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BARBARA CHRISTENSEN

STATE OF WASHINGTON
CLALLAM COUNTY SUPERIOR COURT

In re the Detention of:

BRIAN TAYLOR-ROSE,

Respondent.

NO. **12 2 01143 8**

CERTIFICATION FOR
DETERMINATION OF
PROBABLE CAUSE

I, JAMES BUDER, Assistant Attorney General for the State of Washington, am familiar with the investigation conducted by the Washington State Department of Corrections and various law enforcement agencies relating to Respondent, BRIAN TAYLOR-ROSE.

Pursuant to RCW 71.09.030, the Attorney General for the State of Washington is filing this Petition at the request of the Clallam County Prosecuting Attorney, DEBORAH S. KELLY.

Petitioner, State of Washington, sets forth the following in support of its Motion for the Determination of Probable Cause that Respondent, BRIAN TAYLOR-ROSE, is a sexually violent predator pursuant to chapter 71.09 RCW et. seq.

I. SEXUALLY VIOLENT OFFENSE

Respondent, BRIAN TAYLOR-ROSE, was born on June 13, 1978, and is now 34 years old. He has been convicted of a sexually violent offense as that term is defined in RCW 71.09.020(17). He currently is incarcerated by the Washington State Department of Corrections, and is scheduled for release on December 13, 2012.

CERTIFICATION FOR
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SCANNED - 174

1 **Child Molestation in the Second Degree, Clallam County Superior Court (No. 98-1-**
2 **00263-9), February 6, 1998.**

3 On, or around October 14, 1997, the Port Angeles Police Department received a report
4 that Mr. Taylor-Rose had molested N.F., a 13 year-old boy. Mr. Taylor-Rose met N.F.'s older
5 brothers through Alcoholic's Anonymous and was invited to stay temporarily at their home
6 because he was homeless. N.F.'s mother explicitly warned Mr. Taylor-Rose against
7 attempting any inappropriate activities with her younger children while he was visiting their
8 home.

9 On the evening of October 13, 1997, N.F. had fallen asleep on the floor while
10 watching a movie in his older brother's room. He was awoken by Mr. Taylor-Rose groping
11 his back, buttocks, penis, and testicles. N.F. pretended to be asleep and rolled over to avoid
12 being touched, but Mr. Taylor-Rose persisted in his molestation. N.F. then got up and went to
13 the bathroom and later another room in the home to sleep. He disclosed the molestation to his
14 mother the next day.

15 Mr. Taylor-Rose was arrested for Child Molestation on October 14, 1997. After
16 initially denying any wrong-doing, Mr. Taylor-Rose acknowledged fondling N.F.'s penis,
17 buttocks, and testicles as the boy reported. While watching the movie with N.F., Mr. Taylor-
18 Rose admitted he was thinking about being sexual with N.F. He also admitted to law
19 enforcement that, "I do need help" and "I don't know why I did it."

20 Mr. Taylor-Rose was charged with Child Molestation in the Second Degree for his
21 offense against N.F. on October 15, 1997. On November 18, 1997, Mr. Taylor-Rose pleaded
22 guilty to this charge. On February 6, 1998, the court sentenced Mr. Taylor-Rose to 17 months
23 incarceration and 36 months community custody.

24 **II. OTHER SEXUAL OFFENSES**

25 Since he was a juvenile, Mr. Taylor-Rose has committed other offenses rooted in
26 inappropriate sexual behavior. For example, he has acknowledged performing oral sex on his

1 18 month-old cousin when he was 10 years old. Since that offense, Mr. Taylor-Rose has
2 described having fantasies about sexual activity with young children.

3 After release from his Child Molestation in the Second Degree prison sentence,
4 Mr. Taylor-Rose incurred multiple community custody violations and jail sentences. For
5 example, in 1999, he absconded from community custody. When he was arrested days later,
6 Mr. Taylor-Rose was found lying in bed with S.P., a 15 year-old boy. In addition to
7 acknowledging that contact with minors violated his community custody conditions,
8 Mr. Taylor-Rose told law enforcement that had he been caught 30 minutes later, he would
9 have been engaged in sexual intercourse with S.P.

10 On or around May 15, 2009, Mr. Taylor-Rose was arrested for Child Molestation in
11 the First Degree. His Narcotics Anonymous sponsor reported to the Port Angeles Police
12 Department that Mr. Taylor-Rose had molested J.C., his seven year-old son.

13 About a month prior to the report, Mr. Taylor-Rose was allowed to stay the night at
14 J.C.'s home because his car was inoperable. While at the home, Mr. Taylor-Rose relapsed
15 and drank alcohol until he passed-out. When he woke-up, he attempted to take J.C. to an
16 upstairs room to watch a movie, but J.C.'s parents would not allow it. Later that night, J.C.
17 awoke his parents to disclose that Mr. Taylor-Rose had groped his penis.

18 On May 18, 2009, Mr. Taylor-Rose was charged with Child Molestation in the First
19 Degree. On April 14, 2009, Mr. Taylor-Rose took advantage of a plea agreement and
20 pleaded guilty to Child Molestation in the Third Degree for this offense. On September 17,
21 2009, he was sentenced to 43 months in prison and 36 months of community custody for this
22 conviction.

23 **III. SEX OFFENDER TREATMENT**

24 When he was a juvenile, Mr. Taylor-Rose engaged in several treatment programs to
25 address both his sexual deviancy and his substance abuse issues. While incarcerated for his
26

1 1998 offense, Mr. Taylor-Rose matriculated into the Sex Offender Treatment Program
2 (SOTP) at the Twin Rivers Correctional Facility. He was involved with SOTP from June
3 1998 through February 1999.

4 In the SOTP treatment summary, his therapist, Maia Christopher, noted that while
5 Mr. Taylor-Rose demonstrated an intellectual understanding of his sex offense cycle, his
6 interventions to stop that cycle were inconsistent, limited, and superficial. The SOTP
7 treatment team was concerned that Mr. Taylor-Rose's SOTP knowledge was not sufficient to
8 maintain over time.

9 After his release from prison, Mr. Taylor-Rose continued SOTP in the community. He
10 continued this treatment from June 2002 until August 2004. Upon completion of the program,
11 one of his therapists indicated that treatment had a positive effect on Mr. Taylor-Rose and that
12 he was proficient at giving and receiving feedback in treatment groups. He was arrested for
13 molesting 7 year-old J.C. in 2009.

14 While serving his sentence for Child Molestation in the Third Degree, Mr. Taylor-
15 Rose applied for re-matriculation into the SOTP. However, he did not participate in SOTP on
16 this occasion.

17 **IV. SEXUALLY VIOLENT PREDATOR EVALUATION**

18 Dr. Harry Hoberman, a psychologist with extensive experience in the evaluation,
19 diagnosis, and treatment of sex offenders, conducted an initial assessment of Mr. Taylor-Rose
20 at the request of the Joint Forensic Unit (JFU). A copy of Dr. Hoberman's curriculum vitae is
21 attached hereto as Exhibit 1. A copy of the October 10, 2011, report generated pursuant to
22 Dr. Hoberman's assessment of Mr. Taylor-Rose is attached hereto as Exhibit 2 and is
23 incorporated by reference.

24 Dr. Hoberman is familiar with RCW 71.09 and has previously conducted assessments of
25 sex offenders who are being considered for civil commitment pursuant to this statute and similar
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1 statutes in other states. In conducting his assessment, Dr. Hoberman reviewed over 1780 pages
2 of records, including police reports, legal documents, health information, previous
3 psychological evaluations, and materials from the Department of Corrections relevant to
4 Mr. Taylor-Rose's incarceration and participation in SOTP. Those records are the same as
5 those upon which this certification is based. Dr. Hoberman also conducted psychological
6 testing and a clinical interview with Mr. Taylor-Rose for his evaluation.

7 Dr. Hoberman reports that it is his opinion, to a reasonable degree of psychological
8 certainty, that Mr. Taylor-Rose suffers from a mental abnormality and personality disorder.
9 Specifically, Dr. Hoberman diagnosed Mr. Taylor-Rose with Pedophilia and Antisocial
10 Personality Disorder (ASPD). Pedophilia is characterized by sexual fantasies, urges, or
11 behaviors directed towards prepubescent children. ASPD is characterized by a disregard for
12 laws and the rights of others. Mr. Taylor-Rose's ASPD is supplemented by the existence of
13 traits from other personality disorders as well.

14 In Dr. Hoberman's opinion, Mr. Taylor-Rose's pedophilia and ASPD cause him
15 volitional and emotional impairment which predisposes him to the commission of sexually
16 violent offenses. Dr. Hoberman also opines that Mr. Taylor-Rose remains a menace to the
17 health and safety of others as a result of his pedophilia and ASPD.

18 Several other disorders, while not mental abnormalities on their own, compound
19 Mr. Taylor-Rose's Pedophilia and ASPD. For example, his substance abuse disorders play a
20 role in predisposing him to committing sex crimes against children. Indeed, Dr. Hoberman
21 opines that "Mr. Taylor-Rose's history of sexual offending behavior appears to be a function
22 or consequence of the convergence of his multiple psychological/psychiatric impairments."

23 Dr. Hoberman also opines, to a reasonable degree of psychological certainty, that
24 Mr. Taylor-Rose's mental abnormality and personality disorder cause him serious difficulty in
25 controlling his behavior, such that he is likely to engage in predatory acts of sexual violence if
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1 not confined to a secure facility. In addition to his review of records, Dr. Hoberman employed
2 several risk assessment instruments to aid in assessing Mr. Taylor-Rose's risk of recidivism.
3 Some of these risk assessment instruments were actuarial in nature, and others were not, but
4 each of the instruments used by Dr. Hoberman are generally used and relied upon by similarly
5 situated professionals.

6 In his risk assessment of Mr. Taylor-Rose, Dr. Hoberman used three actuarial
7 instruments: the Static-99, the Mn-SOST-R, and the SORAG. Offenders with Mr. Taylor-
8 Rose's score on the Static-99 were charged or convicted of a new sexual offense at a rate of
9 about 40% within 15 years. This recidivism rate underestimates an offender's actual risk,
10 because most sexual crimes do not result in criminal charges or convictions.

11 Mr. Taylor-Rose's score on the Mn-SOST-R actuarial instrument places him in a
12 category of offenders that were charged or arrested for a new sexual offense at a rate of about
13 57% within 6 years. Finally, Mr. Taylor-Rose's score on the SORAG places him in a category
14 of offenders were charged or convicted of a new sexual or violent offense at a rate of about
15 100% within 7 years.

16 In addition to using actuarial instruments, Dr. Hoberman employed empirically-derived
17 dynamic factors in his risk assessment. Specifically, Dr. Hoberman used the SRA-FV and
18 SVR-20 instruments. In using these instruments, Dr. Hoberman opined that factors more
19 individual to Mr. Taylor-Rose, such as his relational style and self-management, increased
20 Mr. Taylor-Rose's risk of reoffense. These factors have also been shown to be significantly
21 related to sexual offense recidivism, and his scores on these tests confirm that Mr. Taylor-Rose
22 is more similar to high-risk individuals in a population of sex offenders.

23 Dr. Hoberman also considered other individual factors, such as Mr. Taylor-Rose's age,
24 participation in treatment, sexual deviance, and level of psychopathy in his risk assessment.
25 None of these factors decreased Mr. Taylor-Rose's risk. In fact, many of these factors
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1 increased his risk. For example, Dr. Hoberman measured Mr. Taylor-Rose's level of
2 psychopathy using the popular PCL-R instrument. The score on this instrument indicated that
3 Mr. Taylor-Rose is a high risk for reoffense. This is particularly true when observing sex
4 offender recidivism rates for offenders like Mr. Taylor Rose who suffer from both a high
5 degree of psychopathy and sexual deviance, such as pedophilia. It is Dr. Hoberman's expert
6 opinion, to a reasonable degree of psychological certainty, that Mr. Taylor-Rose is likely to
7 engage in predatory acts of sexual violence if not confined to a secure facility.

8 Under penalty of perjury under the laws of the State of Washington, I certify that the
9 foregoing is true and correct to the best of my knowledge.

10
11 RESPECTFULLY SUBMITTED this 4th day of December, 2012.

12 ROB MCKENNA
13 Attorney General

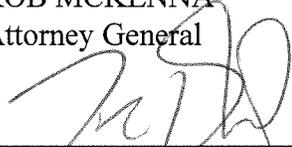
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15 _____
16 JAMES BUDER, WSBA #36659
17 Assistant Attorney General
18 Attorneys for Petitioner
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EXHIBIT 1

CURRICULUM VITAE

Harry M. Hoberman, Ph.D., L.P.

Forensic Psychology Consultations

641 E. Lake Street, Suite 222
Wayzata, MN 55391
952-314-9400 (phone/voice mail)
952-936-9340 (fax)
PsycholegalEvals@aol.com

EDUCATION

1984 Ph.D., University of Oregon, Clinical Psychology
1983 Internship, Neuropsychiatric Institute (NPI), U.C.L.A.
1982 M.S., University of Oregon, Clinical Psychology
1977 A.B., Brown University: Psychology and Political Theory

POSITIONS HELD

1999- Forensic Psychology Consultations
2009- Forensic Consultant, U.S. Department of Justice
2002- Forensic Consultant, Washington Joint Forensic Unit (JFU)
1999/2001- Forensic Consultant, Iowa/Missouri Departments of Justice
1999-2006 Medical Expert, OHA, Social Security Administration
1995-2003 Clinical Assistant Professor of Psychiatry, University of Minnesota
 Medical School
1995 - 1999 Evaluation Consultant, Alpha Human Services Outpatient Sex Offender
 Program
1987 - 1995 Assistant Professor of Psychiatry and Pediatrics, Child Development,
 Clinical Psychology, University of Minnesota
1984 - 1987 Staff Psychologist/Clinical Researcher, Department of Psychiatry,
 University of Minnesota Medical School

CERTIFICATION & LICENSURE

Minnesota Board of Psychology: Licensed Psychologist (LP): License #1787 (1986)

Washington Health Professions: Licensed Psychologist: PY00003883 (2007)

National Registry of Health Service Providers in Psychology (#44666, 1998)

MEMBERSHIP IN PROFESSIONAL SOCIETIES

- American Psychological Association (APA)
 - Division 12: Clinical Psychology
 - Division 41: Psychology-Law & Society
 - Division 29: Psychotherapy
 - Division 30: Hypnosis
 - Division 37: Child, Youth & Family Services
 - Division 42: Independent Practice
 - Division 18: Psychologists in Public Service
- Association for the Treatment of Sexual Abusers (ATSA)
 - Executive Board: Elected (Terms: 2007-2009; 2010-1012)
 - Public Policy Committee: 2001-Present
- Association for Behavioral and Cognitive Therapy (ABCT)
- American Professional Society on the Abuse of Children (APSAC)
- American College of Forensic Examiners (ACFE)
- American College of Forensic Medicine (ACFM)
- American Psychotherapy Association (APA)

CONTINUING EDUCATION EXPERIENCES

FORENSIC:

Psychopathy:

Meloy, J. Reid. **The Psychopathic Personality.** Specialized Training Service. Minneapolis, MN. February, 1994.

Lykken, D.T. (1994). **The Antisocial Personalities.** Psychology Department, University of Minnesota (Advanced Graduate Seminar, Spring Semester).

Hare, R. **Psychopathy and the PCL-R.** November 12, 1997. Darkstone Research Group. St. Paul, MN.

Hare, R. & Forth, A. **Psychopathy And The PCL-R: Clinical & Forensic Applications.** (Advanced Workshop) November 13-14, 1997. Darkstone Research Group. St. Paul, MN.

Psychopathy: Symposium. Association for the Treatment of Sexual Abusers, San Diego, CA: November 2, 2000.

Forth, A. **Psychopathy and the PCL-R: Clinical & Forensic Applications For Sex Offenders.** Minnesota Court Psychological Services. Minneapolis, MN: February 18-19, 2004

Harris, G. **Psychopathic Sexual Behavior.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 27, 2004.

Salter, A. **Psychopaths, Pit Bulls and Cobras.** Forensic Evaluation, Treatment and Risk Management Conference: State Operated Forensic Services, St. Peter, Mn, October 23, 2006.

Adult Sex Offenders: Evaluation, Risk Assessment, Treatment and Legal Issues:

Psychopathic Personalities and Sexually Dangerous Persons. Minnesota Institute of Legal Education. Minneapolis, Mn. September 12, 1995.

Adkerson, D. L. **Clinical Assessment Of Sexual Offenders.** Association for the Treatment of Sexual Abusers. Chicago: November 13, 1996.

Outcome Studies And Implications For Treatment. Association for the Treatment of Sexual Abusers. Chicago: November 13, 1996.

High Risk Offenders: Assessment, Treatment And Testimony. Association for the Treatment of Sexual Abusers. Chicago: November 13, 1996.

Hazelwood, R. **The Sexually Violent Offender.** Specialized Training Services. Milwaukee, WI, November 15-16, 1996.

- Sexual Predators: Treatment Perspectives.** Minnesota Institute of Legal Education.
Minneapolis, Mn, August 12, 1998.
- Doren, D. **Using And Testifying About Sex Offender Risk Assessment Instrumentation.**
Association for the Treatment of Sexual Abusers. Orlando, FL: September 22, 1999.
- Innovations In Structured Approaches To Risk Assessment With Sex Offenders.**
Association for the Treatment of Sexual Abusers, Orlando, FL: September 22, 1999.
- Actuarial Risk For Sexual Reoffending.** Association for the Treatment of Sexual Abusers,
Orlando, FL: September 22, 1999.
- Minnesota Department of Corrections. **The Civil Commitment Of Sexual Offenders: The Referral & Commitment Process.** St. Paul, September 29, 1999.
- Saunders, B. E. **Family Resolution Therapy In Cases Of Intra-Familial Sexual Abuse.**
Association for the Treatment of Sexual Abusers, San Diego, CA: November 1, 2000.
- Psychopathic Sex Offenders: Symposium.** Association for the Treatment of Sexual Abusers,
San Diego, CA: November 2, 2000.
- Structured Professional Guidelines For Assessing Risk In Sexual Offenders: Symposium.** Association for the Treatment of Sexual Abusers, San Diego, CA:
November 3, 2000.
- Berlin, F. **Actuarials: A Critique Of Their Use In Civil Commitments.** Association for The
Treatment of Sexual Abusers. San Diego, CA: November 3, 2000.
- Doren, D. **Using Current Risk Assessment Procedures: Integrating Actuarials With Proper Clinical Judgment.** Minnesota Association for the Treatment of Sexual Abusers,
Minneapolis, MN March 29, 2002.
- Sexual Psychopathic Personalities and Sexually Dangerous Persons: Update.** Minnesota
Institute of Legal Education. Minneapolis, MN.
- Stern, P. & Wheeler, J.R.: **Actuarial Risk Assessment: Preparation And Presentation Of Effective And Ethical Testimony.** Association for the Treatment of Sexual Abusers,
Montreal, Canada: October 2, 2002.
- Doren, D. M. & Thornton, D. **Factors That Modify Static Risk Assessments: Absolute Vs. Proportionate Effects.** Association for the Treatment of Sexual Abusers, Montreal,
Canada: October 2, 2002.
- Thornton, D. & Doren, D. M. **How Much Safer Are Older Offenders?** Association for the
Treatment of Sexual Abusers, Montreal, Canada: October 2, 2002.
- Doren, D. M., Thornton, D. & Harasymiw, J. **Does Treatment Halve Recidivism For Higher Risk Sex Offenders?** Association for the Treatment of Sexual Abusers, Montreal,

Canada: October 2, 2002.

Thornton, D. & Doren, D. M. **Implications Of Premature Treatment Termination For Sexual Recidivism.** Association for the Treatment of Sexual Abusers, Montreal, Canada: October 2, 2002.

Kropp, P.R. **The Risk For Sexual Violence Protocol: Developments In Research And Professional Practice.** Association for the Treatment of Sexual Abusers, Montreal, Canada: October 2, 2002.

Doren, D.M. **Conducting Sexual Offender Risk Assessments: The Details Of What We Know From Research.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 8, 2003.

Thornton, D. & R. Karl Hanson. **Models Of Real Re-Offence Rates: Clinical Implications.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 9, 2003.

R. Karl Hanson & Thornton, D. **How Much Do Observed Recidivism Rates Underestimate The Actual Rates?** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 9, 2003.

Barbaree, H. E., Langton, C.M., & Peacock, E. J. **The Evaluation Of Sex Offender Treatment Efficacy Using Samples Stratified By Levels Of Actuarial Risk.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 9, 2003.

Langton, C.M., Barbaree, H. E., & Peacock, E. J. **Failure To Complete Sexual Offender Treatment And Sexual Recidivism: Do Actuarial Risk Or Psychopathy Account For The Association?** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 9, 2003.

Peacock, E. J., Langton, C.M., & Barbaree, H. E., (2003) **Examining The Relationship Between Deviant Sexual Arousal, Treatment, And Sexual Recidivism.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 9, 2003.

LaFond, J. Q. & Winick, B.J. **A Therapeutic Jurisprudence Approach To Managing Sex Offender Risk: A Proposal For Sex Offender Reentry Courts.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.

Janus, E.S. **Forensic Use Of Actuarial Risk Assessment (ARA).** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.

Cornwell, J.K. **Sex Predators And The Right To Treatment In The Community.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.

English, K. **Community Containment And The Polygraph.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.

- McGuire, J. **Outcomes Of Intervention With Offenders: Research Findings And Practical Lessons.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 28, 2004.
- Harris, A. **High Risk Offenders: Canadian Legislative Options.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 28, 2004.
- Hucker, S. J. **Assisting The Court In Dispositional Decisions For High-Risk Sexual Offenders: Long Term Offenders And Dangerous Offender Assessments.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 28, 2004.
- Ellerby, L. **Risk Management Strategies For High-Risk Offenders On Judicial Restrain Orders.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 28, 2004.
- Rice, M. **Developing Actuarial Tools To Predict Sexual Recidivism: What Is The Best Criminal Record Outcome Measure?** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 28, 2004.
- Felson, R.M. **Sexual Assault: What Motivates Offenders And What Disinhibits Them.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 27, 2004.
- Rice, M. **The Theory And Application Of The Sex Offender Risk Appraisal Guide (SORAG).** California Department of Mental Health. Morro Bay, CA: January 19-20, 2005.
- Epperson, D. **The Development And Application Of The Minnesota Sex Offender Screening Tool (MnSOST-R).** California Department of Mental Health. Morro Bay, CA: January 20-21, 2005.
- Abel, G.G. **Evaluation And Treatment Of Child Sexual Abusers.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 16, 2005.
- Doren, D.M. **The Relationship Between Age And Recidivism For High-Risk Offenders.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 17, 2005.
- Thornton, D. & McCulloch, D. **Age, Maximum Penile Response, And Conduct After Release Among Civilly Committed Sexual Offenders.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 17, 2005.
- Beech, A. **An Evaluation Of The Effectiveness Of The Static-99 With Juveniles.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 17, 2005.
- Thornton, D. **Evaluating Risk Factor Domains And Clusters.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 17, 2005.

- Beech, A. & Ward, T. **Towards An Integration Of Static And Dynamic Risk Factors: An Etiological Framework.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 17, 2005.
- Seto, M.C. **The Evolution Of Sex Offender Treatment: Taking The Next Step.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 18, 2005.
- Breiling, J. **Lessons From The Biomedical Arena For Determining How Well Treatments Work.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 18, 2005.
- Harris, A. **Dynamic Assessment Beyond Static: Value Added?** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 18, 2005.
- Anderson, D. **The Static-99 and the Stable/Acute 2000.** Associated Psychological Services LTD. Mankato, MN: December 13-14, 2005.
- Barbaree, H. **Considering Factors External to Actuarial Instruments in Risk Assessment.** California Department of Mental Health. Morro Bay, CA: March 2, 2006.
- Thornton, D. **Considering Factors External to Actuarial Instruments in Risk Assessment.** California Department of Mental Health. Morro Bay, CA: March 3, 2006.
- R. McGrath. **Translating Research on “What Works” Into Everyday Practice.** Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN: April 5, 2006.
- Hanson, R. K. **A History of Actuarial Risk Assessment of Sexual Offenders.** Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN: April 6, 2006.
- Hanson, R. K. **Dynamic Risk Factors for the Prediction of Sexual Recidivism.** Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN: April 6, 2006.
- Cole, R. **The Dynamic Supervision Project.** Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN: April 6, 2006.
- Thornton, D., Mann, R., & Daniels, L. M. **Using the Structured Risk Assessment Model to Guide Treatment Planning.** Workshop Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 27, 2006.
- Looman, J. & Abracen, J. **Differential Validity of Risk Assessment Tools for Sexual Offenders.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 28, 2006.
- Bench, L.L. & Allen, T. **Constructing A Profile Of Sex Offender Recidivism Using Multiple Measures: A Longitudinal Analysis.** Workshop Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 28, 2006.

- Daniels, L. M., Thornton, D., & Knight, R. **Reliability and Error in the Application of Modern Actuarial Instruments to Old Case Files.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 28, 2006.
- Knight, R., Thornton, D., & Schatzel-Murphy, E. **Comparative Accuracy of Simple Actuarial Instruments in Predicting Sexual Recidivism.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 28, 2006.
- Thornton, D. & Knight, R. **Testing Age Adjustment of Simple Actuarial Instruments.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 28, 2006.
- Doren, D. M. & Yates, P. M. **Treating Psychopathic Sex Offenders: How Effective Is it? Should it be Done?** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 30, 2006.
- Looman, J. & Abracen, J. **Psychopathy Subtypes, Treatment Performance and Recidivism.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 30, 2006.
- Wakeling, H. & Mann, R. **The Validity and Reliability of Different Psychometric Indicators of Psychological Risk Factors.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 29, 2006.
- Mann, R. & Wakeling, H. **How Inter-rater Reliability of SARN Ratings is Affected by Specialized Training and Work with Sex Offenders.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 29, 2006.
- Thornton, D. & Knight, R. **Combining Offense-history, PPG and Polygraph Examinations in Assessing the Sexual Interest Domain.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, September 29, 2006.
- Hanson, R.K. **Sex Offender Risk Assessment: New Research and Methods (Static-2002/Stable 2007).** California Department of Mental Health. Shell Beach, CA: April 10-11, 2007.
- McGrath, R. **Characteristics of adult sex offenders: What do we know?** Forensic Evaluation, Treatment and Risk Management Conference: State Operated Forensic Services, St. Peter, MN, October 22, 2006.
- McGrath, R. **What works in sex offender management: Principles of effective correctional practice.** Forensic Evaluation, Treatment and Risk Management Conference: State Operated Forensic Services, St. Peter, MN, October 22, 2006.

Salter, A. **What works?: Reducing criminal offending.** Forensic Evaluation, Treatment and Risk Management Conference: State Operated Forensic Services, St. Peter, MN, October 22, 2006.

Janus, E. & Kirwin, J. **Sex offender policy and the law: Two Perspectives.** Forensic Evaluation, Treatment and Risk Management Conference: State Operated Forensic Services, St. Peter, MN, October 23, 2006.

Fear and Loathing Under the Dome: Practical and Effective Approaches to Sex Offender Policy. Workshop Presented at the Association for the Treatment of Sexual Abusers, San Diego, CA: October 31, 2007.

Doren, D. M. **The Next Step in Risk Assessment Models: The Risk Profile.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 1, 2007.

Guay, J-P. **Etiological And Dispositional Differences In Rapists And Child Molesters.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 1, 2007.

Harris, D. & Knight, R. **Offense Specialization And Versatility In The Criminal Careers Of Rapists And Child Molesters.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 1, 2007.

Knight, R. **Differential Prediction Of Recidivism Between Rapists And Child Molesters: Do The Same Variables Predict Outcome?** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 1, 2007.

Where The Tide Has Carried Us, Where We Need To Go: Sex Offender Public Policy In The New Millennium. Symposium Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 2, 2007.

Lussier, P. **Developmental Pathways Of Persistent Sexual Aggressors.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 2, 2007.

Cale, J. **Antisocial Trajectories Of Adult Sexual Aggressors Of Women.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 2, 2007.

Thornton, D. **Integrating Polygraph-Assisted Disclosure In A SVP Treatment Program.** Papers Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, San Diego, CA: November 2, 2007.

Ward, T. **The Good Lives Model Of Rehabilitation: Theory, Practice And Research.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers,

San Diego, CA: November 3, 2007.

Yates, P.M. **The Good Lives And Self-Regulation Models Of Rehabilitation: Implications For Clinical Practice.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, San Diego, CA: November 3, 2007.

Harris. A. **Stable-2007.** California Department of Mental Health. Shell Beach, CA: January 28-29, 2008.

Helmus, L., Hanson, R. K., & Thornton, D. **The Stability of Recidivism for Static-2002 Risk Categories.** Paper Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Atlanta, GA: October 23, 2007.

Harris. A., Helmus, L., & Hanson, R. K.. **Are New Norms Needed for Static-99?** Paper Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Atlanta, GA: October 23, 2007.

Doren, D. M. **What do the New Actuarial Findings Mean for “Real-life” Risk Assessments?** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Atlanta, GA: October 23, 2007.

Doren, D. M. **Empirically-Based Recidivism Risk Assessment Estimate Extrapolations across Time and Outcome Measure.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Atlanta, GA: October 23, 2007.

Doren, D. M. **Determining the Effect Offender Age Has on Sexual Recidivism Risk.** Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Atlanta, GA: October 23, 2007.

Mann, R. E., Hanson, R. K., & Thornton, D. **What Should Be Assessed in Sexual Offender Risk Assessment?** Paper Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Atlanta, GA: October 24, 2007.

McKee, G. & Dwyer, R. G. **Characteristics of SVPs Committed by Trial.** Paper Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Atlanta, GA: October 24, 2007.

Mercado, C. C. & Ackerman, A. **An Examination of Factors that Predict Sexually Violent Predator (SVP) Commitment in a Sample of Treated Sex Offenders.** Paper Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Atlanta, GA: October 24, 2007.

Cortoni, F. **Making sense of sex offender treatment models.** Workshop Presented by the Minnesota Department of Correction. St. Paul, February 6, 2009.

- Doren, D. **Current Issues in Sex Offender Recidivism Risk Assessment.** Minnesota Association for The Treatment Of Sexual Abusers, Minneapolis, MN: April 15, 2009.
- Thornton, D. **Advanced Topics in Risk Assessment of Sex Offenders.** St. Paul, MN: April 23, 2009.
- Helmus, L. & Hanson, R. K. **Actuarial Risk Assessment: Static-2002 Training.** Workshop Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: September 30, 2009.
- Hanson, R. K., Helmus, L. & Phenix. A. **Static-99 And Static 2002: How To Interpret And Report Scores In Light Of Recent Research.** Workshop Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: September 30, 2009.
- Helmus, L. **Methods For Combining Historical And Psychological Risk Factors: Using The Static 2002 And Stable-2007.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.
- Harkins, L., Beech, A.R. & Thornton, D. **The dynamic risk domains assessed using psychometric measures to revise relative risk assessments using Static-2002 and Risk Matrix 2000.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.
- Wakeling, H. **An examination of the incremental predictive validity of self report psychometric measures used within Her Majesty's Prison Services' National Sexual Offender Program.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.
- Thornton, D. & Knight, R. **Using SRA Need Domains based on structured judgment to revise relative risk assessments based on Static-2002 and Risk Matrix 2000.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.
- Kingston, D. A. **Conceptualizing and diagnosing problematic hypersexuality: A critical evaluation of current practice.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.
- O'Brien, M.D., Marshall, L.E., & Kingston, D. A. **Problematic hypersexual behavior in incarcerated sexual offenders and socio-economically matched community comparison group.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.
- Marshall, L.E. & O'Brien, M.D. **Treatment for incarcerated sexual offenders with problematic hypersexual behavior.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 1, 2009.

- Seto, M. **What do we know about child pornography offenders?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 2, 2009.
- S. Sachsenmaier. **Paraphilia Not Otherwise Specified: Is there a case to be made for “Non-Consent?”** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 2, 2009.
- Helmus, L., Thornton, D. & Hanson, R. K. **Should Static-99 Recidivism estimates be adjusted based on age at release? A multi-sample exploration.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 2, 2009.
- Thornton, D., Helmus, L., & Hanson, R. K. **Does Static-2002 fully allow for the effects of age at release?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 2, 2009.
- Barbaree, H., Langton, C. & Blanchard, R. **Examining the confound between aging and actuarial risk.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Dallas, TX: October 2, 2009.
- Wong, S. & Olver, M. **Violence Risk Scale - Sexual Offender Version (VRS-SO) Training.** California Department of Mental Health, Sacramento, June 24-25, 2010.
- Hare, R. & Forth, A. **Assessing psychopathy: Clinical and forensic applications of the Hare Psychopathy Checklist Measures (PCL-R, PCL:YV, & PCL:SV).** Presented by the Darkstone Research Group, St, Paul, MN: July 14-15.
- Thornton, D. **Interpreting Static-99R and Static-2002R in light of recent research.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 20, 2010.
- Knight, R.. **Transforming prevention and intervention: What guidance does etiological research on rape provide?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Cortoni, F. **The developmental context of deviant sexual fantasies among rapists.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Longpre, N. & Cortoni, F. **The implicit theories of adult rapists.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Proulx, J. & Beauregard, E. **Lifestyle and pre-crime factors in the offending processes of marital rapists.** Presented at the Annual Meeting of the Association For The Treatment

- Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Mann, R. E. **Sexual offender treatment targets.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Ware, J. **Acceptance of responsibility –Is it needed?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Barnett,, G. & Mann, R. E. **Victim empathy –Is it needed?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 21, 2010.
- Kafka, M. **Sexual offender assessment: DSM-5 proposals modifying diagnostic criteria for paraphilias and related disorders.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Cortoni, F. **What works or what’s in style: Directions in treatment practices with sexual offenders.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Helmus, L. **Do attitudes tolerant of sex offending predict recidivism? A meta-analysis and discussion of moderating variables.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Babchishin, K.M. & Nunes, K. L. **A meta-analysis of implicit association testst adapted to measure sexual interest in children.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Ciardha, C.O. **A theoretical framework for understanding the relationship between deviant sexual interests and cognitive distortions.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Babchishin, K.M. & Hanson, R.K. **Even highly correlated measures can add incremental to risk prediction: Comparing Static-99R and Staic-2002R.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Harris, A.J.R. **Adjusting recidivism estimate on the basis of time free.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Thornton D. **Can psychological risk factors account for the effect of pre-selection on recidivism?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Phoenix, AZ: October 22, 2010.
- Brown-McBride, S. **Practical alchemy and the transformation of the public safety agenda.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual

- Abusers, Phoenix, AZ: October 22, 2010.
- Thornton, D. **Structured Risk Assessment (SRA): Using the Forensic Version of the SRA in sex offender risk assessment.** Atascadero, CA: December 2-3, 2010.
- Byrne, P. **Sexual Arousal Management: A Role in Updated Treatment Programs.** Workshop Presented by the MnATSA and the Minnesota Department of Corrections. St. Paul, MN: March 14, 2011.
- Thornton, D. & D'Orazio, D. **SRA: FV Need Assessment (L): Practical Training in Scoring.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 2, 2011.
- Thornton, D. **Evidence Supporting the Need for a Diagnostic Category for Paraphilic Coercive Disorder.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 3, 2011.
- Knight, R. **Evidence Against Including a Diagnostic Category for Paraphilic Coercive Disorder.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 3, 2011.
- Sims-Knight, J. & Guay, J-P. **Is PCD a Distinct Construct: Comparisons with Other Constructs in DSM-5.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 3, 2011.
- Sachsenmaier, S. & Thornton, D. **Assessing Dynamic Risk Factors: The Structured Risk Assessment-Forensic Version.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 3, 2011.
- D'Orazio, D. & Thornton, D. **Levels of Criminogenic Need in Outpatient Treatment and SVP Populations.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 3, 2011.
- Thornton, D. & Knight, R. **Interpreting SRA: FV Total Need Scores.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 3, 2011.
- Cantor, J. **Brain Research and Pedophilia: What it Means for Assessment, Treatment and Policy.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 4, 2011.
- Harris, G. & Rice, M. **Actuarial Assessment of Sex Offender Risk with the SORAG: I. Recent Findings from Follow-up Research.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 4, 2011.
- Rice, M. & Harris, G. **Actuarial Assessment of Sex Offender Risk with the SORAG: II.**

- Findings from a Long-term Follow-up.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 4, 2011.
- Duwe, G. **The Minnesota Sex Offender Screening Tool-3.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 4, 2011.
- Olver, M., Nicholaichuk, T. & Wong, S. **The Violence Risk Scale-Sexual Offender Version: Development, Clinical Applications, and Research Synthesis.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 4, 2011.
- Wolak, J. **What We Know (And Don't Know) About Internet Sex Offenders.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Toronto, CA: November 5, 2011.
- Knight, R.A. & Sims-Knight, J. **Using the MDSA to Assess the Treatment Needs of Juvenile and Adults Who Sexually Offend.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 17, 2012.
- Thornton, D. & D'Orazio, D. **Diagnosing Paraphilia When Facts Are Thin: The Diagnostic Significance of the Minimum Victim Count.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 18, 2012.
- D'Orazio, D. & Thornton, D. **Here Be Dragons: When is Working Off the Map Justifiable?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 18, 2012.
- D'Orazio, D. & Thornton, D. **The Erotic Foci of Hypersexual Sexual Offenders.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 18, 2012.
- Thornton, D. & Sachsenmaier, S. **Need Profiles in an SVP Population: Implications for Treatment.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 18, 2012.
- Sachsenmaier, S. & Thornton, D. **Need Profiles in an SVP Population: Implications for the Evaluation of Change.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 18, 2012.
- D'Orazio, D. & Thornton, D. **SRA-DV Need Profiles in Lower Risk and High Risk Samples; Correspondence with DSM Paraphilia Diagnoses.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 18, 2012.
- Beier, K.M. **The German Dunkelfeld Project: Proactive Strategies to Prevent Child Sexual Abuse the Use of Child Abusive Images.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 19, 2012.

Finkelhor, D. **The Challenges for Prevention.** Presented at the Annual Meeting of the Association For The Treatment of Sexual Abusers, Denver: October 19, 2012.

Helmus, L. & Hanson, R.K. **Performance of Individual Items of Static-99R and Static-2002R.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 19, 2012.

Harris, A. J.R. & Hanson, R.K. **When is a Sex Offender No Longer a Sex Offender?** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October, 2012.

Hanson, R.K. & Thornton, D. **Preselection effects Can Explain Variability in Sexual recidivism Based Rates in Staic-99R and Staic-2002R in Validation Studies.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 19, 2012.

Hanson, R.K. & Harris, A.J.R. **The Reliability and Validity of STABE-2007: A Review of the Research.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 19, 2012.

Helmus, L. & Hanson, R.K. **Dynamic Risk Assessment Using STABLE-2007: Updated Follow-up and New Findings from the Dynamic Supervision Project.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 19, 2012.

Fernandez, Y. & Harris, A.J.R. **STABLE-2007: Aids to Scoring, New Recidivism Tables, and Manual Revision Overview.** Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Denver: October 19, 2012.

Juvenile Sex Offenders:

Predicting Adolescent Recidivism. Association for the Treatment of Sexual Abusers, Orlando, FL: September 22, 1999.

Friedrich, W.N. & Chaffin, M. **Developmental-Systemic Perspectives on Children with Sexual Behavior Problems.** Association for the Treatment of Sexual Abusers, San Diego, CA: November 4, 2000.

Hunter, J. **Youth Sexual Aggression: Subtypes And Trajectories.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.

Chaffin, M. **A Research Agenda For Evidence-Based Practice With Adolescent Sex Offenders.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.

- Letourneau, F. **Effectiveness Trial: MST With Juvenile Sex Offenders.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.
- Miner, M.H. **Understanding The Adolescent Sex Offender: Attachment Style & Social Isolation.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.
- Hicks, S.J. & Becker, J.V. **Policy Recommendations For Addressing Juvenile Sex Offending.** Association for the Treatment of Sexual Abusers, St. Louis, MO: October 10, 2003.
- Prescott, D.S. **Juvenile Risk Assessment: Current Practice And Future Directions.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 27, 2004
- LaLumiere, M.L. & Seto, M.C. **The Role Of Antisociality In Juvenile Sex Offending.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 29, 2004.
- Seto, M.C. & LaLumiere, M.L. **Social And Clinical Functioning Of Juvenile Sexual And Nonsexual Offenders.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 29, 2004.
- Epperson, D., Ralston, C. & Fowers, D. **Juvenile Sexual Recidivism Into Adulthood: A Long-Term Study Of Characteristics And Predictors.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 29, 2004.
- Prentky, R., Pimental, A. & Cavanaugh, D. **Risky Behaviors In Sexually Reactive Children And Adolescents: Base Rates Across Four Developmental Epochs.** Association for the Treatment of Sexual Abusers, Albuquerque, NM: October 9, 2004.
- Salter, A. **Adolescent sex offenders.** Forensic Evaluation, Treatment and Risk Management Conference: State Operated Forensic Services, St. Peter, MN, October 23, 2006.
- Worling, J. **Risk Assessment with Adolescents Who Have Offended Sexually.** Workshop Presented at the Annual Meeting of the Association For The Treatment Of Sexual Abusers, Atlanta, GA: October 22, 2007.
- Epperson, D. **Juvenile Sexual Offense Recidivism Risk Assessment Tool (JSORRAT-II): Updated Research.** Minnesota Association For The Treatment Of Sexual Abusers, Minneapolis, MN: April 17, 2009.

Assessing Violence:

- Meloy, J. Reid. **Assessing the Potential for Violence.** Specialized Training Service. Minneapolis, MN. February, 1994.
- Alberg, T. & Austin, J. **Assessing Violent Behavior.** Minnesota Psychological Association,

St. Paul, MN, April, 1996

Meloy, J. Reid. **Stalking: The State of the Science.** American Academy of Forensic Psychology. San Juan, Puerto Rico, June 9, 2006.

Child Custody & Allegations of Child Sexual Abuse:

Greenberg, S. **Child Custody Evaluation.** American Academy of Forensic Psychology. Portland, OR, June 20-22, 1996.

Sparta, S. **Comprehensive Child Custody Evaluations.** American Academy of Forensic Psychology. Toronto, Canada, March 26, 1999.

Kirkpatrick, H.D. **Forensic Assessment of Child Sex Abuse Allegations.** American Academy of Forensic Psychology. Toronto, Canada, March 27, 1999.

