning parole violators, and there is one for Vietnam veterans, etc. All sessions are monitored by a professional staff member and videotaped for both playback and training use. The para-professional therapy aides are regularly supervised, both individually and as a group, by members of the treatment staff.

Social Skills Training:

Deficiencies in social skills, i.e., assertive skills, planning abilities, heterosocial and psychosocial skills, problem solving skills, abilities to deal with stress and feelings, and the general conflicts in their everyday lives, are common variables in the personalities of many sexual offenders. The goal in the S.S.T. group is to effect remediations in these social skills areas through a process of skill training using a structured learning approach.

In pursuit of these objectives, learning procedures such as modeling, role playing, performance feedback and behavioral rehearsal are used.

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Aversion Therapy:

The goal of aversion therapy is to use reconditioning procedures to help inmates learn to control the types of deviant sexual arousal and fantasy that have, in part, led to their sexual offenses.

Various methods are used voluntarily, e.g., covert sensitization involves having the inmate pair a deviant sexual fantasy (e.g., a rape fantasy) with an unpleasant fantasy (e.g., being arrested for this act). This results in an increase ability to control arousal to the deviant fantasies. These procedures are typically performed individually with an inmate who is then given homework to practice and is asked to periodically monitor various aspects of his sexual fantasy activity.

Relaxation Training Group:

The goal of the Relaxation Training Group is to help residents acquire the ability to deeply relax and, thereby, cope more effectively with emotional stress.

A weekly relaxation group is run by an inmate who is supervised by the treatment staff. This inmate has been taught a number of methods for inducing relaxation, e.g., alternate tensing and relaxing of various muscle groups or meditation techniques. Once relaxation is induced, the inmates are guided through fantasy exercises designed to desensitize them to various stressful situations.

Anger Management:

For most sex offenders, there is difficulty in the appropriate and well-modulated expression of anger. Usually, they are either too volatile and easily overwhelmed by hostile impulses or too passive and unable to express any negative emotion.

The Anger Management Group focuses upon the difficulties by analyzing each individual's anger in terms of which external events are likely to trigger anger, which internal factors (expectation, self-statements, perceptions-

tion) contributes to any, and which behavioral responses are likely to occur. Part of the process involves the differentiation of effective and appropriate anger responses from self-defeating ones.

Mainly cognitive and behavioral techniques are utilized in this group, including internal meditation, role play, and relaxation training.

Audio Cassette and Book Library:

The goal of the audio cassette and book library is to provide therapeutically oriented educational materials for inmates. This allows them to continue their therapeutic learning on their own time outside of actual therapy sessions. The use of cassettes and books also saves therapeutic time, in that, inmates are educated through these media in various self-help skills.

Pre-Release Group:

The goal of the Pre-Release Group is to help better prepare and assist those inmates who are in the process of being released to come to terms with the realities of community life as opposed to institutional living.

Group and individual sessions are held covering a wide variety of topics such as vocational plans, job hunting plans, job interviews, dating expectations, finding an apartment, and so on. Meetings with ex-inmates in the aftercare program affords an exchange of information which focuses on the realities of life in society after being institutionalized as a sex offender. This experience proves to be beneficial to both groups as they exchange information, advice and offer moral support to each other.

Aftercare Program:

Outpatient therapy is an extension of the overall therapeutic program at the ADTC. The major goals are to aid ex-inmates in making the transition from the institution to society. In general, outpatient therapy provides a measure of supervision and support.

Outpatient therapy is provided on a weekly or monthly basis, or as needed. Patients are typically expected to return either to the institution or to a mental health facility in their immediate residential area, usually on a weekly basis during the initial stages, then gradually reduced to bimonthly, monthly, quarterly and semi-annually, depending on therapeutic progress. Ex-inmates may attend an evening group or meet with their therapist on an individual therapy basis. Another option either as an adjunct or a primary basis, is the marital/couple group.

Video Tape:

In many of the above treatment program elements, extensive use is made of video-tape. While video-tape is often an ancillary treatment technique itself (playbacks, body language, etc.), it also serves a major role in the areas of supervision, training and education.

Substance Abuse Counselling:

The institution utilizes the services of a Substance Abuse Counselor to provide specialized counselling groups for inmates with addictive disturbances involving drugs and alcohol. It is our experience that sexual offenders often utilize drugs and alcohol to reduce their inhibitions and allow themselves to act-out their deviant sexual fantasies. The provision of this service either through the referral of the primary therapist or admission screening adresses this problem and how it inter-relates with the sexual pathology.