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DIVISION ONE

SEP 17 2017

NO. 67932-5 and NO. 68998-3

**COURT OF APPEALS, DIVISION I
OF THE STATE OF WASHINGTON**

In re the Detention of:

ALAN MEIRHOFER,

Petitioner,

v.

STATE OF WASHINGTON,

Respondent.

**ANSWER TO MOTION FOR DISCRETIONARY REVIEW AND
PERSONAL RESTRAINT PETITION**

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I. IDENTITY OF RESPONDENT

The Respondent herein is the State of Washington, by and through Assistant Attorneys General Tricia Boerger and Sarah Sappington.

II. DECISION BELOW

Alan Meirhofer seeks discretionary review of the Whatcom County Superior Court's Order on Show Cause Hearing dated October 10, 2011, continuing his civil commitment as a Sexually Violent Predator. In addition, he has filed a Personal Restraint Petition related to the same Order. Meirhofer requests that the Order be reversed and a new trial ordered to determine whether he continues to meet the criteria as a sexually violent predator.

III. ISSUES PRESENTED FOR REVIEW

- A. Did the trial court commit probable error by finding the State met its burden of proving that Meirhofer remained a sexually violent predator?**
- B. Did the trial court commit probable error by finding that Meirhofer had not provided probable cause sufficient to warrant a new trial as to whether Meirhofer remained a sexually violent predator?**
- C. Should this Court grant Meirhofer's Personal Restraint Petition where he is detained on the basis of widely-recognized diagnoses and risk assessment techniques?**

IV. STATEMENT OF THE CASE

Alan Meirhofer is a serial sex offender who has committed numerous brutal sexual assaults against children and young adolescents. During those assaults, Meirhofer typically bound and gagged his victims before orally and anally raping them.

The details of Meirhofer's offenses, as set forth by this Court in its unpublished opinion upholding Meirhofer's commitment as a sexually violent predator, are as follows:

On December 4, 1986, Alan Meirhofer burglarized the home of 13 year old MM and took a set of keys and a jewelry box. That night, he entered the home a second time at 2:30 a.m. A houseguest, upon hearing noise from the telephone answering machine, went downstairs to investigate. It was later discovered that someone had cut the telephone line, causing the answering machine to beep. The houseguest, upon seeing Meirhofer attempting to open the front door, shouted a warning to the boy and his mother and then ran upstairs where the three locked themselves in a bedroom. Meirhofer, wearing a mask, came upstairs and tried to force his way into the bedroom. He told them that he had a knife. After the boy climbed out a window and went for help, Meirhofer left. Meirhofer later pleaded guilty to first degree burglary and second degree assault for this incident.

At about 6 a.m. that same morning, an intruder entered the home of 13 year old JH. Her home was located less than one and a half miles from MM's home. The intruder wore a mask and carried a knife. He tied JH up and raped her numerous times. The later investigation revealed that the intruder had also disabled the telephone line.

Later, at about 6:45 a.m. the same morning, an intruder entered the home of 13 year old RB. RB's home was located approximately two and a half miles from the home of JH. The intruder, wearing a mask and wielding a knife, raped the boy. After the crime, the police discovered a disabled telephone line.

Six months later, on July 17, 1987, 13 year old PF awoke in his bedroom to find an intruder standing over him. The man wore a mask and held a knife. He placed the knife at the boy's throat and abducted him. The man removed the mask while driving. He drove PF to a rural area and raped him. He then drove the boy home and threatened to burn his house down if he told anyone about the rape. As the man drove away, PF noted part of the car's license number.

Investigators found that the telephone line in the home had been cut. Based on the license plate number, police concluded that Meirhofer's car may have been involved. The police created a photo array including a picture of Meirhofer. The victim identified Meirhofer as the rapist. Upon learning the location of Meirhofer's residence, police searched the apartment and found a jewelry box from the residence of MM. This led to charges in the earlier incidents. The State charged Meirhofer with first degree burglary and first degree rape for the attacks against JH and RB. The State dropped these charges in exchange for his guilty plea for the crimes at MM's residence. Meirhofer also was charged with, and later pleaded guilty to, first degree rape and second degree kidnapping based on the July 1987 incident.