Kelly, J. **Update on The Determination of Child Custody.** Minnesota Psychological Association & the Minnesota Chapter of the American Academy of Matrimonial Lawyers. Minneapolis, MN May 7, 1999.

Minnesota Institute of Legal Education. **Family Law: Custody 2000.** Minneapolis, MN December 2, 1999.

Minnesota State Bar Association: **Annual Family Law Institute.** St. Paul, MN. March 2000.

Stahl, P. **The Combat Zone of High-Conflict Divorce.** Minnesota Interdisciplinary Committee on Divorce. Brooklyn Park, MN. April 27-28, 2000.

Waldron, K. H. & Joanis, D. E. **Truth and Consequences in High Conflict Divorce.** Minnesota Interdisciplinary Committee on Divorce. Brooklyn Center, MN. April 20, 2001.

Johnston, J.R. **High Conflict Divorce.** Minnesota Interdisciplinary Committee on Divorce. St. Paul, MN. April 19, 2002.

Ahrons, C. **Divorce and Remarriage: The Children Speak Out.** Colonial Counseling Center. Edina, MN. May 31, 2002.

Kelly, J. **Using Divorce & Child Development Research to Develop Beneficial Parenting Plans for Children.** Minnesota Interdisciplinary Committee on Divorce. St. Paul, MN. April 7, 2006.

Kelly, J. **Understanding & Sustaining Father Involvement After Separation & Divorce.** Minnesota Interdisciplinary Committee on Divorce. St. Paul, MN. April 7, 2006.

Kuehnle, K. **Critical Issues in Child Sexual Abuse Evaluations.** American Academy of Forensic Psychology. San Juan, Puerto Rico, June 11, 2006..

Personal Injury & Employment Discrimination:

Weissman, H. **Personal Injury Evaluation.** American Academy of Forensic Psychology. Portland, OR, June 17-19, 1996.

Greenberg, S. **Personal Injury Evaluations.** American Academy of Forensic Psychology. January 16-17, 1997. New Orleans.

Foote, W. **Forensic Psychology in Employment Discrimination.** American Academy of Forensic Psychology. March 2, 1997. Kansas City, MO.

Vore, D. **Personal Injury Evaluations: Ethics, Case Law, & Practice.** American Academy of Forensic Psychology. Toronto, Canada, March 25, 1999.

Sexual Harassment as Sexual Abuse: Current Research, Treatment and Issues.

Association for the Treatment of Sexual Abusers, Orlando, FL: September 22, 1999.

Foote, W. **Psychological Evaluation & Testimony in Cases of Clergy or Teacher Sexual Abuse.** American Academy of Forensic Psychology. San Juan, Puerto Rico, June 12, 2006.

Criminal Evaluations for Adults & Juveniles:

Grisso, T. **Assessment of Juvenile Offenders.** American Academy of Forensic Psychology. February 27, 1996. Kansas City, MO.

Shapiro, D. **Criminal Forensic Psychology.** June 16-18, 1997. American Academy of Forensic Psychology. Portland, OR.

Minnesota Attorney General's Office. **Update on Juvenile Justice Issues.** St. Paul, MN. June 18, 1999.

Slobogin, C. **Psycholegal Issues in Criminal Cases.** American Academy of Forensic Psychology. San Diego, CA. March 3, 2005.

Packard, R.L. & Stern, P. **Dissociative Identity Disorder in the Courtroom.** Association for the Treatment of Sexual Abusers, Salt Lake City, UT: November 18, 2005.

Cauffman, E. **Adolescents As Adults In Court.** American Academy of Forensic Psychology. San Juan, Puerto Rico, June 8, 2006.

Fitness for Duty/Workplace Violence & Risk:

Inwald, R. **Introduction to Psychological Screening for High-Risk Occupations.** March 20, 1998. American Academy of Forensic Psychology. Milwaukee, WI.

Hargrave, G. **Assessment of Workplace Violence.** American Academy of Forensic Psychology. Toronto, Canada, March 28, 1999.

General Forensic Issues and Methods:

Meyers, R. **Intermediate and Advanced Forensics.** American Academy of Forensic Psychology. February 28, 1997. Kansas City, MO.

Rogers, R. **Advanced Topics in Assessment and Diagnosis.** June 20-21, 1997. American Academy of Forensic Psychology. Portland, OR.

Bognacki, D. **Developmental Disabilities and the Law.** March 19, 1998. American Academy of Forensic Psychology. Milwaukee, WI.

Otto, R.K. **Assessment of Response Style in Forensic Contexts.** American Academy of Forensic Psychology. San Diego, CA. March 5, 2005.

CLINICAL:

Hoyt, M. **Brief Therapy and Managed Care.** New England Educational Institute. August 7-11, 1995. Eastham, Mass.

Berman, A.L. et al. **Assessment and Treatment with Suicidal Adolescents/Adults.** American Association of Sociology. July 22-27, 1995. Santa Fe, New Mexico.

Koocher, G. **Preparing for the American Board of Professional Psychology Diplomate Examination.** American Academy of Forensic Psychology. Portland, OR: June, 1996.

Swenson, C. **Dialectical Behavior Therapy for Borderline Personality Disorders.** American Continuing Education. Minneapolis: October 30, 1996.

Schoener, G. R. **Professionals at Risk: Ethical, Legal and Boundary Issues.** National Association of Social Workers. St. Paul: September 18, 1997.

Franz, J.P. **Creative Consequences for Juvenile Offenders.** Hennepin County Children's Mental Health Collaborative. Minneapolis, MN: September 29, 1998.

Berman, A.L. **Clinical Suicidology.** Minnesota Coalition for Death Education, and Support. St. Paul, MN: October 2, 1998.

Hicks, M.D. & Peterson, D.B. **The Art and Practice of Executive Coaching.** Minnesota Psychological Association. November 6, 1998.

O'Hanlon, B. **Keeping Your Soul Alive: Spiritual, Personal and Professional Renewal.** Marco Island, FL: February 18-22, 2002.

CONSULTING EXPERIENCES

- 1999-2008 Consultant, Sexually Violent Predator Integrated Group Network (SIGN)(Iowa/Minnesota Representative)
- 1999-2000 Consultant/Trainer, Minnesota Department of Children, Learning & Families. Forensic Investigation of Children Alleged to be Victims of Abuse & Neglect in School Settings
- 1994-1997 Psychotherapy Consultant & Supervisor, McKnight Multi-Center Study on Relapse Prevention in Bulimia and Anorexia Nervosa
- 1993-1995 National Institute of Mental Health Child & Adolescent Psychosocial Interventions Research Consortium (CAPIRC): Vice-Chairman
- 1993-1995 Consultant Psychologist, Society for Adolescent Medicine (SAM), Practice Parameters for Treatment of Adolescents with Eating Disorders
- 1988-1992 Psychological Consultant, Outpatient & Inpatient Eating Disorders Programs, Golden Valley Health Center
- 1988 - 1989 Consultant on Adolescent Development, Target Interactive Video Project on HIV Prevention for Adolescents
- 1985 - 1986 Consulting Psychologist, Comprehensive Clinic for Abused & Traumatized Children (CCATCH), University of Minnesota Medical School
- 1985 - 1989 Instructor, American Healthcare Institute, Continuing Education Workshops:
1. Short-Term Treatments for Children, Adolescents and Families
 2. Eating and Weight Disorders in Children and Adolescents
 3. Depression and Suicidal Behavior in Youth
- 1985 - 1987 Behavioral Scientist, Diabetes Control and Complications Trial (DCCT)
- 1984 - 1986 Consultant, Family Court, Scott County, Minnesota, regarding: childhood sexual abuse.

AWARDS

- 1986 Minnesota Extension Service Director's Award for Outstanding Service:
(Teens in Distress: for High Risk Youth)
- 1990 U.S. Department of Agriculture: Distinguished Service Award

GRANTS (SELECTED)

- Variety Club: Distinguishing Characteristics of Youthful Suicide Attempters (\$21,600)
- National Institute of Mental Health: Depression: Awareness, Recognition, and Treatment:
DART for Youth (\$294,693)
- National Institute of Mental Health: Psychiatric Disorders Among Native American
Adolescents (\$1,122,167)
- McKnight Foundation: Treatments for Anorexia and Bulimia Nervosa

OTHER PROFESSIONAL ACTIVITIES

Ad-Hoc Journal Reviewer:

Journal of Clinical and Consulting Psychology
Issues in Law and Medicine
International Journal of Eating Disorders
Child Development
Journal of Mental Health Administration
Health Psychology
Cognitive Therapy and Research
Developmental Psychology
Psychological Bulletin
Psychology Review

PUBLICATIONS

Lewinsohn, P.M. and Hoberman, H.M. (1981). Behavioral and cognitive approaches to treatment. In E.S. Paykel (Ed.), **Handbook of Affective Disorders**. Edinburgh: Churchill Livingstone.

Lewinsohn, P.M. and Hoberman, H.M. (1982). Depression. In A.S. Bellack, M. Hersen and A.E. Kazdin (Eds.), **International Handbook of Behavior Modification and Therapy**. New York: Plenum Press, p.397-431.

Lewinsohn, P.M., Ten, L. and Hoberman, H.M. (1982). Depression: A perspective on etiology, treatment and life-span issues. In M. Rosenbaum and C. Franks (Eds.), **Perspectives on Behavior Therapy in the Eighties**. New York: Springer, p.155-183.

Cohen, S. and Hoberman, H.M. (1983). Positive events and social supports as buffers of life change stress: Maximizing the prediction of health outcomes. **Journal of Applied Social Psychology**, **13**, p. 99-125.

Cohen, S., Mermelstein, R., Kamarek, T. and Hoberman, H.M. (1984). Measuring the functional components of social support. In I. Sarason and B.R. Sarason (Eds.), **Social Support: Theory, Research and Applications**. Boston: Nijhoff.

Lewinsohn, P.M., Hoberman, H.M., Ten, L. and Hautzinger, M. (1985). Toward an integrative theory of unipolar depression. In S. Reiss and R.R. Bootzin (Eds.), **Theoretical Issues in Behavior Therapy**. New York: Academic Press.

Hoberman, H.M. and Lewinsohn, P.M. (1985). Behavioral approaches to the treatment of unipolar depression. In E.E. Beckham and W.R. Leber (Eds.), **Handbook of Depression: Treatment, Assessment and Research**. Homewood, Illinois: Dorsey.

Sonis, W.A., Yellin, A.M., Garfinkel, B.D. and Hoberman, H.M. (1987). The antidepressant effect of light in seasonal affective disorder of childhood and adolescence. **Psychopharmacology Bulletin**, **23**, p.360-363.

Hoberman, H.M., Lewinsohn, P.M. and Tilson, M. (1988). Group treatment of depression: Individual predictors of outcome. **Journal of Consulting and Clinical Psychology**, **56**, p.393-398.

Hoberman, H.M. and Garfinkel, B.D. (1988). Completed suicide in youth. **Canadian Journal of Psychiatry**, **33**, p.494-502.

Hoberman, H.M. and Garfinkel, B.D. (1988). Completed suicide in children and adolescents. **Journal of the American Academy of Child & Adolescent Psychiatry**, **27**, p 689-695. (Also selected for publication in S. Chess & M.E. Hartzig (eds.), **Annual Progress in Child Psychiatry and Child Development**, 1989. New York: Brunner/Mazel.)

Lewinsohn, P.M., Hoberman, H.M. and Rosenbaum, M. (1988). Risk factors for unipolar depression. **Journal of Abnormal Psychology**, **22**, p.251-264.

Hoberman, H.M. (1988). The impact of sanctioned assisted suicide on adolescents. **Issues in Law and Medicine**, **4**, p.191-205.

Hoberman, H.M. (1988). Adolescent psychopathology: An attempt at an integrated perspective. Book review of "Attack on the self: Adolescent behavioral disturbances and their treatment." By Derek Miller in **Contemporary Psychology**, **33**, p.624-625.

Hoberman, H.M. and Lewinsohn, P.M. (1989). Behavioral treatment of unipolar depression. In T.B. Karasau (Ed.), **Treatment of Psychiatric Disorders**. A Task Force Report of the American Psychiatric Association, Washington, D.C.: APA, p. 1846-1862.

Hoberman, H.M. and Garfinkel, B.D. (1989). Completed suicide in youth: A survey of medical examiner's records. In C.R. Pfeffer (Ed.) **New Biopsychosocial Perspectives on Youth Suicide**. Washington, D.C.: American Psychiatric Press p. 21-40 [adaptation of **Canadian Journal of Psychiatry** article].

Hoberman, H.M. and Peterson, C.B. (1989). Multidimensional psychotherapy for children and adolescents. In B.D. Garfinkel, E. Weller and G.A. Carlson (Eds.) **The Medical Basis of Child Psychiatry**, Philadelphia: W.B. Saunders, p.503-546.

Bernstein, G., Garfinkel, B.D. and Hoberman, H.M. (1989). Self-reported anxiety in adolescents. **American Journal of Psychiatry**, **146**, p. 384-386.

Hoberman, H.M. (1989). Completed suicide in children and adolescents: A review. **Residential Treatment for Children and Youth**, **I**, 61-88

[also appeared in B.D. Garfinkel and G. Northrup (Eds.), **Adolescent Suicide: Recognition, Treatment, and Prevention**. New York: Haworth, p. 61-88.]

Lewinsohn, P.M., Hoberman, H.M. and Clarke, G.N. (1989). The Coping with Depression Course: Review and future direction. **Canadian Journal of Behavioral Sciences** **21** p. 470-93.

Mitchell, J.E., Hoberman, H.M. and Pyle, R. (1989). The treatment of bulimia nervosa: A review. **Psychiatric Medicine**, **7**, 317-322.

Hoberman, H.M. (1990). Impact of television violence on adolescents. **Journal of Adolescent Health Care**, **11**, p. 45-49.

Hoberman, H.M. (1990). Behavioral treatment for unipolar depression. In B. Wolman and G. Stricker (Eds.), **Affective Disorders: Facts, Theories, and Treatment Methods**. New York: Wiley.

Hoberman, H.M. (1991). Behavior therapy. In B. Wolman (Ed.), **The Book of Mental Health**. New York: Simon and Schuster.

Hoberman, H.M. and Clarke, G.N. (1992). Major depression in adults. In R.T. Ammerman and M. Hersen (Eds.), **Handbook of Behavior Therapy with Children and Adults: A Longitudinal Perspective**. New York: Pergamon.

Hoberman, H.M. and Kroll-Mensing, D. (1991). Eating disorders in adolescents. **Current Opinion in Psychiatry** 4 542-548.

Hoberman, H.M. and Bergmann, P.E.. (1992). Suicidal behavior in adolescence. **Current Opinion in Psychiatry** 5 508-517.

Hoberman, H.M. and Kroll-Mensing, D. (1992). Adolescent eating disorders. **Current Opinion in Psychiatry**, 5, 523-534.

Hoberman, H.M. (1993). Ethnic minority status and adolescent mental health service utilization. **Journal of Mental Health Administration**, 19, 246-267. (Invited Paper)

Hoberman, H.M., Clarke, G.N. and Saunders, S.M. (1996). Psychosocial treatments of depressive episodes in adolescence. In M. Hersen, R.M. Eisler, and P.M. Miller (Eds.) **Progress in Behavior Modification**. 30, Pacific Grove, CA: Brooks Cole, 25-73.

Hoberman, H.M. (1994). Psychiatric and psychosocial characteristics of adolescents with eating disorders. **Journal of Adolescent Health Care**. (Invited Paper)

Saunders, S.M., Resnick, M.D., Hoberman, H.M., Blum, R.W. (1994). Explaining formal help-seeking behavior among adolescents identifying themselves as having mental health problems. **Journal of the American Academy of Child and Adolescent Psychiatry**. 33, 718-728.

Mitchell, J.E., Hoberman, H.M., Peterson, C.B., Mussell, M.P., & Pyle, R.L. (1996). Research on the psychotherapy of bulimia nervosa: Half empty or half full? **International Journal of Eating Disorders**. 20, 219-229.

Mussell, M.P., Mitchell, J.E., Fenna, C.J., Crosby, R.D., Miller, J.P., & Hoberman, H.M. (1997). A Comparison of onset of binge eating versus dieting in the development of Bulimia Nervosa. **International Journal of Eating Disorders**. 21,353-360.

Robiner, W.N., Saltzman, S.R., Hoberman, H.M., & Schirvar, J.A. (1997). Psychology supervisors' training, experiences, supervisory evaluation, and self-rated competence. **The Clinical Supervisor**, 16 (1), 117-144.

Robiner, W.N., Saltzman, S.R., Hoberman, H.M., Semrud-Clikeman, M.,& Schirvar, J.A. (1998). Psychology supervisors' bias in evaluations and letters of recommendation. **The Clinical Supervisor**, 16 (2), 49-72.

Hoberman, H.M. (1999). The forensic evaluation of sex offenders in civil commitment proceedings. In A. Schlank & F. Cohen (Eds.): **The Sexual Predator**. (Volume I). Kingston, N.J.: Civic Research Institute, (7)1-41.

Hoberman, H.M. (1999). Expert witness testimony in sexual predator civil commitment proceedings. In A. Schlank & F. Cohen (Eds.): **The Sexual Predator**. (Volume I). Kingston, N.J.: Civic Research Institute, (9)1-47.

Hoberman, H.M. (1999). Sample Assessment Report. In A. Schlank & F. Cohen (Eds.): **The Sexual Predator**. (Volume I). Kingston, N.J.: Civic Research Institute, (A) 65-102.

Mussell, M.P., Mitchell, J.E., Crosby, R.D., Fulkerson, J. A., Hoberman, H.M. & Romano, J. L. (2000). Commitment to treatment goals in prediction of group cognitive-behavioral therapy treatment outcome for women with Bulimia Nervosa. **Journal of Consulting and Clinical Psychology**, **68**, 432-437.

Hoberman, H.M. (2001). Dangerousness and risk assessment for future sexual offenses: Current issues and advances. In A. Schlink (Ed.): **The Sexual Predator**. (Volume II). Kingston, N.J.: Civic Research Institute

Hoberman, H. M. (2002). Towards a new generation of child custody evaluations: The forensic psychological perspective. **Family Law Forum**. Winter 2000-2002, 20-29.

Phenix, A. & Hoberman, H.M. (Eds.) (2013) **Sexual Offenders: Diagnosis, Risk Assessment and Management**. New York: Springer Press.

PRESENTATIONS

Hoberman, H.M., Lewinsohn, P.M. and Ten, L. (1981). **Loss of a parent during childhood and adult depression**. Paper presented at the Western Psychological Association, Los Angeles, California.

Lewinsohn, P.M., Hoberman, H.M. and Ten, L. (1981). **Risk factors for unipolar depression**. Paper presented at the American Psychological Association, Los Angeles.

Lewinsohn, P.M. and Hoberman, H.M. (1982). **Stress, moderator variables, and depression: A prospective perspective**. Paper presented at the Western Psychological Association, Sacramento, California.

Cohen, S. and Hoberman, H.M. (1982). **What kinds of social supports function as stress buffers?** Paper presented at the American Psychological Association, Washington, D.C.

Lewinsohn, P.M., Hoberman, H.M. and Hautzinger, M. (1982). **Cognitive distortion: Consequence rather than cause of depression**. Paper presented at the Association for Advancement of Behavior Therapy, Los Angeles, California.

Hoberman, H.M., Clarke, G.N. and Lewinsohn, P.M. (1983). **Childhood depression: Empirical findings and clinical applications**. Paper presented at the Oregon Psychological Association Biannual Meeting, Newport, Oregon.

Hoberman, H.M., Clarke, G.N. and Lewinsohn, P.M. (1983). Distinguishing **characteristics of a community sample of depressed children**. Paper presented at the American Psychological Association, Anaheim, California.

Hoberman, H.M., Lewinsohn, P.M. and Tilson, M. (1985). **Group treatment of depression: Individual predictors of outcome**. Paper presented at the American Psychological Association, Los Angeles, California.

Hoberman, H.M., Clarke, G.N. and Lewinsohn, P.M. (1985). **Are there distinguishing characteristics of depressed children?** Paper presented at the American Academy of Child Psychiatry, San Antonio, Texas.

Hoberman, H.M., Garfinkel, B.D., Parsons, J. and Walker, J. (1986). **Epidemiology of depression in a sample of high school students.** Paper presented at the American Academy of Child Psychiatry, Los Angeles, California.

Hoberman, H.M. and Garfinkel, B.D. (1986). **Characteristics of youthful suicide completers.** Paper presented at the American Academy of Child Psychiatry, Los Angeles, California.

Garfinkel, B.D., Hoberman, H.M., Walker, J. and Parsons, J. (1986). **Suicide attempts in a community sample of adolescents.** Paper presented at the American Academy of Child Psychiatry, Los Angeles, California.

Hoberman, H.M. (1987). **The impact of sanctioned assisted suicide on adolescents.** Paper presented at the Conference on Assisted Suicide, April, 1987, Palo Alto, California.

Renken, B., Hoberman, H.M. and August, G. (1987). **Aspects of family functioning in ADD and Conduct Disorder.** Paper presented at the American Psychological Association, New York, New York.

Hoberman, H.M., Mitchell, J.E., Early, M. and Peterson, C.B. (1989). **Psychosocial Characteristics of Children of Mothers Treated for Bulimia Nervosa.** Paper presented at the American Academy of Child and Adolescent Psychiatry, New York.

Hoberman, H.M., Opland, F., Garfinkel, B.D. and Sauer, J. (1990). **Psychosocial Characteristics of Adolescents with Self-Reported Eating Disorders.** Paper presented at the American Academy of Child and Adolescent Psychiatry, Chicago, October.

Hoberman, H.M., Garfinkel, B.D. and Sulik, L.R. (1991). **Clinical Characteristics of Depressed Youth in the Community.** Paper presented at the American Academy of Child and Adolescent Psychiatry, San Francisco, CA, October.

Hoberman, H.M., Garfinkel, B.D. and Sulik, L.R. (1991). **Comorbidity of Psychiatric Symptomatology in a Community Sample of Adolescents.** Paper presented at the American Academy of Child and Adolescent Psychiatry, San Francisco, CA, October.

Hoberman, H.M. (1992). Chair, **Risk Factors for Depressive Disorders in Adolescence.** Symposium: American Academy of Child and Adolescent Psychiatry, Washington, D.C. October.

Hoberman, H.M., Garfinkel, B.D., Nugent, S. and Kangas, J. (1992). **Antecedents of Depression In Two Community Samples Of Adolescents.** Paper presented at the American Academy of Child and Adolescent Psychiatry, Washington, D.C. October.

Saunders, S. M. and Hoberman, H.M. (1992). **Mental Health Help-Seeking Among Early Adolescents.** Paper presented at the American Academy of Child and Adolescent Psychiatry, Washington, D.C. October.

Hoberman, H.M. and Nugent, S. (1993). **Suicidal Behavior In Community Samples of Native American Adolescents.** Paper presented at the Society for Research in Child and Adolescent Psychopathology, Santa Fe, New Mexico, February.

Hoberman, H.M. and Mitchell, J.E. (1993). **Psychosocial treatments for adolescents with bulimia nervosa: Advantages and disadvantages of cognitive-behavioral interventions.** Paper presented at the Society for Psychotherapy Research. Pittsburgh, PA, June.

Hoberman, H.M., Nugent, S., and Taylor, B. (1993). **Prevalence of psychiatric disorders among Native American adolescents.** Paper presented at the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas, October.

Hoberman, H.M. Valentiner, D.P., Garfinkel, B.D., and Sulik, L.R. (1993). **The adaptive significance of adolescent coping behaviors in response to different types of negative life events.** Paper presented at the Association for Advancement of Behavior Therapy, Atlanta, November,

Valentiner, D.P., Hoberman, H.M., Garfinkel, B.D., and Sulik, L.R. (1993). **Changes in coping dispositions during adolescence: The evaluative function of depression.** Paper presented at the Association for Advancement of Behavior Therapy, Atlanta, November.

Huston, L., Hoberman, H.M., and Nugent, S. (1994). **Alcohol use and abuse in Native American adolescents: Distinctions between early and later onset.** Paper presented at the Society for Research in Adolescence. San Diego, February.

Hoberman, H.M. and Nugent, S. (1994). **Depressive conditions in early adolescence: Psychiatric and psychosocial correlates.** Paper presented at the American Academy of Child and Adolescent Psychiatry, New York, October.

Hoberman, H.M. and Nugent, S. (1994). **Depressive disorders in a community sample of Native American adolescents: Psychiatric and psychosocial correlates.** Paper presented at the American Academy of Child and Adolescent Psychiatry, New York, October.

Hoberman, H.M. and Nugent, S. (1994). **The development of a measure of adolescent competence.** Paper presented at the American Academy of Child and Adolescent Psychiatry, New York, October.

Hoberman, H.M. (1995). **Sexual offending: Its nature and implications for interventions.** Minnesota Institute of Legal Education, Minneapolis, MN, September.

Hoberman, H.M. (1997). **Distinguishing characteristics of depressed & suicidal youth: Implications for psychosocial treatment.** Grand Rounds, Child Study Center, New York University, November.

Hoberman, H.M. (1998). **Psychiatric and psychological issues regarding sexual predators: Implications for treatment.** Paper presented at the Minnesota Institute for Legal Education, Minneapolis, MN, August.

Hoberman, H.M. (1999). **The role of the forensic psychologist in child custody evaluations.** Paper presented at the Minnesota Institute of Legal Education on Family Law. Minneapolis, MN, December 2.

Hoberman, H.M. (2000). **Forensic psychological assessment in family court matters.** Paper presented at the Minnesota Family Law Institute. St. Paul, MN, March 27.

Hoberman, H.M. & Kenning, M. (2000). **Assessment of dangerousness.** Century College. Workshop. St. Paul, June 14.

Hoberman, H.M. (2000). **Assessment and management of dangerousness in the workplace.** Minnesota Department of Transportation Training. St. Cloud, MN, September 7.

Hoberman, H.M. & Koehler, D. J. (2000). **Bipolar Affective Disorders in children and adolescents.** Century College. Workshop. St. Paul, November 30.

Hoberman, H.M. (2002) **Risk assessment for sex offense recidivism: An update.** Sexual Psychopathic Personalities and Sexually Dangerous Persons: Update. Minnesota Institute of Legal Education. Minneapolis, MN.

Hoberman, H.M. (2004) **Practices and issues in conducting forensic evaluations and preparing reports for persons petitioned for civil commitment as sexual predators.** Hennepin County Court Psychological Services. Minneapolis, MN.

Alsdurf, J. & Hoberman, H.M. (2007) **Evaluation of sex offenders: Forensic and scientific influences.** Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN.

Hoberman, H.M. (2009) **Testifying in legal matters regarding sexual offenders: Issues and practical approaches.** Minnesota Association for the Treatment of Sexual Abusers, Minneapolis, MN.

Hoberman, H.M. (2012) **Homicidal and suicidal youth: Risk factors, recognition and Intervention.** Annual Pediatrics Update, Childrens Hospital. St. Paul, MN.

(December 2012)

EXHIBIT 2

Independent Forensic Psychological Evaluation

Basis for Referral and Methods of Data Collection:

I was assigned by the End of Sentence Review Committee (ESRC) of the Washington Department of Corrections (WDOC) to provide a report, from a psychological-psychiatric perspective, for the purpose of offering an opinion as to whether Brian Charles Taylor-Rose (age 33; DOB: 6/13/78) is characterized by the elements described by Washington Ch. 71.09 RCW as constituting a sexually violent predator.

As part of my evaluation, I have reviewed records from the following facilities and agencies pertaining to Mr. Taylor-Rose: the Washington Department of Corrections (WDOC), including those from the Sex Offender Treatment Program (SOTP) and Community Corrections; Superior Court and/or Law Enforcement files from Clallam County, including the Police Department of Port Angeles; and several evaluations. Discovery material was received via the Washington Attorney General's Office and Bates stamped 001 to 1788. (Throughout this report numbers in parentheses refer to the Bates stamped page number).

Mr. Taylor-Rose is currently placed at the Stafford Creek Correctional Center (SCCC). This evaluator requested to conduct a direct evaluation with Mr. Taylor-Rose. R. Rucker approached the subject and Mr. Taylor-Rose signed an informed consent form indicating his willingness to participate in a Forensic Psychological Evaluation with me; this signed form was provided to me. Consequently, I scheduled a direct or face-to-face evaluation with Mr. Taylor-Rose to be conducted at SCCC. At the time of the evaluation at SCCC, I reviewed the evaluation consent form with Mr. Taylor-Rose and he re-signed the consent form. He was informed of a number of points: 1) the purpose of the evaluation; 2) the potential consequences to him as a result of

his participation; 3) that this was a forensic evaluation and that any information that he provided might be available to the Court via my report or potential testimony; 4) that he had the right to refuse to participate in the evaluation in its totality; 5) that he had the right to refuse to answer any specific questions or to defer answering questions until he had consulted with an attorney. Mr. Taylor-Rose indicated he continued to be willing to participate in the forensic psychological evaluation. He was also told that he could provide me with any and all materials that were felt to be relevant for my consideration of the issues at hand, either at the time of the direct evaluation or subsequent to the evaluation. On 9/26/11, I administered psychological testing to Mr. Taylor-Rose and I interviewed the subject on and 9/27/11. I spent approximately 14 hours in direct structured and unstructured interviews and/or testing time with Mr. Taylor-Rose on those two days.

Statutory Definition of Sexually Violent Predator:

Chapter Ch. 71.09 RCW defines a "Sexually Violent Predator" as "any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence if not confined in a secure facility." Mental abnormality means "a congenital or acquired condition affecting the emotional or volitional capacity of a person and predisposing that person to the commission of criminal sexual acts in a degree constituting such a person a menace to the health and safety of others." A Personality Disorder means "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has onset in adolescence or early adulthood, is stable over time and leads to distress or impairment." "Likely to engage in predatory acts of sexual violence" means that the person "more probably than not" will engage in such acts if released unconditionally from detention on the sexually violent predator petition. "Predatory" means acts directed towards: a) strangers; b) individuals with whom a relationship has been established or promoted for the primary purposes of victimization; or c) persons of casual acquaintance with whom no substantial personal relationship exists.

Synopsis:

Mr. Taylor-Rose was first detected for a sexual offense in 10/97. He was accused of fondling a 13 year-old boy's penis, buttocks and testicles and charged with Child Molestation-2nd Degree in Clallam County. In 3/98, he pleaded guilty to Child Molestation-2nd Degree. In 5/09, Mr. Taylor-Rose was next accused of a sexual offense that occurred in 4/09. He was accused of fondling the penis of a 7 year-old boy and initially charged with Child Molestation-1st Degree, later amended to Child Molestation-3rd Degree. The subject entered into a plea agreement and entered an Alford plea to Child Molestation-3rd Degree. In addition, to these offenses the subject has admitted to sexually offending against an 18 month old male cousin as a juvenile. Mr. Taylor-Rose has also admitted to sexual behavior with a 15-year-old girl and with a 12-year-old girl when he was age 19 and with a 5 year-old girl when he was age 18. In 2001, while on Escape status and on conditional release after his first incarceration, he was found with a 15 year old boy who he has admitted that he was about to initiate sexual contact with.

It is this evaluator's opinion that the available evidence strongly demonstrates that Mr. Taylor-Rose is characterized by **Pedophilia**. In addition, he is also characterized by an **Antisocial Personality Disorder** (and **Borderline Personality Disorder** with prominent Narcissistic personality traits); he also satisfies the criteria for **Psychopathy**. Mr. Taylor-Rose's **Pedophilia** and his **Antisocial Personality Disorder** are congenital or acquired conditions affecting the emotional or volitional capacity of the subject; these conditions are associated with serious difficulty in controlling his behavior and predispose him to the commission of criminal sexual acts in a degree constituting him a menace to the health and safety of others. Further, Mr. Taylor-Rose's **Pedophilia** and his **Antisocial Personality Disorder** make him more probable than not to engage in predatory acts of sexual violence if not confined in a secure facility.

Actuarial risk measures for sex offenders (scored based upon characteristics of Mr. Taylor-Rose) indicate that Mr. Taylor-Rose has the characteristics of a person who more probably than not will engage in predatory acts of sexual violence if released unconditionally from detention. Other approaches to risk assessment also indicate that Mr. Taylor-Rose is a person who is more probable than not to engage in such acts if released unconditionally from

detention. Mr. Taylor-Rose is a younger offender who was detected for a new sexual offense after he had completed sex offender treatment within the WDOC as well as its Phase III after care program along with community supervision for approximately seven years. Little evidence suggests significant changes in Mr. Taylor-Rose's personality as a function of time, despite years of incarceration, treatment and supervision. Consequently, Mr. Taylor-Rose continues to have characteristics of a person who is "more probable than not" to engage in predatory acts of sexual violence if released unconditionally from detention and not confined in a secure facility.

Background Material:

Personal History:

Mr. Taylor-Rose was born in French Camp, California (DOB: 6/13/78) after a 10-month pregnancy; according to one report, his mother may have been addicted to phenobarbital during the pregnancy. (1427) Per a 1/98 report: "His parents separated when he was 7 months old, but did not formally divorce until he was 5 years old. His father had been previously married and married again after his divorce from Susie." A later report indicated that, in fact, the subject's father had been married to Mr. Taylor-Rose's aunt (e.g. his mother's sister). (1425) In a 2/98 report, it was noted: "His birth father was convicted multiple counts of child molestation in California and served a four year term in prison there. Taylor has met his father twice since he and his mother, split up when Taylor was 18 months old, by his mother's report." From the 1/98 report, "Mr. Taylor has four half-siblings from his father's first and third marriage, and a 2 year old half-brother, Matthew, from his mother's current marriage to Bob Malone [this would have been Mr. Taylor-Rose's second and current step-father]. Following her separation from Brian's father, his mother lived with another man for approximately one year. Susie Malone reports that she left this relationship when 'Fred' became extremely abusive toward both her and Brian. When Brian was approximately two-and-a-half years old, she became involved with Steven Pierce, with whom she lived until Brian was 15 years old. According to Susie, both she and Steven Pierce were heavily addicted to methamphetamines and alcohol during Brian's formative years, and that he experienced significant instability and turmoil growing up because of this...Some of Mr. Taylor's impressions of his early childhood were as

follows: "I grew up in an extremely dysfunctional family. My mom and step-dad were raging addicts and alcoholics. I remember when I was real young, my step-dad bought an RV and we would go on long trips where my parents would get drunk and high, and have sex in the back of the RV, which I could observe from where I was. Steve was abusive to both me and Mom, and when I was between 6 and 10 years old. I had to take care of her a lot. They would split up now and then, but still see each other, and both were in and out of treatment at different times. One time Mom gave the babysitter a rifle and me for a good supply of crank, and left. I stayed with the babysitter for a couple of months, and then went with Steve to Sacramento because Mom was too messed up. Mom went into treatment again, but relapsed after she got out. Then she and Steve got into a fight, and he went into treatment. When he got out, Mom went back into treatment and stayed in recovery, but by that time I had started messing around with drugs and Mom couldn't handle it because she didn't want her recovery jeopardized." (1409-1410)

In the current interview, Mr. Taylor-Rose was asked about his earliest memory and he replied: "I don't know why I remember, but I remember being in a high chair in a kitchen with my mom." He continued: "My mom left my father because he was abusive to her. He pushed her into the crib and she landed on top of me and that was the last straw. She moved in with her mom in Stockton... [After she left?] I don't know. She was with other men. Then she met...the asshole Mr. Pierce. His sister was her drug dealer, that's how they met. I was about 1 ½ when they got together. He had two kids, I don't think Steve had any relationship with his kids. He was a truck driver for his dad's trucking company and also an electrician. Mom and Steve went to college together in electrical and they each got an AA. They both worked as journeymen electricians. Eventually both became a foreman."

The respondent was asked about his early childhood. He stated: "It sucked. A lot of drinking, a lot of drug abusing, I really don't remember my Mother using meth until later but I know she did because that's how they met. I don't remember her using 'til '86-'87...Jimmy [his biological father's son and his half-brother] came to live with us when I was in grade school, around '83-84...Steve thought he could turn him around... Jimmy was born in '70s, so he was a lot older than me. He explained things to me." The respondent continued: "All my parents used alcohol and drugs. We drove all over in a motor home (a converted bread truck) from California to Oregon to Washington to Idaho. I don't know how they made money. I think they were

working. We would stay in houses for periods of time..." Mr. Taylor-Rose continued: "My mother got sober in '89. She went to treatment around '87-'88, we were in Sacramento both the first and second time she was in treatment... Me and Steve begged her to go to treatment for the second time. Steve got sober on his own. So my mom was clean but by that time, she and Steve were living apart. I was 10 ½ when I was sent out of the home."

In a 2/99 report, it was noted "Mr. Taylor lived with several other family members while his mother went for substance abuse treatment at his age of approximately nine. His grandmother found Mr. Taylor's behaviours uncontrollable so she moved him to his uncle's home. At his uncle's home, Mr. Taylor was sexually abused by his uncle's friend. At age 11 Mr. Taylor was a ward of the state as his mother felt that he was out of control." (1520)

The report continued: "Brian's mother confirms that she began having difficulty with Brian's drug use when he was about 11 years old. She states that she had Brian in counseling for a brief period, but when she asked for further help from State agencies in California, she was told that for Brian to get the help he needed, he would essentially have to become a ward of the State. She recalls 'Once he was in the system, my hands were tied, and he was sent to a series of group homes... Between the ages of 11 and 14, Brian was placed in several different group homes in Northern California. On several occasions, alternative placements had to be found due to his sexual acting-out behavior and tendency to run away. After a brief stay in a foster home in Antioch, California, Brian was placed at Serendipity Group Home in Sacramento, where he says he graduated from the group program after 10 or 11 months. He came to Sequim, Washington to live with his mother, and attended Sequim High School for about 10 months. He was involved in individual and family therapy for a time to address his sexual fantasies about younger children, and eventually was placed at Toutle River to receive treatment addressing his sexual urges. Brian recalls, "I was there for 4 or 5 months and didn't get into treatment, even though I wanted to. I finally called my worker in California and said I wanted to get help. I went to Stockton and stayed with my grandmother for a couple months, and then was sent to La Cheim group home in Richmond, California. I was there for over two years, and finally started to deal with my sexual issues. But it took me a while, and I was very violent towards staff. I let my frustrations out by hitting the staff. I was arrested four or five times in two months for assault, and was put on probation for two years. After my last trip to Juvenile Hall I

did better, and was transferred to the Step Forward Group in Concord. When I was 18 I asked my probation officer if I could get out on my own, and she OK'd it and took me off probation." (1410)

Later in the interview, he reported: "Around 10 ½, my mom was sober, I took on a role of being her support. I would pick her up off the floor when Steve beat her. When mom was in treatment, I met an older guy who was in her program, I hung out with this older crowd, he was a role model, he relapsed and I started drinking with him. One day I went for a ride on a motorcycle and she objected. I told her it's my time to have fun. After two weeks, she called my probation officer and he talked to my mom and Steve. And he made a decision that I was out of control. I was removed from the home, it was supposed to be temporary. But they wouldn't let her have her parental rights. [why?] She felt that I was a threat to her sobriety, because I was using meth, I was also drinking."

Given his reported geographic mobility, Mr. Taylor-Rose has stated that he attended a variety of schools, initially in the Stockton area but subsequent to his removal from home at age 10, he was placed in schools close to his out of home placements. According to an interview in 7/98, "He never did well in school and was always restless and fidgety, tapping his fingers, moving, getting up, being busy, and being a class clown. He would often get segregated in the classroom and put in a corner. He believed that school was just boring and there was no reason to learn what was being He had difficulty concentrating. He was easily distracted by other activities. He was extremely intrusive in other people's conversations and activities. He felt that he had to be the center of attention. He was impulsive... He was in special education, not because he was not intelligent enough, but because of all these behavioral problems." (1426) Per a 2/99 report, "Mr. Taylor states that he experienced behavioural problems in elementary school. He was in trouble because of 'goofing off' in class, had problems maintaining peer friendships, bullying other children, not completing his work, being the class clown and having difficulty concentrating." (1521)

He attended a portion of the 9th grade while residing with his mother in Sequim. However, per a 1/98 report: "...he has not attended a regular public school since the 5th grade. He reports completing the 12th grade and graduating in Concord, California, prior to leaving the last group home." (1410)

In the current interview, Mr. Taylor-Rose reported: "I started school, kindergarten, in Stockton. It's hard to remember. I started in Stockton and ended in Stockton, but also school in Antioch and Sacramento...I was an outcast in elementary school. I was always the class clown. I never took anything very serious. I couldn't focus. I was always the one sent to the back of the class. I had one fight in elementary school. My behavior problems were bad enough that I would get sent home from school. As far back as I could remember I was in special ed...I got extra time, extra help, sometimes I would be in a special class." The subject continued: "I needed to be the center of attention. I'm still like that. I don't get a lot of things very easily and I get frustrated and give up. I'm really stubborn. As much as you try to help me, I'm still going to sit there and be frustrated. I always had a hard time focusing. That's still true to today...Homework, classwork was and still is hard for me. Lots of problems one after another. Both school and home sucked. Teachers saw me the same way I did. Class clown, someone who needed to be center of attention." In response to a question, Mr. Taylor-Rose indicated: "I think I was held back in elementary school." In the current interview, Mr. Taylor-Rose recalled that "I was suspended in Sequim for smoking and I was suspended there also for calling a home ec teacher a 'bitch.' I was suspended in elementary school for that fight." Mr. Taylor-Rose reported that he formally graduated from high school in 1996, at his age 18.

Mr. Taylor-Rose reported in interview that while he was a ward of California, "I would see my mom like twice a year. She and Steve moved up to a house in a trailer part, they were caretakers. I was 13, it was in the summer. I went to stay with them in Sequim. Everybody was happy that I was home. I started using, just rebelling. That's when my deviant thoughts started toward my aunt's daughter, she was 11 at the time. I was also seeing someone, I was sneaking him in and my parents didn't like it. My dad felt like I could get a better education if he schooled me, so he told the principal he was pulling me out, 1/2 way through 9th grade. He told me I was stupid, I couldn't get anything from school or him. Then my parents fought...So I came to high school when I had turned 13 in Sequim, close to Port Angeles...I lived with my Mother, Pierce was super strict, he was a dry drunk. I started huffing. First, I went to the Boys/Girl club for counseling, I started to explore my deviant thoughts and I told my parents about my deviant arousal. So tensions started happening, my dad lost his temper and was abusive to my mother again. I picked up phone to call 911 and I

destroyed answering machine. So my mother was taking me to Peninsula Mental Health and on the way I hit her. Peninsula Mental Health called the cops. I said I was going to kill myself; they arrested me and then got me a bed at Kitsap Mental Health. I was there for a week or two.

