

# **WASHINGTON STATE CHAPTER OF THE ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS**

**MONTHLY MEETING – 11.15.2013  
1 – 3:00 P.M.**

## **Attendees**

Christmas Covell, Dan Knoepfler, Michael O'Connell, Bruce Olson, Linda Paxton, John Rockwell, Kecia Rongen, Maureen Saylor, Paul Spizman, Jennifer Wheeler, Florence Wolfe, Dan Yanisch

*Introductions:* Attendees participated in brief introductions

## **Business Items**

Dr. Wheeler reviewed primary discussions / updates from the WATSA Board meeting that occurred right before this general meeting.

### Future WATSA meetings:

- January 17, 2014: will feature Rick Minnich talking about polygraphy, at Northwest Treatment Associates, in Seattle
- No meeting in February because of upcoming conference
- March 21, 2014: will feature Lisa Johnson (of the King County Prosecutor's Office), and other JRA prosecutors to discuss their impressions as consumers of sex offense specific and how better to collaborate with providers. Location to be determined.
- April 18, 2014: will feature Andrea Piper Wentland of the Washington Coalition of Sexual Assualt Victims. Location to be determined.
- May 16, 2014: (tentatively) will feature the new Department of Corrections SOTP Clinical Director. Location to be determined.
- June 20, 2014: Program to be determined. Location will be in Wenatchee

The upcoming Spring Conference will take place at Suncadia Lodge (Cle Elum, WA) from February 28 through March 2, 2014. Members are encouraged to go to WATSA.org for information and to register. Speakers will include:

- James Cantor -- presenting research on brain functioning and sex offending behavior
- Andrew Harris -- talking about risk assessment and research on static and dynamic risk factors
- Attorney Robert Smith -- discussing the latest HIPAA and Electronic Protected Health Care Information requirements

### Updates:

#### **Membership Committee:**

- There is an upcoming election for Board Members in January. ATSA is encouraging a move to President Elect as opposed to Vice President status. Dr. Wheeler's term as president is due to expire in January, and no one has expressed interest in running for that position. Also with terms expiring in January are Covell, Hover, Judd, Kirkpatrick, and Pinedo.
- Discussion was held considering reducing the frequency of WATSA Board meetings and General meetings. Some possibilities included quarterly, or every other month meetings. Also recommended that the Board meetings be allotted more time because we often don't get to cover all topics that need discussion. We could start those meetings earlier, or

- make sure that people arrive on time and ready to get started. More discussion will be needed.
- Discussion about fixing the location of each meeting on an annual basis. For instance, always having the June meeting in Wenatchee has been a positive for scheduling purposes. Other reliable locations have been Northwest Treatment Associates and the Steilacoom Town Hall. This idea should be discussed with the general membership for additional ideas and input.
- Discussion of ways to boost WATSA membership. Some people find it prohibitive that you must first be an ATSA member, as that entails two membership fees. It was noted that for those who are not direct researchers or treatment providers, ATSA does have an “Affiliate Member” category for attorneys, CCO’s, Victim Advocates, etc. This is a very reasonable \$35 per year fee, and then the person can become a WATSA member as well. ATSA is very willing to send brochures and banners to the local chapters’ conferences, etc., to explain and recruit.

## **Sex Offender Policy / Legislative**

A working committee is progressing with a report that includes recommendations for possible modification of SSOSA. The efforts are to:

- clarify who is eligible for SSOSA (not just for family members)
- look for SSOSA-like sentence for child porn or other offenders based on level of risk
- revitalize the SOTP Advisory Committee
- address elimination of lifetime supervision requirements for non-revoked SSOSA completers

## **Budget**

We generated a small profit (approximately \$170) from the Fall Retreat last month, even though we did not fill all the rooms. This year there were more official attendees. Right now there is a solid account balance of approximately \$18K.

## **Presentation Information:**

The remainder of the meeting was devoted to discussions by members who attended ATSA conference last month, passing on information that they gathered from sessions. These included:

### **Seto metanalysis:      *Internet Sex Offenders*, by Michael Seto**

Recidivism to resume CP (child pornography) use: for someone with no prior hands on offenses, rates are very very low (2-4%). However, they are a more sexually deviant population than other sex offenders (40% self report arousal to minors, PPGs, and polygraphs). Deviance does not equal risk for this population.

High use of CP is almost a proxy for a pedophilia dx

Contact offenders with children

CP only offenders recidivism of CP as well as hands on offending is incredibly low.

Access to children (not necessarily your own children) is a high risk factor.

We don’t have risk assessment instruments for this group—yet. Seto does have a tool in development that is based on existing measures. If we modify our existing tools (taking out non-contact offenses) you get a very realistic tool.

Treatment for CP offenders will likely not be as intensive as for hands on offenders. It will be looking at DRFs such as treatment needs, intimacy deficits.

### **Karl Hanson and Babchishin: *The Characteristics of internet sex offenders: an updated meta-analysis***

CP is a predictor for pedophilia

Opportunity matters—access to kids is where you need to focus your attention  
Both CP and hands on are higher risk on sexual deviance and antisociality—they are more likely to break rules. We are still gathering information about this.

**Kloess, Beach, Harkins, Long, and Shipley :** *Solicitation Offenders: Behavior and Motivation in Interactions with Victims via Internet Communications*

Solicitation offenders we have even less info on. They tend to be younger, with lower sexual self regulation, but are less paraphilic and less criminally focused. Researchers are trying to understand the distinctions between types of solicitation.

Fantasy driven vs. contact driven – they generate fantasies but don't necessarily have any intention to meet a child. Can be more like a computer avatar.

**Angela Eke and Michael Seto:** Assessment and treatment of internet sex offenders (preconference). *Child Pornography Offenders: "Final" Findings from the Police Case File Study*

2% detected for new hands on offense, 4% new CP offense

Existing risk measures predict recidivism over just 2 years

The non-violent, non-sexual offenses are much more likely than sexual reoffense

CPORT – Child Pornography offender tool, not yet validated, ongoing since 2004

We are seeing that people's on-line interests clearly match with their real life interests.

**Looman and Abracen,** *Working with High Risk Sex Offenders*,

Canada is doing the same work we are in SVP settings, but they do them in prison and without all the high costs and legal rigmarole. They screen out and don't treat the low risk offenders in Canada. “Don't waste your time with them.”

Current Canadian Prime Minister: “We don't understand sex offenders, and we don't care to.”

Poster session and session by Cantor on Hebephilia being an actual disorder. They are different from pedophiles and teleophiles. People who offend against adults are more antisocial.

**Ogi Ogas, Ph.D. and Sai Gaddam, Ph.D. :**

“A Billion Wicked Thoughts—What the Internet Reveals about Sexual Desire”, by

<http://tinyurl.com/nxjrv5f>

Today, the average age that kids find their first sexual image on the Internet is age 11. In 2005 it was age 16.

**Important websites:**

Croga.org

--understanding how you use illegal images

--images are children

Isotp.org/net

[Micahel.seto@theroyal.ca](mailto:Micahel.seto@theroyal.ca)

For WATSA members who took part in the discussion and presentation--please note that you earned *1.5 continuing education credits* through the Washington Department of Health.