Meirhofer v. State, No. 46735-2-I, 2001 WL 1643535 (Wash. Dec. 24, 2001) at *1. Additional information regarding Meirhofer's history of sexual offending is provided in the April 15, 2011 Annual Review dated prepared by Dr. Rob Saari, Ph.D. (Appendix A):

On April 11, 1986, thirteen year-old J.A. was home alone after his mother left for work when Meirhofer, wearing a ski mask, entered J.A.'s home and grabbed the boy by the wrist. App. A at 4. A struggle ensued and J.A. ended up on the floor. *Id.* J.A. asked Meirhofer what he intended to do and he said "I'm going to suck your dick." *Id.* Meirhofer tied J.A.'s wrists with a rope and then took J.A. back to the bedroom where he directed J.A. to undress. *Id.* at 5. Meirhofer then fellated J.A. *Id.* Next, Meirhofer laid down on the bed and directed J.A. to sit on Meirhofer's penis, which J.A. did and Meirhofer raped J.A. *Id.* Meirhofer then directed J.A. to lie down on his stomach and Meirhofer again anally raped J.A. *Id.* Finally, Meirhofer laid on his stomach directed J.A. to anally penetrate him and J.A. complied. *Id.* After doing so, Meirhofer allowed J.A. to get dressed and Meirhofer changed into clothes he brought with him in a bag. *Id.* At some point during the assault, Meirhofer took his mask off and J.A. recognized Meirhofer as the man he had talked to while playing video games at a convenience store the night before. *Id.* Meirhofer had walked J.A. home before saying goodnight. *Id.* J.A. provided a general description of Meirhofer, but no suspect was identified until Meirhofer was arrested in 1987 and found in possession of J.A.'s student identification card. *Id.* Meirhofer admitted to having sexual relations with J.A., but claimed it was consensual and that J.A. had invited

him to come over after J.A.'s mother left for work when they spoke the night before. *Id.* Meirhofer was not convicted of this offense. *Id.* at 4.

On June 3, 1986, nine year-old J.L. was waiting at a school bus stop in North Seattle when a man drove up and asked the boy to help the man with a car problem. App. A at 5. J.L. agreed and got behind the driver's wheel as asked. *Id.* Meirhofer then pushed the boy into the passenger seat and drove away, directing J.L. to get down on the seat and cover himself with a blanket and a shirt. *Id.* Meirhofer then directed J.L. to undress and showed J.L. that he was armed with a pistol. *Id.* Meirhofer drove J.L. to a field surrounded by trees, directed the boy out of the car and onto his hands and knees. *Id.* Meirhofer lubricated J.L.'s anus before anally raping him. *Id.* Meirhofer then fellated the boy. *Id.* Meirhofer then directed J.L. to get dressed and returned to the North Seattle neighborhood and freed the boy. *Id.* Meirhofer became a suspect in the case because of the similarity to the other offenses, but when Meirhofer was arrested, J.L. was unwilling to attend a lineup to identify Meirhofer. *Id.* Meirhofer was not convicted of this offense. *Id.*

On September 10, 1987, ten year-old Z.H. was playing at a Stanwood elementary schoolyard with some schoolmates when an unknown man approached them and asked Z.H.'s schoolmates to go into the school and get some information about the school's teachers for him.

App. A at 5. When the other boys left, Meirhofer produced a small handgun and directed Z.H. into a nearby car. *Id.* Meirhofer directed the boy to keep his head down so he would not be seen and directed Z.H. to undress. *Id.* at 6. Meirhofer drove Z.H. to a secluded field and instructed the boy to get out of the car. *Id.* Meirhofer rubbed petroleum jelly, suntan lotion, baby lotion and baby powder on Z.H. before anally raping him. *Id.* Meirhofer also fellated the boy. *Id.* During the assault, Meirhofer inserted flesh-colored balloons into Z.H.'s rectum and blew them up with a device and by blowing on them orally. *Id.* Meirhofer then allowed the boy to get dressed and drove him back to the neighborhood where he found him. *Id.* In October 1987, Z.H. was able to positively identify Meirhofer in a lineup, but because Z.H. had been hypnotized in an effort to help him remember details of Meirhofer's vehicle, Z.H.'s identification was not admitted in evidence in any of the criminal charges against Meirhofer. *Id.* Meirhofer was not convicted of the offense against Z.H.

In June of 1996, when Meirhofer was about to be released following his conviction for first degree rape and second degree kidnapping based on the 1987 incident, the State filed a petition alleging that he was a sexually violent predator. The case went to trial in May of 2000. At that trial, the State presented, *inter alia*, the videotaped testimony of Dr. Anna Salter, Ph.D. Dr. Salter testified that, in her

opinion, Meirhofer suffers from two mental abnormalities, Pedophilia and Paraphilia Not Otherwise Specified (“NOS”): Nonconsent, (*see* App. B [Salter Deposition] at 25, 32-34) as well as a personality disorder, specifically, Personality Disorder NOS with Antisocial Features. App. A at 19. Meirhofer was committed by a unanimous jury and has been confined at the Special Commitment Center (“SCC”) since that date.