As an adult, Mr. Taylor-Rose has rarely sustained meaningful employment. He has reported that after high school, he worked as a stock clerk at an s clothing store for one month and for several months sold products door-to-door. He has reported that another door-to-door sales job did not last long because "I was too much into crank, and didn't make enough money, so I quit." The subject joined the U. S. Navy in 6/96 but by 12/96 he had received an Other Than Honorable Discharge. He has provided varying reports of the basis for that discharged. In one instance, he claimed that this occurred after disclosing his sexual orientation to his chaplain. Per a 2/98 report, "during a leave following bootcamp, he smoked some marijuana. He was tested after return and given a less than honorable discharge for his admitted use of marijuana and for altering his government, identification card to seem older in order to enter bars. He reports he was released from the service at his request after the men around him 'somehow' discovered his homosexuality and his safety was compromised." (517)

In the current interview, Mr. Taylor-Rose was asked about his experiences in the armed services. He reported: "I entered that Navy. I was trying to please my parents, Steve was in that Army. But I wanted to travel but I got stuck in Bremerton, on a port-stationed ship. I had problems in Basic, a drill sergeant got in my face, he found out I was gay. I told sergeant and the commander that they could go fuck themselves and the Navy. I got kicked back a squadron, it took me two more weeks to catch up. I was in the Navy for over 6 months. I smoked marijuana with a cousin. I talked to the duty officer when I returned about and he gave me Niacin but someone over heard and reported me. I confessed during the investigation."

In 1/98, he claimed: "He states that he finds it relatively easy to find employment, and judges himself to be a good worker when he is not under the influence of drugs." However, in a 7/98 report, "Brian has no real work history. He has 'dabbled in things.' The longest job he had was three or four months. Some of them were as short as two weeks. He describes his work

pattern as getting tired of it and bored with it, so he walks off the job.” (1426) In a 2/99 report, it was also noted that he had a limited employment history with jobs lasting only a few months and that he had “limited vocational skills” at that time. He did work as a porter while incarcerated. (1521) During 2001 and 2002, Mr. Taylor-Rose was incarcerated and the on escape status; it was reported that he had been unemployed prior to his escape and his employment was unknown during his year of escape. He was noted to have received GAU and food stamps; he also had applied for SSI, apparently because of back problems. (e.g. 1267) In 2005, it was noted he had worked at one job for one day and another for approximately three months. In 2005, it was also noted that Mr. Taylor-Rose “was injured in an accident and has back problems is receiving GAX/U of \$339 and is unable to work.” It was also noted that the subject had attempted to participate in a correspondence school but he “failed to work on his own and quickly fell behind.” (1266) Generally, records indicate that Mr. Taylor-Rose was supported by his domestic partner, G. Rose, a former WDOC inmate and sex offender. According to a WDOC document from 2011, “No information is available regarding Taylor-Rose's employment in the year prior to incarceration. Prior to that, he appears to have been primarily unemployed and to have sporadically held temporary jobs.” After Mr. Taylor-Rose’s separation from Mr. Rose, there is little evidence of sustained employment. Most recently, he reported that he had done seasonal work for a cemetery for at least two years but that he “left” because there was no work. (801) In an intake for his most recent incarceration, he was described as “essentially not self-supporting.” (817)

In the current interview, Mr. Taylor-Rose reported that he longest job with one employer was “The one I had before I got locked up. I was a groundskeeper, did maintenance for a cemetery. It was full time. I was on the payroll, starting in '06.” However, he acknowledged that this was “seasonal” work. Further, he reported that from 1/09-5/09, “I went to school and didn’t work. I was taking sporadic trips to Spokane and Seattle. I went there to get some dope, I met someone who needed a ride and he paid with dope.” He acknowledged many temp jobs that lasted just one day and that he had quit jobs “more than one time.” He also indicated that bosses had problems with his work (“just that I wasn’t getting it quick enough”), that he would come in late to work, use at work and intentionally miss work because of alcohol or drugs). He reported being fired on multiple occasions and leaving jobs without having another job to go to. Mr. Taylor-Rose also admitted to being unemployed for extended periods of times, “more than I

was employed.” The subject also reported that he collected various benefits, such as GAU and food stamps starting in 1999 as well as that others (e.g. “Gary, my mom and dad) had provided “money, food, housing, transportation” over the years. He acknowledged having had financial problems, saying “it’s been a big problem, more than once” and that he had debts, including financial aid that he owed to Peninsula College.

In a 2/98 report, it was noted: “Taylor’s relationships to date have been brief and unhealthy.” (518) Similarly, a 2/99 report noted that he had not had a long-term relationship and that he had “prostituted himself” to older men in exchange for room and board.” It was also noted that he had been in an off and on relationship with a man 27 years his senior for approximately one year. (1521) Shortly after his release from the WDOC, Mr. Taylor-Rose moved in with a much older man, Gary Rose. They were in a relationship for approximately five years with Mr. Rose providing housing and support for the subject, including bail. Records from 2005 indicate that their relationship was viewed as conflicted; they had been encouraged to seek relationship counseling but had not done so at that time. Per Mr. Taylor-Rose in the records, the two separated in 8/04. (e.g. 785) After their breakup, the two men reportedly remained friends. During this time, Mr. Rose continued to deteriorate from Diabetes and AIDs and died in 8/9/06. Per Mr. Taylor-Rose, he was “shut out” from Mr. Rose’s will by his ex-partner’s family.

In the current interview, Mr. Taylor-Rose acknowledged that he had never had close friends as either a child or adolescent, just people that he got “intimate” with, meaning had a sexual relationship. He identified an aunt who has passed away as an important relationship earlier in his life. When asked about close friends in his adulthood, he replied: “I thought I did before I got arrested. You know, it’s a very short list. Jason I thought was my close friend.” The subject did not spontaneously mention Mr. Rose after several questions but when asked if he had considered Mr. Rose a close friend he stated: “Yes, Gary was a close relationship.” Later, when asked if he was ever deeply in love with someone, Mr. Taylor-Rose stated: “With Gary.” Later in the current interview, Mr. Taylor-Rose stated: “I fell out of love with him, I cared for him but I wanted to pursue my options elsewhere. We split up, he went to his mom’s. I stayed in Seattle to take care of the house. I turned it into a crack house...I moved to Seattle in like ‘02-‘03, for 2 ½ years. I was together with Gary in ‘06, then I left in Seattle a couple of

months later. Before Gary passed away, a guy got a hold of me through Yahoo messenger. We started dating, while I was at the Welcome Inn. I had Brandon there with me when I learned about Gary's death. I didn't get to see him or say good-bye to him. I was with Brandon 'til '07, a little over a year."

Medically, the subject was reportedly born late after a 10-month pregnancy. However, he apparently met appropriate developmental milestones.

Mr. Taylor-Rose has reported that he was diagnosed with Attention Deficit Disorder (ADD) at age 11, which is relatively late. However, he also reported that "he frequently managed to earn As and Bs in school when he applied himself." (1410) He has also claimed to have suffered from Obsessive-Compulsive Disorder (OCD) and Bipolar Affective Disorder during his adolescence and early adulthood. Per a 2/98 report, his mother and the subject both reported, "he had a history of Attention Deficit Disorder, Fetal Alcohol Syndrome diagnosis and an obsessive/compulsive disorder, for which he took the medication Haldol to control the compulsions." (515) Medically, he reportedly suffered a concussion and had a brief loss of consciousness." (1427) In 1995, the subject jumped out of a moving car and broke his collarbone. Apparently, after his first incarceration, he injured his back in a motor vehicle accident and has reported ongoing pain and difficulty working in the community as a result of this injury. (e.g. 828)

In the current interview, Mr. Taylor-Rose reported that he had made a suicide threat around age 13-14 when he had come to live with his mother in Sequim. He reported that he was hospitalized by Peninsular Mental Health for "a week or two." As part of the current evaluation, on a questionnaire, he endorsed an item that he had made a past suicide attempt.

In the current interview, Mr. Taylor-Rose was asked if he was currently taking psychotropic medications. He reported that he was taking Lithium and had been for "years." He stated that he was taking Prozac, saying "I've been off and on it but mainly on it since 2006." The respondent also stated that he had been on Noritryptiline "off and on for a while, longer than; the others," saying "That was the clinical fix in all of the group homes." He also indicated that he had been prescribed a generic version of Neurotinin. Mr. Taylor-Rose also stated: "I've been a Guinea pigs for lots of things" and

offered a long list off of varied psychopharmacological agents.” Mr. Taylor-Rose was also asked about his previous experience being prescribed Haldol (typically used as a major tranquilizer and/or an anti-psychotic.” He stated: “I was really glad to have taken it because Cogentin made me have out of body experiences.” Then he stated: “I was walking zombie on Haldol. My family noticed me when they visited. That was like in ‘89-’92.”

In a 1/98 report, Mr. Taylor-Rose “reports that he was first exposed to marijuana at around age four. He says ‘My step-dad used to have fun getting me high when he got stoned.’ Brian began using alcohol, marijuana, and occasionally amphetamines on his own at around age ten. He continued to use marijuana and methamphetamine fairly regularly up until the time of his arrest. He states that he has experimented with cocaine twice, tried inhalants a number of times several years ago, and experimented with hallucinogenic mushrooms once several months prior to his arrest. Brian admits that he became seriously addicted to methamphetamine (crank) after his discharge from the Navy. He says ‘I fell in love with it while I was in Oakland on a job. I went to Stockton to stay with my sister, who lived near my real father, who was selling crystal meth. I ended up getting into it hard...In November ‘96 I started using a needle to do drugs, and did nothing but slam dope for two or three weeks. After I got raped...I went on a three-month using spree. It scared me so bad I never wanted to see that shit again, and I came to Washington to try to clean up.” (1411) Per a 2/98, “Taylor has a drug and alcohol abuse pattern which began when he was four or five years old, when his step-father first gave him alcohol to drink and marijuana to smoke.” (515)

Regarding Mr. Taylor-Rose, per a 2/98 report, “Taylor's use of alcohol and marijuana began at about age 4 or 5. He first tried methamphetamine at age 9, when he got into his mother's ‘stash’. He reports he fell in love with methamphetamine immediately. He continued to use drugs and drink once he was out of the group homes at age 18. Taylor reports a two-week period in 1995 when he spent two weeks with another drug using acquaintance, using methamphetamine intravenously the entire time...Taylor has continued use of methamphetamine, although not through injection. Marijuana and alcohol are also drugs used by Taylor...Taylor reports that he has not had more than 30 days clean and sober while living outside of the group home or similarly controlled situation since he began use.” (516) The subject reported in 7/98 that he had: “...his first drug experience at the age

of four when he used port and marijuana his stepfather had given him. When he was nine he found his mother's stash of crank and he started using, and basically used crank off and on his entire teen years. He also used marijuana and lots of alcohol. He had a brief addiction to Demerol. He started using crank intravenously and when he came here to Washington, he discovered crystal methamphetamine, which he describes as his drug of choice." (1427)

In the current interview, Mr. Taylor-Rose reported that he first consumed alcohol at age 4 because his parents would serve alcohol so that he would go to sleep. He reported "regular alcohol abuse" by age 9, stating: "I was drinking whatever was around; Kahlua and milk; Seagrams and 7. He reported that his period of heaviest alcohol use was 2006, saying that was a period of daily or near daily use and "Some other times, both '08 and '09." Regarding drugs, Mr. Taylor-Rose reported that at age 4, "Steve gave me pot. He thought it was cool to get me drunk and high. I tried meth at 9 and I liked it right away. At 18, after the Navy, I used it everyday." When asked what his period of heaviest use was, the subject stated: "I've been a regular user of meth my entire adult life." He identified that his period of daily or near daily use was "Probably when I first started, because I really liked it. It's been steady ever since. I did not stop using IV drugs until '07 because it got too crazy, then I started using again in '08 and '09."

It seems clear that Mr. Taylor-Rose experienced considerable neglect and physical abuse from "Fred" and Mr. Pierce when he was in the care of his mother from his early years until he was removed from her custody in 1979. In a 7/98 report, "During the first six months of his life, his father was severely abusing his mother and he, as an infant, would get caught in the middle of this abuse. He got picked up and thrown against walls. He was dropped. His mother was beaten up and knocked down on top of him. Finally, when he was six months of age, his mother left his father in the middle of the night and went off to her mother's, a place of safety. When Brian was one and a half, his mother started seeing his then-to-be stepfather. They lived together for eight years and then got married. This stepfather was also extremely abusive. He would beat up Brian's mother as well as him and he described several horrific incidents; for example, throwing his mother through a plate glass window on Christmas Eve because she did not give him the present that he wanted. !" (1425) Further, the subject has reported a history of sexual abuse. There is a brief mention the 1/98 report: "Brian states that he has been told by relatives that he may have been molested by his own father at a very young age, although he himself does not have any

recollection of sexual abuse by his father.” (1417) However, in a 2/98 report, his mother indicated that she did not think that the subject had been molested by his biological father. “Brian remembers that when he was 10 years old, he made a bet with his brother and his uncle's best friend over something he does not recall. However, he remembers losing the bet, and consequently being sexually molested for two to three hours by his older brother and uncle's friend.” (1413) In a later report, “At ten he was sexually molested by his older brother and a friend of his uncle.” (1423) In a 2/98 report, “Taylor reports, and his mother confirms, that his childhood was characterized by frequent moves, physical abuse, mental abuse, neglect and at least two instances of being molested himself.” (516)

In the current interview, Mr. Taylor-Rose also reported: “I was molested as a kid by my step-mother, my father’s current wife. She had me fondle her breasts between her legs and she fondled me. It happened more than once.” Later in the interview, when inquiring about his sexual history, Mr. Taylor-Rose was again asked if he had experienced sexual abuse. He reported that he had lost a bet with his stepbrother and his uncle’s best friend, saying: “I was sexually molested for 2-3 hours by both. I was 9. It was before I went to the group home. We were watching football game and I made some silly bet between on the game. If I lost, I had to wear a diaper for a day, if I won, they would pay me money. I lost and I begged them to not wear a diaper for all day. They told me to masturbate in front of them so I did. They got a wire that they put around my testicles. Jimmy was 15, the other guy in his twenties...I can’t remember if they touched me or penetrated me.”

Nature of Charged or Officially Reported Sexual Offenses:

Despite a history of problematic sexual behavior and intervention, Mr. Taylor-Rose was not formally recognized for a sex offense until 1997.

Mr. Taylor-Rose was first detected for a sexual offense in 10/97. At the time of his first arrest for sexual offending, he had been “evicted” from his mother’s residence in Sequim because he would not abide by her “house rules,” in particular finding employment and refraining from sexual activity.” (517)

Per the Pre-Sentence Investigation (PSI), the official description of this event was as that the subject “fondled the penis, testicles and buttocks of

victim [NF] (DOB 12/23/83) on 10/13/97, while at the Farr residence at 2301 W. 18th 11 St., #F37, Port Angeles. [NF] reported this victimization to his mother the morning of 10/14/97.”

“Taylor states that on the evening of October 13, 1997, he had smoked marijuana for several hours that evening with friends. He states he returned to the Farr residence, where he had been staying for about a week and a half, and entered into Aaron F's bedroom to watch TV. [NF] was lying on the floor, also watching TV. Taylor reports that he (Taylor) usually slept on the floor of Aaron's bedroom...After the movie they watched was over, [NF] fell asleep on the floor. Taylor was lying beside him, as he had done during the movie. After [NF] fell asleep and the lights were off, Taylor reached from behind and began fondling [NF] 's buttocks, then reached around and began fondling the victim's penis and testicles...The victim awoke, but pretended to be asleep and repositioned himself in an effort to stop the molestation. When Taylor then moved closer and continued the molestation, [NF] got up and entered the bathroom, where he locked himself for some time. When he left the bathroom, he went into another room to sleep...After Taylor left for work in the morning, [NF] told his mother what had happened. She reported this to the Port Angeles Police Department, who arrested Taylor when he returned home from work.” (512)

NF's mother reported “she had provided Taylor with a place to live for about a week and a half prior to this offense. She said he had stayed there off and on for about six weeks before that, but that she had not permitted him to remain until just before the offense. She said that the day of the offense, she had informed Taylor he would have to move within a few days, as her rental lease permitted visitors no more than 14 days...Ms. Farr reports that she first became aware of the offense the morning after, when her son came to her and told her what' had happened the night before. She reports that Nathan waited until Taylor had left the house to tell her, but that he came immediately after his departure.” (513) NF's mother also told the police that Mr. Taylor-Rose had told her that he was homosexual and “She said that she told Taylor not to touch her children and that Taylor promised he wouldn't.” She reported that when she awoke that morning NF was crying and “When she asked him what was wrong he told her that Taylor had felt his buttocks, testicles and penis during the night.” (354) Per NF, he was sleeping in a sleeping bag “and that he woke up to someone feeling his back and then his butt. He was laying on his side at the time and then he felt a hand go between his legs and touch his testicles and penis. He rolled over and

pretended to be asleep and saw that it was Taylor that had been touching him. He said that Taylor continued to touch his penis until he got up and went into the bathroom. He then went and slept in another room." (355)

The subject was arrested on 10/14/97 and charged with Child Molestation-2nd Degree.

Per the 2/98 PSI, "Taylor reports, that he had smoked marijuana earlier in the evening and expresses the belief that if he had not been under the influence of marijuana, this offense would not have occurred. He expresses remorse for the pain he has caused [NF] and has said he wishes he could erase those events so [NF] would no longer have to question what he did to cause this to happen to him...Taylor states that the circumstances of the offense are substantially as set forth in the Official Version section of this report." (513)

In a 1/98 evaluation, Mr. Taylor-Rose described his first detected sex offense as follows: "I was staying with the Farr family because I was homeless, and the mother thought I was a sweet kid. I was there for about one-and-a-half weeks, and me and the Farr family got close because they accepted me for who I was, and didn't criticize me for being gay. In a way, they were the family I had always wanted. During my time there, [NF] started messing around with me by mooning me, twice, and 'panting' me a couple times. He talked to me about how he was curious about his sexuality. I was never aware of sexual feelings for Nathan; I thought he was a cute boy but didn't really have sexual thoughts about him. I had noticed some red flags when we wrestled, but stopped every time I got aroused. I looked at him more like a younger brother, and liked it that we got along. On October 13, 1997 I was with some friends and smoked some weed. By the time I got home, I was pretty baked. I went into the room where I was staying and found Nathan sleeping on the floor after*-he had watched a movie. I laid next to him and started touching his penis and nuts and buttocks. I don't know why I did this. I thought he would not know, because he was asleep. He got up eventually, and went to the bathroom. I got up to see what he was doing, but all I saw was him sitting on the toilet, with his back to the door, so I laid back down and passed out." Brian further states "I never went through any of the thinking I know how to identify in my cycle, like trying to figure out when and where I would do something with him. I truly believe I would never have done this if I was sober, because

I know what it feels like to be victimized, and did not want to put another human being through that. I am not blaming Nathan for any of it but I do have to say that I did not try to constantly put his head in my lap, like he said I did. That is not true, and it's also not true that Marie had tried to get me out of the house for weeks. I had only been there for barely two weeks, and we had a good relationship until I offended against her son." (1414) Mr. Taylor-Rose told police that he had met the victim's family via contacts "with the 16 & 17 year old [F] boys whom Taylor met at 'AA' and 'NA' meetings. (361) He reported that he "had been accused of being attracted to children by other person's in the apartment complex but these accusations were based on the fact that he had admitted being homosexual (not because he actually done anything." The subject told people "I do need help " and "I don't know why I did it." Mr. Taylor-Rose did admit to the police that "he did fondle [NF's] penis, but and testicles as reported...[He] admitted to touching NF in a sexual way and to wanting to have consensual sex with [NF]. Taylor advised that he would not 'force' anything on [NF] but would have had sex with [NF] if [NF] were a willing participant." (362)

Per the 1/98 evaluation, "Brian admits that on the night of his offense, he had spent time with friends, with whom he smoked marijuana prior to arriving at the victim's home, and molesting him." (1411)

Later, in a 2/98 PSI, "Taylor states that [NF] questioned him about what it felt like to have □homosexual or bisexual feelings and says that he thought [NF] was □ambivalent about his (Nathan's) sexuality. He reports that [NF] grew □more physically affectionate after this questioning and states he used □to 'cuddle' [NF], while denying that [NF] was ever held against his □will...He acknowledges that he began having sexual thoughts about [NF] prior to the offense, but expresses the belief that if he had not been under the influence of marijuana, this would not have happened. He states that he thought of [NF] as a younger brother to begin with and that he experienced confusion when he began having sexual fantasies about him." (518)

Regarding Mr. Taylor-Rose's disposition, the author of the PSI, Community Corrections Officer (CC0) L. O'Brien-Hooper recommended a total confinement of 18 months and 36 months of community placement. (521)

Records indicate that Mr. Taylor-Rose was offered a plea agreement in 10/97 and pleaded guilty and was sentenced on 3/23/98 to 17 months of incarceration in the Washington Department of Corrections (WDOC) and 36 months of community placement. (456)

In 5/98, the subject was noted to "state that he is very remorseful...He however then states that the State of Washington is blowing the whole thing way out of proportion." (318)

Of note is the description of this crime provided by Mr. Taylor-Rose while in sex offender treatment in 1998-99: "At the time of his current offence, Mr. Taylor was homeless. He states that he had left his parents' home because he was being confronted by his parents. He was drinking and using drugs, not following the house rules, engaged in sexual behaviours with men substantially older than himself and not coming home at night. When confronted on his behaviours, Mr. Taylor focused on the idea that his parents were intolerant of his homosexuality. He refused to look at or address his own behaviours. He left his parent's and was homeless, sleeping in a tent in a park. He was associating with peers who were somewhat younger than himself (16 to his 19). He propositioned a 16 year old to have sex with him. Mr. Taylor befriended a young man (16) that he met at an AA meeting. He told the boy that he was homeless and received permission to stay with the boy while his family was on vacation. After two weeks, Mr. Taylor left, as had been agreed. He moved back in several times and was staying steadily with the family after approximately one month later. He reported that he could not live with his parents and had nowhere to stay. The mother of the family confronted Mr. Taylor about his sexual behaviours towards boys. Mr. Taylor told her that he was no threat to her family. Mr. Taylor's victim was this family's 13-year-old son...Mr. Taylor reports that he began having sexual thoughts soon after meeting him. He engaged in masturbatory sexual fantasies for approximately two months prior to offending. He reports that he felt that he could manage his feelings and would not act out. Mr. Taylor groomed the victim's family by presenting himself as being a victim of his parent's whims, being treated unfairly by others and being helpful around the house. He groomed the 13 year old by initiating conversations about sex, encouraging the boy to question his sexuality, wrestling and encouraging physical contact, such as the victim's sitting on his lap. He began to use marijuana and was drinking again...He reports that one night he came home drunk and saw the victim asleep. He lay down beside the boy and fondled his genitals and buttocks. The victim moved away from Mr. Taylor but Mr.

Taylor touched him again. At that point the victim left the room. Mr. Taylor followed "him, found him in the bathroom, returned to the bed and masturbated to thoughts of the victim. Mr. Taylor reports that he followed the victim to make sure that he wasn't going to tell. He states that when he saw him in the bathroom, he looked as though he was crying and so Mr. Taylor returned to bed. (1526-1527)

Per a later report, it was noted that at the time of the 1997 sex offense, Mr. Taylor-Rose "was staying with a friend because he and his partner, Gary Rose, had not been getting along." (1265)

In the current interview, Mr. Taylor-Rose reported: "I had fight with Gary over using. I set up a tent in the woods. I was going to NA meetings and I met a kid, Steve, he was 15-16 at the meetings. He invited me over to his house and I met his older brother. We became friends. During the first week, the Mother, Grandmother, and the younger kids go to Disneyland, then came back. I think the kid's cute as hell. From the get go, I start grooming him -doing a lot of things to get close to him. A lot of fantasy and masturbation about him. I rub against him sit on the coach and see if he would let me touch him and sometimes he wouldn't move when I touched him. In my mind, that was permission. Then he came to me and asked me how I knew I was gay and if he had sexual feelings about his best friend next door did that mean he was gay. He would moon me...The night that it happened, I got high. He was sleeping where I usually slept. I reached around and touched his penis, he moved away but I continued trying to touch him. He got up and went to the bathroom. He blocked the door with the drawer and when I looked in the bathroom he was masturbating. The next night I was arrested."

Mr. Taylor-Rose was next detected for a sex offense in 2009; the offense was alleged to have occurred in 4/09 and reported in 5/09.

"On 05/13/2009 I reviewed the original case report by Officer Arand and the written statements provided by Aaron and Linda [W]. The report and statements provide detailed accounts of this incident, which occurred on 4/01 / 2009 at 1531 W. 11th Street, in Port Angeles."

Per a Statement of Probable Cause, on 5/13/09, A. Whiting reported the alleged offense to the Port Angeles police. He explained that Mr. Taylor-Rose had been Mr. Whiting's Narcotics Anonymous (NA) sponsor and that

he was aware that the subject "was a sex offender. Taylor-Rose earned Mr. [W]'s trust over time. On 04/01/09, Taylor-Rose arrived at the [W] residence with car trouble. While at the Whiting residence Taylor-Rose drank beer until he passed out for an hour. Taylor-Rose woke up and kept drinking beer. [JC], who is Mr. [W's] 7-year old son, was on the couch under a blanket with Taylor-Rose. Taylor-Rose tried to get the [Ws] to let Taylor-Rose take [JC] upstairs to watch a movie but Mr. [W] would not allow it. Later Mr. and Mrs. [W] went up to bed. [JC] came into their room. [JC] told Mr. and Mrs. [W] that Taylor-Rose had groped [JC's] penis and consequently [JC] was afraid to sleep downstairs. Mrs. [W] went downstairs and confronted Taylor-Rose about the molestation. Taylor-Rose denied the incident. The [W]'s allowed Taylor-Rose to sleep there because in their estimation Taylor-Rose was too intoxicated to drive. The next morning, the [Ws] told Taylor-Rose to leave and not return." (667)

Per the wife's statement, "Brian had already had 9 beers by the time I got home and he proceeded to drink more. By 7:00 pm he passed out on the couch, when he woke up he proceeded to drink more." She reported that after she and her husband went up to sleep, JC stated that he was scared...Brian had touched him in his private area." She reported that she confronted Mr. Taylor-Rose but he denied the whole thing. (609)

According to the Statement of Probable Cause, Officer J.X. Vlada met with JC to obtain a statement. "During the tour my impression of [JC] was that he was very intelligent, articulate, and socially adjusted for his age or even older. I learned from the [Ws] that [JC] is an excellent student in school; and he likes to talk, and ride his BMX bicycle...I interviewed [JC] about this incident I created an audio recording (transcription to follow) of the interview with [JC]'s knowledge and consent [JC] passed the truth lie card test perfectly and easily. [JC] promised to tell the truth. During the interview [JC] identified Taylor-Rose as Brian that caused the trouble. When [JC] first mentioned Brian, [JC] appeared to experience stress as he pressed two fingers up against his forehead and rubbed them up and down. [JC] explained that while he was under the blanket with Brian, Brian reached over and grabbed [JC]'s 'front no-no spot' I asked [JC] to explain 'front no-no spot' [JC] said that he meant his "privates." I asked him what he meant by 'privates.' [JC] explained that his parents did not allow him to say other words to describe the area. I asked him what he used the front no-no spot for, and [JC] said that he used it to go to the bathroom. I gave [JC] a picture of a blank gingerbread person and asked him to indicate the location of the

front no-no spot and/or privates. [JC] drew an 'X' on the groin area (copy of drawing attached/original in evidence). [JC] confirmed that Brian had grabbed him over the top of his pajamas. I asked [JC] if the touching could have been an accident. [JC] stated with certainty that Brian had grabbed him on purpose. During the interview I considered alternate theories such as the incident could have been incidental or accidental and that the perpetrator could have been someone other than Brian Taylor-Rose? However, [JC] was so certain in his statement that Brian grabbed him on purpose and [JC's] description of the details of the day of the incident so closely match the series of events articulated in the written statements from Mr. and Mrs. Rose that the alternate theories do not appear to be correct. During the interview [JC] stated that he would only have to see Brian one more time, and that would be when [JC] told the Judge what Brian had done." (668)

The next day, when police served Mr. Taylor-Rose with a no-contact order, he was invited to provide a description of "his version of the events surrounding this incident. Taylor-Rose stated that due to his history he would prefer to talk to a layer [sic: lawyer] first." At that time, the subject was arrested for Child Molestation-1st Degree (629) and searched. Per report, "During the search incident to arrest, in Taylor-Rose's front right jeans pocket I located a small piece of clear plastic that was consistent, based on about 15 years of law enforcement training and experience, with an empty bindle that used to contain methamphetamine." (669)

Apparently, per a statement from 7/09, Mr. Taylor-Rose told a friend that while he had been sitting with JC and "cuddling" under a blanket on several occasions on that night and "crawled under his blanket to cuddle and sleep w/him on the couch. That's when, Brian says, little [JC] grabbed his hand and put it on his [JC's] penis.... All Brian really seemed to be concerned about, to me, was getting the police involved. He asked Aaron not to call the police and then proceeded to ask me if I thought they would involve you." (670) Thus, per this account of the subject, he explained that JC was the instigator of the sexual contact. However, Ms. [W] reported that Mr. Taylor-Rose had never offered any explanation of his interactions with JC. (671) Per another statement, Mr. Taylor-Rose told someone else that he fell asleep on the couch next to JC and that "he woke up with his hand on [JC's] penis. Brian stated that he moved his hand away and [JC] grabbed his hand and placed it back on his penis." (674)

On 5/18/09, Mr. Taylor-Rose was formally charged with Child Molestation-1st Degree. (676) However, in 8/09, an Amended Criminal Information was filed for Child Molestation-3rd Degree. (713)

Records indicate that on 8/14/09, Mr. Taylor-Rose entered into a plea agreement. Apparently, JC's parents did not wish for him to have to testify in a trial and would have been uncooperative. The subject apparently continued to deny the offense. After several months of negotiation, a plea agreement was reached so that he pleaded guilty via an Alford plea to a reduced charge of Child Molestation-3rd Degree (723) but would receive the top of the range sentence. (168) On 9/17/09, he received a sentence of 43 months in the WDOC and an additional 36-48 months of Community Custody. (89) Of note, despite the recommendation of Mr. Taylor-Rose's long-time CCO, a Pre-Sentence Investigation was assigned but never completed (168) apparently because the subject's attorney argued that it was unnecessary since he was agreeing to the highest end range for his sentence. (730)

However, in his application to SOTP in 11/09, Mr. Taylor-Rose wrote: "I had a NA sponsor for about 3 months...I noticed a strong sexual attraction to the 7 year-old. I made sure to put myself in situations to be able to groom him and at night lay under a blanket together and I touched his penis...My actions have caused the victim fear of older men and cannot sleep alone for about 2 months after and has night mares." (1457)

In another reversal, in the current interview, Mr. Taylor-Rose reported "The last year in '08, was going to NA meetings; that's where everything started happening to get me here. I found a sponsor, opened up to him about my problems, my history, my child porn use. He had been molested himself, his son [JC] was molested by his step-son. He and his wife decided that I should not come to his home and he stopped being a sponsor. So for period of time, I couldn't go to functions at his home. Then after 6 months, they started inviting me over. My best friend, Jason, was also best friends with Aaron and they had a falling out. We carpooled to a meeting and we ended up at Aaron's house. They were dropping people off for a poker game, said I could come in. That was the first time I was at Aaron's house...It seems strange to put me or your kids in that position. Then one night we were all drinking, and I was on prescription meds at that time, morphine and vicodin, so that intensified it. We had all relapsed, I was passed out on floor. I woke up and went to a bedroom. The next thing I knew the mother was kicking the

bunkbed, she said something to the effect of how could you molest my son? I said I didn't, she said you did it once why wouldn't you do it again. She told me to go back to bed. The next morning they told me: "I can involve all the police but I don't think we need to do this. We can handle this ourselves. They said should I leave. He said you do what you think is right...I left. They said it happened 4/1. . All of a sudden they had a good friend who was a level III sex offender, come talk to me, asked me if I had done something to the kid. I was arrested on 5/15. I heard the police were looking for me, I called them and set up a meeting. Would a guilty person do something like that?" [He made no mention of the police looking to serve him with a No Contact Order.] I was arrested for Child Molestation-1st Degree. I fought it through the courts, plea bargain after plea bargain. I think they didn't have a first-degree case. They kept coming back to me with better offers and my lawyer just kept saying no to the offers. They finally offered Child Molestation -3rd, with a 31-43 top end or trial and possible life imprisonment, even though my first offense wasn't a strike, so I just took it."

Later in the current interview, Mr. Taylor-Rose stated: "With [JC], I was adjudicated, but it didn't happen." I suggested that in reading [JC's] statement to the police, it seems realistic. The subject stated: "He's been through it before. I don't think he lied. I think he was coerced to say what he did. I think he was coached. Their experience with the older brother [who Mr. Taylor-Rose stated had abused him]." Mr. Taylor-Rose also related the charges to "The disagreement between [my friend] Jason and Aaron, that Aaron and his wife were talking shit about Jason, then I would tell Jason, my best friend, about what they were saying. It was about Aaron not working his program. At another poker night, another night, [JC] put his hand on my crotch and I took his hand and put it back. I told Jason and Charlene that that had happened and later they turned it around into my touching Jason."

Other Inappropriate or Problematic Sexual Behavior:

Mr. Taylor-Rose says, "I remember being really confused about that, and about a couple weeks later, when I was asked to babysit my 18 month old cousin, I did something I shouldn't have done. I had to change his diaper, and noticed that he had a hard-on. I bent down and started oral sex on him, and about 10-15 seconds later realized what I was doing, stopped, and never did it again with a younger person until my offense." (1413)

Later, in a 2/98 report: "Taylor reports that he performed oral sex on an 18 month old male cousin when he was 10 years old, stating he did this about one week after he was molested by a step-brother and a friend of an uncle. He reports that after about 15 seconds of fellating the child, he realized what he was doing was very wrong and stopped." (517)

In the current interview, Mr. Taylor-Rose reported: "After my own sexual abuse, I did that thing with my 18 month old cousin. That was my first time with a younger child, I was 10.

Mr. Taylor-Rose reported that as a young adult he has had sexual contact with several underage females. Per the 1/98 evaluation, he "admits to engaging in sexual touching with a 12 year old girl named Amy several months ago. He says 'I had no interest in her. She sat on my lap, came on to me, and told me she had been with 4 or 5 different guys at the same time. I knew she was too young, but didn't stop her when we were fooling around.'" Thus, these contacts with a 12 year old girl occurred in 1997 when he was approximately age 19-20." In addition, the subject also reported "he has had sexual contact, including intercourse, with Amanda, age 15, whom he was dating for a while to please his parents. He states that both his parents and Amanda's parents approved of their relationship, but that he eventually terminated the relationship because 'I felt I was being dishonest with myself and her about my being gay, and I was trying to clean up, and she couldn't stay sober.'" In an additional interview in 12/97, the subject also ...admitted to touching and putting his mouth on a 5 year old female's vagina over her clothing on one occasion when he was 18 years old." (1415)

Per NF's mother, he "Was 'trying sex' with a 15 year-old girl before new results of AISDs test to 'see if he was really homosexual.' -told by him to my sons." (358)

In a 6/98 evaluation, Mr. Taylor-Rose reported a similar history of sexual offending: "During the same age, 18, he had once placed his mouth on a 5-year-old girl's vagina over her clothing. Between 11/96 and 10/97 he had sexual intercourse with a 15-year-old girl and had sexual contact with a 12-year-old girl." (1423)

After his first arrest for sexual offending 10/97 it was reported that the victim's mother stated that Mr. Taylor-Rose "engaged in actively encouraging children to question their sexuality. She reports that at least four families in the apartment complex where she lives were affected by Taylor's urging children within those families to challenge parental authority in setting sexual boundaries. She states that Taylor frequently told younger males that it was up to them to decide whether they wanted to have sex with him, not their parents, and that he actively engaged in conversations about his sexuality with children perhaps too young to explore these issues." She reported "one instance in which he baby-sat two children of the ages 3 and

5. She states that Taylor got out the 'family sex toys' (e.g., dildo, etc.) and displayed and explained them to the children." (518)

On 7/99, at 21 years of age, the offender absconded from community custody and, after four days at large, was apprehended while in bed with a minor aged male (SP, age 15). In 2002, it was noted by his CCCO that: "He has engaged in grooming behavior of a minor male while on supervision for his child molestation, plying the intended victim with alcohol and money while discussing homosexuality with him. He told his cellmate when arrested, if law enforcement had arrived ½ hour later, he'd have been having sex with that boy." (1270)

In the current interview, Mr. Taylor-Rose was asked what he counted relative to his sexual offending history. He stated: "Robert, Junior, my cousin; Amy, the 12 year-old; Amanda, she was 15 and I had left Gary. One time we had sex in the older [F] brother's bed and [N]." The subject was asked about the boy who he was in bed with during his first absconding episode, [SP] and he replied: "If the police wouldn't have come, I would have." He was asked about his previous report that at age 18, he touched and put his mouth on a 5 years-old girl's vagina and he stated: "I don't know."

In the current interview, Mr. Taylor-Rose was asked about the reports that when he had lived with the [Fs] he had encouraged other children to be sexual. He stated: "That was just a rumor. I encouraged them to talk with me about sexuality. Like one kid was introduced to me by someone else as bisexual, so I explored with him about sexuality." The subject denied that he had ever displayed sex toys and explained to two children when he was babysitting them.

Other Criminal Offenses or Anti-Social Behavior:

Data from a variety of sources revealed that since childhood, Mr. Taylor-Rose has demonstrated significant behavioral difficulties, including aggressive and antisocial behavior.

Most recently, Mr. Taylor-Rose identified that the age of his earliest court appearance was age "14 or younger." (820) In 1/98, he reported having spent some time in Juvenile Detention in California as a runaway, and on charges of building prowling and assault on staff at a group home. (1412) Further, "I was very violent towards staff. I let my frustrations out by hitting the staff. I was arrested four or five times in two months for assault, and was put on probation for two years." (1410)

In the 2/98 PSI, "Taylor reports that, as a juvenile, he was convicted of three assaults and suffered juvenile court sanctions for these. He reports and his mother confirms that these assaults were on staff of the group homes where he was housed." (515)

Per a 2005 Offender Accountability Report (OAR), while at LaCheim "he reports he acted out his frustration by assaulting staff. he reports he was arrested 4 to 5 times in two months for assault, and was put on probation for two years." (1265)

Mr. Taylor-Rose in a 6/98 psychological evaluation indicated: "...when he was 13, c 1981, he was arrested for Prowling of a building in California for which he spent one weekend in juvenile hall. In 05/85, at age 16, he was arrested three times for physically assaulting female staff at a group home. He was sentenced to juvenile institution for several weeks and received one year probation." (1423) Per a 7/98 evaluation, "He has some juvenile legal history. He was arrested for assault three times in 1995 within a one-month period. He become (sic) assaultive when he does not get his way or he is frustrated. He throws things and hits people who make him mad." (1427) Per a 2/99 report, he also reported that he had "committed vehicle prowling and fraud." (1521) In an intake for his most recent incarceration, Mr. Taylor-Rose reported that in 1994-95 "I physically assaulted a home counselor with my hands & objects." He also explained "I picked up and threw a vacuum cleaner at a counselor." (789)

In reference to his behavior after leaving home, Mr. Taylor-Rose stated in the current interview, "I'm a very assaultive person. I'm a very angry person. I get angry and I act out my anger with assaultive behavior. At a group home, I threw a vacuum cleaner and I hit a staff twice who wouldn't leave me alone, I went to hit him, there was a window. The glass shattered, I cut my wrist, there was glass in his hair."

In the current interview, "I then ran away with someone I was dating. I got arrested at gunpoint for car prowling. Didn't actually break in, just suspicious behavior. I was also arrested for resisting arrest. Got them to drop charges but I got kicked out [of Yucca Boys Ranch]

On 7/99, at age 21 -just five months after his release from prison and completion of sex offender treatment- Mr. Taylor-Rose absconded from community custody. He failed to report for several days. Eventually, as noted, when he was apprehended while in bed with a minor aged male youth with whom he has indicated that he intended to initiate sexual behavior. The subject was convicted of Escape as a Community Custody Violator and sentenced on 10/26/99 to 4 months confinement (consecutive to his additional time for previous probation violation) and 12 months supervision. He was found guilty. (551) That sentence was converted to 240 hours of community service and then in 1/00 was converted again to 30 days in jail. (562)

On 3/5/01, the subject was arrested for Domestic Assault-4th Degree in Snohomish County; the charge was eventually dismissed in 7/01. (31) In the current interview, Mr. Taylor-Rose reported that this event involved: "I slapped Gary in the face with my MRT book. I was arrested and jailed for Assault-4 but Gary made himself unavailable by going to Sequim so they couldn't pursue charges."

In 6/01, Mr. Taylor-Rose again absconded from supervision and moved to Idaho. A bench warrant was issued for his arrest for probation violation. He was apprehended in Idaho and after fighting extradition, he was returned to Washington. On 6/28/02, he was sentenced to 96 days in jail but was released for days already served.

In the current interview, Mr. Taylor-Rose was asked about the second escape episode and how he was "apprehended." He replied: "Gary got made at

doctor's. The doctor called the police and eventually the police stopped us while we were driving. I gave them alias and my correct social security number. I fought extradition for three months. My lawyer told me to just keep fighting and it worked. The last day they could come get me, they did, in 6/02.

In 7/02, in Clallam County, while in jail relative to the second escape matter, Mr. Taylor-Rose was arrested and initially charged with two counts of Introducing Illegal Contraband into a Correctional Facility and Delivery of an Illegal Narcotic. The subject was incarcerated in the Clallam County Jail for escape a second time. His partner, Gary Rose, was sending Fentanyl (synthetic heroin) to Mr. Taylor-Rose by spreading the drug on paper and then letting it dry. He would then write a letter on the paper and mail it to the subject, who was informed on by his cellmate. Reportedly, Mr. Taylor-Rose was alleged to have been using the narcotics and trafficking them to other inmates as well. Several years later, the subject pleaded guilty to Attempting Introducing Contraband 2nd Degree. He was sentenced to 62 days (with 30 days converted to community service) on 03/18/05. (For reasons that are unclear, this incident that occurred in 2002 did not result in a conviction until 2005.) As part of the Judgment and Sentence, Mr. Taylor-Rose was ordered by the Court to obtain a "new" Substance Abuse Evaluation and to "successfully complete treatment recommendations or continue in DOC approved treatments." (600) Regarding the delay in the adjudication of this offense, in the current interview, Mr. Taylor-Rose stated: "I just fought it for 2 1/2 years until I was finally sentenced."

On 12/16/04, Mr. Taylor-Rose was arrested for Theft-3rd Degree in King County. Reports indicate that the subject claimed to be high on crack cocaine. He and three others went to eat in a restaurant in SeaTac. They left without paying and sped off. They happened to be stopped by local police for speeding and having no operating tail lights. The restaurant owner came to the arrest location and identified them as the suspects. In 12/04, he was convicted and sentenced to 350 days (suspended). (31) He apparently served 15 days in jail until he was tried and sentenced. (789)

Per records, he was arrested for Domestic Assault-4th Degree in 4/06. (80) In 6/06, Mr. Taylor-Rose was arrested in Clallam County for Possessing a Controlled Substance, possibly methamphetamine, and for Forgery. (31) He

apparently was convicted of Forgery and the other charge dismissed in 12/06. (104) He was sentenced to 90 days with 30 days converted to 240 community service hours of work. (105) In the current interview, Mr. Taylor-Rose was asked about this crime. He reported: "A buddy stole checks from his grandmother and wrote me a check for work I'd done. I went to cash the check. I panicked and left and left my wallet. I got arrested and convicted but I didn't do any time. I took a plea for probation."

In addition Mr. Taylor-Rose also has had several automobile and traffic infractions. In 10/00, he was cited for Driving with Wheels Off Road and Operating a Motor Vehicle without Liability Insurance. In 2005, he was again cited for Operating a Motor Vehicle without Liability Insurance; in this instance, he claimed that the vehicle he was driving was knocked out of park by his dog and rolled into another vehicle. The police were called and he could not find his partner's insurance card in the vehicle. In 2007, he was arrested for Following Too Close and for Speeding; in 2008, he was driving with an Expired License and in 2/09 for Speeding.

In addition to the various arrests for criminal behavior, Mr. Taylor-Rose has an extensive history of community supervision compliance problems, including escapes, failure to register, failed polygraphs and visits with his CCO.

Adult and Juvenile Dispositions: Treatment and Correctional History:

As noted, Mr. Taylor-Rose had a "residentially mobile, financially unstable, physically and mentally abusive home" with his mother and stepfather, Mr. Pierce. He was removed from his mother's custody at age 11 and made a ward of the state of California. Per a 2/98 report: "By the time Taylor was 11 years old and his mother got into recovery of her own, his use of alcohol, marijuana and cigarettes was extensive enough and his unwillingness to stop using was so great that she asked the state to help her control him in order that her own recovery not be jeopardized. She reports that she was under the impression the only way she could get help would be to make him a ward of the state, so that was what she did. He began a seven year series of placements in group homes after that." (515) Thus, "Between the ages of 11 and 14, Brian was placed in several different group homes in Northern California. On several occasions, alternative placements had to be found due

to his sexual acting-out behavior and tendency to run away. After a brief stay in a foster home in Antioch, California, Brian was placed at Serendipity Group Home in Sacramento, where he says he graduated from the group program after 10 or 11 months.” (1410) In a 7/98 report: “He described one incident when he wanted to run away from the group home he; was in. They were driving somewhere in a van and he just opened the door and jumped out on the highway. From the age of 10 ½ to 18, he was in 20 group homes. He reports that he got kicked out of all but two of them for sexual activities; with other boys in the homes.” (1426)

In the current interview, Mr. Taylor-Rose described his experiences once he was removed from his mother’s home at age 10: “First I went to Lionsgate, an emergency shelter. I was there for a while. I’ve been there three times. I went to a couple different group homes first, then back to Lionsgate. Then I went to a place up north, in Yucca Boys Ranch. There for a year, maybe a year and a half. I was kicked out of there for repeatedly sexually acting out and running away. I was messing around sexually with the other guys in the group home, around the same age. I then ran away with someone I was dating. I got arrested at gunpoint for car prowling. Didn’t actually break-in, just suspicious behavior. Also arrested for resisting arrest. We got them to drop charges but I was kicked out of that group home. Then I went to Serendipity in Sacramento. I was there for probably 1-½ years. That’s where I graduated from there –junior high- when I was like 16, that’s where I was on Haldol and Cogentin. There was a lot of sexual activity in that group home. I was kicked out of every other placement because of sexual activity... all peers. Also, my aunt died when at Serendipity and I developed a lot more behavioral problems. But I did my grieving and then I just followed the treatment plan so I could leave.”

Later in the current interview, Mr. Taylor-Rose reported: “I was kicked out of [the first group home] for repeatedly sexually acting out...I was messing around sexually with the other guys in the group home, around the same age...There was a lot of sexual activity in [the next] Group Home, I was kicked out of every other placement because of sexual activity

As noted earlier, at his age 13, the subject ran away from the state’s care and came to Sequim, Washington to live with his mother for 10 months. During this time, he attended Sequim High School for the remainder of 9th grade. According to his mother, in a 2/98 report, “This home placement ended when he was taken off his medications by his doctor and he almost

immediately displayed a series of behaviors which included running away and refusing to come home.” (515) It was further reported subsequently “Taylor spent some time at Kitsap Mental Health after being involuntarily committed after stating he was going to kill himself. This occurred during the time he was off medications. When he stated he was going to kill himself, he also struck his mother, by her and his report. She reported his threat and assault to Peninsula Mental Health, which initiated the involuntary commitment for his own safety, given his threats. Shortly after that, he was returned to the group home. His mother was unable to deal with his behavior when he was off medications.” (516)

Per a 1/98 report, while living in Sequim initially, “He was involved in individual and family therapy for a time to address his sexual fantasies about younger children, and eventually was placed at Toutle [Tudor] River to receive treatment addressing his sexual urges. Brian recalls, ‘I was there for 4 or 5 months and didn't get into treatment, even though I wanted to. I finally called my worker in California and said I wanted to get help. I went to Stockton and stayed with my grandmother for a couple months, and then was sent to LaCheim group home in Richmond, California. I was there for over two years, and finally started to deal with my sexual issues. But it took me a while, and I was very violent towards staff. I let my frustrations out by hitting the staff. I was arrested four or five times in two months for assault, and was put on probation for two years. After my last trip to Juvenile Hall I did better, and was transferred to the Step Forward Group in Concord. When I was 18 I asked my probation officer if I could get out on my own, and she OK'd it and took me off probation.” (1410)

According to a 2/99 report, “In 1992, at his age of 14, Mr. Taylor returned to Washington state to live with his mother. At that time, he reports being off of drugs and not running away from home. However, there were problems in the home, as Mr. Taylor did not want to follow his mother's rules. There were frequent arguments and on one occasion, Mr. Taylor called his mother a 'fucking bitch' and hit her in the arm, he then left the house. The police were called and Mr. Taylor was turned over to the Department of Social and Health Services. He spent 6 days in a psychiatric unit for evaluation.” (1520)

In the current interview, Mr. Taylor-Rose reported that when he lived with his mother in Sequim: “That’s when my deviant thoughts started toward my aunt’s daughter, she was 11 at the time.” He continued: “During that time I was seeing a counselor at the Boys and Girls Club, I was talking to him

about my deviant sexual thoughts about my female cousin, and about boys. In family therapy session, we talked to my parents about my deviant sexual thoughts.” Thus at age 13-14, Mr. Taylor-Rose recalls reporting a distinctive sexual interest in both male and female children.

In the current interview, Mr. Taylor-Rose stated: “During that time [in Sequim] I was seeing a counselor at the Boys and Girls Club, I was talking to him about my deviant sexual thoughts about my female cousin, and about boys. In family therapy session, we talked to my parents about my deviant sexual thoughts. That’s when it was talked about for me to go back to Group Homes, to go to Tudor River Boys’ Home in Castle Rock. I was there for a couple of months. I requested a transfer back to California, I wanted to go back to my grandma, because she couldn’t make me behave. And I didn’t.” Since he reported that he was specifically transferred to Tudor River Boys Ranch for sex offender treatment, he was asked about the nature of that treatment. However, the subject reported: “There wasn’t any sex offender treatment at Tudor or I didn’t get any. She eventually called my social worker. I was taken to LaCheim, it was group home, continuation to school, k-12. I graduated from El Cerrito branch. I didn’t get any treatment there either. Well, I got mental health treatment. I saw the psychiatrist, psychologist, and a therapist that I saw once a week for my ADD, my OCD, my depression.” He was asked in what ways his treatment at LaCheim was directed at his sexual deviance. Mr. Taylor-Rose stated: “I talked about sexual stuff towards the end, the sexual abuse in my family, a point in time when my father [biological] wrote me letters about wanting to see me. I talked about my anger, I talked about sexual acting out with other residents, I talked about my sexual thoughts to minors.” The subject continued: “I was there for 2 ½ years. I got there in September of ’93. The original charge was Assault with a Deadly Weapon for vacuum cleaner, because she blocked it and broke her wrists. Then three assault plain charges. I got probation ‘til 18. There was very little time in juvenile hall, just for the car prowl and then the assaults.”

Mr. Taylor-Rose was asked about the nature of Step Forward in Concord, California. He stated: “I don’t know, that’s not familiar.” Later, he remembered and identified that placement as “In Martinez...that was the transitional housing after high school.”

Per records, Mr. Taylor-Rose "recalls that he became concerned about his thoughts and fantasies about young children while living in the last group home in Richmond, California. He discussed his concerns with his therapist, who placed him in a group which dealt with sex offense-specific issues." (1413)

Later in the current interview, the subject claimed that "In the last group home in Richmond, that's when I became concerned about my thoughts and fantasies about young children, so they placed me in a group to deal with sex offense specific issues. Oh, I think that was Step-Forward, they did that. My therapist, I was telling him about the thoughts. I wanted to get help."

According to a 2/99 report, "He participated in several months of sexual deviancy treatment at approximately age 15. He reported to his therapist that he fellated the penis of his 18 month old cousin and engaged in fantasies about sexual activities with young children." (1524) This apparently refers to sex offender treatment that occurred after he left Sequim."

Per reports, Mr. Taylor-Rose "had numerous contacts with mental health professionals while living in group homes, although he admits that he was often resistant to therapeutic intervention until his late teens. He does not recall having been placed on any psychotropic medications except for a period between 1995 and 1996, when he took 75 mgs of Haldol four times daily to alleviate symptoms of what he believes was diagnosed as an obsessive-compulsive disorder."

The subject reported in a 6/98 report: "While he was in the group homes, he was placed with group that had sexual offense issues." (1423)

According to a 2/98 report, "Taylor has been involved with Alcoholics Anonymous and Narcotics Anonymous for some time. Despite this exposure, he does not seem to have grasped the basic principles of either program as regards responsibility for one's own choices. At this time, he is focused on finding the 'why' of his behavior rather than on the 'how to change' his behavior. He needs to be encouraged to cease seeking to blame and to begin seeking to change...Taylor has been involved in substance abuse treatment, most recently spending a couple of weeks at SPARC in Spokane. He reports he was ejected from the inpatient program because of his sexuality, stating the counselors couldn't deal with his sexuality, but his

mother reports that she was told that his unresolved issues of anger and confusion over his sexual identity were substantially interfering with his ability to focus on substance abuse recovery work. She states that the treatment facility felt he would not be able to focus on recovery from substance abuse until he dealt with some of his other issues regarding his sexuality and anger. She reports that SPARC referred Taylor to Peninsula Community Mental Health to deal with his sexuality and anger issues.” (517)

At the time of his PSI in 2/98: “Taylor expresses a desire for treatment to deal with his impulses toward younger children. He states he is not happy about his, desire for and arousal to children. While he presently is focused on why he is this way, this is not uncommon for untreated sex offenders at this phase.” (517)

Both a 1/98 Psychosexual Evaluation and a 2/98 PSI found that Mr. Taylor-Rose was an inappropriate candidate for SSOSA sentencing options. The latter stated: “I consider Taylor's chances of success of a SSOSA option at this time to be minimal to nil. His substance abuse history is so long and so extensive, that just staying clean will be a tremendous challenge for him upon release. A confinement of six months, then release directly back into the community is likely destined to result in his inability to comply. Taylor, himself, acknowledges this likely outcome...If sentenced to prison, however, the confinement time, while not extensive, can serve to expose him to classes in substance abuse and living skills, as well as anger management, all of which can provide a healthy foundation for segueing back into the community.” (1418, 519 respectively)

After his first sex offense conviction, Mr. Taylor-Rose was incarcerated in the Washington Department of Corrections (WDOC).

In 6/98, the subject was interviewed for case management and other matters. He was seen as “cooperative and yet somewhat evasive.” Mr. Taylor-Rose voluntarily agreed to stay to max to do sex offender treatment

In 1998, the End of Sentence Review Committee aggravated the subject's status from a Level I sex offender to a Level II.

He was transferred to the Twin Rivers Correctional Center (TRCC) and entered the Sex Offender Treatment Program (SOTP) on 6/30/98. As a result of a limited sentence, the subject completed approximately 7 ½ months of sex offender treatment; he was regarded as having completed the SOTP on 2/11/99 when he was released back to the community. (1519) M. Christopher was his therapist and authored a Treatment Summary in 2/99, which combined both a treatment intake and a report of his progress and prognosis related to sex offender treatment. It should be noted that Chronos indicate that Mr. Taylor-Rose's "Program end was due to successful completion."

She wrote: "Mr. Taylor has demonstrated an intellectual understanding of his offence cycle. Problem areas for him include, environmental stability, alienating his support by being argumentative and aggressive, **entitlement**, drugs and alcohol and associating with peer group older or younger than himself (older by approximately five years). Also problematic is his sexual preoccupation and the impact on his relationship and his deviant arousal. Mr. Taylor has, with help, been able to identify his risk situations and has been open in talking about his problem areas. His ability to intervene on his behaviours on a consistent basis is inconsistent." (1519)

Further, Ms. Christopher wrote: "Mr. Taylor has participated in approximately seven months of treatment. Mr. Taylor was given a relatively short sentence...Mr. Taylor's time in treatment was cut short. He was accepted into treatment with an understanding that he would be here for less than nine months...Based on intake testing initial goals established for Mr. Taylor included: anger management, emotion regulation training, relapse prevention training, critical thinking and arousal training...Mr. Taylor's participation and progress in treatment has been inconsistent. He has generally been very open about his problems *however, became resistant when he was confronted on the lack of corresponding behavioural change.* He slides into victim stance, blaming others for his problems, looking for shortcuts to solve his problem and staying focused on what he did or did not want to do. Mr. Taylor's pattern in treatment would be to start off highly motivated for treatment, openly discussing problems regarding anger, sexual arousal and impulsivity. He would work with the group about the problems. When given feedback he frequently became defensive and withdrawn. He would return to the group the next day and apologize for his behaviours. He would be given assignments and skill training to help him with the problem

areas. *Either the assignments would not be completed or would be completed haphazardly.* Mr. Taylor would withdraw from the group, making only one or two comments during the group sessions. When Mr. Taylor was confronted on his behaviours, he would do his assignments and make a more concentrated effort. He would discuss his behaviours with the group. Generally after approximately two weeks, this cycle would begin again...Although he was given numerous assignments to help him work with [anger management] and to plan interventions, *Mr. Taylor would generally only work on the assignments for short periods of time before quitting.* At times, he just didn't do the assignments at all stating either that he didn't want to or that he didn't see the point. *Evidence of his magical thinking was that although he could not manage to provide himself with structure in the institution, he felt that once he was in the community that it wouldn't be a problem for him...*

The same pattern is evident regarding his sexual arousal. Mr. Taylor has deviant arousal and is fairly open about this fact. He did well discussing this with his mother (as it relates to his having no contact with his younger brother). He also acknowledged having deviant fantasies approximately 10% of the time upon entering into treatment. *When asked to monitor his arousal to help him identify the early stages of arousal and intervene more effectively, Mr. Taylor stopped doing the assignments after several weeks. He states that he does not have any problems controlling his deviant fantasies...*

Regarding his impulsivity, Mr. Taylor continues to struggle. He becomes angry when □ problems are pointed out to him. He looks for quick fix solutions. He tends to use emotional □ thinking more than logical processing i.e. he tends to act on what he feels. He has made progress decreasing his physical acting out (aggression) however, continues to struggle controlling his □ verbal aggression (swearing, sarcasm, throwing things etc.). Sexually, this continues to be a problem as demonstrated by his resistance to giving up 'dating' while in the institution. *Mr. Taylor frequently resorts to magical thinking. That is, he believes what he wants to believe despite all evidence to the contrary...*

In summary, Mr. Taylor did well in treatment in that he has a good intellectual understanding of his problem areas and relapse prevention. He has improved in being able to detect and control his hyperkineticness and his anxiety levels. He has become better able to talk to others about his

problems and work through his emotions. *The treatment team has continued concern regarding Mr. Taylor's reliance of others to initiate his use of interventions. Also of concern is the lack of follow through that he has demonstrated in regards to working on his problem areas consistently. Although Mr. Taylor has demonstrated good insight into his problems as described in this summary, his ability to anticipate, monitor and manage these problem behaviours has been very inconsistent.*" (1525-1526, emphasis added)

While he was incarcerated from 1998-99, "Mr. Taylor admits that he has been involved in numerous 'relationships'. He states that he has never been physically sexual while incarcerated but that he and his 'partner' do engage in sexual talk. Although he initially denied being involved with anyone in treatment, after approximately 1 ½ months in treatment Mr. Taylor stated that he was 'dating' another treatment participant. Since that time, Mr. Taylor has engaged in three other such 'relationships', generally not lasting for longer than a period of a month." (1524)

At the time of his release from the WDOC, the SOTP discussed his apparent release plans and issues. It was noted that Mr. Taylor-Rose was releasing to Port Angeles and was moving into a 'Clean and Sober' boarding house. It was recommended that there be no contact except in public places with the subject's much younger brother due to Mr. Taylor-Rose's admission that he was sexually aroused to his younger brother. It was known that the subject's mother and step-father "have agreed to not talk about his sexual orientation as Mr. Taylor states that they do not approve of homosexuality." The subject had plans to attend Alcoholics Anonymous. In addition, "Mr. Taylor also reports that he plans to attend the community phase of the Sex Offender Treatment Program. There may be some problem with transportation as the closest group offered is either in Bellingham or Seattle. Mr. Taylor will need to make this a priority to attend. He will find it easy to stop attending maintenance treatment if it is inconvenient. Regarding supervision, Mr. Taylor may have some difficulty adjusting to the restrictions of supervision. The treatment team recommends that initially extra time be given so that a positive relationship may develop between Mr. Taylor and his: community supervisor. Mr. Taylor tends to be distrustful of authority. Expectation, obviously, should be clearly outlined and followed up on quickly and consistently if he is in violation. Mr. Taylor tends to be very impulsive. When he makes requests, it is helpful to have him outline precisely what it is that he wants, the steps to attain his goal and the consequences of his

behaviours. The treatment team also recommends that Mr. Taylor participate in in-depth substance abuse treatment as well as be required to submit to random urinalysis. Polygraphs may also be helpful. Mr. Taylor's interpersonal relationships should be an ongoing treatment issue.” (1528-1529)

As noted, Mr. Taylor-Rose had a sentence for 36 months of community supervision; it was expected that he would complete such supervision in approximately 2/02. That turned out not to be the case.

The subject's CCO for the times that he lived in and around Port Angeles and in Clallam County was L. O'Brien-Hooper. In 3/99, she wrote that “At this time, could benefit from updated psych profile, I believe, attitude and orientation completely antisocial, hedonistic and self-centered. Resents rules, system CCO, if everyone would just leave him alone he'd be fine.” (313) He was placed on an active job search and “no more casual driving.”

Less than two months after he was released from incarceration, Ms. O'Brien-Hooper filed a Violation Report (VR) regarding Mr. Taylor-Rose. On 4/09/99, a VR was completed for consuming methamphetamine, heroin and marijuana, failing to report on 4/22/99, failing to maintain travel log since 4/01/99, failing to maintain a mileage log since 4/01/99, failing to maintain a job search log since 4/01/99. On 5/07/99, a hearing was held at Clallam County Superior Court and Mr. Taylor was found guilty of failing to report, failing to maintain a travel log, mileage log and job search log. Mr. Taylor was sanctioned to 90 days confinement. (1192)

On 6/23/99, a WDOC hearing was held at the Clallam County Jail, the subject was found guilty of failing to maintain a DOC approved residence and he was sanctioned to 45 days confinement. (1192)

As noted, in 7/99, Mr. Taylor-Rose violated community custody and absconded from supervision. A few days later, on 7/16/99, he was arrested by local police. He was found in an apartment with a 15-year-old male, SP (308) that was identified by Ms. O'Brien-Hooper as a violation, “That Taylor is prohibited from being in the presence of juveniles.”

SP reported that while lying on the bed Mr. Taylor-Rose "...ruffled his hair a few times and nudged him w/arm or elbow on arm/shoulder, but no never sexual advances were made." (308)

That month, on 7/19/99, a Report of Alleged Violations was completed for failing to maintain a WDOC approved residence since 7/12/99, escape from community custody since 7/12/99, having unauthorized contact with a minor on 7/16/99, failing to submit to urinalysis testing on 7/17/99, and failing to register as a sex offender since 7/12/99. On 7/21/99, a WDOC hearing was held at the Clallam County Jail and he pleaded to and was found guilty of all five violations. Mr. Taylor-Rose was sanctioned to 180 days confinement. (1192)

In early 2000, the subject and his partner, Mr. Rose, were identified as investigating a move to King County. (305) In 1/00, it was noted that Mr. Taylor-Rose was considered for the possibility of having committed "a recent overt act" such that he could be considered for civil commitment as a SVP. However, because SP reported that the subject did not touch him sexually, there was little possibility of pursuing that path. (304) By 1/00, the respondent had pleaded guilty to Escape and the Failure to Register charge was dismissed as part of a plea bargain. (304) In 3/00, Mr. Taylor-Rose started SOTP aftercare in Clallam County as a condition of his community supervision. In 3/00, he was confronted that he had, again, failed to register either at an address or as homeless. (301) Later that month, he reported that he saw his 5 year-old half-brother in a store and gave him a hug despite a no contact order as a condition of supervision. (299) Per a 4/00 Chronos his assignment for aftercare was seen as done in "his" "haphazard and cursory wary;" the subject was noted to be "narcissistic and immature, using lots of group time to talk about his affairs" although he was seen as showing "some growth." (296) In 5/00, Per Ms. O'Brien-Hooper it was noted that based on the subject's "poor (minimal) efforts in Tx, his increased fantasies, his lack of effort so far and general risk to children it would inappropriate to have at a public park even for the AA roundup." (295) Later in 5/00, his group leader, N. Johnson warned him to start working in sex offender treatment "or else," and he was again in viewed "as narcissistic and immature and wasting a lot of group time while he postures about his sexual orientation being at the root of his emotional problems." He was viewed as at risk. (294) He was provided some individual sessions and by the end of that month was seen as showing improved group participation. In 6/00, Mr. Taylor-Rose "stated

that he wants to reduce deviant thinking but he is still looking at young looking models/movie stars off the computer...[was] told that this won't help him reduce deviant thoughts." (290) In 7/00m, it was reported that the subject "is spending hours/week in chat rooms. This leads to sexual talk and propositions for sexual acts with other [per subject] adult homosexuals. P agreed that this is risky behavior and needs to change." He was warned that his Internet use needed to be supervised by Mr. Rose or he would lose Internet access and/or computer. (287) In 7/00, he was confronted by his failure to pay his LFOs. The next month it was noted that he was still not working and living a "lay about life." In 9/00, Mr. Taylor-Rose was still attending Phase III groups and "admitted that he lacks internal controls. His interventions against risks to reoffend all really on other people." (280) Around this time, the subject and Mr. Rose were acting on plans to move to Snohomish County. (279) In 11/00, "He admits...he's been looking at adult porn and being in chat rooms. Admitted he was in a teen chat room for 10-15 seconds" and "Has recently been involved with a gay chat room. H stated he has no way of knowing their age though." He was told "he is not to use chat rooms at this time." (276) At this time, he told his aftercare group that he would be starting private sex offender treatment with E. Hopp in Everett. It was noted that attending a disco, leaving the county and issues of porn had come out in a polygraph and he as blaming his treatment group and leader "for being too tough on him." (275) His CCO made a home visit to check his computer for pornography; however, the subject claimed that his computer was broken and that he had been using a roommate's computer but did not ask the roommate for permission to investigate that computer. (274) BY 12/00, Mr. Taylor-Rose was noted to have missed several groups and had not reported. (273) In 1/01, he reappeared and stated that he wanted to move back to Port Angeles. He reported a plan for residence but when that was checked it was apparently false. (268) For another three months, there were continuing issues about his claims of residence and failure to confirm those by Ms. O'Brien-Hooper. In 3/01, the subject was arrested for Assault-4th Domestic Violence in Monroe. (252) In 4/01, she attempted to arrest Mr. Taylor-Rose and he was told to turn himself in. (262) That month, he was arrested for Failure to Reside at Approved Residence. (261) He was also charged for Failure to Pay his LFOs.

On 4/26/01, a Report of Alleged Violations was completed for failing to reside at a DOC approved residence on 4/16/01. On 5/2/01, a DOC hearing was held at the Clallam County Jail for failing to reside at a DOC approved residence since 5/16/01, escaping from community custody supervision

since on or about 5/16/01, and failing to comply with sex offender registration laws since 5/17/01. Mr. Taylor-Rose was found guilty for failing to reside at a DOC approved residence and was sanctioned to 35 days confinement in Clallam County. (1192, 258)

As noted, in 2001-02, there was a No Contact order related to Mr. Taylor-Rose and Mr. Rose, apparently secondary to the Domestic Abuse charge against the subject. (1268) Per his CCO, "Taylor does not want to acknowledge his risk to reoffend and that makes him dangerous. He has surrounded himself with a support system equally in denial." (1270)

In 2001, his CCO observed that the subject "has a total attitude of self-gratification and hedonism. He disregards those conditions placed upon him to keep him safe in the community, absconded supervision a year ago and continues to resist supervision...He had multiple past violations of his supervision, including contact with and grooming of minors and use of drugs and alcohol. His attitude of defiance continues." That year it was also noted that the subject again escaped from community custody and remained at large for over one year. He was arrested in Idaho and placed in the Valley County, Idaho jail. He fought extradition to Washington for over a year (1270) and only was returned to Washington when a Governor's Warrant arrived on the day that he was to be released from jail as a fugitive. (540)

In 5/01, it was reported that when he was released from jail he had absconded and an escape warrant was issued.

Per his CCO in 2002, his activities in the previous year "involved no job search effort and large amounts of time feeling sorry for himself...His attitude and behaviors are certainly those of an addict/alcoholic and he continually blames others for his problems, using statements such as 'if they'd' just leave me alone, I'd be ok.'" (1268-69) Further, relative to his drug charge in 2002, it was noted that his involvement in smuggling of synthetic heroine was indicative of a possible ongoing dependency for prescription painkillers. She noted that Mr. Taylor-Rose also showed the behaviors characteristic of Anti-Social Personality Disorder along with a victim stance towards life. (1269)

In 3/02, Mr. Taylor-Rose was apprehended in Valley County, Idaho after 10 months after he had escaped. Per records, McCall hospital called the police when a person tried to obtain some drugs in a suspicious manner. On 5/14, a Washington Governor's warrant was issued after the subject was "refusing to waive extradition and will be 'fighting it in every way.'" (253)

In 7/02, he was charged with three allegations and found guilty of three allegations; Mr. Taylor-Rose was sentenced to 120 days in jail in Clallam Count. (251)

In 10/02, the subject and Mr. Rose were charged with Attempting to Introduce Contraband-2nd Degree in Clallam County; he was released on his past sanction and re-arrested for the new charge. Apparently, there was still a no contact order from the Domestic Assault charge from 2001. (249)

On 1/29/03, a Report of Alleged Violations was completed for having direct contact with a minor female on 1/20/03. On 2/4/03, a WDOC hearing was held at the Clallam County Jail for having direct contact with a minor female on 1/20/03. Mr. Taylor-Rose was found guilty of the violation, and was sanctioned to 25 days confinement. (1192)

In 2/03, Mr. Taylor-Rose obtained permission to move to Seattle to care for Mr. Rose who was then dying from AIDs. (244) For the next several months, there are multiple issues reported regarding obtaining and maintain housing. D. Davis court became the subject's assigned CCO.

Mr. Taylor was referred and began participating in phase 3-SOTP in 5/03. On 5/19/03, Mr. Taylor signed the SOTP Community Treatment Consent Form agreeing to comply with all rules, content, confidentiality, expectations, and possible negative consequences of treatment. *Mr. Taylor specifically agreed to not observe (visually and/or auditorially) sexually stimulating material (as defined by his therapist.)* Mr. Taylor also agreed to give the following to his CCO: his name, password/address, credit card number and universal record locator and all clients will agree to permit the Department of Corrections to look into their computer.

In 6/03, the subject started "SOTP aftercare" at King Count; it was noted that he was participating as a result of a violation. His Contraband charge was noted to still be pending. He was starting to attend AA/NA again and appeared to be looking for jobs, albeit unsuccessfully. (227) In 9/03, Mr.

Taylor-Rose and Mr. Rose got into an argument and the subject was asked to move out of their residence. In the fall of 2003, Mr. Taylor-Rose consistently reported that he did not experience any deviant sexual ideation or arousal. (218)

During this period of supervision in King County, Mr. Taylor was given periodical polygraph examinations approximately every 3 months, to assist in monitoring his compliance with treatment requirements and conditions. During his previous polygraph examinations, Mr. Taylor did not disclose any information that would be a new violation of any condition and was not found to be deceptive about any behavior or treatment conditions. Mr. Taylor was allowed to attend SOTP group every other week. In 1/04, he did not attend a polygraph that was scheduled allegedly because he fell asleep. (214) In 2/04, the subject reported that he and Mr. Rose were seeking permission to travel to California to get married. However, the next month, Mr. Rose had asked him to leave their residence and would not let him use his van. (207)

In sex offender treatment in 3/04, he revealed that he had participated in ".comsex" "similar to phone sex but over the Internet with monitors so you can view the other persons...Offender was give feedback that this was not appropriate for somebody who is trying to work on sexual deviancy." (206) In 3/04, Mr. Taylor disclosed in group that he was seeking a relationship with someone his own age and *talked about in the past he had engaged in sexual activities over the Internet*. He was told these activities were not appropriate behavior to engage in. Mr. Taylor was reminded that before any sexual relationship could begin, he would need to disclose to the person and had to have the SOTP group and SOTP treatment provider approve the sexual relationship prior to engaging in any sexual behavior. Furthermore, casual relationships were not appropriate as well. Later that month, Mr. Taylor reported in group that he had previously been given permission by his CCO Port Angeles to view adult pornography and participate in adult chat rooms. At that time, his group leader reviewed with the group what was defined as pornography and that he cannot view sexually stimulating material. Mr. Taylor was instructed by his Seattle group leader to turn over any and all pornography or pictures that were sexually stimulating material to his CCO. The group leader contacted Mr. Taylor-Rose's current CCO and then contacted his previous group leader and CCO from Port Angeles, who both reported that *Mr. Taylor was never granted permission to view adult*

pornography and was only allowed to access chat rooms and the internet under the direct supervision of Gary Rose. (1194-95)

On 1/21/04, Mr. Taylor-Rose signed a Department of Corrections Notice of Violations/Stipulated Agreement admitting to failing to participate in a polygraph examination scheduled on 1/14/04, and failing to pay towards legal financial obligations since 12/31/02. The subject agreed to attend a polygraph examination scheduled on 1/28/04 and make a \$5 payment towards his legal financial obligations within 30 days. (1192)

In 4/04, a VR was filed by D. Daviscount (the subject's then CCO from the Seattle area) alleging that Mr. Taylor-Rose Failing to abide by conditions of sex offender treatment by possessing/viewing pornography since before 04/07/04. The subject had been granted permission to use his partner's computer and to access the Internet (under the direct supervision of Gary Rose) to participate in a correspondence class, which would be conducted over the Internet. Mr. Taylor was informed that as long as he was following his treatment program requirements and the restrictions regarding the use of the Internet, I would continue to allow him to use it under the direct supervision of Gary Rose.

Per a 2004 records, Mr. Taylor-Rose "appears to have spent the majority of his time in chat rooms and other non-prosocial activities which were discovered through routine polygraph examination." At the time, the subject was still involved in Phase 3 of SOTP.

In 2004, Mr. Taylor-Rose and his partner, Mr. Rose, moved to housing in South Seattle (e.g. King County) that specialized in assisting people with serious medical issues and the subject served as his partner's health caregiver. Later, they moved to a house in South Seattle that was in close proximity to a gang/drug hot spot. (1268) That year it was also noted that the subject "continues to try and manipulate supervision and his treatment counselor. He is impulsive and does not respond well to constructive criticism. He continues to engage in behavior deemed risk despite potential consequences and is in denial about his offense cycle or the severity of his behavior." (1270)

On 4/07/04, Mr. Taylor participated in a periodical polygraph examination that was conducted by R. Littlejohn. His current CCO submitted a list of thirteen additional questions regarding Mr. Taylor's use of the internet both supervised and unsupervised by Gary; which included the use of accessing singles web sites, chat rooms, and downloading pictures of both partially dressed and undressed individuals. *During the pre-polygraph interview, Mr. Taylor admitted the most serious thing he had done since his last polygraph, was access chat rooms and view adult pornography, which he had already disclosed to his treatment provider and his CCO.* The results of the polygraph indicated Mr. Taylor was being deceptive in regards to his use of the Internet and regarding photographs that were removed from his computer. The results of the polygraph were inconclusive regarding the question about sexual behavior that would violate his probation or treatment. Mr. Littlejohn indicated that based on numerical evaluation of the polygraphs produced by Mr. Taylor that it was his opinion that Mr. Taylor was attempting deception to the questions asked. Mr. Littlejohn attempted to give Mr. Taylor an opportunity to explain possible reasons for his failure. However, Mr. Taylor denied that he had removed any pictures from his computer. He had also denied downloading pictures. *When asked again, Mr. Taylor admitted to downloading pictures from the chat rooms.* Mr. Taylor indicated they were not pornographic, but did admit to Mr. Littlejohn that he masturbated to the pictures usually right away and not later. Mr. Littlejohn prepared an addendum for Mr. Taylor to give a written explanation regarding the questions Mr. Taylor was deceptive about, but when the clipboard was handed to Mr. Taylor and he was asked to write his explanation, he looked at the paper and then threw the clipboard across the desk at Mr. Littlejohn's computer, lodging it between the laptop keyboard and screen. Littlejohn then summoned the CCO to the room where the polygraph was being completed. The subject stated that he "knew he was going to fail his polygraph and go to jail anyway." *Mr. Taylor admitted to accessing adult pornography web sites and had viewed adult pornography. Mr. Taylor also admitted to accessing singles web sites and had corresponded with others and downloaded pictures of some of those individuals.* Mr. Taylor maintained he was granted permission from his CCO from Port Angeles to view adult pornography but the CCO denied ever granting permission. (emphasis added) Mr. Taylor-Rose's current CCO then conducted a search of the computer at the subject's residence. His partner, Mr. Rose admitted he had deleted some files from the computer trying to get rid of anything that might have gotten Mr. Taylor in trouble. Nonetheless, the CCO observed approximately 500 pornographic pictures. They consisted

of various adult males and females engaged in various acts of sexual behavior. He also observed pictures of adult males both fully clothed and partial clothed that appeared to have been obtained from singles web sites or chat rooms. Given Mr. Rose's admission that he had deleted material that might cause trouble for his partner, Mr. Taylor-Rose the CCO did not find any pictures that were of minors or exhibited violence. (1195-96) Later, the subject confirmed that Mr. Rose had erased the hard drive once he found out that EWDOC might come and check the computer." (202)

In 4/04, per Chronos, it was noted: "Offender ended 'SOTP Aftercare' at King County. Program end was due to willful failure to participate refusal or unjustified failure to attend reqd sessions." (203) Mr. Davis court recommended that Mr. Taylor be sanctioned to 30 days confinement.

Later in 4/04, Mr. Rose called the WDOC and stated that he wanted Mr. Taylor-Rose "out of [his] residence." (198) In 5/04, the subject was informed that he needed to support himself as opposed to relying on the possibility of receiving funds from Mr. Rose. (196)

In 5/04, Mr. Taylor-Rose was apparently re-enrolled in SOTP aftercare. (193)

According to a Discharge Summary from Community sex offender treatment or Aftercare, the subject completed the program on 8/13/04. Per the report: "Treatment Goals: 1 .Develop and implement interventions to minimize and control risk of future sexual offense. 2.Avoid using drugs and alcohol as a means to escape reality or to self-medicate. 3. Develop pro-social supports through family, friends, co-workers, etc. 4.Obtain stable employment and housing.

Progress Made on Each Goal: 1: Mr. Taylor demonstrated progress in developing intervention strategies to minimize risk of future sexual offense, via self-reports, avoiding old friends, recognizing and avoiding old and new risk situations. 2: Mr. Taylor implemented interventions towards the goal of avoiding drugs. He struggled with substance use upon his initial release from prison and for a couple of years afterward, however, was able to successfully avoid the use of drugs during the last year of his supervision, with the support of community support groups such as Narcotics Anonymous and

Alcoholics Anonymous. 3: Mr. Taylor showed some progress in identifying and implementing appropriate intervention strategies to avoid contact/development of relationships with minors. He gained support via group members, DOC, family members, as well as other pro-social relationships within the community. 4: Mr. Taylor was able to obtain stable housing with a friend and was receiving financial assistance from the Social Security Disability.

Description of Management Problems: Mr. Taylor has struggled with complacency, entitlement, substance use, and lack of motivation, making him difficult to work with.

Description of Risks: Mr. Taylor's risk to re-offend would increase should he lose his financial assistance, stable housing, and return to substance use.

Successful Management Strategies: Mr. Taylor's maintenance of a knowledgeable support network and remaining vigilant towards his identifications of risks and intervention strategies are important to his success.

Progress in the Community Treatment (issues addressed, quality of participation, progress/problems noted): Mr. Taylor has identified that continued substance use, unstable housing and a parasitic lifestyle will increase his risk to re-offend. He has developed a pro-social support system that, when utilized, mitigates his risk to return to his sexual deviancy.” (1531)

Further, it was noted that, relative to criminogenic needs, that Mr. Taylor-Rose “has a strong foundation for maintaining a positive lifestyle, but must remain vigilant about his intervention;” “has the ability to identify potential high risk situations and utilize appropriate intervention strategies to mitigate any risks, should he choose to do so;” “had difficulty maintaining an alcohol and drug free lifestyle at the beginning of supervision, however, was able to maintain a clean and sober lifestyle for approximately one year. Should he return to substance use, his risk to re-offend increases substantially;” and “has demonstrated the ability to identify high risk situations and has developed appropriate intervention strategies to mitigate potential risk, should he choose to utilize these interventions.” It was noted among Violations of Treatment Expectations or Court Order that “Mr. Taylor has had several violations during the course of supervision, which included

consuming controlled substances, having contact with minors, failing to report for supervision, possessing pornographic material and failing to comply with SOTP community treatment. As a result of this behavior, it took Mr. Taylor 5 1/2 years [66 months] to complete 36 months of community placement.”

Per a Chrono from 10/04, Mr. Taylor-Rose “called, inquiring about drug treatment, states he slipped back to using drugs and is getting in over his head.” It was suggested that he contact the VA; he was also warned to stop loitering at a particular place.

Chronos through 2005 indicate that the majority of Mr. Taylor-Rose’s urinalyses (UAs) were negative despite other evidence of his ongoing drug use; in part, because he had obtained prescriptions for painkillers, he would sometimes produce positive UAs, which he would explain as caused by his prescribed medications.

In 1/05, the Clallam County Sheriff’s Office classified Mr. Taylor-Rose as a Level III sex offender. In 6/05, per Chronos, he reported that his income was still GAX, he was applying for SSI and was getting some work through a temp agency. (181) In 8/05, it was noted that Mr. Taylor-Rose had a “new love interest named Brandon Smith.” (180) In 11/05, it was noted that he received an intake for chemical dependency at Clallam Counseling and it was indicated “He needs a year of treatment.” (178) Later that month, he had apparently consumed alcohol and received a reprimand from his CCO and that if it happened again he would be violated. (177)

In 2/06, Mr. Taylor-Rose reported to his CCO and “He admits to using meth for the last month and has used eth at least 7 times during that period. He was never caught and had negative urinalysis test...He admits that his relapse behavior was escalating to the point that he ingested it by IV route the last two times.” (176)

In 3/06, Mr. Taylor-Rose still had Legal Financial Obligations that were unpaid of approximately \$1400.00. (1274) He tested positive for THC at that point

In 7/06, the Yakima County Sheriff's Office classified Mr. Taylor-Rose as a Level II sex offender.

In 9/06, it was noted that the subject was still working on getting into inpatient treatment and that the current plan is to send him to detox for methadone use and then place him directly into inpatient CD treatment. (173)

That same month, a resident of the RV park reported to Mr. TR's CCO that the subject was apparently living was reported by a fellow resident to be engaging in what [the man] considers stalking behavior toward a 21 y.o. man named Kyle who also lives in the park. P sending emails, voice mails, text msgs., letters, etc. Kyle has told P he is not interested and to leave him alone but P is not listening. Other neighbors claim they've seen P looking into their windows at night and prowling their trailers." (171)

In the current interview, Mr. Taylor-Rose reported "I had relationship with Kyle. I broke up with him over the phone. I don't know why he would have complained. It was just sex between us."

In 1/07, it was noted that Mr. Taylor-Rose had been living in in a park and apparently had not been working. It was noted that the Sequim Senior Center had been willing to have him work but he hadn't worked much and was seen as "blaming his previous sex offense for making sites unavailable." (171) The last note in the Chronos is from 7/07 indicating that he had a future review. Apparently, at this point in time (e.g. 7/07) Mr. Taylor-Rose was officially off of community supervision.

In the current interview, Mr. Taylor-Rose was asked about his various problems on conditional releases and he stated: "Lourene, she was out to get me. The other guy [Davis court], he only jailed me when I failed polygraph. I lied about computer and when I was asked to explain, I threw the clipboard at polygraph guy." He was asked to explain, why he had so many violations during his period of community supervision. He replied: "At the time, I didn't think my crime warranted all the crap that I was going through. I'll tell you it was bullshit. The drugs and alcohol, the people I was hanging out with, I wasn't ready to be in the community and do what I needed to do. I really didn't appreciate it my freedom and I took advantage of it."

After Mr. Taylor-Rose eventually completed the requirements of his supervision from his 1998 conviction, he was no longer supervised by CCOs. As a result, there are limited records from this period of time. Further, no PSI was commissioned after his 2009 conviction so no summary of his activity after 2007 was available.

In the current interview, Mr. Taylor-Rose reported that after Mr. Rose's death: "I was using, living on GAU. I was off probation. At some point I decided to go to treatment. I went to Yakima, a place called James Oldham. It was 28 days. It went good for a while, I got out, I got back with Brandon but I started using again and things got bad. Brandon moved to Atlanta and that ended." He reported that his grandmother moved up from California to live with him in a trailer park home. The subject reported: "There was a lot of using, mostly meth. I wasn't a good grandson. She lived with me for much of that time, in different places. Then she had a mini-stroke, dementia, Alzheimers...it just got to point where it was too much for any one person, so my mother took her to her house."

In 5/08, Ms. O'Brien-Hooper began making notes in the Chronos about reports regarding members of NA reporting potentially problematic behavior between Mr. Taylor-Rose and children at NA meetings. Per a WDOC document prepared in 2011, regarding the time before his 2009 sexual offense "...numerous complaints were made by members of Taylor-Rose's Narcotics Anonymous meetings in regards to his behavior with their children. He reportedly consistently engaged the children in conversation and attempted to establish social relationships with the children's parents. Taylor-Rose was repeatedly told of his need to attend closed meetings where children were not present; however, he persistently chose to attend open meetings."

More specifically, on at least two occasions at least three members of NA contacted Ms. O'Brien-Hooper to report their "disturbance" "that P is attending open meetings to which members can and do bring children instead of closed meetings that are open only to 12 Step group members, with no children. I told them that P has been counseled repeatedly in the past about the need to attend closed meetings but has chosen just as repeatedly to continue his participation in open meetings. Behaviors described to me would be seen by me as grooming of the potential victims and of their guardian if he were still under supervision and I see them as grooming now.

In a later note from 5/08, she noted another report that "P is very attentive to the children, initiates contact with them. Does not seem to be trying not to have contact with them and seems to be trying to establish a social relationship with the children's' guardians." (170) The NA members reported conflict about how to deal with the issue of identifying potential targets/families of the subject's attention as "the concept of anonymity as this is highly emphasized in 12 Step programs." Ms. O'Brien-Hooper told the reporting individual that Mr. Taylor-Rose "knows full well he should not engage in these types other behaviors and has been taught various strategies to avoid/deflect contact with children. Concern to me is that he's cultivating relationship with the children's parents/guardians outside of the meetings which could lead to his being trusted to be alone with children or even left in charge other fete children." Ms. O'Brien-Hooper contacted the WDOC about the possibility of a ROAR again and was told that "as my info comes from others it constitutes hearsay and therefore reasonable doubt exists" and so that a ROAR was not indicted at that time. (170-1) A year later is when Mr. Taylor-Rose was arrested for sexually offending against the child of a fellow NA member, for whom the subject had chosen to serve as a sponsor.

In the current interview, when asked about the reports of his associating with and showing an interest in children at NA meetings, Mr. Taylor-Rose stated: I thought it was a woman who complained in an open meeting and I told her that I was not on probation anymore and did not have a no contact with minors condition anymore. I'm sure she complained."

After his second conviction for Child Molestation, Mr. Taylor-Rose entered the WDOC on 9/23/09 at age 31 with an ERD of 11/11/11. During his most recent incarceration, Mr. Taylor-Rose was referred to the Sex Offender Treatment Program and was placed on waiting list. He was also pre-screened for chemical dependency on 10/5/09 and deemed chemically dependent but was not referred to treatment.

In 9/09, Mr. Taylor-Rose received a major infraction for Refusing Cell-Housing Assignment.

In 10/09, the subject was transferred from WCC to Airway Heights Correctional Center (AHCC). While there, he applied for admission to SOTP again. He wrote: "I am seeking treatment at STOP because I have a serious problem with being sexually aroused to minor children and I want to

learn how to change this problem.” (1457)

In the current interview, Mr. Taylor-Rose confirmed that he had not participated in any chemical dependency treatment since incarceration. He also reported that “I tried to go back to SOTP but they don’t take alumni.”

In 3/10, Mr. Taylor-Rose was reviewed by the ESRC and was determined to be a risk Level 3 Sex Offender and was referred as a possible candidate for civil commitment.

In the current interview, Mr. Taylor-Rose reported: “I just did 90 days in the hole.” He indicated that he had started his segregation sentence at Airway Heights and then completed it at SCCC. He reported that in 2009 at Airway Heights, “I got a program- I was in the hole for 9 months- for an assault on an inmate with STG –“serious threat group” suspicions. I was just trying to fit in, I was asked to take care of somebody, to beat him up. I did everything I was told so I wouldn’t get a program but I didn’t. I spent three months in the hole in Airway Heights and then transferred to Stafford Creek in 10/10. I was in IMU, the hole here for 6 months.” He continued: “While I was in the hole I did a bunch of treatment: Getting It Right, Cognitive-Behavior, Anger and Stress management that I did before I went into hole.”

Past Psychological and Psychiatric Evaluations and Issues:

According to a 2/99 report, it is reported that in 1992 Mr. Taylor-Rose was “in the Kitsap Mental Health Center Adolescent Treatment Unit following an incident in which he was threatening to assault his mother. He received the following diagnoses” on Axis I: Major depression, Conduct disorder Paraphilia NOS and Parent-child problem. It was reported that he had been prescribed Mellaril and Anafranil for his depression. (1524)

In 12/97, Mr. Taylor-Rose was referred to B. Carnahan, M.S. of Port Angeles; the referral came from his public defender (H. Grasnick) at the time. Per her report from 1/98, “Specifically, Mr. Taylor's attorney is interested in whether his client may be amenable to treatment in the community under the Special Sex Offender Sentencing Alternative (SSOSA). The sentencing range for Mr. Taylor's offense is 15-20 months.” (1408) Ms. Carnahan conducted a relatively extensive psychosexual evaluation including interviews with the respondent and his mother,

psychological testing and a sexual history polygraph.

According to Ms. Carnahan, "When asked to assess his risk of offending again, Brian says 'When I'm not stoned, I have good control over my impulses, because I've learned what to look out for. I've had a lot of time to think about my crime since I've been in jail, and I really feel like shit for what I've done. I feel disgusted with myself, and hate to think that I may have messed him up, because I know what that feels like. I am angry with myself that I was not able to get a grip on my recovery, and that I might have caused problems for him that he might have to deal with later on. It scares me that I allowed myself to get to a point where I didn't know what I was doing, and that I ignored my conscience because of that. I've learned enough in the past to where I was able to see the warning signs when I was not under the influence, and handle myself the right way. This has really taught me that I need more help with my drug problem and my sexual issues, to where I can be more confident about being able to turn my life around for the better.' " (1415)

As noted, Ms. Carnahan administered psychological testing to Mr. Taylor-Rose. On the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), a general measure of personality, psychological, and emotional functioning, "The test results indicated that he responded to the items in a frank and open manner, producing a profile which is likely to be a valid indicator of his current psychological functioning. The MMPI-2 results indicate that he may be 'letting down his defenses' in an attempt to get help for his problems, but that there may be a tendency on his part to be overly self-critical." More substantively, "Overall MMPI-2 results indicate that individuals with this profile tend to be chronically maladjusted. The client is apparently immature and self-indulgent, manipulating others for his own ends. He may behave in an obnoxious, hostile, and aggressive way and he may rebel against authority figures, he is likely to be hedonistic, and overuse of alcohol or drugs is indicated. He appears to be quite impulsive, and likely to act out against others without considering the consequences. There is evidence of paranoid features and externalization of blame in his clinical picture...In addition, the content of the client's item responses suggests that his recent thinking is likely to be characterized by obsessiveness and indecision. He has endorsed a number of items reflecting a high degree of anger. It is likely that he may go into a rage because of his poor impulse control and low frustration tolerance. He views the world as a threatening place, sees himself as having been unjustly blamed for others' problems, and feels that he is

getting a raw deal out of life. He feels quite lonely and misunderstood much of the time, but despite his difficulties with others, he refuses to accept responsibility for his problems." In addition, the subject's responses indicated elevated paranoia as well as a history of anti-social and substance abusing behavior. Of note, there was indication of emotional alienation, unusual thinking, bizarre perceptions of others, and a stronger tendency to engage in extreme fantasy which might become more prominent over time. On the Multiphasic Sex Inventory (MSI), "Brian also completed testing pertaining to sexual matters in a frank and disclosing manner. Overall test results indicate that he is quite obsessed with sexual matters, and he has acknowledged some difficulties in controlling his sexual impulses. He considers himself to be homosexual, and is quite open regarding sexual thoughts and fantasies about male children. He acknowledges committing a sexual offense, but does not assign blame to the victim. He uses no justifications for his offending behavior other than his belief that he committed his sexual offense as a result of being under the influence of drugs. He did not endorse any interest in paraphilias, although he acknowledged behavior involving bestiality. Overall testing results suggest that the condition of sexual deviance is a central and dominant feature of his personality and behavioral make-up. Like many untreated sex offenders, he has likely spent a lifetime feeling like a victim and blaming others or situations for his problems. He acknowledged a desire and need for treatment, as indicated by his high score on the MSI Treatment Attitudes Scale."

As part of Ms. Carnahan's report, she reported on the results of an interview and polygraph conducted in early 12/97 by Sound Polygraph Examiners. She wrote: "The results of the polygraph were essentially consistent with Brian's disclosures to this examiner except for the following issues pertinent to his sexual history: Brian admitted to frequent fantasies about sexual contact with males. Their age's from newborn to males his own age. He estimates that 98% of his sexual fantasies involve sexual contact with minor males, although he claims that he would not act on these fantasies normally... Brian admitted to having viewed snap shots of his 2 year old half-brother Matthew taking a bath, which he found sexually arousing, and masturbating while viewing the photos... Brian admitted to touching and putting his mouth on a 5 year old female's vagina over her clothing on one occasion when he was 18 years old." It was also noted "Brian's reported drug use on polygraph testing was consistent with his statements to this examiner." Per Ms. Carnahan: "In Mr. Yunck's professional opinion. Brian appeared to be

telling the truth during polygraph testing, and was NOT attempting deception when responding to questions regarding his sexual history.” (1416)

Ms. Carnahan diagnosed Mr. Taylor-Rose with several psychiatric conditions on Axis I, including Pedophilia (Sexually Attracted to Males) and both Amphetamine and Cannabis Abuse. On Axis II, she also diagnosed the subject with a Personality Disorder, namely a Personality Disorder Not Otherwise Specified (NOS), with Passive-Aggressive features.

Relative to her conclusions, Ms. Carnahan wrote: “it appears that Brian received little support and guidance from parental figures in his early childhood and pre-adolescence. Later attempts to shape Brian's behavior in a more pro-social direction while he was living in various group homes appear to have met with only limited success. Despite several attempts to lead a drug-free life, Brian has thus far been unsuccessful in long-term recovery. Psychological testing indicates that he is experiencing serious problems of psychological and personal maladjustment of a long-term nature. He feels alienated and distrustful of others, and is likely to continue to have difficulty adjusting to societal expectations without intensive treatment intervention to help him control his pedophilic urges, and his vulnerability to substance abuse...Although Brian's history of offending sexually against minors as an adult is fairly limited, he does admit that approximately 98% of his sexual fantasies involve minor males. While he states that he can control these urges and prevent himself from acting on them when not under the influence of drugs, his confidence seems unrealistic, given his extensive history of drug use and his admittedly strong sexual interest in minor males. Although Brian accepts full responsibility for his behavior and demonstrates surprising insight into the effects his offense may have on the victim, he nonetheless remains at this time at moderate risk to reoffend. He has acknowledged a need and desire for treatment, even though clients with his psychological profile generally tend to resist psychological interpretation and tend to rationalize their problems.” (1418)

Regarding a less restrictive disposition, Ms. Carnahan concluded: “Based on all the information available, Brian is not perceived as a viable candidate for a SSOSA-type sentence at this time. Without intensive substance abuse treatment first, and a demonstrated commitment to remain free of drugs, his ability to engage in offense-specific treatment in the community without

posing a further risk to minors is questionable. Due to these factors, Brian will need a more structured setting to begin a program of self-improvement.” (1418)

A Pre-Sentence Investigation was prepared in 1/98 for Mr. Taylor-Rose’s sentencing in 2/98 (and in this report will be referred as the 2/98 evaluation). As noted, “I consider Taylor's chances of success of a SSOSA option at this time to be minimal to nil. His substance abuse history is so long and so extensive, that just staying clean will be a tremendous challenge for him upon release. A confinement of six months, then release directly back into the community is likely destined to result in his inability to comply. Taylor, himself, acknowledges this likely outcome...If sentenced to prison, however, the confinement time, while not extensive, can serve to expose him to classes in substance abuse and living skills, as well as anger management, all of which can provide a healthy foundation for segueing back into the community.” (519) According to the 2/98 PSI, “Of greatest concern is Taylor's substance abuse history. If he can stay clean and sober, he has a chance to make a success, of himself through sexual deviancy treatment and to not reoffend. If he cannot maintain sobriety, however, he has not got a chance and will return to the criminal justice system for another offense...Another concern is that Taylor's attraction to children is of many many years' standing. While it is unclear as to the cause of this deviancy, it is clear that he is aroused to minor male children and has been since childhood. With a deviancy of such long standing, he will have to apply himself diligently to overcome these urges and to maintain recovery. A stringent and rigorous course of supervision can only serve to enhance his chance of successful treatment upon release.” (520) Consequently, the PSI recommended a total confinement of 18 months and 36 months of community placement. (521)

In 2/98, apparently after the subject had entered the WDOC, a Beta measure of intellectual ability indicated that he demonstrated average intellectual ability. (1420)

In 6/98, Mr. Taylor-Rose was evaluated by S. Chan, Ph.D. Dr. Chan diagnosed him with Pedophilia. He concluded that the subject could not be identified as a predatory offender and thus did not meet criteria as a sexually violent predator per RCW 71.09. (1424)

A Psychiatric Evaluation was conducted in 7/98 after the subject was incarcerated. Per J. Sprunger, ARNP "It was reported, "Mr. Taylor has been essentially institutionalized since the age of 10. He was placed in group homes problems and behavioral issues due to his severe substance abuse. While in those group homes, he was treated by psychiatrists. He has been on several medications in the past, which he identified as Mellaril, Haldol, Cogentin, Desipramine, and Prozac. Of interest, he was given a diagnosis of attention deficit disorder but he was never treated with Ritalin." (1425)

Ms. Sprunger observed: "He was charming and engaging throughout the interview and clearly still has some of his attempt to be the class clown in him. He seems fairly well-focused in the interview, although he did at times get distracted by things on the intercom and activities in the hall. He was able to sit still and did not appear restless, fidgety or anxious in any way although he does claim to feel nervous. There was no tangentiality, circumstantiality, or derailment. His affect was appropriate. His mood is good. He denies feeling depressed at this time, although he endorsed depression in the past." It was noted that he reported no history of any suicide attempts and that he had sleep difficulty because "he obsesses on ideas and ruminates over them and cannot seem to let them go. He denied all symptoms of obsessive compulsive disorder and multiple questions were asked, so it is unclear to me how he got this diagnosis in the past....His main difficulties are in attention and concentration. He has difficulty staying with tasks that require persistence. He has trouble playing cards because he forgets what cards were played. He does not read because he cannot remember what he reads, so it is pointless for him. He can read if it is out loud. He gave the examples of failing his driver's test in California three times...He also states he has a fairly low frustration tolerance. If he is not the center of attention, he butts into somebody else's conversation in order to become the center of attention. He also becomes easily frustrated when he cannot solve a problem." (1427-8)

The evaluator concluded: "It appears that Mr. Taylor probably does have attention deficit disorder superimposed on post traumatic stress of a chronic duration, given the traumatic life that he has lived. He may have also qualified at some point for a diagnosis of conduct disorder. I found no evidence for a diagnosis of obsessive compulsive disorder or fetal alcohol syndrome...He is interested in trying medication that might help him. We discussed the options of attention deficit disorder that are available to him and he is agreeable to a trial of Wellbutrin, which is the most stimulant-like

of the antidepressants. He does not want to take stimulants because of his own stimulant drug abuse history.” (1428)

Mr. Taylor-Rose was diagnosed at that time with Attention Deficit Disorder, primarily inattentive type, Post Traumatic Stress Disorder and a rule-out of a Personality Disorder, cluster B, narcissistic and antisocial features. (1429)

According to the 2/99 SOTP Treatment Summary, Mr. Taylor-Rose reported: “His longest period of sobriety is approximately one year occurring during his current incarceration. On his own, i.e. outside of an institutional setting, he self reports having maintained sobriety for a period of a little over a month...In the community Mr. Taylor participated in both Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). He has been attending AA since 10/14/97 while incarcerated.” (1521) Ms. Christopher opined: “Mr. Taylor has sexually offended both under the influence of intoxicants and when sober. He feels that his use of intoxicants substantially contributed to his current offence. The treatment team concurs with this as Mr. Taylor tends to be highly impulsive and the intoxicants increase this problem. Having said that, it is important to note Mr. Taylor is sexually aroused by minor males. He is at risk of offending, regardless of his substance abuse, if his arousal and environment are not monitored.” (1521)

Per the 2/99 report, “Upon entering into treatment, Mr. Taylor completed the standard Sex Offender Treatment Program test battery 6/4/98. Test results indicated a history with a polysubstance abuse problem that probably severely disrupts several areas of his life such as work performance and social relationships, possible health complications and legal difficulties. His personality profile is consistent with a number of antisocial character features. He may have difficulty establishing a direction and or purpose in his life. He may have a history of intense and short-lived, relationships and fears' rejection and abandonment. His self-perception may tend to fluctuate in response to external events. He may go from an inflated self-esteem to times of intense uncertainty and or anger. Mr. Taylor tended to endorse more cognitive distortions and justifications about adult/child sex as compared to the average SOTP participant. Relative to other SOTP participants, he had 'typical' attitudes regarding female rape victims....Mr. Taylor viewed himself as more likely to experience intense feelings of discomfort, helplessness, inadequacy and vulnerability. He reported using an average to a higher than average degree of reasoning tactics, and verbal aggression. Mr.

Taylor presented as lacking in critical reasoning skills tending to take cognitive and behavioural short cuts in dealing with everyday problems. He appeared to lack consistency in both his thinking and behaviour and may appear unpredictable. Mr. Taylor demonstrated a high capacity to empathize with others generally and an average capacity to empathize with victims of sexual abuse specifically. Mr. Taylor's profile indicated that he experiences symptoms of anxiety and autonomic hyperarousal, that he may experience intrusive thinking such as nightmares and memories easily triggered by current events. He tends to use avoidance to eliminate painful thoughts or memories and he may tend to act out negative feelings in behaviourally problematic ways such as using sex and drugs. Given this profile, it may be that Mr. Taylor continues to struggle to manage the traumatic experiences of his adolescence...Mr. Taylor tended to minimize typical sex drives and interests. His sexual knowledge and beliefs were below average, as was his knowledge of relapse prevention.” (1522)

As part of his SOTP treatment, the subject “participated in a plethysmograph assessment on 9/23/98 to assess his sexual arousal. □ Mr. Taylor's responses to *slide stimuli* were too low to interpret. His responses to *audio stimuli* were as follows from highest levels of arousal to lowest: *compliant female child, fondle male child, rape male child, adult male consent, sadistic rape male child, adult female consent, rape female child, compliant male child, coercion male child* and assault (non sexual) male child. *Mr. Taylor's response pattern suggests that his arousal is higher to minors than to adults. As well, he demonstrates arousal to violent stimuli.* Given this pattern, he participated in a control session to □ determine whether he was able to voluntarily suppress his arousal. During this session, on 10/20/98, Mr. Taylor demonstrated some skill in decreasing his arousal. He decreased his arousal to all the stimuli presented. However, he does need to improve these skills as *he was unable to maintain his arousal control for the duration of the exposure to the stimuli being presented.*” (1523, emphasis added) Despite Mr. Taylor-Rose's report in 2/98 of being aroused 98% to minor males and of masturbating “deviantly” 1-2 times per week at admission to SOTP, during SOTP he “reports that he currently has no problems with deviant fantasy. (1523)

Ms. Christopher provided a useful perspective regarding Mr. Taylor-Rose. She wrote: “Mr. Taylor's offence pattern is very much a part of his general life instability. He recognizes that he has problems and attempts to deal with them in superficial ways. For example, he may check himself into a

rehabilitation center. When confronted about his negative behaviours Mr. Taylor becomes highly resistant. He is very blaming of others, focuses on issues, of sexual identity as opposed to his behaviours, uses aggression to deflect the confrontation and portrays himself as the victim. "His behaviours start to deteriorate.' He stops showing up for appointments, if working, his work performance and/or attendance decreases and his attitude becomes more surly, sarcastic and hostile. Mr. Taylor uses cognitive and behavioural short cuts to solve his problems with no view of the long-term consequences of his behaviours. He does not follow through on tasks. He is very entitled and feels that he deserves things from others. He is resentful if he has to solve his own problems or face his own issues. He argues that 'I don't want' to do something is an acceptable response for his behaviours. He is resentful towards others who do not give him what he feels that he deserves. As his problems build up, Mr. Taylor turns increasingly towards the use of, drugs, alcohol, aggression and sex to avoid his problems...He may become engaged in numerous short-term sexual liaisons. Each time, he will talk about how this relationship is different than those he has been involved in before. He will engage in a lot of magical thinking (i.e. his problems will just go away, superficial plans will fix things.) This allows him to not have to actually make any behavioural changes. Mr. Taylor may move towards a younger peer group as by this time, he will have pushed others away from him. He will look for a crowd that has no investment in confronting him and who has less power than he does. As this pattern continues, Mr. Taylor is at his highest risk of sexually reoffending." (1527) Further, Ms. Christopher noted several concerns: "He has difficulty building and maintaining intimate relationships that are not sexual. He has, while incarcerated, associated with a peer group who tended to act out sexually. He has been very reluctant to give this up. He tends to need a great deal of external support and structure to recognize and intervene appropriately on risk situations. His release plans are positive in that he is releasing to a structured environment that will help him manage issues of his substance abuse. He has some positive support in the community through his mother. *The primary concern (i.e. time of highest risk) with Mr. Taylor is his low frustration tolerance. When he encounters any problems he tends to be avoidant and gets frustrated. He looks for quick solutions to fix these problems. If he is confronted or given feedback that he doesn't like, he takes on the role of being victimized. He starts to look for ways to feel better.* Historically he has done this using sex and drugs." (emphasis added)

Finally, the SOTP Treatment Summary provided a risk assessment of the subject. It was noted that actuarial risk assessment are generally based on arrest and conviction histories and that given that Mr. Taylor-Rose spent much of his adolescence in California, his juvenile criminal history was incomplete. Consequently, Mr. Taylor-Rose's risk assessment was calculated based on the information available on file. On some instrument referred to as the California's WIC 6600 Sexually Violent Predator Screening Guide "Mr. Taylor scored low risk on 10 of 17 of the items...He scored high on 6 items." These results were not associated with any specific estimate of sex offense recidivism. Per the report: "On the Minnesota Sex Offender Screening Tool and the Vermont Assessment of Sex Offender Risk, Mr. Taylor's profile is that of a high risk offender. On the Hanson Quick Risk Scale, of offenders with profiles similar to Mr. Taylor's 35% reoffended within the five year follow up period." (1529) It was concluded: "Actuarial risk assessment suggest that Mr. Taylor's risk of sexually offending is high." (1530)

In 2/03, Mr. Taylor-Rose reported to the WDOC that he had obtained an updated mental health evaluation at Peninsula Community Mental Health (245); however, he apparently never provided Ms. O'Brien-Hooper a copy and there was no report found in his records. (245) He claimed that he was going to start sex offender treatment with Ms. Carnahan, who had authored the psychosexual evaluation in 1/98.

No updated psychosexual evaluation or PSI were prepared after Mr. Taylor-Rose's 2009 conviction.

In 12/09, P. Victor, M.A. prepared a Risk Admission Screen (RAS) regarding Mr. Taylor-Rose "for the sole purpose of evaluating this individual's admission priority status" for SOTP. He summarized the subject's history/status as follows: "Mr. Brian Taylor-Rose's documented sex-offense history is mentioned above. It involved the sexual assault and abuse of minor male acquaintances. He had an ongoing history of sexual acting out with numerous victims since childhood. His documented history of adult antisocial behavior also included: an 8/08 Assault 4; Possession of Controlled Substance and Forgery on 6/06; a 12/04 Theft 3; a 7/02 Community Custody Violation and Attempted Escape 3. He also had an ongoing history involving the abuse of alcohol and illegal substances, has been involved in introducing illegal substances into the institutional setting, and an array of community supervision compliance problems, violations and

committing additional offense while on supervision...According to his record, the offender experienced serious long-term psychological and personal maladjustment problems. In 2005 he was taking medication for depression. He reportedly received treatment in the community for Attention Deficit Disorder, Fetal Alcohol Syndrome and Obsessive-Compulsive Disorder for which he was prescribed medication. He also reported inpatient treatment in response to verbalized suicidal ideation. Mr. Taylor-Rose had a history of manipulating his supervision and treatment counselor, impulsivity and not responding to constructive criticism, substantial interest in self-gratification and hedonism, as well as an extensive drug history and strong sexual interest in minor males. Mr. Taylor-Rose's diagnostic considerations included: Pedophilia (Sexually Attracted to Males); Amphetamine Abuse; Cannabis Abuse; and, Personality Disorder NOS with Passive-Aggressive features." (1461)

Regarding the subject's risk assessment at the time, Mr. Victor reported: "On the basis of the above information, Mr. Brian Taylor-Rose obtained the following scores on his objective risk assessments: MnSOST-R = 12, RRASOR = 3, Static-99 R = 6, Static-99 = 6...On the basis of these scores, the corresponding probability indices for sexual recidivism are as follows: MnSOST-R = 54% estimate for 6 years; RRASOR = 24.8% (High Moderate) for 5 years; Static-99 R = (High) for 5 years. The up-dated (9/08) Static-99 also indicated that Mr. Taylor-Rose's probability indices for violent recidivism is at 39.9% for 5 years post-release...In view of Mr. Taylor-Rose's above-mentioned scores on the RRASOR and Static-99 R, he will be considered a high-moderate to high risk for sexual recidivism." (1460)

Current Psychological and Clinical Assessments:

Mental Status:

Mr. Taylor-Rose presented as friendly and cooperative. He was alert and oriented to person, place, date and time. He appeared to be his chronological age. His eye contact was adequate. He was well-mannered, pleasant and cooperative. Mr. Taylor-Rose maintained good concentration, motivation and sustained effort throughout both days of the evaluation. His thought processes appeared goal-directed. Per observation, he did not

manifest any symptoms of formal thought disorder, auditory or visual hallucinations, delusional ideation, depression or mania. His mood was euthymic; he did not display anxiety about the evaluation or the outcome of the evaluation, although he clearly indicated that he was interested in the outcome. He completed several lengthy objective psychological tests without incident. There was no evidence of obvious inattention, impulsivity or hyperactivity during the course of the evaluation on either day.

Objective Testing: Personality Testing

Before discussing the results of the psychological testing, it should be noted that psychological test interpretations presented below (as well as those indicated previously) should not be relied upon in isolation from other information in this matter. The interpretive statements from such tests are primarily computer-generated, actuarial, and expert predictions based on the results of the tests. Personality test results reflect characteristics of persons who provided test response patterns that are similar to those of the current individual. Although the test results are presented in an affirmative manner, they are probabilistic in nature. Therefore, the reader should examine the test interpretation for general trends and put limited weight on any one specific statement. In the integration and presentation of test data, where the results were unclear or in conflict, clinical judgment was used to select the most likely hypotheses for presentation here. The evaluation of any individual, however, is best based upon the consideration and integration of information obtained from a variety of sources, including records, personal contacts, the person's history, results from a variety of tests and questionnaires, and whatever independent data are relevant and available.

The first objective test administered to Mr. Taylor-Rose was the Paulhus Deception Scales (PDS). The PDS consists of 40 items and measures an individual's tendency to give socially desirable responses on self-report instruments. It is designed to assess socially desirable responses both as a response set (a response to situational demands) and a response style (a trait-like tendency relative to self-description). The Impression Management scale represents an attempt to assess types of dissimulation such as faking or lying; the Self-Deceptive Enhancement scale represents an unconscious favorability bias closely related to narcissism. On the PDS, the resultant profile indicated that Mr. Taylor-Rose was not unduly influenced by what others might think of him. Such results are associated with a response style

that tends to be blunt and direct and their responses to other tests in a battery are more likely to be honest and valid. This suggests that Mr. Taylor-Rose approached the evaluation with the intent to provide his perspective on his history and status.

The MMPI-2 provides a general measure of dimensions of personality, psychiatric symptomatology and information about validity and impression management. I administered this test to the subject and had his MMPI-2 test responses first scored and interpreted by the Pearson/NCS interpretative computer programs.

Mr. Taylor-Rose produced a valid MMPI-2 profile: "The client was cooperative with the evaluation and appears to be willing to disclose personal information."

Per the Pearson interpretation of Mr. Taylor-Rose's substantive scales: "His profile configuration, which incorporates correlates of Pd and Pa, is not as clearly defined as those of many other clients... Individuals with this MMPI-2 clinical profile tend to exhibit a pattern of chronic psychological maladjustment. The client seems to be rather self-indulgent and narcissistic, with a somewhat grandiose conception of his capabilities. He is probably quite suspicious and alienated and may behave in an extremely aggressive manner at times. He appears to be somewhat immature and tends to manipulate other people for his own gratification. He may also be somewhat passive-aggressive with others, and he tends to be quite impulsive and to act out his problems. He rationalizes his difficulties, denying responsibility for his actions. In addition, he tends to be somewhat hostile, resentful, and irritable... He endorsed a number of items suggesting that he is experiencing low morale and a depressed mood. The client's recent thinking is likely to be characterized by obsessiveness and indecision. Although he may be socially assertive and may project a positive image to others, his response content indicates a rather negative self-image. He may feel somewhat estranged and alienated from people. He is suspicious of the actions of others, and he may tend to blame them for his negative frame of mind. He endorsed a number of items reflecting a high degree of anger. He appears to have a high potential for explosive behavior at times. He reports some antisocial beliefs and attitudes, admits to rule violations, and acknowledges antisocial behavior in the past. He views the world as a threatening place, sees himself as having been unjustly blamed for others' problems, and feels that he is getting a raw

deal out of life...He endorsed a number of extreme and bizarre thoughts, suggesting the presence of delusions and/or hallucinations. He apparently believes that he has special mystical powers or a special 'mission' in life that others do not understand or accept. The possibility that he could act out in an aggressive manner on his delusional ideas should be further evaluated. He endorses statements that show some inability to control his anger. He may physically or verbally attack others when he is angry. His high endorsement of general anxiety content is likely to be important to understanding his clinical picture...He tends to view the world in a highly negative manner...High scorers typically develop a worst-case scenario to explain events affecting them. There is some suggestion that he tends to worry to excess and may view even neutral events as problematic. His characteristic self-critical nature prevents him from viewing relationships in a positive manner."

Interpersonally, "He is likely to have difficult interpersonal relationships, often appearing sullen, resentful, and quite uncompromising. His manipulative and self-serving behavior may cause great difficulties for people close to him. He tends to blame others for problems he has helped to create. Because he is impulsive and easily frustrated, he may have rage reactions. His lack of trust may prevent him from developing warm, close relationships. When he feels frustrated, he may be physically abusive or threatening toward women with whom he is close...The client's scores on the content scales suggest the following additional information concerning his interpersonal relations. He feels intensely angry, hostile, and resentful of others, and he would like to get back at them. He is competitive and uncooperative, tending to be very critical of others."

It is useful to consider the relative frequency of clinical scale patterns. Both his peak score and his "two-point" profile configuration are both unusual. Mr. Taylor-Rose's high-point clinical scale score (Pd) occurred in 9% of the MMPI-2 normative sample of men. However, only 3% of the normative men had Pd as the peak score equal to or greater than a T score of 65, and less than 2% had well-defined Pd spikes. This elevated MMPI-2 profile configuration (4-6/6-4) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of men.

In addition, items on the MMPI-2 have also been re-analyzed more recently for the development of restructured clinical scales (Tellegen et al., 2003).

These scales were found to have improved validity. Mr. Taylor-Rose's test responses were also scored for one of the restructured clinical scales, namely the Antisocial (RC4) scale. His score on this scale was at least two standard deviations above the mean for this scale. Individuals who produce elevated scores on this scale "are likely to engage in various antisocial behaviors, tend to behave aggressively toward others, and are viewed as being antagonistic, angry, and argumentative. They may engage in antisocial acts such as lying or cheating. High...scorers find it difficult to conform to societal norms and expectations and may as a result, experience legal difficulties. They are at increased risk for engaging in substance abuse and sexual acting out. They are likely to have conflictual family relationships and histories of poor achievement..." Thus, Mr. Taylor-Rose clearly endorsed a high level of traits associated with Anti-Social Personality Disorder.

Diagnostically, the Pearson interpretation noted: "An individual with this profile is usually viewed as having a personality disorder, such as Antisocial, Passive-Aggressive, or Paranoid Personality. The possibility of a Delusional Disorder should also be considered, however. His scores on the content scales show that he acknowledged a history of antisocial attitudes and behavior. These factors should be taken into consideration in arriving at a clinical diagnosis. His unusual thinking and bizarre ideas need to be taken into consideration in any diagnostic formulation. His high scores on the addiction proneness indicators suggest the possible development of alcohol or drug problems. In his responses to the MMPI-2, he acknowledged some problems with excessive use or abuse of addictive substances. Further evaluation of substance use or abuse problems is strongly recommended."

Regarding treatment, for individuals with Mr. Taylor-Rose's profile, "Individuals with this profile tend not to seek psychological treatment on their own, and they are usually poor candidates for psychotherapy. They resist psychological interpretation, argue, and tend to rationalize and blame others for their problems. They also tend to leave therapy prematurely... The client's scores on the content scales seem to indicate low potential for change. He may feel that his problems are not addressable through therapy and that he is not likely to benefit much from psychological treatment at this time. His apparently negative treatment attitudes may need to be explored early in therapy if treatment is to be successful... In any intervention or psychological evaluation program involving occupational adjustment, his

negative work attitudes could become an important problem to overcome. He has a number of attitudes and feelings that could interfere with work adjustment...His acknowledged problems with alcohol or drug use should be addressed in therapy.”

As is this evaluator’s practice in forensic matters, Mr. Taylor-Rose’s MMPI-2 scales were entered into the MMPI-2 Adult Interpretive System, a computerized interpretive program developed by the R. Greene, Ph.D. and Psychological Assessment Resources (PAR), to obtain an additional interpretation of his responses to the test. A particular value of this scoring program is that it "deconstructs" the computerized interpretation typically provided by reports such as that of Pearson/NCS; this allows an evaluator to determine the basis for the interpretive statements typically offered by other reports.

Per the PAR interpretation, Mr. Taylor-Rose’s response pattern indicated that, similar to the Pearson interpretation, on the set of validity scales, his test results appeared valid. However, one elevation on a validity scale indicated “He has limited personal resources for coping with his problems and openly acknowledges significant psychological distress. He is likely to have a relatively poor self-concept, to be strongly dissatisfied with himself but lacking the skills necessary to change his situation, to be self-critical, and/ or to be extremely open and revealing. Scores in this range may also reflect low ego strength, a lack of insight into his motivation and behavior, and ineffectiveness in dealing with the problems of daily life. Prognosis for psychological intervention is usually guarded.”

Mr. Taylor-Rose was significantly elevated on seven of the ten MMPI-2 clinical scales. His elevation on Scale 4 (Psychopathic Deviate) was over two standard deviations above the mean. Per the PAR interpretation, “He is characterized as angry, belligerent, rebellious, resentful of rules and regulations, and hostile toward authority figures. He is likely to be impulsive, unreliable, egocentric, and irresponsible. He often has little regard for social standards. He often shows poor judgment and seems to have difficulty planning ahead and benefiting from his previous experiences. He makes a good first impression, but long-term relationships tend to be rather superficial and unsatisfying.” Mr. Taylor-Rose’s anti-sociality appears to be driven by several sources, including Resentment of Authority, Social

Alienation (e.g. estrangement from others) and Self-Alienation (unhappiness with himself and his life to date). He endorsed a history of antisocial behavior and attitudes starting in his youth. Further, "He is unwilling to accept responsibility for his behavior and lacks a strong sense of responsibility to the social group." His next most elevated scale was that of Scale 6 (Paranoia): "He is suspicious and hostile. He feels as if he is being mistreated, or he is hypersensitive to the reactions of others. He often blames others for his difficulties. He may manifest psychotic behavior, and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution may also be present." It was noted: "He views the world as very threatening. He feels misunderstood and unfairly blamed or punished. He is suspicious and mistrustful, and he may have delusions of persecution. He externalizes blame for his problems." Mr. Taylor-Rose was also significantly elevated on the Schizophrenia scale: "He may be experiencing serious psychopathology that includes confused thinking, distorted perceptions, and other psychotic processes. Difficulties in logic and concentration, impaired judgment, and the presence of a thought disorder should be evaluated." Driving this elevation in particular were two dimensions, social alienation ["He feels lonely, misunderstood, and mistreated. He tends to be hostile toward family members whom he sees as not being loving and supportive. He feels a lack of rapport with other people. He avoids social situations and meaningful relationships whenever possible."] and Defective Inhibitions ["He feels a loss of control over his emotions and impulses. He tends to be restless, hyperactive, and irritable, and he may experience episodes of uncontrollable laughing or crying."] The subject also reported a high degree of anxiety: "He is worried, anxious, tense, and experiencing emotional discomfort. He may experience irrational fears and typically ruminates about his problems. Disabling guilt feelings may be present. Agitation may develop. He worries excessively and may have problems in concentration. Obsessions and compulsions may be present." Further, Mr. Taylor-Rose also endorsed a high level of indicators of Hypochondriasis: "He is expressing excessive concern about the functioning of his body and is endorsing multiple vague somatic complaints. He is typically self-centered, dissatisfied, demanding of attention, complaining, and generally negative and pessimistic. He may use his somatic complaints to control and manipulate others." Oddly, Mr. Taylor-Rose described himself as a social introvert and as a person attuned to the needs and feelings of others: "He is socially introverted, shy, reserved, insecure, and hard to get to know. He is often withdrawn and avoids interacting with other people. He often lacks self-confidence, has difficulty

expressing his feelings openly, and shows frequent fluctuations in mood. He is sensitive to what others think...He feels lonely, misunderstood, and mistreated. He tends to be hostile toward family members whom he sees as not being loving and supportive. He feels a lack of rapport with other people. He avoids social situations and meaningful relationships whenever possible.”

Diagnostically, on Axis I Mr. Taylor-Rose’s responses were interpreted by the PAR program as indicative of diagnoses of a mood disorder, perhaps substance-abuse induced) including Major Depressive Disorder or Dysthymic Disorder. Of note, there was no evidence of symptoms associated with BAD. In addition, he endorsed symptoms of OCD and Generalized Anxiety Disorder. His responses were also associated with both Alcohol and Drug Abuse and an Adjustment Disorder. On Axis II, his responses were indicative of several Personality Disorders, including Schizotypal, Obsessive-Compulsive, Avoidant and Borderline Personality Disorder

Regarding treatment, “His prognosis is generally guarded because his problems tend to be chronic and characterologic.” In addition, per a Negative Treatment Indicator scale, “He believes that treatment is unlikely to improve his condition, and he is not motivated to work to do so. He prefers to take medications rather than to talk about his problems with anyone. He tends to give up when facing a crisis or difficulty.”

Mr. Taylor-Rose also completed the MCMI-III, also a self-report measure, which provides a measure of more categorical forms of psychiatric disturbance. MCMI-III reports are normed on patients who were in the early phases of assessment or in psychotherapy for emotional discomfort or social difficulties. It should be noted that this test has much greater face-validity than the MMPI-2. The utility of the MCMI in forensic contexts is discussed by McCann and Dyer (1996)

In contrast to the MMPI-2, from the perspective of validity and impression-management, per the test interpretation, Mr. Taylor-Rose produced a less valid test response on the MCMI-III. Per the Pearson interpretation: “This offender’s response style suggests a moderate tendency toward self-deprecation and a consequent exaggeration of current emotional problems.

In interpreting the profile, the clinician should be aware that the offender may have reported more psychological symptoms than objectively exist.”

Regarding Mr. Taylor-Rose’s more substantive responses: “There is reason to believe that at least a moderate level of pathology characterizes the overall personality organization of this man. Defective psychic structures suggest a failure to develop adequate internal cohesion and a less than satisfactory hierarchy of coping strategies. This man's foundation for effective intrapsychic regulation and socially acceptable interpersonal conduct appears deficient or incompetent. He is subjected to the flux of his own enigmatic attitudes and contradictory behavior, and his sense of psychic coherence is often precarious. He has probably had a checkered history of disappointments in his personal and family relationships. Deficits in his social attainments may also be notable as well as a tendency to precipitate self-defeating vicious circles. Earlier aspirations may have resulted in frustrating setbacks and efforts to achieve a consistent niche in life may have failed. Although he is usually able to function on a satisfactory basis, he may experience periods of marked emotional, cognitive, or behavioral dysfunction.

The MCMI-III profile of this offender suggests that he is markedly dependent, inadequate, self-effacing, and noncompetitive. He may tend to be dejected and tense, feel helpless to overcome his fate, assume a passive role in relationships, and evoke nurturant and protective attitudes in others. He appears to lack the means for an autonomous existence, being especially vulnerable to separation anxieties and fears of desertion. Complicating matters may be his intense resentment toward those on whom he must depend because they are often seen as inconsiderate. Venting his resentment would endanger the security and support he desperately needs, however. He also believes from past experience that others can never be trusted fully to provide all the nurturance and protection he seeks. As a result, he may be apprehensive and wary of personal involvements, and he is self-critical and self-punitive about what he sees as his inadequacies and failures. He may build a wall of social indifference to deaden his excess sensitivity, but this only results in deep feelings of loneliness, isolation, and a disturbing mixture of anxiety, sadness, anger, and guilt.

Fears of abandonment appear to underlie his efforts to place himself in an obviously bad light and to assume a Pollyanna attitude toward rebuff and

deprecation. Except for an occasional impulsive outburst, he is conciliatory, placating, and often ingratiating and self-sacrificing. He hopes to avoid rejection and humiliation by submerging traces of autonomy, subordinating his personal desires, and submitting to abuse and intimidation. By expressing self-doubt, communicating his needs for assurance and direction, and displaying a desire to submit and comply, he hopes to elicit protection rather than deprecation.

At times of withdrawal and self-deprecation, he fails to enlist his capacities to cope and turns instead to complaints of physical weakness and fatigue. Under these circumstances, simple responsibilities demand more energy than he can muster. He experiences life as empty but draining, with an omnipresent feeling of weariness and worthlessness. Moreover, by behaving defensively and demeaning his self-worth, he limits opportunities for new and potentially favorable experiences.”

The Grossman facet scales are designed to aid in the interpretation of elevations on the Clinical Personality Patterns and Severe Personality Pathology scales by helping to pinpoint the specific personality processes (e.g., self-image, interpersonal relations) that underlie overall scale elevations. A careful analysis of this patient's facet scale scores suggests that the following characteristics are among his most prominent personality features:

“Most notable are his failure to constrain or postpone the expression of offensive thoughts or malevolent actions, a deficit in guilt feelings, and a consequent disinclination to refashion repugnant impulses in sublimated form. Given his perception of the environment, he does not feel the need to rationalize his outbursts, which he believes are fully justified as a response to the supposed malevolence of others. He experiences himself as the victim, an indignant bystander subjected to persecution and hostility. Through this intrapsychic maneuver, he not only disowns his malicious impulses but attributes the evil to others. As a persecuted victim, he feels free to counterattack and gain restitution and vindication...Also salient is his feeling of isolation and undesirability, further complicated by his tendency to devalue his achievements, which together result in an intensified sense of having been socially derogated and isolated. He tends to be excessively introspective and self-conscious, seeing himself as markedly and negatively different from others, unsure of his identity and self-worth. The alienation he feels from others is thus paralleled by a feeling of alienation from

himself...Also worthy of attention is his view of himself as weak, fragile, and inadequate to meet life's tasks competently or with ease, a generalized deficit in self-confidence that is aggravated by the habit of belittling his own abilities. Much of this self-belittling has little basis in reality. Clinically, this pattern of self-deprecation may best be conceived as a strategy by which he elicits assurances that he is worthy and loved. Hence, it serves as an instrument for evoking praise and support.”

The MCMI-III is most commonly utilized to provide diagnostic assignments that should be considered judgments of personality and clinical prototypes that correspond conceptually to formal diagnostic categories as listed in DSM-IV. Regarding episodic mental health conditions, Mr. Taylor-Rose’s showed: “Evidence indicates that recurrent periods of alcoholism are a major problem for this troubled man. Anxious, lonely, and socially apprehensive, he may find alcohol to be a useful lubricant that reduces tensions, stirs fantasies of enhanced esteem, and permits the quick dissolution of psychic pain. By disconnecting his preoccupation over social rejection and isolation, alcohol serves to undo his sense of alienation, to bolster his diminished self-confidence, and to provide a respite from the anguish and frustration that characterize much of his life...Extended periods of drug abuse are indicated in the MCMI-III responses of this man. Whether the substances are legal medications or street drugs is only of minor psychological significance. Most relevantly, these agents are probably employed to dissolve the anxieties and personal inadequacies that this man feels in his social relationships. Equally useful is their ability to blot from his awareness the loneliness of his existence and to replace it with fantasies that are comforting and agreeable...Evidence indicates the presence of a prominent anxiety disorder in this man. Widely generalized symptoms are consistent with his overall personality makeup: pervasive social disquiet, behavioral edginess, apprehensiveness over small matters, and worrisome self-doubts, the most frequent of which may relate to feelings of masculine inadequacy. Specific psychosomatic signs may be present in addition to the more general anxious state. These signs include fatigue, insomnia, headaches, and an inability to concentrate. Especially sensitive to public reproval, yet lacking the confidence to respond with equanimity, he may be experiencing more discomfort than usual, particularly if his resentment has been expressed against someone with whom he would rather have maintained peace or a safe distance...A reasonable conclusion is that this man is in a moderately intense hypomanic period. Despite his typically reserved and controlled

lifestyle, internal affective pressures of a troubling and depressive nature keep welling up, compelling him to desperate efforts to turn matters around. Abruptly changing moods may ensue. Short spells of tight control that are followed by expressions of hopelessness and then by brief periods of boundless energy and hyperactivity characterize this man's behavior as he tries to convince both himself and others that all will be well." On Axis I, diagnoses of Alcohol Abuse, Psychoactive Substance Abuse Not Otherwise Specified (NOS) and/or an Adjustment Disorder with Anxiety were identified as possible conditions.

Further, Mr. Taylor-Rose's responses suggested certain personality prototypes that correspond to the most probable DSM-IV diagnoses on Axis II (reflecting more deeply ingrained and pervasive patterns of maladaptive functioning as opposed to transitory states). The major personality features described previously are viewed as reflecting long-term or chronic traits that are likely to have persisted for several years prior to the present assessment. Mr. Taylor-Rose's responses to the MCMI-III were seen as indicative of a personality configuration composed of the following: Dependent Personality and Avoidant Personality Disorder, with Antisocial Personality Traits and Depressive Personality Features. [Thus, on the MCMI-III, Mr. Taylor-Rose apparently denied a number of anti-social personality traits or features, relative to the MMPI-2.]

Mr. Taylor-Rose also completed a self-report measure of the traits of personality disorders, the Personality Disorder Questionnaire (Revised for DSM-IV; PDQ-4+). This questionnaire provides the specific individual descriptors which compose the various personality disorders identified in the DSM-IV; it asks the test-taker to indicate if an item has been "generally true" or "generally false" for them regarding how they have tended to have felt, thought or acted over the past several years. Subjects are provided permission to write on the instrument to clarify their responses. On this questionnaire, Mr. Taylor-Rose acknowledged a number of undesirable or maladaptive personality traits. He indicated that it was "true" that: 1) "I need to be the center of attention." 2) "I'll go to extremes to prevent those who I love from ever leaving me."; 3) "I often wonder who I am."; 4) "I do a lot of things without considering the consequences."; 5) "I hate authority."; 6) "I am a drama queen."; 7) "I enjoy doing risky things." 8) "I have difficulty controlling my anger or temper."; and 9) "I have done things on impulse that could have gotten me into trouble and identified five areas where this had

occurred. He also reported considerable antisocial behavior before the age of 15.

Mr. Taylor-Rose was also administered the adult male version of the Multiphasic Sex Inventory-II (MSI-II). His test responses were sent to Nichols & Molinder Assessments, Inc. for a standardized, computer-based interpretation. Mr. Taylor-Rose's MSI-II results were compared to the nationally standardized norms of a 1990 census matched sample of nearly 2000 adult male sex offenders who were sampled by stratified-randomization from a population sample of 9000 sex offenders obtained from state prisons, state hospitals, mental health centers, probation services and by private clinicians throughout the U.S. A critical comparison was also made to a census-matched sample of "normal" adult males. A specific interpretation of the Multiphasic Sex Inventory-II was obtained, a general sexual deviance interpretation.

Relative to Mr. Taylor-Rose's test-taking approaches, "he produced highly reliable results as assessed by the MSI II Reliability indices. His scores on the validity scales reflect mixed findings, but his scores fall within acceptable ranges and his testing may be interpreted with relative confidence."

Concerning general clinical and behavioral issues, "He does indicate that he has attempted suicide in the past. He reports he has been committed to a mental ward or hospital at some time. The results suggest he is highly inclined to experience apprehension and anxiety when in the company of adult females. It appears that at the core of his social tension is the fear of being embarrassed and seen as socially inadequate. The results indicate he is self-critical of his looks and views himself as physically unattractive to others. There are indications that he is driven by deep-seated feelings of loneliness and needs for affection and that his sexual urges and behavior are driven in part by his state of 'emotional neediness.' His results suggest he is very emotionally immature and feels a deep sense of being victimized and unjustly treated throughout his life which can result in difficulty taking responsibility for his behaviors...His responses indicate that he has a very extensive history of negative life experiences and problems involving highly exploitive, opportunistic and violent behaviors and that he has many arrests and detention. He indicates he has been accused of being physically abusive

to someone he lived with and he admits having hit and physically abused a mate, having been physically abusive several times and that the police have been called to his home because of a family fight or dispute. His marked elevation on the Antisocial Behavior Scale highly suggests that he suffers from antisocial personality disorder. He acknowledges that he has had serious substance abuse problems and indicates that he has been in treatment for both drug and alcohol problems.”

Test interpretation identified a number of substantive results relative to Mr. Taylor-Rose’s test responses relative to Sexual Deviance.

1) the **Child Molest Scale** assesses a client's level of recognition and understanding of the pattern of his molest behavior and it was found that *this client scored in the High Disclosing range when compared to the scoring levels of nationally standardized samples of adult male child molesters.* (emphasis added) His scores on the MSI II scales and subscales which assess underlying features of paraphilia disorders related to molest behavior show:

a. **Sexual Fantasies (Deviant Arousal)** - a precursor step in which sexual themes involving children have been used for sexual stimulation; *in this client's case it was found that:*

- i. *he is very open and disclosing of having had deviant sexual desires or having been sexually aroused by fantasies involving a child;*
- ii. *he is disclosing of having sought, obtained and traded child pornography which reinforces his deviant sexual interests in children;*

b. **Sexual Urges (Pre-Assault)** - a progression which involves planning, anticipation and targeting and manipulation of a victim so that a sexually desired outcome (i.e., molest) could occur; *in this client's case it was found that:*

- i. *while he shows fair recognition of and acknowledges the manipulation of a child to engage them in sexual activity, he does not fully recognize the extent of these behaviors;*
- ii. *he is disclosing of having used the Internet to interact sexually with someone he thought was a child including having attempted to meet them with the intent to engage in sex;*

c. **Sexual Behaviors (Sexual Assault)** - a final step in which a purposeful

and willful decision has been made to act out latent deviant sexual desires involving touching, fondling, oral contact, penetration between an adult and a child; *in this client's case it was found that:*

- i. *he is disclosing of having exposed himself to a child;*
- ii. *he is disclosing of having acted out molest assault behaviors involving a child;*

2) the Scheming Scale assesses a client's recognition of his use of planning strategies which would minimize the risk of getting caught and it was found that *he does not acknowledge the planning strategies he used to "set up" his offense behavior;*

3) the Superoptimism Scale assesses a client's recognition of the anticipation and excitement involved in his offense behaviors and it was found that *he minimizes the feelings of anticipation and excitement he had leading up to his offense behavior;*

4) with regard to his sexual obsession and addiction(s), it was found that:

- a. *he is disclosing of his past preoccupation with sex;*
- b. *currently he does not report that he is preoccupied or obsessed with sex;*
- c. *he acknowledges having been addicted to pornography;*

The MSI-II also “objectively assesses whether the person is inclined to score on some measure more like a particular (criterion) group sample which has a known attribute or more like the (control) group sample which does not. It follows that if the person obtains a score like the group with the known attribute, it is more likely the person will evidence distorted cognitions (thinking errors) and sexual attitudes similar to the criterion sample. Two criterion-oriented scales were used, namely:

1) **The Molester Comparison' Scale** is an empirically scaled measure using demographically comparable, but distinctly different samples involving admitting adult male sex offenders who manipulate, rather than force their victims (criterion group sample) and normal adult males (control group sample). This scale is equally applicable to both offender and non-offender populations as it contains no personal history (static) or deviant sexual content items. This allows the MC item pool to be imperceptible and generic

for all persons including admitting adult male sex offenders and adult male "normal" responders alike. This further provides a standard measurement unit in which a sex offender may score as low as normals (zero score possible) or higher like the sex offender sample. This client's score was compared to both the criterion related and normal group samples and *the results show he scored in the High range suggesting the level of commonality in thinking and behavior between the client and the reference group of adult male sex offenders is highly similar*; (emphasis added)

2) **The Rapist Comparison Scale** is an empirically based measure using demographically comparable but distinctly different samples of admitting adult male sex offenders who primarily use force during a sexual assault. This scale is constructed with both dynamic and static items and the item pool is essentially non-transparent and contains few sex deviance content items. The level of commonality in thinking and behaving between the client and the reference sample finds he scored in the High range suggesting the level of commonality in thinking and behavior between the client and the reference sample finds he scored in the Markedly High range *suggesting the level of commonality in thinking and behavior between the client and the reference group of adult male sex offenders is markedly similar*. (emphasis added)

Per the Multiphasic Sex Inventory-II report, in the areas of "Accountability: It is generally recognized that most sex offenders have developed a way to make their sexual misconduct or sex offense behavior acceptable to themselves (thinking errors) thereby relieving themselves of responsibility for engaging in inappropriate or illegal sexual behaviors. The MSI II includes measures that assess the client's use of excuses, rationalizations and justifications for having engaged in sexual misconduct or offense behaviors. The following two measures were used to address the client's level of accountability for his sexual behaviors:

1) The Denial Scale assesses a client's use of excuses for having engaged in sexual contact with someone who has accused him of sexual impropriety. *His responses to items on the Dn Scale show that he maintains the allegations were exaggerated or untrue. He attempts to explain it away as happening because he was mixed up*. (emphasis added)

2) The Justifications Scale identifies a client's lack of ability to take

responsibility for his sexual behavior by placing blame onto others and on circumstances beyond his control. *His responses to items on the Ju Scale show that he believes that his sex offense occurred because he used pornography and he had too much alcohol or drugs.*

The summary from the MSI II indicates that: "From the information provided by this client, his test results suggest he: 1) has had sex deviance problems (child molest, on-line solicitation of a minor, child pornography); 2) does not recognize the behaviors which precede his solicitation of a minor (scheming/planning, excitement of the deviance); 3) does not take full accountability for his offense behaviors; 4) has had sexual problems (premature ejaculation); 5) has emotional problems (emotional neediness and immaturity, feelings of inadequacy in social/sexual interactions involving age appropriate females, highly negative body image); 6) has had behavioral problems (general irresponsibility, stealing, domestic violence, highly opportunistic and exploitive of others); 7) has a reported history of having had family problems in childhood; 8) has a reported history of having been emotionally and sexually abused as a child; 9) he indicates he has been raped; 10) does not have adequate knowledge of sexual anatomy and physiology."

Regarding potential treatment candidacy, "A client's treatment candidacy is assessed based on his degree of openness and disclosure about himself and his behavior, level of accountability for his actions, history of having the ability to control his behaviors and recognition of having a problem which needs treatment. The client's testing shows a potentially positive response to treatment in some respects. There is the necessary acknowledgment of having committed a sexual offense. *If he is to be involved in treatment, there are concerns about his amenability. For instance, his history indicates he has had a seriously difficult time living within the expected limits of responsible behaviors which if it continues will diminish the likelihood he will be successful in also controlling his sexual behaviors. His apparent lifelong attitude of often feeling like he is the victim could result in negativity and resentment during the course of treatment.* (emphasis added)

The MSI II summary for Mr. Taylor-Rose reads as follows: "The client is disclosing of having engaged in multiple types of deviant sexual behavior. He reports he has been charged with a sexual offense more than once and has been in treatment for sex offending behavior earlier in his life...Using

the MSI II scales which assess emotion we have found that pervasive negative emotion states involving depression, low self-esteem (negative body image), feelings of sexual inadequacy and anxiety, feelings of loneliness and being needy for affection, feelings of having been victimized throughout life and sexual preoccupation are at the center of the condition of sex deviance...In this client's case, he appears to have some of these attributes. He feels he has been picked on and unjustly treated throughout his life which leads to feelings of hurt and anger and can lead to blaming others for his actions and may lead to outbursts of aggressive and assaultive behavior. He would appear to have low self-esteem and a negative body image. He is critical of his looks, thinks he is not sexually attractive, sees himself as ugly and is ashamed of his appearance. His responses indicate he feels lonely, is needy for affection and likely confuses his need for affection with his sexual needs. His responses suggest he feels insecure and anxious in social interactions with appropriate age females. It would appear that he has attempted to relieve his disturbed emotion states through the use of drugs and alcohol, opportunistic and exploitive behaviors and the excitement of deviant sexual fantasy and deviant sexual behavior. Central to his personality make-up is the finding that he has a history of antisocial acting out which has included his sexual behavior. It would appear that he either does not care about or recognize the consequences of his actions... There are rationalizations which sex offenders use to support sex deviance problems. This client reports he has always known that one can get into trouble for engaging in sexual interactions with a child/minor and for forcing someone to engage in a sex act. He has excuses and justifications for his sexual behaviors which is not uncommon for untreated sex offenders. His responses related to these excuses and justifications are noted in the Accountability section of this report. While he reports that he feels guilty, sorry for the victim and is in need of general counseling, *he does not go as far as to say he needs treatment to control his sexual impulses and behaviors. His test results indicate he has rationalizations, attributes, behaviors and sexual attitudes markedly similar to those of known sex offenders and the condition of sex deviance may be a component of his personality make-up.*" (emphasis added)

Diagnostic Interviews:

In the current interview, Mr. Taylor-Rose was first asked to describe his personality. He stated: "I have a good sense of humor but I'm, what's the word, real jokey. When I get distressed or uncomfortable, I spin jokes off of what people do. I'm good hearted, trustworthy, sincere, and honest." He was asked if that was how others who knew him would describe him and he stated: "Yes, the people who really know me." He was asked in what ways he had changed since he was 18. Mr. Taylor-Rose replied: "I've changed more in the past three years than any other time... Since I got locked up. I'm more sincere and honest and trustworthy. I'm honest and direct about what I think somebody should know."

I later administered sections of the Personality Disorder Interview-IV (Widiger et al., 1995) to Mr. Taylor-Rose. In particular, I administered sections of the interview, which covered the dimensions related to Antisocial, Narcissistic and Borderline Personality Disorders. He was also interviewed about various aspects of psychopathic traits using portions of two semi-structured interviews (e.g. Hare, 2003; Gacono, 2000).

Mr. Taylor-Rose agreed that he had been in trouble both as a child and as an adolescent. He reported frequent running away from group homes (and run away for several nights) and that he was often truant from school. He also verbalized that he had engaged in deliberate property destruction and that he had stolen things "like money, whatever was easy to pick up inconspicuously." Mr. Taylor-Rose also stated "Yes, lots," when asked if he had lied to obtain goods or favors from others. He stated that he had been physically cruel to animals. When asked if he had forced someone into sexual activity at age 15 or before, he first stated "no," but then agreed that he had.

Mr. Taylor-Rose was also asked about other anti-social traits, particularly those after his age 15. Mr. Taylor-Rose acknowledged that he had had a number of arrests since age 15. He agreed that he had engaged in theft, destruction of other's property, and threatened someone. Asked if he would describe himself as a criminal, he stated: "No... because I don't go out breaking the law. I went 10 years, at least a long time, without getting in trouble. My idea of a criminal is someone who goes out constantly breaking the law." The subject agreed that he had previously used aliases (e.g. in Idaho) and that he believed that it was often necessary to break the rules and

admitted to lying to others and “fooling” and “conning” others to get what he wanted. He also acknowledged that others had accused him of lying and being a liar as well as that it was easy to lie if it served his purpose. The subject acknowledged that lying had been a big part of his life, saying as well that “Drug addiction is a big lie.” Mr. Taylor-Rose agreed that he was willing to lie to get what he wanted and that he had lied to the police “a lot of times.” However, he denied that anyone would describe him as either a con man or hustler and that he did not view himself in that manner. He also stated: “I wouldn’t break the law anymore.”

When asked if was an impulsive person, Mr. Taylor-Rose stated: “Oh yeah. My actions, the decisions I make, I would be doing something over here, housecleaning, and then someone wants to go get dope and I’d just do it. There were lots of scenarios, like impulse buying. When asked if he tended to act without thinking, the subject stated: “Oh yeah, to me a lot.” He agreed that he had made sudden, impulsive decisions about jobs and about beginning or ending relationships. He was asked if he had made sudden, impulsive decisions about any criminal act? Mr. Taylor-Rose stated: “Yeah, acting out sexually. My first offense, the assault.”

Regarding irritability and aggressiveness, he reported that he had been in fights as an adult and acknowledged that he had been accused of assault. However, Mr. Taylor-Rose denied that anyone had ever described him as short-tempered or hot-headed, saying “No, they’ve said I had an anger problem...When I get to the point, I’m type of person that stuffs things, then something little happens and I just go off.” He continued: “I don’t consider myself angry. There are several times a day where I feel my blood boil, so I try to remember to take a breather, take a breath. I try to use the tools I learned. When asked what makes him angry, he stated: “Ignorant people. COs, that just because they wear blue think they can do anything. He stated that now when he’s angry “Right now, I’m trying to step away from the situation” but acknowledged that there were times in the past that he lost control of his anger.

Mr. Taylor-Rose agreed that he had always been a person who was easily bored and that he had done “dangerous things for the thrill of it,” which he identified as “Speeding, large amounts of meth.” He also agreed that he liked to do dangerous and exciting things, saying “Yes, it’s stimulating. A natural plus an unnatural endorphin. He agreed that he had driven while high or drunk, engaged in speeding, taken “real risks” with both drugs and sex.

For example, he stated that he never used condoms, even though he had been with a partner with AIDS and that people had told him he was being unnecessarily foolish because of the chances that he took.

Mr. Taylor-Rose acknowledged many instances of consistent irresponsibility, particularly related to employment and use of alcohol and drugs and managing money.

He denied that he viewed himself as cold and callous but reported that relative to his crimes they were all "cruel everything but this last thing." He indicated that his criminal sentences were all fair with the exception of the most recent sexual offense. When asked who he blamed for how his life had turned out, Mr. Taylor-Rose stated: "I don't know who to blame. It turned out the way it turned out. There were a lot of things, early things, my drug addiction. As I get older, I blame myself for not making something of my life."

Regarding the traits of Narcissistic Personality Disorder, Mr. Taylor-Rose denied that he had characteristics of self-importance. However, he agreed that he spent a lot of time thinking or daydreaming about a perfect relationship and/or life. He agreed that it was hard to find people to share things with even in the community. The subject also stated the praise of others was often important to him and that he would feel empty or hurt because he didn't get the praise or recognition that he felt that he deserved. Mr. Taylor-Rose denied expecting special treatment or having a reputation for expecting others to do what he wanted. He claimed that he was not good at getting other people to do things for him, but reported that he would pretend to like others so that they would do things for him, saying "Yes, I would use them" and that he had taken advantage of others because it was the only way to get what he felt he deserved. Mr. Taylor-Rose agreed that he might be seen as having an attitude problem, saying "Sometimes. There are certain times, like if I'm in one of my downs. Around people that I don't like, something said that I don't." He did not think that others would perceive him as selfish or as not sympathetic to their problems. Similarly, the subject was interviewed about the personality traits associated with Borderline Personality Disorder and offered affirmative responses to virtually all associated characteristics of that condition.

In the current interview, Mr. Taylor-Rose was interviewed about his mental health history. He reported that he was diagnosed with ADD at 11 and that he had numerous contacts with mental health professionals during his teens, while living in out of home placements. He indicated that in 1995-96 (e.g. age 17-18), he was placed on Haldol for Obsessive-Compulsive Disorder (OCD). He was asked about the symptoms that he understood were associated with OCD. He stated: "It started as a teenager, as a kid. I obsessed over everything. Once I get something in my head I can't let go of it." Regarding compulsive behavior, he stated: "For me, it was acting without thinking about stuff, like running away, assaultive behavior, doing things without thinking it through, like going and stealing something." He was asked what else he viewed as a compulsion and he replied: "Everything has to be in a certain way, Cards have to be organized or in a particular way. Books and papers have to be a certain way. A lot of times I do it without thinking about it."

Given the references to a history of Bipolar Affective Disorder (BAD), Mr. Taylor-Rose was queried about his experience of the specific symptoms associated with that condition. First, he reported: "I have extreme highs and lows, my moods can change in an hour." He indicated that thought longest he had ever experienced a "high" was "Probably a day." He stated: "I would do risky things anytime, not just when I felt good." He denied any sleep or appetite changes or changes in his behavior when he was "high." He endorsed experiencing "racing thoughts," but stated: "Sometimes, sometimes on a high day, other times too." Finally, he indicated that he experienced no change in sexual motivation or ideation on the days that experienced "highs."

Regarding depressive symptoms, Mr. Taylor-Rose indicated that he experienced depressed periods that lasted just "a day or two" when he would sleep more but never less. He reported that during those down days, he wouldn't feel like doing anything and that his thinking becomes more negative, he feels hopeless and suicidal ("I wish I wasn't here."). He recalled that he had made a suicide attempt, saying "I took a whole bottle of ibuprofen, 50 at least." The subject was read descriptions of a Major Depressive Disorder (MDD) episode and of a Dysthymic Disorder; he clearly indicated that he was characterized by a dysthymic pattern of mood disturbance as opposed to that of a MDD. He volunteered: "It wouldn't be

for very long period of time. When I go to any support meetings 4 times a week, I'm never in a funk for very long periods of time."

In the current interview, Mr. Taylor-Rose was asked what type of chemical dependency treatment he had received. He reported that as an adolescent, he was placed in SPARC in Spokane but that "I was kicked out because I was too focused on my sexuality, or issues about my sexuality, being gay mostly." He reported that he was a long-time attendee of AA/NA, saying "I started going to AA in '89 because of my mother, on weekend visits I would go to meetings with her. I did NA through the 90s." He also confirmed that he had attended "James Oldham"; he only described it as a "28 day inpatient program" and that he continued using after he completed it."

At the end of the interview portion of the evaluation, the subject wanted to know the evaluator's opinion as to whether he met the criteria for SVP. He was told that no opinion would be offered prior to all information being reviewed. He voiced confidence that he would not fit SVP classification. Mr. Taylor-Rose was asked if there were other things he wanted to talk about. He stated: "I'm a different person now. I really want a chance to cherish my freedom. One thing I want to work on is to get some help with my child pornography problem and to continue with my recovery process." He was asked if there was anything that else that he felt needed to be addressed and he replied: "I don't think so." He agreed that he had had enough time to talk about what he wanted to.

Other Areas of Concern:

Relevant Sexual History:

Per a 1/98 report: "Brian reports that he became curious about sexual matters at a very young age, after observing or listening to his mother and step-father having sex in a motor home in which the family travelled extensively. He recalls engaging in sexual activity involving oral sex and mutual fondling of penises with a male cousin as early as 6 or 7 years of age. He believes that following his experience with his 7 or 8 year old cousin, he began to focus his sexual thoughts on males fairly exclusively from then on... Brian recalls getting punished by his step-father on a weekly basis as "a little kid because I was engaging in sexual activity with neighborhood peers. I was so sexually

active that I was getting beaten constantly for a long period of time, but it never seemed to stop me from getting into trouble." (1412)

In a report the following month, "Taylor reports that his addicted mother and his similarly addicted step-father would have sexual relations in front of him from an early age and that they would leave pornographic movies running in the living room sometimes when they would retire to the bedroom to engage in sex. He reports having watched these movies from an early age and believes they contributed to his sexualization at an early age. He states he realized he was homosexual at age 15." (516)

In that same report in 2/98, "Taylor reports that he was sexually obsessed from a very early age and was frequently beaten by his step-father for his sexual acting out with other children." (517)

It was reported in 6/98: "Mr. Taylor was exposed to sexuality early in life. Before he was six, he had witnessed his mother and stepfather engage in sexual activities and had seen sexually explicit video movies. He engaged in mutual fondling and oral sex with his male cousin when he was six or seven. He would get caught and punished for engaging in sexual activities with his peers in the neighborhood, but he would not stop." (1423)

Per a 2/99 report, "Mr. Taylor reports that he became curious about sexual matters at approximately age 6 or 7 when he engaged in oral sex and mutual fondling with his peer age cousin. He reports that he was frequently punished both by his father and when he was in group homes for engaging in inappropriate sexual activities." (1524)

During his adolescence, the subject has reported that he also began to come to terms with his homosexuality, although he recalls "It took me two years to admit to myself that I was gay, even though all my sexual partners were male. (1413)

Mr. Taylor-Rose reported in 1/98 that he enlisted in the Navy, "primarily with the hope that "I would find a life partner if I was a sailor. I went through 11 weeks of boot camp and two weeks of school for the job I had chosen, and had oral sex with three different sailors during that time, but nothing turned into a real relationship."

He also reported that "During a two-week leave with his mother and step-father in Washington, he revealed his homosexual orientation to them because... "I felt they should know, because they are my parents." He states that especially his mother's response was devastating to him, and says "To this day I am dealing with my mom telling me that I am going to burn in hell because I am a sinner, and her throwing the bible at me verbally. It made me think that I should try to go straight to please my mom, and I tried for a while, but it didn't work." (1413)

Following his discharge from the Navy, Mr. Taylor-Rose reported that he moved from San Diego to San Francisco and began a relationship with a peer male, Rodrigo. He has reported that this relationship ended because his partner "wanted nothing more to do with me when he found out that I was doing crank and using needles." (1413) Subsequently, he moved in with two men he met through an AA program. However, per his report, on a trip to Mexico, the two men "drugged me and raped me, and I woke up with a ripped anus." (1413)

Per the 1/98 evaluation, Mr. Taylor-Rose also reported that he was also briefly involved in a sexual relationship with a 32-year-old woman at his age 18. He also stated that he had had sexual contact with two peer females around this time. He also indicated that he had been sexually involved with several adult males since age 18, most of whom were considerably older than he. (e.g. (1414)

As part of a 12/97 evaluation, Mr. Taylor-Rose "...admitted to masturbating in public approximately 45-50 times, although he stated that it was never with the intention to be seen by others. He would usually masturbate in places such as his vehicle, in an open field in the dark, or under bridges. He also admitted to some use of pornography in the form of adult movies and □magazines on about 40 or 50 different occasions...He further revealed having had sexual contact with 3 - 4 different dogs. The last incident occurred in June of '96, when he attempted to anally penetrate a male dog." However, in a 2/99 report, the subject denied any sexual contact with dogs but admitted being physically assaultive. (1524)

Per a 2/98 report, "Taylor is a 19 year old, homosexual male with admitted pedophilic tendencies of many years standing. He arrived at the realization he was homosexual at age 15." (515)

In the current interview, Mr. Taylor-Rose was asked to describe his first sexual experience. He stated "I was age 4 or 5, it was with my cousin." Mr. Taylor-Rose was asked about earlier reports that he was "sexually obsessed from early age." He stated: "Yeah, it was from witnessing my parents engage in sex, watching their porn when it was playing. I was sexually active, oral and fondling, kissing boys my same age. Then I was sexually active with other peers while in placement." He reported that he was frequently beaten by Steve, his step-father for sexually acting out with other children, saying "Specifically, because they were male peers."

Mr. Taylor-Rose reported that the first time he remembered masturbating was at age 5 but "I don't remember when I had my first orgasm...I masturbated a few times a week." Asked about periods of highest masturbation, he stated: "When I'm locked up I do it a lot more, several times a week. When I was high, I didn't do much. Normally, I would masturbate 2-3 times per week and have sex with Gary 2-3 times per week."

Mr. Taylor-Rose reported that he had had a total of 15-20 sexual partners. However, when asked if he would describe himself as "promiscuous," he replied that he would, saying he had had "lots other partners."

Mr. Taylor-Rose was asked about his use of pornography. He replied: "I would sit in front of the computer all day during '08-'09 because my work at the cemetery was seasonal, just from April-December. I would go into chat rooms and specifically ask for a specific age group and ask if they wanted to chat and I would do that all day long." He then stated: "I'm talking about Child Pornography. I didn't get into that until later. From 2000, my use was pretty constant too. It was more of a mixture, mainly adult, with younger looking people 'til 06. From, '06-'08, I had a computer at times, if I couldn't get pictures, I would sexually chat with younger kids. If we both had cams, we would cam together, and have cybersex. From '08-'09, I had my own place and I could do more without other people seeing it. I had a larger hard drive." When asked what had happened to that computer, he reported that after he was arrested, "My parents got rid of it because of my younger brother."

In the current interview, Mr. Taylor-Rose acknowledged that he had gone to strip clubs but denied that he had used prostitutes or engaged in acts of Frotteurism, Voyeurism, Exhibitionism, Transvestism or Fetishism. When asked about his reports of bestiality in 1/98, he denied that he had engaged in

sexual contact with dogs, insisting that he had specifically denied such behavior. The subject also specifically denied any acts of public masturbation as reported in Ms. Carnahan's report.

Deviant Sexual Arousal:

Mr. Taylor-Rose, in the 1/98 report, "states that following the incident with his young cousin, he began having fantasies about sexual activities with young children. He says 'I handled those fantasies by acting them out with one of my same-age peers, or masturbating, but I would think of someone my age instead of a little kid.' However, he recalls that he became concerned about his thoughts and fantasies about young children while living in the last group home in Richmond, California. He discussed his concerns with his therapist, who placed him in a group which dealt with sex offense-specific issues."

In a 6/98 evaluation, the subject reported that shortly after his abuse by his older half-brother, a: "couple week later, while babysitting his 18-month-old cousin, he sucked on the infant's penis. He began to fantasize having sexual activities with young children." (1423)

In an interview conducted in early 12/97 by Sound Polygraph Examiners, "Brian admitted to frequent fantasies about sexual contact with males. Their ages range from newborn to males his own age. He estimates that 98% of his sexual fantasies involve sexual contact with minor males, although he claims that he would not act on these fantasies normally... Brian admitted to having viewed snap shots of his 2 year old half-brother Matthew taking a bath, which he found sexually arousing, and masturbating while viewing the photos." (1415)

As noted, in a 2/98 report it was noted, "Taylor is a 19 year old, homosexual male *with admitted pedophilic tendencies* of many years standing." (515; emphasis added)

Per a 2/99 report, "Mr. Taylor reports that he began sexually fantasizing about children when he was approximately 10 or 11 years old. He has offended against both boys and girls." (1524) Further, per that report, "Plethysmograph assessment suggests that Mr. Taylor has deviant arousal." As previously noted that PPG assessment showed: "His responses to *audio stimuli* were as follows from highest levels of arousal to lowest: *compliant*

female child, fondle male child, rape male child, adult male consent, sadistic rape male child, adult female consent, rape female child, compliant male child, coercion male child and assault (non sexual) male child. Mr. Taylor's response pattern suggests that his arousal is higher to minors than to adults. As well, he demonstrates arousal to violent stimuli.” (1523, emphasis added)

In the current interview, Mr. Taylor-Rose reported that after the incident with his 18 month old cousin: “I began having sexual fantasies about young children. He claimed that I “never acted out on them with kids. I just masturbated to the fantasies.”

Per a scoring of the Screening Scale for Pedophilic Interests (SSPI; Seto and LaLumiere, 2001), Mr. Taylor-Rose obtained a score of 5/5, the highest score possible on this measure. [Seto and LaLumiere demonstrated that higher scores on this measure “were significantly related to phallometrically measured responding to stimuli depicting children and identified pedophilic interests among child molesters.” (p. 23)] Thus, his score on this measure is in accord with the results of his PPG in 1998.

Treatment Progress:

Per his first available evaluation in 1/98: “He was involved in individual and family therapy for a time to address his sexual fantasies about younger children, and eventually was placed at Toutle River to receive treatment addressing his sexual urges. Brian recalls “I was there for 4 or 5 months and didn't get into treatment, even though I wanted to. I finally called my worker in California and said I wanted to get help. I went to Stockton and stayed with my grandmother for a couple months, and then was sent to La Cheam group home in Richmond, California. I was there for over two years, and finally started to deal with my sexual issues.” (1410)

In the current interview, Mr. Taylor-Rose was asked about the report that he was placed at Tudor River Boys Ranch in Cehalis to receive treatment regarding his sexual urges 4-5 months. He stated: “I did not get into treatment,” which he explained meant I did not receive any sex offender treatment before I left there. Rather, he claimed it was only at the LaCheim group home that “I finally started to deal with my sexual issues” via sex offender specific treatment.”

In the current interview, Mr. Taylor-Rose was asked about his experiences in SOTP. He stated: "Even though I was a short-timer, it taught me a lot about my behaviors, the situations I got myself into, my patterns. It was bullshit about what I said about a decrease in arousal to minor males...I didn't get into it all that much in SOTP but the combination of SOTP and Phase III was really helpful and finally I got it." The subject was asked about his experiences in SOTP aftercare, particularly how long a time it took for him to complete it. Mr. Taylor-Rose laughed and agreed that it took him a long time to finish. However, he emphasized: "But I stuck with Phase III for a really long time" and indicated that was evidence of his commitment to "master" sex offender treatment. However, he agreed that it did not stop his use of child pornography or other sexually inappropriate behaviors.

Mr. Taylor-Rose's knowledge of issues central to treatment can be assessed and evaluated using the dimensions of the Sex Offender Treatment Rating Scale (SOTRS; Anderson et al., 1995) as a guide.

Mr. Taylor-Rose has repeatedly stated that, in the past and recently, he has expressed an interest in and "need" for sex offender treatment. He has participated in sex offender treatment both as an adolescent and as an adult both in inpatient and outpatient settings. However, his participation in SOTP was noted to be an inconsistent one where he worked on assignments only to the degree that he wanted to and often did not complete assignments. However, his behavior in groups was typically seen as involved albeit defensive and temperamental. It took him 5 ½ years to complete the SOTP Phase III after care program. There is an appearance that the subject only participated in sex offender treatment for the sake of just that "appearances" or at least that he is ambivalent about struggling against his Pedophilic interests. Consequently, regarding motivation for sex offender treatment, Mr. Taylor-Rose would be rated as low or low-moderate.

For Mr. Taylor-Rose, there is an obvious issue in the area of disclosure and accountability. On the one hand, he acknowledges and has self-reported several of sex offenses in his past. However, he has intermittently admitted and then denied his most recent adjudicated sex offense. Further, historically, when in thought community, he has acknowledged lying to

CCOs about his engagement in deviant sexual behavior that was limited by the conditions of his community supervision, including child pornography, attempts to be sexual with minor males and cybersex. Thus, Mr. Taylor-Rose would receive a low-moderate score relative to disclosure and he would score as low-moderate in personal accountability.

Mr. Taylor-Rose has provided varied answers about his sexual fantasies and ideation. In 1997, he told an evaluator that 98% of his sexual fantasies were about minor males; he similarly told others at that time that he was preoccupied with such fantasies. However, a few months later, in SOTP he told his therapist that his fantasies were decreased to 10% and then non-existent. However, within two months of leaving SOTP, he was attempting sexual behavior with an underage male. While in aftercare, he consistently reported no deviant sexual arousal but was suspected and has confirmed that he was actively engaging in sexual ideation involving underage males. Consequently, Mr. Taylor-Rose is rated as low in the area of sexual ideation given his behavioral history and his varying reports of deviant sexual arousal.

Mr. Taylor-Rose has been exposed to the language and model of cognitive-behavioral relapse prevention sex offender treatment. He has some understanding of internal and external factors related to his potential for sexual offending. However, he does not appear particularly motivated to put that knowledge into practice on a consistent basis. In particular, he intermittently acknowledges the significance and power of his Pedophilic interests as well as the degree to which ongoing substance abuse affects his ability to manage his deviant sexual arousal. It is reasonable to conclude that Mr. Taylor-Rose continues to lack meaningful insight into or understanding of his sexual offending cycle in a manner that allows him to manage his risk factors. Thus, in the area of insight, Mr. Taylor-Rose must be viewed as obtaining low ratings, indicative of compromised or limited insight.

Regarding his varied victims, Mr. Taylor-Rose has made expressions of remorse but has also accused others of making up allegations and the state of "making too much" in its prosecution and monitoring of his behavior. There is no evidence that concern for the effects of his sexual offending "interfered" with or stopped Mr. Taylor-Rose from subsequent sexual offending (or "almost offending") or that the subject has sincerely experienced genuine empathy and/or remorse for his multiple victims over time. Over time, he has repeatedly been noted to adopt a victim stance.

Consequently, one must question whether Mr. Taylor-Rose truly possesses a particularly deep or emotive sense of remorse or concern for his victims. Thus, in the area of victim empathy, he is viewed as scoring rather low.

Per his exposure to SOTP and aftercare, Mr. Taylor-Rose clearly been exposed to the ideas behind and developed a Relapse Prevention Plan (RPP). However, he has, by his own admission, failed to adhere to that plan both by engaging regularly in high-risk behavior (e.g. pornography, Internet solicitation of minors, ongoing substance abuse) and by eventually reoffending. It is clear, both from the perspective of insight and from the perspective of relapse prevention, that as his treatment provider had questioned, the subject failed to internalize the substantive elements of sex offender treatment. Consequently, Mr. Taylor-Rose is rated as low in the area of relapse prevention.

Finally, Mr. Taylor-Rose must be viewed as very deficient in the area of risk awareness. He sexually reoffended despite a previous detection and treatment for prior inappropriate sexual behavior. In the current interview, the subject has maintained that there is "0" chance of that he will commit a sexual reoffense in the future. The fact that he does not view himself as a sex offender or that he has significant issues around sexuality would appear to greatly interfere with his capacity or motivation to view himself as a risk to the community. Given his sexual offending history and selective denial and/or minimization of his sexual offending, this remains a questionable perspective for preventing future victims. Given what is known about sex offender recidivism and, in particular, as an individual now facing possible civil commitment proceedings and/or release as a Level III sex offender, Mr. Taylor-Rose appears to possess a very unrealistic and very low appreciation of his particular likelihood to sexually reoffend. Consequently, he would score as low in the area of risk awareness.

In summary, despite his relatively young age, Mr. Taylor-Rose is a repeat sex offender who has now twice received significant sanctions for sex offenses involving sexual behavior with minors. He has continued to act out sexually while under intensive supervision and in sex offender treatment while in the community and to repeatedly display high sexual preoccupation. Consequently, there remain many questions as to what motivation or abilities Mr. Taylor-Rose possesses to definitively change his deviant sexual interests and/or, more particularly, how motivated or successful he might be

at enacting strategies or a lifestyle that would prevent sexual reoffending if released to the community. Clearly, he remains an untreated sex offender and, one who from the perspective of sex offender treatment, continues to be characterized by significant criminogenic and treatment needs.

Self-Assessment of Dangerousness and Plans for Possible Release:

In the current interview, Mr. Taylor-Rose was asked to discuss his risk for committing future sex offenses. He stated: "0." The subject was asked to quantify his risk on a scale from 0-100% (with a higher number indicating a greater likelihood of sex offense recidivism), the subject estimated: "0%." When asked to explain why he viewed himself as at such a low risk given his history, Mr. Taylor-Rose stated: "I feel like I'm low risk because I'm clean and sober, that's the main thing. I know what situations not to get into. If there's going to be children, I know I need to have someone with me. I know I never want to come back here. I'm not the person that this makes me look like and I want to prove it. I've been 10 years between offenses and that should show that I can keep myself out of situations. I did get myself into a situation that was a bad situation but I was addicted to drugs. The main thing is that I'm clean and sober. I am willing to get help for my problem with child porn...I realize that child porn increases my risk of acting out sexually and it's the type of behavior that could get me back to prison. I'm still victimizing the persons because someone took a picture of them without clothes." He also stated: "There are a lot of people who I know of who have much worse histories, like my biological father, but who aren't getting looked at for civil commitment."

Mr. Taylor-Rose was asked about his plans should he not be considered further for civil commitment and or released. He stated: "I'm hoping to get a transfer to King County and get into a clean and sober house. Get going with meetings and check out schooling and jobs. Talk to my CCO about getting counseling for my issues with child pornography and staying clear and sober. Abide by all conditions of probation." Mr. Taylor-Rose was asked what he thought would be different about this time in the community, if he was to be released. He stated: "I'm clean and sober. I'm tired of screwing up. Tired of jails and prisons. I will follow the conditions of probation." The subject was asked if successful release was related to just being drug or alcohol free? He stated: "No but that's a big factor." He was asked to explain why he believed that he wouldn't use again? Mr. Taylor-Rose replied: "I

don't want the life that I had before I got locked up. I didn't realize how crazy and erratic my life was until I got clean for a while. And I know I don't want that life anymore." The subject was asked what else that do you want me to know? He stated: "A lot of people have said negative things about me because they knew what my situation was and knew that they could hurt me. A lot of that feedback was coming from people that I thought were my friends. I just want another chance."

Evaluator's Conclusion:

It should be noted that psychological conclusions are conditional on the limitations of past and present clinical assessments, measurement error in past and present psychological testing, and the relative reliability of self-report and third party reports. The methodology of forensic and clinical mental health data sources and procedures do not allow findings, inferences or predictions drawn from these sources or procedures to be made with absolute certainty. Consequently, the validity of the conclusions drawn in this report is subject to the limitations of scientific procedures and psychological descriptions, and the impossibility of absolute predictions. When dealing with reports based on risk assessments, the reader needs to bear in mind that the imperfect validity and reliability of the risk assessment means that they sometimes err, both in falsely indicating conditions that are not present and in failing to indicate conditions that in fact exist. All opinions and conclusions offered in this report are with a reasonable degree of psychological certainty customary within the professional forensic psychology field.

It should be noted that the available records consist largely of a combination of self-report and professional judgment. Dissimulation—for example, lying—is a highly common, if not, endemic characteristic of both alleged and convicted sex offenders, particularly when queried about their sexual offense history (e.g. Beckett, 1994). As one writer put it "...sexual aggressors have a marked propensity to lie about, deny, and minimize information concerning their deviant sexual behavior." (McGrath, 1990, p. 507) Sewell and Salekin (1997) provide a good summary of understanding and detecting dissimulation in sex offenders in general. Gudjonsson (1990) showed that "other-deception" or impression-management was particularly characteristic of violent and sex offenders in a forensic evaluation, indicating that they

underreported undesirable personality characteristics and psychopathology; he speculated that such persons attempted to give the impression that they were basically considerate people irrespective of what their alleged offenses suggested.

History of Charges and Convictions of Crimes of Sexual Violence:

Mr. Taylor-Rose was first detected for a sexual offense in 10/97. He was accused of fondling a 13 year-old boy's penis, buttocks and testicles and charged with Child Molestation-2nd Degree in Clallam County. In 3/98, he pleaded guilty to Child Molestation-2nd Degree. In 5/09, Mr. Taylor-Rose was next accused of a sexual offense that occurred in 4/09. He was accused of fondling the penis of a 7 year-old boy and initially charged with Child Molestation-1st Degree, later amended to Child Molestation-3rd Degree. The subject entered into a plea agreement and entered an Alford plea to Child Molestation-3rd Degree. In addition, to these offenses the subject has admitted to sexually offending against an 18 month old male cousin as a juvenile. Mr. Taylor-Rose has also admitted to sexual behavior with a 15-year-old girl and with a 12-year-old girl when he was age 19 and with a 5 year-old girl when he was age 18. In 2001, while on Escape status and on conditional release after his first incarceration, he was found with a 15 year old boy who he has admitted that he was about to initiate sexual contact with.

In short, Mr. Taylor-Rose is an individual who has been charged or convicted of a crime of sexual violence.

Diagnostic Assessment and Clinical Ratings:

Regarding the presence of a mental, sexual or personality disorder or dysfunction, based upon a review of the records, the psychological testing and the interviews, I would conclude, with a degree of psychological certainty customary in the field that Mr. Taylor-Rose meets criteria for psychiatric disorders on Axis I of the DSM-IV multi-axial classification system as well as disorder(s) on Axis II.

There is information to indicate that Mr. Taylor-Rose meets the diagnostic criteria for several Paraphilias, classified on Axis I as a type of sexual

disorder. The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving: 1) non-human objects, 2) the suffering or humiliation of oneself or one's partner, or 3) children or other non-consenting persons that occur over a period of at least 6 months. In addition, for most Paraphilias, a diagnosis is made if the behavior, sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The paraphiliac fantasies or stimuli can be obligatory for arousal and always present in sexual activity. In other cases, the paraphilic preferences occur only episodically (e.g. perhaps during periods of stress), whereas at other times the person is able to function sexually without paraphilic fantasies or stimuli. In addition, there are periods of time when the frequency of fantasies and intensity of urges may vary substantially.

From a clinical perspective, Mr. Taylor-Rose meets the criteria for **Pedophilia** including:

- A) Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
- B) The person has acted on these sexual urges or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
- C) The person is at least 16 years of age and at least five years older than the child or children.

His Pedophilia would be described as sexual attraction to both male and female children. He has been adjudicated for two incidents of sexual touching of boys age 13 and under (e.g. 13 and 7). He has self-reported sexual touching with girls ages 12 and 5. Further, Mr. Taylor-Rose has had long-term sexual interest in minors, particularly minor males. He has repeatedly told evaluators that he began having fantasies about sexual activities with young children after he molested his 18 month old cousin at age 10 and that such fantasies fueled his masturbation and peer sexual encounters in placements. He has also reported that when he relocated to Sequim at age 13-14, he reported that he began to be troubled by the intensity of his sexual thoughts about minor males and females, particularly toward "my aunt's daughter, she was 11 at the time." He went so far as to tell both his mother and stepfather and was placed in treatment for these deviant sexual thoughts and urges. Subsequently, when returned to

California, he claims that he initiated sex offender treatment because he was disturbed by his deviant sexual arousal to minors. In early 1998, he was quite open in evaluations about identifying that he experienced regular thoughts and fantasies about male children. He reported that he experienced sexual arousal to and masturbated to fantasies of his first adjudicated victim, NF. In SOTP, he participated in an evaluation in which he estimated that 98% of his sexual fantasies involved sexual contact with minor males... Brian admitted to having viewed snapshots of his 2 year old half-brother Matthew taking a bath, which he found sexually arousing, and masturbating while viewing the photos." Per a PPG, from 9/98 to assess his sexual arousal, □ "Mr. Taylor's responses to *slide stimuli* were too low to interpret. His responses to *audio stimuli* were as follows from highest levels of arousal to lowest: *compliant female child, fondle male child, rape male child, adult male consent, sadistic rape male child, adult female consent, rape female child, compliant male child, coercion male child* and assault (non sexual) male child. *Mr. Taylor's response pattern suggests that his arousal is higher to minors than to adults. As well, he demonstrates arousal to violent stimuli.*" (emphasis added) He has admitted to extensive time spent seeking, looking at and masturbating to child pornography while in the community from 2004 to 2009. Finally, in his application to SOTP in 11/09, regarding his most recent victim, Mr. Taylor-Rose wrote: "...I noticed a strong sexual attraction to the 7 year-old. I made sure to put myself in situations to be able to groom him and at night lay under a blanket together and I touched his penis." Thus, there is extensive information that indicates that Mr. Taylor-Rose is and has been characterized by Pedophilic fantasies, urges, arousal and behavior.

Further, as noted, per a scoring of the Screening Scale for Pedophilic Interests (SSPI; Seto and LaLumiere, 2001), Mr. Taylor-Rose obtained a score of 5/5, the highest score possible on this measure. Seto and LaLumiere demonstrated that higher scores on this measure "were significantly related to phallometrically measured responding to stimuli depicting children and identified pedophilic interests among child molesters." (p. 23)

Mr. Taylor-Rose's Pedophilia would be classified as non-exclusive, given that he has reported sexual encounters with other both adult males and females. His arrest and convictions for sexual offenses are exemplars of the type and degree of impairment that Mr. Taylor-Rose has experienced as a function of this sexual disorder or paraphilia.

There is also good evidence that Mr. Taylor-Rose has been and remains characterized by **Hypersexuality** or, what is sometimes referred to as “compulsive” sexual behavior. There is obvious evidence of a significant degree of sexual preoccupation in his history, leading to early sexual behavior as a child and adolescent, despite frequent punishment by his step-father and termination/transfer from multiple juvenile facilities. He has self-reported that he has had significant periods of compulsive use of the Internet both to obtain child pornography to view and to engage potentially underage youth in cybersex (more generally, inappropriate sexual behavior accompanied by and reinforced by masturbation). Mr. Taylor-Rose himself has repeatedly characterized himself as sexually preoccupied from his childhood on. Per Kafka and Hennen (2003), hypersexuality should be regarded as a “Non-Paraphilic Sexual Disorder.” Per the DSM-IV, for Mr. Jaeger, it seems appropriate to diagnose this condition as a Sexual Disorder Not Otherwise Specified (NOS: Hypersexuality). If not a mental abnormality per se, Hypersexuality should be regarded as a significant contributory condition, which significantly “aggravates” or facilitates the expression of deviant sexual offending, including Mr. Taylor-Rose’s Pedophilia.

In addition, Mr. Taylor-Rose is also characterized by a number of other psychiatric conditions, typically classified on Axis I of the DSM-IV. These conditions are somewhat notable for the degree to which a number of the potential disorders have overlapping symptom pools, which complicate the differential diagnosis as to the nature and degree to which these conditions apply to Mr. Taylor-Rose.

The record supports a finding that Mr. Taylor-Rose, previously, met criteria for **Attention Deficit Hyperactivity Disorder (ADHD)** and of the combined type. Evidence exists, beyond formal diagnoses in the record, that the subject has manifested the requisite type and number of symptoms of inattention, impulsivity and hyperactivity; his behavior reflects persistent problems with inattention, impulsivity and hyperactivity. Per his report, such symptoms are absent or substantially diminished at the present time.

The cumulative records, indicated that for many years, Mr. Taylor-Rose was clearly characterized by multiple forms of substance abuse/dependence, including **Methamphetamine, Alcohol and Cannabis (Polysubstance)**

Abuse/Dependence. Mr. Taylor-Rose has consistently linked his alcohol or drug use to his adjudicated incidents of sexual acting out. While not a mental abnormality per se, the subject's **Polysubstance Abuse/Dependence** should be regarded as a significant contributory condition, which "aggravates" or facilitates the expression of deviant sexual offending, including Mr. Taylor-Rose's sexual deviance and offending. Thus, in the current interview, the subject was asked in what ways did his drug and alcohol abuse "get you into trouble?" He replied: "It impaired my thinking, my judgment, the rational part of my mind. It put me in dangerous and vulnerable situations."

The records would indicate that Mr. Taylor-Rose has also been characterized by a long history of mood disorder. He has reported and the records indicate that he has been treated for Bipolar Affective Disorder (BAD). The available records do not provide specific evidence for symptoms of BAD. However, they do indicate several periods of a depressive disorder both in adolescence and in adulthood. As noted, in interview, the subject did not indicate that he was characterized by sustained periods of "elevated" mood or symptoms associated with a manic episode. Further, per interview, the subject denied any extended (e.g. two week) periods of depressed mood. The essential feature of **Major Depressive Disorder (MDD)** is a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities, as well as four other cognitive, psychomotor and/or vegetative symptoms. Rather, Mr. Taylor-Rose indicated that for most of his life he has been characterized by an intermittent depressive disorder, with dysphoric moods lasting no longer than one day. Records do suggest that at age 14, the subject was characterized by MDD, with significant irritability and associated aggression and suicidality. Consequently, he is most appropriately diagnosed with a **Dysthymic Disorder (DD)**. DD is defined by a depressed mood for most of the day, for more days than not either by subjective account or observation of others. The mood disorder must be present for at least two weeks and accompanied by two or more symptoms, in his case insomnia and either some feelings of hopelessness or low energy.

Mr. Taylor-Rose is also appropriately characterized by features of several Personality Disorders. Per the DSM-IV-TR, a personality disorder is defined as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is

manifested in two or more of the following areas: 1) cognition; 2) affectivity; 3) interpersonal functioning; or 4) impulse control. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations and leads to clinically significant distress or impairment in important areas of functioning. [The definition of a Personality Disorder under Ch. 71.09 RCW is remarkably similar. A Personality Disorder means “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has onset in adolescence or early adulthood, is stable over time and leads to distress or impairment.”] Based upon multiple sources within the available archival materials, the results of the past and current psychological testing and the current interview, in my opinion, Mr. Taylor-Rose manifests characteristics associated with several personality disorders; he has a very dysfunctional personality that has many maladaptive dimensions to it.

•**Anti-Social Personality Disorder (ASPD):** ASPD is defined as a pervasive pattern of disregard for and violations of the rights of others occurring since age 15 years. Based upon the available records and his self-report, Mr. Taylor-Rose appears to have met 7/7 of the “adult” criteria for this disorder, including: failure to conform to social norms with respect to lawful behaviors (as indicated by repeatedly performing behaviors that are grounds for arrest); deceitfulness; impulsivity or failure to plan ahead; irritability or aggressiveness, as indicated by repeated assaults; reckless disregard for the safety of others; consistent irresponsibility; and a lack of remorse, as indicated by being indifferent to or rationalizing having hurt another. This behavior was evident since turning 15 (as well as before that age) and has continued through until the present time.

The records support that Mr. Taylor-Rose has a long history of anti-social behaviors as a youth, particularly during his adolescence. There is evidence of stealing, aggression, running away, and truancy. He has admitted to a sexual acts perpetrated on at least one younger child as an older child. Essentially, from age 11-18, he was placed outside of the home in various group homes and residential treatment centers for externalizing behavior as a youth and adolescent. Thus, there is evidence of conduct disorder for the subject.

Mr. Taylor-Rose satisfies the criteria for **Antisocial Personality Disorder** per se.

In addition, the subject demonstrates additional significant maladaptive personality traits associated with other Personality Disorders, including:
In addition, Mr. Taylor-Rose is also characterized by maladaptive traits of other Personality Disorders.

•**Narcissistic Personality Disorder (NPD)**: **NPD** is defined by a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy. Mr. Taylor-Rose appears to meet at least 4/9 criteria for this disorder, including: has a sense of entitlement; is interpersonally exploitative; lacks empathy; and shows arrogant, haughty behaviors or attitudes.

•**Borderline Personality Disorder (BPD)**: **BPD** is defined as a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity. Mr. Taylor-Rose acknowledged, reported or has been described to some degree by at least 7/9 criteria for this disorder, including: a pattern of unstable and intense interpersonal relationships; identity disturbance (unstable self-image); self-damaging impulsivity in multiple areas; suicidal behavior or threats; affective instability due to marked reactivity of mood; chronic feelings of emptiness; and inappropriate, intense anger or difficulty controlling anger.

Further, it should be noted that the current testing and Mr. Taylor-Rose's history indicates that he is and has been characterized by a number of other maladaptive personality traits. *Current testing has indicated that he has demonstrated significant traits of a **Histrionic Personality Disorder** (defined as a pervasive pattern of excessive emotionality and attention-seeking).*

Thus, Mr. Taylor-Rose meets criteria for an Antisocial Personality Disorder, and a Borderline Personality Disorder; he also manifests significant maladaptive personality traits and characteristics of a Narcissistic and a Histrionic Personality Disorder. He is perhaps most appropriately described as having either a **Personality Disorder Not Otherwise Specified (NOS)** or a **Mixed Personality Disorder**, with prominent Antisocial, Borderline, Narcissistic and Histrionic personality elements or traits.

In addition to conceptualizing dysfunctional personality as one or more categories, characteristic personality styles can also be evaluated in terms of

dimensions. A relevant personality dimension to be considered with regard to Mr. Taylor-Rose is that of psychopathy. **Psychopathy** is defined by a characteristic pattern of interpersonal, affective, and behavioral symptoms which has an early onset and which characterizes an individual's long-term functioning, resulting in social and interpersonal dysfunction. It overlaps with but is not identical to the DSM-IV category of Anti-Social Personality Disorder (ASPD). Per the PCL-R manual (Hare, 2003), Psychopathy or a psychopath is described as having a distinct personality pattern involving interpersonal, affective, and behavioral symptoms:

Interpersonally, psychopaths are grandiose, egocentric, manipulative, dominant, forceful and cold-hearted. Affectively, they display shallow and labile emotions, are unable to form long-lasting bonds to people, principles, or goals, and are lacking in empathy, anxiety, and genuine guilt and remorse. Behaviorally, psychopaths are impulsive and sensation seeking, and they readily violate social norms. The most obvious expressions of these predispositions involve criminality, substance abuse, and failure to fulfill social obligations and responsibilities.

This construct can be measured via clinical rating scales. For adults, the Hare Psychopathy Checklist-Revised (PCL-R; Hare, 1991; 2003) consists of two independent factors; factor one measures interpersonal and affective characteristics such as egocentricity, lack of remorse, callousness etc. and a second factor which reflects aspects of personality related to an impulsive, anti-social, and unstable lifestyle.

Based upon the available archival materials, the current testing and ratings scales, and my interviews, I rated Mr. Taylor-Rose on the PCL-R. He achieved a total prorated score of 35 on this instrument. This well above the range (28-32) and the research cutoff of 30 used to identify an individual as a psychopath. This score places Mr. Taylor-Rose in the upper 1% of male adult criminal offenders. Salekin et al. (1996) have reviewed the literature on the PCL-R via a meta-analysis of 18 studies; they found adequate reliability, moderate to strong effect sizes and concluded that the PCL-R represents a good predictor of violence and general recidivism.

[Alternatively, Mr. Taylor-Rose may be best understood as being classified with **Dissocial Personality Disorder** (ICD, 1992). This personality disorder is defined as one that comes to attention because of "a gross disparity

between behavior and the prevailing social norms.” Mr. Taylor-Rose would appear to meet all of the following criteria for this disorder: callous lack of concern for the feelings of others; gross and persistent attitude of irresponsibility and disregard for social norms, rules, and obligations; incapacity to maintain enduring relationships; very low tolerance for frustration; incapacity to experience guilt and to profit from experience, particularly punishment; and marked proneness to blame others, or to offer plausible rationalizations, for the behavior that has brought the person into conflict with society. Dissocial Personality Disorder, because it integrates elements of Antisocial, Narcissistic and Psychopathic personalities would appear to be a particularly appropriate diagnosis for Mr. Taylor-Rose.]

Mr. Taylor-Rose’s history of sexual offending behavior appears to be a function or consequence of the convergence of his multiple psychological/psychiatric impairments; his deviant sexual interests, **Pedophilia** and his Personality Disorder (maladaptive personality) and/or Psychopathy. Each of these conditions can and should be viewed as predisposing characteristics toward sexual offending; for Mr. Taylor-Rose, many conditions and factors play a role in his past sexual offending. His sexual offending also reflects his multiple maladaptive personality characteristics reflecting a lack of internal affective controls (e.g. empathy, guilt), deficits in certain internal cognitive controls (e.g. the belief that forcing sexual contact with a male child or female adult is acceptable) as well as a striking insensitivity to external controls (e.g. the belief that he will not be caught and/or will not receive significant consequences for sexual acting-out). Mr. Taylor-Rose appears to be a very self-focused individual, with a diminished or compartmentalized conscience, as well as a person with heightened sexual preoccupation and/or hypersexuality, heightened stimulation-seeking and enduring cognitive characteristics of pronounced impulsivity, deficient problem solving and unwillingness to regulate his desires and impulses.

Per the U.S. Supreme Court’s decision in *Kansas v. Crane* (2002), the assessment of mental abnormality needs to include an assessment of whether or not the respondent has a “serious difficulty in controlling behavior.” It is my opinion, to a reasonable degree of psychological certainty, that Mr. Taylor-Rose is characterized by at least one "mental abnormality:" Pedophilia. It is my opinion that this mental abnormality, which characterizes Mr. Taylor-Rose, is a condition that affects his emotional or

volitional capacity. Per *Kansas v. Crane*, persons who commit sexual offenses as the result of such a Paraphilia demonstrate serious difficulty in controlling behavior (e.g. "...a mental abnormality that critically involves what a lay person might describe as a lack of control.") (p. 7). The cumulative records indicate that the positive experiences (e.g. hedonic experiences) that are Mr. Taylor-Rose's sexual arousal and urges are powerful forces relative to both his emotional and volitional control. The nature of Mr. Taylor-Rose's sexual criminal behavior evidences a repeated inability to control his sexual arousal/urges relative to minor males and, to a lesser degree, minor females and demonstrates serious difficulty controlling his sexual behavior. Further, it seems clear from Mr. Taylor-Rose's behavior that when he has had opportunities to engage in illegal or inappropriate sexual behavior, even in relatively public situations, he shows a clear lack of control; given opportunity and even limited permissive circumstances, he has acted on his sexual interests and urges. Despite having been detected, monitored and treated for his apparent sexual interest in younger children, he nonetheless acted out sexually.

In addition, Mr. Taylor-Rose is also diagnosed with an Antisocial Personality Disorder, with significant maladaptive Narcissistic and Borderline personality traits. Among the criteria for these conditions are lack of remorse, reckless disregard for the safety of others, impulsivity, affective instability and irritability and anger; the available evidence suggests that Mr. Taylor-Rose is characterized by these traits. Lack of remorse, disregard for the safety of others speak to problems in emotional capacity that directly relate to the concept of serious difficulty in controlling behavior; impulsivity as a comprised volition also directly relates to serious difficulty in controlling his behavior. Further, other aspects of his maladaptive personality, his self-centeredness, his lack of empathy for others, his emotional instability and his anger also create problems for him relative to emotional and volitional capacity; these maladaptive traits are ones also associated with serious difficulty in controlling his behavior.

Further, Mr. Taylor-Rose is also characterized by other conditions which, if not mental abnormalities per se on their own, are strongly contributory to his propensity for sexual offending. He reports periods where his sexual arousal and interest occupy a significant or even central place in his daily life; his interest in finding sexualized images via the Internet, participating in sexual chat rooms with young males, and engaging in cybersex and accompanying

masturbation are related to his risk for sexual offending. Similarly, per his report, his use of alcohol, marijuana, and methamphetamine are related to his experience of disinhibition and sexual acting out.

There is no evidence that Mr. Taylor-Rose is no longer characterized by his sexual disorder; paraphilias are generally regarded as lifelong dimensions of sexual arousal patterns. Little evidence exists that Mr. Taylor-Rose's Paraphilia, Personality Disorder(s) and Psychopathy are no longer present; generally, such conditions are regarded as enduring ones, largely unaffected by maturation or intervention. The most recent testing indicates that Mr. Taylor-Rose is characterized by relatively similar psychological (personality) characteristics, despite the passage of time and his experience of detention and general and sex offender treatment. He likely continues to be characterized by prominent deviant sexual interest. Thus, Mr. Taylor-Rose continues to be characterized by a chronic sexual disorder and various maladaptive personality traits, each of which can be strongly associated with self-gratifying and inappropriate sexual offending behavior. Further, his mental abnormality exists in conjunction with a complex and multifaceted Personality Disorder (and/or Psychopathy), characterized by a lack of concern for others and deficits in self-control, resulting in a particularly dangerous combination of predisposing conditions relative to both general self-control or self-regulation and future sexual offending.

**Likelihood of Engaging in Predatory Acts of Sexual Violence- Risk
Of Recidivism of Violent Sexual Behavior:**

A final prong of the SVP statute concerns the likelihood that a person with characteristics similar to a particular respondent is more probable than not to commit another sex offense during their remaining lifetime, detected or undetected. Given the nature of these laws, the likelihood of reoffending or the degree of risk posed by a sex offender does not necessarily involve a person's being legally processed for a new sex offense or even caught for a new offense (e.g. not simply an arrest or conviction) but *rather reoffending per se* (almost all of which is most likely to be undetected).

Consequently, quantifying the likelihood of future sexual offending for persons being considered for possible civil commitment is problematic for several reasons.

First, currently available follow-up studies range from estimates for 5-year up to 25-year periods, not “lifetimes” (the period of time required for consideration for the present purpose).

Second, current research measures future reoffenses predominantly via re-arrest or re-conviction; it is the consensus, if not the unanimous perspective, of scientific research regarding this area, that rates of arrests and convictions for sex offenses “significantly” underestimate the true rate (detected + undetected) of sexual offenses. Further, arrests and convictions are typically by “victim” and not by specific sex offending act; thus, some victims of certain sex offenders may have been victimized on multiple occasions by a perpetrator but only one offense incident is recorded or sanctioned. Available scientific attempts to determine the true rate of actual offenses committed by sexual offenders are obviously problematic for a variety of offender, victim and agency practices.

From an offender perspective, to be forthright and honest about the actual number of such offenses places an offender at risk of additional and more extensive incarceration and other negative consequences. Marshall and Barbaree (1989) noted that relying on the self-report of sex offenders regarding offenses is unwise because such reports are so unreliable. Abel and Rouleau (1990) reported on a unique study where sexual offenders voluntarily sought assessment for their paraphilias and where a Federal Certificate of Confidentiality guarded their anonymity; they pointed out that in the criminal justice system, offenders report only 5% of the sex crimes they admit to within the mental health system (also, Kaplan, 1985). Abel and Osborn (1992) reported that in a controlled study that 62% of paraphilics confronted with their physiologic measurements admitted to paraphilic diagnoses that they had previously denied or not revealed.

From a victim perspective, Bonta and Hanson (1994) found that only 10% of sex crime victims reported their sexual assault to the authorities. A Department of Justice (DOJ) study (2002) found that 2/3 of rape victims age 12 and older do not report their victimization to anyone. Abel et al. (1987) concluded that the probability of a child molester being detected (e.g. arrested) for a hands-on sex offense was approximately 3%.

Thus, both offenders and victims, particularly child victims, report substantially lower rates of sexual offenses than they either commit or experience.

Even in those limited instances when sex offenses are reported in some manner, such events do not necessarily enter systems where they are likely to “register” or “be counted.” Over the past 20 years, numerous studies have provided perspective on the degree to which “official” records of arrests and convictions underestimate the rate of true sexual offending. Marshall and Barbaree (1989) further reported that official police records of charges indicated a rate of reoffending 42% *less* than that obtained via unofficial records (e.g. reports to child protection or the police). Similarly, in another study (Marques et al., 1994), it was found that just reviewing parole office records produced a 33% increase in estimates of the number of serious crimes committed by sex offenders (e.g. crimes that were recorded and/or resulted in release violations but were not necessarily charged for more formal prosecution). In addition, research indicates that even when sex offenses are reported, particularly those involving children, less than 70% of those offenses are processed through the legal system. Falshaw et al. (2004) found that collecting evidence of any follow-up/recidivism for offense-related sexual behavior from multi-agency information increased the identification of any sex offense by fivefold relative to just a reconviction rate; the implication of this study was that convictions represent perhaps half of the sex offenses perpetrated by sex offenders. These studies indicate that a substantial number of “reported” sex offenses do not “enter” the formal legal system and/or result in new criminal charges. Even when reported sex offenses do “enter” the formal legal system and/or result in new criminal charges, the “sexual” component to an offense incident or episode may be “lost.” Thus, Rice et al. (2006) recently demonstrated that a substantial percentage of sex offenders’ historical acts of general “violence” (as recorded on their rapsheet or official criminal history) were *actually sexual* in nature. They concluded that counting only “rapsheet sexual” charges and convictions missed *half* of those recorded offenses that were probably or clearly hands-on sexual offenses.

In short, most sex offenses (particularly those against youth) go unreported and undetected; official records of rearrests and reconvictions are particularly significant underreports of the actual frequency of sex offending. Consequently, it is almost certain that all formal measures of sex

offense recidivism substantially underestimate the “true” rate of sex offenses subsequently committed by identified sex offenders.

A number of approaches have been developed to provide estimates of the probability of sex offense recidivism for persons with particular characteristics. These approaches include: base rates; individual risk factors; actuarial measures; and structured clinical judgment. Each of these approaches has particular utility relative to providing estimates of the likelihood of sex offense recidivism. Meyer et al. (2001) reviewed the literature on psychological testing and assessment. They concluded that the “optimal methodology...consists of combining data from multiple methods and multiple operational definitions...the quality of idiographic assessment can be enhanced by clinicians who integrate data from multiple methods of assessment.” (p. 150)

The *base rate* refers to the percentage of individuals in a group with a certain characteristic. Regarding sex offender recidivism, base rate refers to the percentage of sex offenders who reoffend over some particular period of time; the base rate may vary as a function of the nature or composition of study sample (which sex offenders are “available” to be studied), the length of the follow-up, the conditions applied to offenders during the follow-up period (e.g. supervision), the measure of recidivism and other factors.

Doren (1998) provided a review of a number of then existing studies and factors relative to determining the base rates for recidivism in sex offenders. He noted that recidivism studies typically relied upon *re-arrests* or *re-convictions* as measures of sex offense recidivism. Doren stated that either of these outcomes measures would *significantly* underestimate the rate of actual recidivism, since most sex offenses go undetected or unreported.

Doren concluded: “The overall conservative approximation for the long-term sexual recidivism base rates for child molesters and rapists were 52% and 39%, respectively.” (p. 108) On this basis, he concluded that these base rates demonstrated that sexual violence is not a rare event but rather that sexual offense recidivism falls in the mid-range of probability.

More importantly, Doren pointed out that sex offenders being considered for as potential candidates for civil commitment obviously are not simply the “average” or “typical” sex offender. He noted that a *high degree of*

selectivity already exists among state screening systems for referring repeat sex offenders for consideration for civil commitment (e.g. state systems are usually considering between just 1-12% of incarcerated sex offenders for commitment, based on multiple criteria, including risk issues). Given that civil commitment screening procedures identify a quite small group of sex offenders and the moderate rate of sexual offending among sex offenders in general, Doren noted that, among those considered for civil commitment, it will be more likely that many actual sexual recidivists (“true positives”) will be inaccurately predicted as non-recidivists: “In this scenario, the over-prediction of recidivism would equal zero while the under-prediction of recidivism would be very great...*there is a very significant under-prediction of sexual predation when it comes to the commitment of sexual offenders within the sexual predator laws as they are currently implemented.*” (emphasis added; p. 109-110)

Doren’s (2002) later review of the research literature also suggested that the base rate for a future sex offense committed by a child molester, as measured by simply rearrest and/or reconviction (e.g. an underestimate) could be as great as 50% over an extended period of follow-up.

A meta-analysis of multiple samples has also examined the rates of sex offense recidivism in samples of sex offenders (Harris & Hanson, 2004). These authors studied predominantly subsequent sex offense convictions in 10 follow-up studies of adult male sex offenders (with a combined sample of 4,724). Relative to the Doren study, the Harris and Hanson study followed a more diverse sample “*including many low risk offenders serving community sentences*” (p. 11; e.g. Washington state SOSA offenders; emphasis added) as well as first-time offenders and incest offenders. The mean years of follow-up were less than 11 years for 8 of the ten samples. However, the authors utilized the two remaining samples and particular statistical analyses to calculate likely or estimated recidivism rates for future sex offenses. The mean rate of sexual recidivism for “sex offenders” was 24%. For child molesters with a male victim, the rate of sexual recidivism was 35% for an estimated 15-year follow up. However, sex offenders with a previous sex offense conviction had *approximately double* the rate for future sex offenses compared to offenders who did not have a previous official history of sex offenses. These authors did not provide information as to the relative increase in sex offense recidivism for offenders with more than just one previous sex offense. Compared to the Doren analyses which identified

higher rates of recidivism, the Harris and Hanson study relied primarily on sex offense *convictions* as their measure of recidivism; in addition, they did not provide specific estimates of recidivism for time periods longer than 15 years.

Several unique studies provide some particular perspective on higher risk sex offenders of the type considered for civil commitment. Milloy (2003) conducted a study of released sex offenders recommended for civil commitment in the state of Washington but where no petition for such commitment was filed. Approximately 29% committed a new felony sex offense that resulted in a criminal conviction during an average follow-up period of just six years. Thus, even using a restrictive measure of sex offense recidivism (e.g., reconviction), Milloy found that a relatively large percentage of presumably higher risk of sex offenders reoffended at an elevated rate during a relatively short follow-up period. More recently, Milloy (2007) updated her earlier analyses. She followed 135 sex offenders who had been screened and recommended for civil commitment in the state of Washington but where no petition was filed and they were released to the community; this constituted an additional 46 sex offenders not included in the previous study. Offenders were followed for a uniform period of 6 years. One-half of the individuals had a new felony conviction; 33% committed a violent but not sexual crime. Of the 135 offenders, 23% committed some type of new felony sex offense that resulted in a criminal *conviction* (84% of this group were arrested for a felony sex offense involving physical contact). Of this last group, 74% were convicted of felony contact crimes such as rape, indecent liberties and assault. *In total, approximately 29% of these sex offenders committed an additional sex offense within just 6 years after being released from detention.* Ten percent of the sample had at least one additional referral for civil commitment by the end of the 6-year period and 4% subsequently received life sentences without parole after new convictions in Washington State. Milloy concluded: "...the distinctiveness of the select population of sex offenders in the current study is clearly illustrated by a comparison of this group's recidivism rates to those of an overall population of released Washington State sex offenders. The offenders who were considered and/or referred by evaluators for possible civil commitment have a much higher pattern of recidivism than the full population of released sex offenders." (p. 8) Thus, Milloy's studies confirmed Doren's contention that the risk of reoffending is higher among

the group of sex offenders initially selected for consideration for civil commitment.

In summary, then, the base rate for sexual recidivism for child molesters released as adults over a 15-25 year period of time, by itself, would suggest that a likelihood of sexual reoffending that is relatively high; the available data suggest that as many as half of child molesters will be rearrested for another sex offense over a 15-25 year period of time after release from incarceration.

Beyond the base rate, the next method for assessing relative risk for sex offender recidivism involves considering those *individual risk factors* identified by research investigations to be correlated or associated with sexual reoffending. Numerous studies have attempted to identify key characteristics of sexual offenders and their offenses that are predictive of future sex offenses.

Rice et al. (1990; 1991) found that subjects convicted of a new sex offense had previously committed more sex offenses, had been admitted to correctional institutions more frequently, were more likely to have been diagnosed as personality disordered, had higher psychopathy scores, and had shown more inappropriate sexual preferences. Using largely the same sample followed for a longer period of time (a mean of 50 months), Quinsey et al. (1995) found that sex offenders who reoffended after release were significantly differentiated by a number of risk factors. Quinsey et al. identified variables that were associated with an increased risk of sexual recidivism. Of these, Mr. Taylor-Rose is characterized by the following: deviant sexual arousal; psychopathy; prior convictions for other offenses; prior violent non-sexual conviction; prior conviction for a sex offense; previous admissions to corrections; previous youth victim; a previous female victim; a previous male victim; and a number of male victims. Relative to this analysis, he is not characterized by a previous adult victim of sexual offending or not having a marital type relationship. In short, Mr. Taylor-Rose is described by virtually all of the specific variables that Quinsey et al. found to be associated with a higher likelihood of sexual reconviction.

Regarding men who sexually offend against minors, Hanson et al. (1993) found the variables that best predicted sex offense recidivism among child

molesters were: prior sexual convictions, self-reported prior sexual offenses, boys only as victims and no long-term marital relationship. Mr. Taylor-Rose is characterized by most of these variables. Prentky et al. (1997a) identified three risk factors associated with recidivism measured by re-arrest among child molesters, including a degree of sexual preoccupation with youth, more paraphilias, and number of prior sexual offenses; these three factors predicted a high percentage of child molesters who committed future offenses when released from a treatment center for sexually dangerous persons. At least two of these risk factors would characterize Mr. Taylor-Rose. In addition, Proulx et al. (1997) found that child molesters subsequently re-convicted for a sexual offense: had higher pedophilic indices, had more previous sexual charges, more frequently had male victims, more frequently had extra-familial victims, were more likely to live alone and were younger. Mr. Taylor-Rose is characterized by almost of these characteristics. Seto et al. (2004) reported that higher scores on the SSPI were positively correlated with sexual recidivism among male sex offenders with child victims. As noted earlier, Mr. Taylor-Rose has the maximum score possible for the SSPI, indicating that he has a particularly elevated risk for future sex offending.

More recently, sufficient studies of sex offender recidivism have accumulated that researchers have been able to conduct "meta-analyses" or studies of the findings across multiple studies (e.g. studies of existing individual studies). Hanson and Bussiere (1998) conducted a meta-analysis of general sexual offense recidivism studies to identify factors associated with such recidivism as defined by subsequent arrest or conviction. Specifically, the best risk factors at identifying repeat sexual offending were as follows: sexual preference for children ($r = .32$); any deviant sexual preference ($r = .22$); prior sexual offenses ($r = .19$); failure to complete treatment ($r = .17$); antisocial personality disorder/psychopathy ($r = .14$); any prior offense ($r = .13$); age ($r = .13$); never married ($r = .11$); any unrelated victim ($r = .11$); and any male child victim ($r = .11$). In summarizing their findings, they identified that sexual offense recidivism was best predicted by *sexual deviancy variables* (deviant sexual interests and victim choices such as boys or strangers, prior sexual offenses), *general criminological factors* (younger age, total prior offenses) and *failure to complete treatment*. *Personality disorders* were also related to sexual recidivism, particularly *Antisocial Personality Disorder*. Mr. Taylor-Rose is effectively characterized by all of these factors.

Most recently, Hanson and Morton-Bourgon (2004) selectively updated the earlier meta-analysis. This most recent meta-analysis of risk factors for general sexual offense recidivism by would indicate that Mr. Taylor-Rose would be identified as having issues in the following domains associated with a greater risk of sexual reoffending: deviant sexual arousal; antisocial orientation; personality disorder(s); indices of rule violations (e.g. parole/probation violations; conduct violations); and issues (e.g. absence of or conflicts) in intimate relationships.

In short, Mr. Taylor-Rose appears to be characterized by almost all of the individual risk factors identified by the extant research literature as associated with a greater risk of sex offense recidivism. A consideration of individual risk factors related to future sexual reoffending for sex offenders released from custody, as applied to the subject, would identify a risk of sexual reoffending that places Mr. Taylor-Rose's risk for sex offender recidivism above the legal threshold of "more probable than not" over his remaining lifetime.

Thus, the recent meta-analyses and other multivariate studies of the sex offender recidivism literature have identified largely "static" or historical factors that are empirically related to recidivism (e.g. Hanson & Bussiere, 1996, 1998; Hanson & Morton-Bourgon, 2004; Quinsey et al., 1995). Following directly from this body of research, risk assessment instruments (RAI) have been developed largely through a so-called "actuarial" methodology; these RAI can be considered as attempts to develop adjusted base-rates for groups of sex offenders with particular numbers and types of easily measured risk factors. Actuarial methods are typically ones that rely on objectively identified factors associated with an outcome of interest; an actuarial scale specifies *which factors* are selected for examination and the relative "*weight*" that factor has as part of the assessment of some outcome. Actuarial scales are statistical means of selecting and combining easily obtained information and examining the degree to which those particular variables are associated with some future outcome (e.g. predictive accuracy). Starting in the mid-1990s, several actuarial scales were developed that have been repeatedly demonstrated to show moderate predictive accuracy of sex offender recidivism for adult male sexual offenders. More specifically, these actuarial instruments provide estimates of the degree of risk (probability) of sex a future sex offense for sex offenders with particular numbers or degree of risk factors (Doren, 2002; Hanson, 1998; Quinsey, et al., 1998; 2005).

Most actuarial instruments were developed as screening instruments and were designed to rely on variables or risk factors which were most likely to be found in the criminal history/correctional records of sex offenders and which could be easily counted or scored. These instruments also have varying length of follow-up periods for which they provide sex offender recidivism rates; these periods range from six to fifteen years. Further, different instruments rely on different "outcomes" to measure sex offender recidivism, ranging from convictions to arrests; other instruments rely on broader outcomes in an effort to address the dramatic under-reporting of sexual offending. In short, actuarial measures have been developed which utilize statistical combinations of a limited number of risk factors and their association with the likelihood of rearrests or reconvictions for different behaviors for varying measures of future sex offenses.

As Meyer et al. (2001) demonstrated the available data indicate that "validity coefficients for many psychological tests are indistinguishable from those observed for many medical tests...what is salient for our purpose is the difficulty one has in distinguishing psychological test validity from medical test validity." (p. 135)

Actuarial RAIs include the Static-99 (Hanson & Thornton, 1999); the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R: Epperson, et al, 1998; 2003) and the Sex Offender Risk Appraisal Guide (SORAG, Quinsey, et al., 1998; Quinsey, et al, 1995; Rice & Harris, 1997; Rice, Harris & Quinsey, 1990; Rice, Quinsey, & Harris, 1991). At present, actuarial assessment is regarded as a core assessment methodology. There are now sufficient empirical studies in the scientific literature that provide independent cross validation of these four actuarial instruments. According to their meta-analysis (Hanson and Morton-Bourgon, 2004; 2007; 2009), in predicting sexual recidivism among sex offenders, the average predictive accuracy of all the individual risk scales was in the moderate to large range: Static-99 ($d = .70$), MnSOST-R ($d = .72$) and SORAG ($d = .61$). The confidence intervals for each of these risk scales overlap; this means that their respective predictive accuracies are not significantly different from each other. Therefore, studies published to date indicate that there are at least three actuarial instruments that provide reasonable predictions of sexual recidivism, with no apparent advantage to any specific test. The use of multiple actuarial measures has been endorsed by multiple individuals (e.g. Hanson, 2008; Barbaree et al., 2008) based on several considerations.

Scientifically, there is no “best” instrument; they possess equivalent degrees of predictive accuracy from a measurement perspective. In addition, since the different actuarial instruments contain unique as well as overlapping variables they each measure recidivism using different sets of risk factors. The relative ranking of risk by the different actuarial instruments may be different for different individuals. Issues in scoring of the different measures will make less of a difference when multiple measures are utilized; multiple actuarial instruments lead to increased reliability in identifying the relative risk of a particular offender. Finally, to the degree that a “set” of (multiple) actuarial measures converge in identifying that an offender is at higher risk, than there can be increased confidence in concluding that that sex offender is at higher risk for sexual reoffending.

On the basis of this consideration of the extant literature, the present evaluation of long-term risk for sexual recidivism will be based on the scoring of the three commonly used actuarial instruments, the Static-99, the MnSOST-R and the SORAG.

The Static-99 is an instrument for measuring sex offender recidivism developed by Hanson and Thornton (2000). The variables in the Static-99 can be grouped across five dimensions: sexual deviance, range of available victims, persistence or lack of deterrence, anti-social behavior patterns, and age. Using the indicated point assignment for this rating tool, Mr. Taylor-Rose received a score that places him in the “moderate-high” category of reoffending. Using the original norms, this score is associated statistically with about a 40% likelihood of being *reconvicted* for a new sexual offense over a fifteen-year period post-release from incarceration (with some degree of error surrounding this approximation).

As Hanson and Thornton have noted, two primary limitations of the Static-99 is that it does not directly measure deviant sexual preference (which was the strongest recidivism predictor in a meta-analysis of risk factors sexual recidivism by Hanson and Bussiere) and that recidivism is defined primarily by reconviction. Based upon this second limitation, Hanson and Thornton acknowledge that scores on the Static-99 are likely to significantly *underestimate* an individual’s true likelihood of sexual reoffending, particularly for time periods longer than 15 years. Hanson and Thornton (2003) have provided ranges of estimates of actual (detected + undetected) sexual offending for persons with particular scores on the Static-99. For a

person scoring in the “high” category, per Hanson and Thornton, the range of estimates for sex offense recidivism would be from 47-69% over 15 years.

It should be noted that, subsequently, more recent research efforts found that the ability of Static-99 to *rank* relative risk is reasonably consistent across samples and settings, but the observed recidivism rates have varied somewhat across samples. Consequently, the developers of Static-99 suggested in 2008/2009 that the original norms be replaced by new norms based on samples that are more recent, more representative, and/or larger than the original samples (e.g. Helmus et al., 2009); in 2009, they suggested yet a different set of rates for a modified version of the Static (e.g. the Static-99R; Hanson et al., 2009). They are continuing in the process of reanalyzing multiple data sets to determine what the most appropriate recidivism figures should be. This research has also found that there is meaningful variation in the sexual recidivism rates based on factors not measured by Static-99. However, identified absolute recidivism rates and the factors associated with variations in such rates have varied markedly in these two most recent attempts to analyze this data. Further, an attempt to modify the Static-99 to account for the age of the offender in a different manner, produced results that while statistically significant, resulted in *no clinical significance* relative to those results (e.g., Helmus et al., 2009).

Mr. Taylor-Rose was also scored on the MnSOST-R (Epperson et al., 1999; Epperson et al., 2003), a revised version of the Minnesota Sex Offender Screening Tool. On this instrument, Mr. Taylor-Rose received a score that is associated statistically with about a 57% likelihood of being re-arrested for a new sexual offense over a six-year period post-release from incarceration, with some degree of error surrounding these approximations and depending on an assumption of what is called the base rate for sexual recidivism of this type. [Recent reports have indicated that this rate may be suppressed for sex offenders for a period of time when they are under supervision.]

Quinsey and his associates (1998; 2006) published the Sex Offender Risk Appraisal Guide (SORAG). The SORAG is also an actuarial instrument developed to predict rearrest for a new violent/interpersonal offense (inclusive of sexual offense). However, it is also been demonstrated to have

strong predictive strength when use to predict sex offenses specifically (Langton, 2002; Harris et al., 2003). When Mr. Taylor-Rose is scored according to the criteria for this instrument, with some degree of error surrounding this approximation, his score is statistically associated with a 100% probability of violent reoffending within seven years and a 100% probability of violent reoffending within ten years (Quinsey et al., 1998). More recently, Harris et al. (2002) found that the observed rate of reoffending among a sample of sex offenders for persons with Mr. Taylor-Rose's characteristics was found to be 76% after an average of five years of opportunity. [However, as a result of Canadian law, it should be noted that in all of these studies by Rice, Harris and Quinsey, those persons with perhaps the greatest risk of reoffending were not released into the community, thus decreasing the likely base rate of reoffense and the resultant predictive accuracy. Consequently, these figures are conservative and represent an underestimate of the likely true rate of recidivism.]

As noted, the SORAG has now been demonstrated to possess predictive accuracy specifically to sex offenses recidivism (e.g. Langton, 2002; Harris et al., 2003). However, the authors continue to advocate providing percentages for the category of "violent interpersonal offenses" as the best or optimal measure of "true" sex offense recidivism. Quinsey et al (1998) have opined: "Although overinclusive, *violent recidivism is likely to capture significantly more sexual reoffenses than the more commonly used [rapsheet] sexual recidivism definition...*we have found that many offenses that appeared to be nonsexual violent offenses are actually ones that have a sexual component or sexual motivation...*We conclude, therefore, that the outcome of greatest relevance for the risk among sex offenders is violent recidivism. Even if one is interested only in new sexually violent offenses, it may be argued that violent recidivism is a more valid outcome measure for evaluating predictive accuracy than sexual recidivism as currently defined.*" (p. 129-130, emphasis added). More recently, in their updated book, Quinsey et al (2006) reiterated this point and wrote: "...using violent recidivism...is at least as accurate a measure of offense that are truly sexually violent as is sexual recidivism that can be ascertained as clearly sexual from police rap sheets alone." (p. 142)

Empirical support for violent recidivism as an accurate measure of sex offense recidivism has recently been published. As cited previously, Rice et al. (2006) recently demonstrated that a substantial percentage of sex

offenders' historical acts of "rap sheet violence" were actually sexual in nature. They concluded that counting only "rap sheet sexual" charges and convictions misses *half* of those recorded offenses that were probably or clearly hands-on sexual offenses. They found that counting the total history of violent offenses approximates the true number of hands-on sexual offenses and does not miss the most serious offenses. This suggests that the measure of violent offenses in the future provides a particularly appropriate measure of likely *detected* acts of sex offense in the future. In Mr. Taylor-Rose's history, most his known convictions for "interpersonal violence" as an adult have been sexually motivated ones; it is reasonable to assume that most or all future acts falling within the general category of interpersonal violence for Mr. Taylor-Rose would also be sexually motivated ones.

Applying the actuarial measures of future sexual offending (scored based upon the available information) produces convergent estimates of Mr. Taylor-Rose's likelihood of reoffending. Given different methods for viewing and interpreting the actuarial results, all three actuarial instruments converge in identifying a risk of sexual reoffending that is beyond the legal threshold of "more probable than not" in Mr. Taylor-Rose's remaining lifetime. The results of actuarial measures per se should be considered to *represent a significant underestimate* of future sexual recidivism for at least two reasons. First, they are all based upon rearrests and reconvictions for sex offenses, both of which are considered to be significant under-representations of actual sexual reoffending. Second, available studies only measure recidivism for relatively discrete and brief periods of time (e.g. 6-15 years); none of these measures currently provide sex offense recidivism figures for periods of more than 15 years. Obviously, these figures do not represent the actual lifetime risk of "true" or "real" sexual recidivism for persons with Mr. Taylor-Rose's life-expectancy (e.g. approximately 80+ years); thus, if released the subject would have up to 50 additional years of "offending opportunity." Consequently, the estimates of sexual reoffending for Mr. Taylor-Rose provided by the actuarial measures most likely represent attenuated rates for sexual recidivism (e.g. 6-15 years of follow-up). Finally, actuarial measures use multivariate research techniques; they necessarily "collapse" or "combine" statistically related variables into one another to reduce the number of variables considered to a smaller number of such variables. In addition, they do not necessarily include variables that are difficult to measure, that were not selected or measured by multiple studies or are idiosyncratically associated with sexual offending. Overall, actuarial

measures do not provide comprehensive coverage of risk factors for sex offending. For all of these reasons, actuarial measures are likely to produce underestimates of sex offender recidivism.

Still another method for assessing risk for sex offender recidivism is the use of structured clinical judgment or structured professional judgment (abbreviated as SPJ). The PCL-R is the most researched clinical rating scale in the area of violent assessment. Both Salekin et al. (1996) and Hemphill et al. (1998a; 1998b) have reviewed the literature on the PCL-R via meta-analysis of individual studies; they found adequate reliability, moderate to strong effect sizes and concluded that the PCL-R represents a good predictor of violence and general recidivism. Hemphill et al (1998a; b) found that both PCL-R factors contributed equally to the prediction of violent recidivism and that the PCL-R routinely added incremental validity to predictions of recidivism (e.g. making a significant contribution above and beyond other variables studied such as criminal history and personality disorder diagnoses).

The most recent meta-analysis of risk factors by Hanson and Morton-Bourgon (2004) found that higher PCL-R scores were associated with an increased risk of sex offense recidivism. On its own, Mr. Taylor-Rose's very high score on the PCL-R and its designation of Psychopathy would indicate increased relative risk for violent, and more specifically, sexual recidivism. The mean PCL-R score for any prisoner in a state correctional facility is approximately 22 while that for the general population of males is 6 (Hare, 1991). Prentky and Knight (1988, cited in Hare, 1991) used the PCL-R with a sample of rapists and child molesters; they found a mean score for the pooled sample of 29. The association between dimensional scores on the PCL-R and criminal and violent outcomes is, for the most part, linear; this means that a higher score on the PCL-R is associated with a higher likelihood of future criminal or violent behavior (Hart & Hare, 1997). Using the cutoff of 30 has yielded significant differences between those groups of individuals classified as psychopaths and those who scored under the cutoff. In the most recent meta-analyses of the PCL-R and its relationship to recidivism was studied across multiple individual studies (Hemphill et al., 1998a; Hemphill et al., 1998b). Results demonstrated that the PCL-R was consistently among the best predictors of recidivism, whether utilized as a continuous or categorical measure. In fact, surprisingly, survival analyses for "medium" and "high" PCL-R groups were not clearly differentiated from

one another; both of these groups showed similar recidivism rates and patterns. The PCL-R score was typically the strongest (or one of the strongest predictors) of violent and sexual recidivism. In a study of rapists and child molesters, Quinsey et al. (1995) found that within 6 years of release from prison, more than 80% of psychopaths (versus 20% of non-psychopaths) had violently recidivated and that many of their offenses were sexual in nature; it should be noted that psychopathy was defined by a score of 25 or greater on the PCL-R. Rice and Harris (1997) found that violent recidivism rates for five years after release were 85% for persons classified as psychopaths by record review (e.g. cutoff score of 25 or more) based upon survival analysis; this rate was approximately 50% above that of non-psychopaths.

One instrument developed for providing a structured clinical risk assessment for sexually violent recidivism, the Sexual Violence Rating Scale (SVR-20; Boer et al., 1997). This instrument provides a list of twenty variables believed to be associated with a higher risk of sex offense recidivism. Of these risk factors, historically, Mr. Taylor-Rose is or has been characterized by some degree of the following 16 domains: 1) deviant sexual arousal; 2) victim of child abuse; 3) psychopathy; 4) major mental illness; 5) substance abuse problems; 6) suicidal ideation; 7) relationship problems; 8) employment problems; 9) past non-sexual violent offenses; 10) past non-violent offenses; 11) past supervision failure; 12) multiple sex offense types; 13) minimization or denial of his sex offenses; 14) attitudes that support sexual offending; 15) a negative attitude toward intervention; and 16) a lack of realistic future plans. He does not appear to be characterized by: high density offenses; physical harm to victims in sex offenses; use of weapon or threats of death in sex offenses; or escalation in frequency or severity of sex offenses. Overall, the rating derived from structured clinical/professional judgment would indicate that Mr. Taylor-Rose has a **very high** likelihood of sexual recidivism.

The results of the structured clinical judgments identify a risk of sexual reoffending that is above the legal threshold of "more probable than not" in Mr. Taylor-Rose's remaining lifetime.

In short, in considering the variety of potential approaches to gauging future risk of sexual recidivism including 1) base rates, 2) individual risk factors, 3) the combined results of the actuarial measures, and 4) structured professional judgment (for both adult and juvenile sex offender recidivism), it is this evaluator's opinion that individually and collectively the available methods of risk assessment clearly converge in indicating that Mr. Taylor-Rose's risk of sexual reoffending is beyond the legal threshold of "more probable than not" to engage in future sex offenses over his remaining lifetime.

Further, there are several individual or situational factors that have been empirically demonstrated to be associated with relative likelihood of sexual reoffending for sex offenders that should be considered relative to adjusting an individual's assessed level of risk for sexual recidivism.

First, recently, there has been a scientific and forensic interest in the manner in which additional "dynamic" or "psychological" risk factors ("needs) may interact with static risk provided by RAIs. The Structured Risk Assessment-Forensic Version (SRA-FV) is a conceptually based instrument for assessment of potential long-term vulnerabilities or propensities that may predispose an offender towards future sexual offending. These long-term vulnerabilities are also sometimes referred to as psychological or dynamic risk factors. The constructs reflected within the SRA-FV have been shown to be related to sex offense risk in numerous research efforts and in the creation of other instruments intended to measure these constructs. The SRA-FV was developed from the Structured Risk Assessment process (e.g. Thornton & Knight, 2009). The SRA-FV provides a score for three domains (or groups of factors). Those are: Sexual Interests, Relational Style and Self-Management. The SRA-FV has shown significant incremental validity in improving the risk assessment over use of the Static-99R alone. (Thornton, 2010a)

Mr. Taylor-Rose was scored on the SRA-FV. He received elevated scores on all three domains: Sexual Interests, Relational Style and Self-Management Domain. His total score on the SRA-FV was "5.2" This falls in the Very High priority category; this level of Need strongly indicates that exceptional levels of risk management are appropriate for such a sex offender. Research exists combining data from the Static-99R and the SRA-FV. On the Static-99R, Mr. Taylor-Rose's score in combination with a score on the SRA-FV

greater than 2.5 (e.g. Mr. Taylor-Rose's score was substantially higher – twice as high at 5), would indicate that the level of risk associated with this combination of a particular static/historical RAI and a particular level of dynamic psychological needs would place an individual in a risk category of more probable than not to sexually reoffend in the future.

Second, Mr. Taylor-Rose's age merits consideration of his relative risk of reoffending. In general, the risk of sexual offending appears to decline over time as individuals' age. In contrast, younger offenders are viewed as at particularly high risk to reoffend. Harris and Rice (2006) found that (younger) *age of onset* of violent, including sexual offending (as opposed to age at release from last incarceration) was associated with a greater likelihood of recidivism; Hanson (2006) reported similar results. In addition, Thornton (2006), Thornton and Knight (2006), and Doren (2006) reported on research suggesting that the risk of sexual offending did not appear to decline with age for "higher risk" sex offenders. Moreover, thus, at age 33 - and as someone who began sexually offending at a particularly young age- there would be no expected decrease in Mr. Taylor-Rose's estimated risk for sex offense recidivism as a function of the interaction of increasing age and his particular past sexual offending history. In addition, as noted, he would have approximately up to 60 years of potential offending opportunity if released to the community.

Third, sex offender treatment is a potential dynamic factor with some association to the possibility of reducing certain risk factors related to sex offense recidivism. Hanson et al. (2002) and Losel and Schmucker (2005) conducted meta-analyses of more recent treatment studies involving sex offenders; they found that persons who completed treatment showed lower rates of sex offense recidivism follow-up periods. In contrast, Rice and Harris (2003) have offered a critique of the Hanson et al study and concluded that there is no scientific basis for concluding that the effectiveness for psychosocial treatments remains to be demonstrated. The only controlled scientific study of sex offenders indicating that they wanted treatment and who were randomly assigned to treatment, found that cognitive-behavioral relapse prevention treatment coupled with community aftercare had no effect on the recidivism rate of child molesters or rapists (e.g., Marques et al., 2005).

Further, there is increasing evidence that higher risk sex offenders, in particular, do not show a significant positive response to conventional sex offender treatment as measured by lower recidivism rates. Friendship et al. (2002) found that high risk offenders (per a modified Static-99 measure) who received sex offender treatment had higher rates of sex offense reconvictions over a two year follow-up period; further, there appeared to be no difference in recidivism rates between high risk offenders who received treatment and those who did not. Hanson et al. (2002) found that sex “[o]ffenders referred to treatment based on perceived need had significantly higher sexual recidivism rates than other offenders considered not to need treatment.” Similar findings were identified by Losel and Schumcker. Of particular importance, Stirpe et al. (2001) found that higher risk sex offenders who received sex offender treatment did not maintain motivation over time in the community.

More recently, Hanson (2006) found that few studies of sex offender treatment met minimal criteria for scientific rigor; of the four that did, *no evidence of a significant treatment effect was demonstrated*. Most recently, Hanson et al. (2008) have drafted a meta-analysis of treatment outcome studies for sex offenders. Of 130 possible studies for inclusion, 105 were rejected as methodologically inadequate. They ended up considering only 23 studies, of which only 5 had “good” and 1 had “strong” methodological characteristics. Considerable variability in outcome was found across these studies. Although they found similar recidivism rates identified in previous meta-analyses (11%), they wrote: “Confidence in these findings, however, must be tempered by the observation that most studies used Weak research designs...*Researchers restricting themselves to the better quality, published studies...could reasonably conclude that there is no evidence that treatment reduces sexual offence recidivism.*” Further, Hanson et al. wrote: “Many of the factors targeted in contemporary treatment programs do not [target risk factors empirically associated with recidivism]. Offence responsibility, social skills training, and victim empathy are targets in more than 80% of sexual offender treatment programs...yet none of these have been found to predict sexual recidivism.”

Nonetheless, it is possible that sex offender treatment may make a difference for some sex offenders. In Mr. Taylor-Rose’s case, after 7 months of participation in SOTP, preceded by multiple courses of sex offender treatment as a juvenile and followed by Phase In the initial interview, of

SOTP over 5 ½ years, did not stop him from engaging in illegal and or high risk behavior, including accessing child pornography, Internet solicitation of potential minors, attempts at sexual contact with minor males (e.g. SP) or another sexual offense. While he indicated that he wanted to re-enter SOTP when initially incarcerated, his most recent responses on the MSI II indicate that Mr. Taylor-Rose does see further sex offender treatment as particularly valuable for him (and his responses to the MMPI-2 indicate that he would not likely be responsive to further treatment).

Further, the joint presence of deviant sexual arousal (DSA) and antisocial orientation and/or relative psychopathy has been identified as conferring a particular risk of sexual reoffending to sex offenders; Doren (2004) identified these as the “dynamic duo” of sexual reoffending, where each domain represents one of the primary pathways to sexual offending. Rice and Harris (1997) found the combination of higher PCL-R scores (e.g., 25 and above) and deviant sexual arousal resulted in substantially faster and higher rates of sexual reoffending; sexual recidivism per survival analysis was approximately 60% for this group. More recently, this research group again confirmed this finding [Harris et al. (2003)]. In addition, other investigators (e.g. Serin et al., 2001; Doren, 2003; Hildebrand et al, 2004) have demonstrated that this “dynamic duo” of increased antisocial characteristics and deviant sexual arousal are associated with higher rates of sexual offending. Mr. Taylor-Rose is characterized by both a higher PCL-R score (35, Psychopathy) and Pedophilia (a form of deviant sexual arousal), thus indicating a particularly elevated risk for sexual offending.

In addition, there is some research that indicates that exposure to psychosocial treatment can actually increase the risk of recidivism for persons who are relatively psychopathic (e.g. Rice, 1997). This can occur when persons with psychopathic characteristics may become more socially adept as a result of their treatment experience or learn to “speak the language of treatment” modeled by staff and treatment materials. For certain psychopathic sex offenders, one conclusion appears to be that exposure to treatment may enhance their ability to victimize by increasing their social skills and ability to “socialize.” Thus, in particular, given his high degree of psychopathy, Mr. Taylor-Rose’s long-term exposure to treatment may actually have increased his risk of recidivism. In a related manner, such treatment participation may provide a high-risk sex offender with a false sense that he can be safe in the community.

Regarding the issue of future predatory sex offenses, Mr. Taylor-Rose's records indicate several relevant areas of information. At least one of his detected victims was a casual acquaintance with whom he had no substantial personal relationship and the other was the younger brother of a recent friend. In both cases, there is evidence that the subject groomed both the victim himself and the family for access to that victim. In short, as evidenced by his history of sexual offending behavior in the community, it seems clear that Mr. Taylor-Rose's likelihood of future sex offenses would likely involve "predatory acts of sexual violence."

Further, to be weighed against Mr. Taylor-Rose's claimed behavioral changes are the result of the recent testing. These tests results are the computerized, actuarial interpretations of the subject's own self-report. First, on two of the tests there was evidence of some defensiveness or impression management. Second, per both the MMPI-2 and MSI II, the substantive results of the test interpretations indicate that Mr. Taylor-Rose remains characterized by fundamentally the same personality characteristics and personality dynamics/issues as in the past: self-centeredness, impulsive hedonism, unstable, erratic moods, dependency and a significant need for acceptance, and significant problems with authority. Given the degree of risk for sexual offending that characterizes Mr. Taylor-Rose, the findings that particular aspects of his personality disorder persist in a largely unremitted form must be of tremendous concern.

In summary, for several reasons, Mr. Taylor-Rose should be regarded as a person with characteristics that indicate the need for civil commitment as sex offender or someone who is highly likely to be dangerous, in a sexual manner, potentially to a variety of victim types. First, the base rates for reoffending for sex offenders, and child molesters in particular would indicate that Mr. Taylor-Rose presents at least a moderate risk for committing another sexual offense. The estimated rates for Mr. Taylor-Rose are substantially higher when one considers the nature of his criminal and more specifically sexual offending history as assessed by actuarial measures and the context of the other situational factors noted above. Mr. Taylor-Rose is also characterized by many specific risk factors associated with future sexual offending. Second, the current psychological testing and the history of past clinical evaluations and supervision observations all suggest similar personality characteristics indicating ongoing issues in Mr. Taylor-Rose's internal affective and cognitive controls and indifference or disregard for convention or social authority. The estimated rates for Mr. Taylor-Rose are

particularly elevated when one considers the nature and duration/chronicity of his sexual offending and his apparent indifference to engaging in sexual offending, no matter what the consequences might be for him. Third, when one considers Mr. Taylor-Rose's sexual offending history, it has been one characterized by compulsivity, impulsivity, and opportunism when he has resided in the community. The degree of harm associated with the types of acts of sexual offending perpetrated by Mr. Taylor-Rose is significant. Thus, there is strong evidence that Mr. Taylor-Rose carries a significant risk or probability for future harmful or dangerous sexual reoffending. Thus, it can be concluded that Mr. Taylor-Rose meets the additional criterion for classification as a SVP. Based upon all of these considerations, it is more probable than not that Mr. Taylor-Rose is predisposed to commit predatory sexually violent offenses in the future.

In conclusion, it is my opinion, from a psychological/psychiatric perspective and with a reasonable degree of professional certainty, that Mr. Taylor-Rose is characterized by a mental abnormality, **Pedophilia** and an **Antisocial Personality Disorder** [and or a **Personality Disorder Not Otherwise Specified (NOS)** or a Mixed Personality Disorder with additional significant Borderline and Narcissistic traits)], each of which is an acquired or congenital condition. In addition, the subject is also characterized by other sexual disorders, including significant, multiple forms of substance abuse and Hypersexuality, conditions that also bear a significant relationship to his risk for sexual acting out. The mental abnormality and personality disorder each affect Mr. Taylor-Rose's emotional and/or volitional capacities. Mr. Taylor-Rose has demonstrated serious difficulty controlling his behavior in the realm of sexual behavior, as well as more generally; he has demonstrated significant serious difficulty in controlling his behavior for years and while in structured, secure settings and under intensive community supervision. These characteristics, in turn, predispose him to commit future predatory sexually violent offenses in a degree constituting such person a menace to the health and safety of others. With a reasonable degree of psychological certainty, it is my opinion that Mr. Taylor-Rose is a person who is "more probable than not" to engage in predatory acts of sexual violence if not confined in a secure facility and if he is released unconditionally from detention, all as defined Washington Ch. 71.09 RCW.

The available information indicates that Mr. Taylor-Rose continues to present a danger to others in terms of future sexual offenses against minors if he were to reside outside a secure facility and does not receive intensive,

long term general and continued sex offender specific treatment. Without additional intervention, Mr. Taylor-Rose is likely to be characterized by the same risk factors and/or psychological/psychiatric characteristics that provided the basis for his history of criminal sexual behavior in the past. It is my opinion that Mr. Taylor-Rose should be provided with additional intensive, long-term and residential (inpatient) sex offender treatment program to offer significant hope of reducing his apparent risk of sexual recidivism. Further, he will continue to benefit from a comprehensive and secure treatment program, given his history of inappropriate sexual behavior and sexual offending in the community, his failure to make significant gains despite multiple attempts at intervention both within prison, juvenile placements and in the community, and his continued sexual offending and inappropriate sexual behavior while residing in the community.

I declare under penalty of perjury, under the law of the State of Washington, that the foregoing is true and correct.

Respectfully Submitted,

Harry M. Hoberman

Harry M. Hoberman, Ph.D.
Licensed Psychologist

October 10, 2011

References

- Abel, G.G., Becker, J.V., Cunningham-Rathner, J., Mittelman, M. & Rouleau, J. L. (1988). Multiple paraphilic diagnoses among sex offenders. **Bulletin of the American Academy of Psychiatry and the Law**, 16, 153-168.
- Abel, G.G., & Rouleau, J.-L. (1990). The nature and extent of sexual assault. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), **Handbook of sexual assault: Issues, theories, and treatment of the offender**. New York: Plenum, 9-21.
- Abel, G.G., Rouleau, J. L. & Osborn, C.A. (1993). Sexual disorders. In G. Winokur & P. J. Clayton (Eds.) **The medical basis of psychiatry**. Philadelphia: Saunders, 253-271.
- American Psychiatric Association. (2000). **Diagnostic and Statistical Manual of Mental Disorders-Text Revision. (Fourth Edition)**. Washington, D.C.: American Psychiatric Association.
- Anderson, R.D., Gibeau, D. & D'Amora. (1995). The sex offender treatment rating scale: Initial reliability data. **Sexual Abuse: A Journal of Research and Treatment**, 7, 221-227.
- Barbaree, H.E. & Marshall, W.L. (1988). Deviant sexual arousal, offense history, and demographic variables as predictors of reoffense among child molesters. **Behavioral Sciences and the Law**, 6, 267-280.
- Barbaree, H. E., Blanchard, R. & Langton, C.M. (2003). The development of sexual aggression through the life span: The effect of age on sexual arousal and recidivism among sex offenders. In R.A. Prentky, E. Janus, & M.C. Seto (Eds.). **Understanding and managing sexually coercive behavior**. NY: Annals of the New York Academy of Science, 59-130.
- Becker, J.V. & Quinsey, V.L. (1993). Assessing suspected child molesters. **Child Abuse and Neglect**, 17, 169-174.
- Beckett, B. (1994). Assessment of sex offenders. In T. Morrison, M. Erooga and R. Beckett (Eds.), **Sexual offending against children: Assessment and treatment of male abusers**. New York: Routledge, 55-79.
- Boer, D.P., Hart, S.D., Kropp, P.R., & Webster, C.D. (1997). **Manual for the Sexual Violence Risk-20**. Vancouver, B.C.: Mental Health, Law & Policy Institute, Simon Fraser University.
- Bonta, J. & Hanson, K. (1994). **Gauging the risk of violence: Impact and strategies for change**. Ottawa, Canada: Department of the Solicitor General of Canada.
- Bureau of Justice Statistics (2002). **Rape and sexual assault: Reporting to police and medical attention, 1992-2000**. Washington, D.C.: U.S. Department of Justice.

Doren, D. M. (1998). Recidivism base rates, predictions of sex offender recidivism, and the sexual predator commitment laws. **Behavioral Science and the Law**, *16*, 97-114.

Doren, D. M. (2002). **Evaluating sex offenders: A manual for civil commitments and beyond**. Thousand Oaks, CA: Sage.

Doren, D.M. (2005). Toward a multidimensional model for sexual recidivism risk. **Journal of Interpersonal Violence**.

Doren, D.M. (2006). What do we know about the effects of aging on recidivism risk for sexual offenders? **Sexual Abuse: A Journal of Research and Treatment**, *18*, 137-157.

Earls, C.M. (1992). Clinical issues in the psychological assessment of child molesters. In W.M O'Donohue & J. Geer (eds.). **The sexual abuse of children: theory, research and therapy**. Hillsdale, NJ: Erlbaum, p. 232-255.

Epperson, D.L., Kaul, J., Huot, S., Goldman, R., & Alexander, W. (2003). **Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) Technical Paper: Development, Validation, and Recommended Risk Level Cut Scores**. Department of Psychology, Iowa State University.

Epperson, D.L., Kaul, J. & Hesselton, D. (1999). **Minnesota Sex Offender Screening Tool-Revised (MnSOST-R): Development, Performance, and Recommended Risk Level Cut Scores**. Department of Psychology, Iowa State University.

Falshaw, L, Bates, A., Patel, V., Corbett, C. & Friendship, C. (2003). Assessing reconviction, reoffending and recidivism in a sample of UK sexual offenders. **Legal and Criminological Psychology**, *8*, 207-215.

Forth, A.E., Kosson, D.S., & Hare, R.D. (2003) **The Hare PCL: Youth Version. Technical Manual**. New York: Multi-Health Systems, Inc.

Friendship, C., Mann, R.E., & Beech, A.R. (2003). Evaluation of a national prison-based treatment program for sexual offenders in England and Wales. **Journal of Interpersonal Violence**.

Gacono, C. (2000). **The Clinical and Forensic Assessment of Psychopathy: A Practitioner's Guide**. NY: L. Earlbaum.

Gudjonsson, G.H. (1990). Self-deception and other-deception in forensic assessment. **Personality Individual Differences**, *11*, 219-225.

Hagan, M.P. Anderson, D.L., Caldwell, M.S., & Kemper, T.S. (2010) **International Journal of Offender Therapy and Comparative Criminology**, *54*, 61-70.

- Hanson, R. K. (2008) Personal communication.
- Hanson, R.K. (1998). What do we know about sex offender risk assessment? **Psychology, Public Policy & the Law**, 4, 50-72.
- Hanson, R.K. (2001). **Age and sexual recidivism: A comparison of rapists and child molesters**. Ottawa, Canada: Department of the Solicitor General of Canada.
- Hanson, R.K. (2005). **The validity of Static-99 with older sexual offenders**. Ottawa, Canada: Public Safety and Emergency Preparedness.
- Hanson, R.K. (2006). **What works: The principles of effective interventions with offenders**. Paper presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Chicago, ILL, October.
- Hanson, R.K. & Bussiere, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. **J. of Consulting and Clinical Psychology**, 66, 348-362.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L., & Seto, M. (2002). First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sex offenders. **Sexual Abuse: A Journal of Research and Treatment**, 14, 169-194.
- Hanson, R.K. & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. **Law and Human Behavior**, 24,
- Hanson, R. K., & Thornton, D. (2003). **Notes on the development of the Static-2002**. Ottawa, ON: Solicitor General Canada.
- Hanson, R.K. & Morton-Bourgon, K. (2004). **Predictors of sexual recidivism: An updated meta-analysis 2004-02**. Ottawa, Canada: Public Safety and Emergency Preparedness.
- Hanson, R.K. & Morton-Bourgon, K. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. **Psychological Assessment**, 21, 1-21.
- Hanson, R. K., Helmus, L., & Thornton, D. (2008). **Predicting recidivism among sexual offenders: A multi-site study of Static-2002**. Manuscript in preparation.
- Hanson, R. K., Lloyd, C. D., Helmus, L., & Thornton, D. (2008). **Using multiple samples to estimate percentile ranks for actuarial risk tools: A Canadian example using Static-2002**. Manuscript submitted for publication.

Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2008; in preparation). **The principles of effective correctional treatment may also apply to sexual offenders: A meta-analysis.** Ottawa, Canada: Public Safety and Emergency Preparedness.

Hanson, R.K., Phenix, A., Helmus, L. (2009). Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2008). **Static-99(R) and Static-2002 (R): How to interpret and report in light of recent research.** Pre-Conference Workshop presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, Dallas, TX, September.

Hanson, R.K., Steffy, R.A., & Gauthier, R. (1993). Long-term recidivism of child molesters. **J. of Consulting and Clinical Psychology**, 61, 646-652.

Hare, R.D. (2003). **The Hare Psychopathy Checklist – Revised Technical Manual.** (2nd Edition) New York: Multi-Health Systems, Inc.

Hare, R. & Hart, S.D. (1997). Psychopathy: Assessment and association with criminal conduct. In D. Stoff, J. Breiling, & J. Maser (Eds.). **Handbook of Antisocial Behavior.** NY: Wiley.

Harris, A., Phenix, A., Hanson, R.K., & Thornton, D. (2003). **Static-99 Coding Rules Revised-2003.** Ottawa, Canada: Public Safety and Emergency Preparedness.

Harris, A., & Hanson, R.K. (2004). **Sex Offender Recidivism: A simple question (2004-03).** Ottawa, Canada: Public Safety and Emergency Preparedness.

Harris, G.T, Rice, M.E., Quinsey, V.L., Lalumiere, M.L., Boer, D. & Lang, C. (2003). A multi-site comparison of actuarial risk instrumentation for sex offenders. **Psychological Assessment**, 413-425.

Helmus, L. Hanson, R.K., & Thornton, D. (2009). Reporting Static-99 in light of new research on recidivism norms. **ATSA Forum**, Vol. XXI (1).

Hemphill, J.F., Templeman, R. Wong, S. & Hare, R.D.. (1998a). Psychopathy and crime: Recidivism and criminal careers. Cooke, D., Forth, A. Ed., & Hare, R. D. (Eds.). **Psychopathy: Theory, research, and implications for society.** Amsterdam: Kluwer, 375-399.

Hemphill, J.F., Hare, R.D., & Wong, S. (1998b). Psychopathy and recidivism: A review. **Legal and Criminological Psychology**, 3, 139-170.

Hildebrand, M., de Ruiter, C. & de Vogel, V. (2004). Psychopathy and sexual deviance in treated rapists: Association with sexual and nonsexual recidivism. **Sexual Abuse: A Journal of Research and Treatment**, 16, 1-23.

Langan, P.A., Schmitt, E.L. & Durose, M.R. (2003). Recidivism of sex offenders released from prison in 1994. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Langton, C.M., Barbaree, H.E., Seto, M.C., Peacock, E.J., Harkins, L., & Hansen, K.T. Actuarial assessment of risk for reoffense among adult sex offenders: Evaluating the predictive accuracy of the Static-2002 and five other instruments. **Criminal Justice and Behavior**, *34*, 37-59.

Lozel, F. & Schmucker, M. (2005) The effectiveness of treatment for sex offenders: A comprehensive meta-analysis. **Journal of Experimental Criminology**, *1*, 117-146.

Kaplan, M.S. (1985). **The impact of parolees' perceptions of confidentiality on the reporting of their urges to interact sexually with children.** Unpublished doctoral dissertation, New York University.

Knight, R. A. & Thornton, D. (2007). **Evaluating and Improving Risk Assessment Schemes for Sexual Recidivism: A Long-Term Follow-Up of Convicted Sexual Offenders.** Report submitted to the Department of Justice.

Marques, J.K., Day, D.M., Nelson, C., & West, M. A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). **Sexual Abuse: A Journal of Research and Treatment**, *17*, 79-1071-23.

Marshall, W. L. & Barbaree, H.E. (1989). Sexual violence. In K. Howells & C. R. Hollin (Eds.). **Clinical approaches to violence.** NY: J. Wiley, 205-246.

McGrath, R.J. (1990). Assessment of sexual aggressors: Practical clinical interviewing strategies. **Journal of Interpersonal Violence**, *5*, 507-519.

Meloy, J. R. (1989). The forensic interview. In R. Craig (Ed.), **Clinical and diagnostic interviewing.** Northvale, NJ: Jason Aronson, p. 323-344.

Meyer, G.J., Finn, S.E., Eyde, L.D., Kay, G.G., Moreland, K.L., Dies, R.R., Eisman, E. J., Kubizyn, T.W., & Reed, G.M. (2001). Psychological testing and psychological assessment: A review of evidence and issues. **American Psychologist**, *56*, 128-165.

Milloy, C. (2003). **Six-Year Follow-Up of Released Sex Offenders Recommended for Commitment Under Washington's Sexually Violent Predator Law, Where No Petition Was Filed.** Olympia, WA: Washington State Institute for Public Policy.

Milloy, C. (2007). **Six-Year Follow-Up of 135 Released Sex Offenders Recommended for Commitment Under Washington's Sexually Violent Predator Law, Where No Petition Was Filed.** Olympia, WA: Washington State Institute for Public Policy.

Prentky, R. A., Knight, R. A., & Lee, A.F.S. (1997a). Risk factors associated with recidivism among extrafamilial child molesters. **J. of Consulting and Clinical Psychology**, *65*, 141-149.

Prentky, R. A., Lee, A.F.S., Knight, R. A., & Cerce, D. (1997b). Recidivism rates among child molesters and rapists: A methodological analysis. **Law and Human Behavior**, *21*, 635-659.

Proulx, J., Pellerin, B., Paradis, Y., McKibben, A, Aubut, J. & Ouiment, M. (1997). Static and dynamic predictors of recidivism in sexual aggressors. **Sexual Abuse: A Journal of Research and Treatment**, *9*, 7-27.

Quinsey, V.L., Harris, G.T., Rice, M.E., & Cormier, C.A. (1998). **Violent offenders: Appraising and managing risk**. Washington, D.C.: American Psychological Association.

Quinsey, V.L., Harris, G.T., Rice, M.E., & Cormier, C.A. (2006). **Violent offenders: Appraising and managing risk**. (2nd Edition) Washington, D.C.: American Psychological Association.

Quinsey, V.L., Lalumiere, M.L., Rice, M.E., & Harris, G.T. (1995). Predicting sexual offenses. In J.C. Campbell (Ed.): **Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers**. Thousand Oaks, CA.: Sage, 114-137.

Rice, M.E., Quinsey, V.L., & Harris, G.T. (1991). Sexual recidivism among child molesters released from a maximum security psychiatric institution. **J. of Consulting and Clinical Psychology**, *59*, 381-386.

Rice, M.E. (1997). Violent offender research and implications for the criminal justice system. **American Psychologist**, *52*, 414-423.

Rice, M.E., Harris, G.T. & Quinsey, V.L. (1990). A follow-up of rapists assessed in a maximum-security psychiatric facility. **J. of Interpersonal Violence**, *5*, 435-448.

Rice, M.E., Quinsey, V.L., & Harris, G.T. (1991). Sexual recidivism among child molesters released from a maximum security psychiatric institution. **J. of Consulting and Clinical Psychology**, *59*, 381-386.

Rice, M.E., & Harris, G.T. (1995). Violent recidivism: Assessing predictive validity. **J. of Consulting and Clinical Psychology**, *63*, 737-748.

Rice, M.E. & Harris, G.T. (1997). Cross-validation and extension of the Violence Risk Appraisal Guide for Child Molesters and Rapists. **Law and Human Behavior**, *21*, 435-448.

Rice, M.E. & Harris, G.T. (2003). The size and sign of treatment effects in therapy for sex offenders. In R.A. Prentky, E. Janus, & M.C. Seto (Eds.). *Understanding and managing sexually coercive behavior*. NY: **Annals of the New York Academy of Science**, p. 428-440.

Rice, M., Harris, G.T., Lang, C. & Cormier, C.A. (2006). Developing actuarial tools to predict sexual recidivism: What is the best criminal record outcome measure? **Criminal Justice and Behavior**

Salekin, R. T., Roger, R. & Sewell, K.W. (1996). A review and meta-analysis of the Psychopathy Checklist and Psychopathy Checklist-Revised: Predictive Validity of Dangerousness. **Clinical Psychology: Science and Practice**, 3, 203-215.

Seto, M.C. & LaLumiere, M.L. (2001). A brief screening scale to identify pedophilic interests among child molesters. **Sexual Abuse: A Journal of Research and Treatment**, 13, 15-25.

Seto, M.C., Harris, G.T., Rice, M.E., & Barbaree, H.E. (2004). The Screening Scale for Pedophilic Interests predicts recidivism among adult male sex offenders with child victims. **Archives of Sexual Behavior**, 33, 455-466.

Sewell, K.W. & Salekin, R.T. (1997). Understanding and detecting deception in sex offenders. In R. Rogers (Ed.) **Clinical assessment of malingering and deception**. (2nd edition) NY: Guilford.

Thornton, D. (2003). **Models of real reoffenses rates: Clinical implications**. Paper presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers, St. Louis, MO, October.

Thornton, D. (2006). Age and sexual recidivism in the middle years of life. **Sexual Abuse: A Journal of Research and Treatment**.

Thornton, D. (2010). **Structured Risk Assessment Using the Forensic Version of the SRA in Sex Offender Risk Assessment**. Presentation/Training, Atascadero California, December.

Thornton, D. & Knight, R. (2009). **Using SRA Need Domains based on Structural Judgment to revise Relative Risk Assessments based on the Static-2002 and Risk Matrix 2000**. Paper Presented at the Annual Meeting of the Association for the Treatment of Sexual Abusers. Phoenix, AZ, October.

Widiger, T. A. et al. (1995). **Personality Disorder Interview-IV: A Semistructured Interview for the Assessment of Personality disorders**. Odessa, FL: Psychological Assessment Resources.

World Health Organization. (1992). **The ICD Classification of Mental and Behavioral Disorders**. WHO: Geneva, Switzerland.