Since commitment, Meirhofer’s mental condition has been reviewed on a yearly basis pursuant to RCW 71.09.070. In his April 15, 2011, Annual Review of Meirhofer’s mental condition, Dr. Saari concluded that Meirhofer continues to suffer from a mental abnormality or personality disorder that makes him likely to reoffend. App. A at 14. Meirhofer moved for an evidentiary hearing pursuant to RCW 71.09.090. Motion at 4. After a contested hearing on October 10, 2011, the trial court entered an Order finding that the State had met its *prima facie* burden and Meirhofer had failed to make a *prima facie* showing of change. App. C. Meirhofer timely appealed.

V. ARGUMENT

Meirhofer seeks review under two theories. First, he seeks review pursuant to RAP 2.3(b)(2), arguing that the superior court has committed probable error which substantially limits his freedom to act. Motion for discretionary review (“Motion”) at 7. Specifically, he alleges that review

is warranted because both the psychological diagnosis and risk assessments on which his original commitment was based are no longer valid, “rendering his continuing confinement without trial unconstitutional.” *Id.* In addition, Meirhofer seeks relief by way of a personal restraint petition (“Petition”), arguing that “new evidence shows the basis for Mr. Meirhofer’s original commitment no longer exists and his continuing confinement is unconstitutional.” Petition at 8.

Meirhofer is not entitled to relief by way of motion for discretionary review or personal restraint petition. The trial court properly determined that the State had made its prima facie case based on Dr. Saari’s 2011 annual report. Moreover, Meirhofer failed to demonstrate (through his expert’s report) that he had “so changed” through treatment or incapacitation that a new trial was warranted. RCW 71.09.090(4). As such, he has not made the showing required by the statute.

Nor does his request for relief by way of his personal restraint petition have merit. Meirhofer’s “new evidence” merely demonstrates that certain experts do not believe that Paraphilia NOS: Hebephilia is a legitimate diagnostic category. The State has made a prima facie showing of a continuing basis for commitment, and as such his continued detention does not violate the constitution. The trial court’s order was correct and Meirhofer’s request for relief pursuant to his petition should be denied.

A. The Trial Court Properly Denied Meirhofer's Request For A New Trial Under RCW 71.09.090

1. Purpose and Procedure of the RCW 71.09.090 Show Cause Hearing

This case arises within the context of the post-commitment procedures of RCW 71.09, the Sexually Violent Predator Act. These provide that a person committed as a sexually violent predator (“SVP”) to the custody of the Department of Social and Health Services (“DSHS”) is entitled to an annual review of his mental condition by DSHS. RCW 71.09.070. DSHS’s annual review evaluation must be conducted by a qualified professional, filed with the trial court in the form of a declaration, and a copy provided to the parties. *Id.*; WAC 388-880-010, -031, -033. The evaluation must address whether the committed person continues to meet the definition of an SVP and, if so, whether conditional release to a less restrictive alternative (“LRA”) is in the person’s best interest and whether conditions can be imposed that will adequately protect the community. RCW 71.09.070. The SVP may also submit his own expert evaluation to the court. *Id.* If the committed person is indigent, “the court may appoint a qualified expert or professional person to examine him.” *Id.*

As part of the annual review process, the SVP must be informed in writing of his right to petition the court for release. RCW 71.09.090(2)(a).

Unless the SVP affirmatively waives that right, the trial court must set a show cause hearing, at which the SVP has the right to the assistance of counsel. RCW 71.09.090(2)(b). At the hearing, the State must “present prima facie evidence that the committed person continues to meet the definition of a sexually violent predator and that no proposed less restrictive alternative is in the best interest of the person and conditions cannot be imposed that would adequately protect the community.” RCW 71.09.090(2)(c). The State may rely on the DSHS evaluation to satisfy this burden. RCW 71.09.090(2)(b). However, if the State fails to meet its burden, the court must order a new trial. RCW 71.09.090(2)(c).

The purpose of the show cause hearing is not to “re-commit” the respondent, but to ensure that there is a continuing basis for the commitment. Commitments are indefinite, persisting “until such time as the person’s mental abnormality or personality disorder has so changed that the person is safe either (a) to be at large, or (b) to be released to a less restrictive alternative as set forth in RCW 71.09.092.” *In re Petersen*, 138 Wn.2d 70, 78, 980 P.2d 1204 (1999) (*Petersen I*). As a result, the scope of the hearing is limited:

The show cause hearing is in the nature of a summary proceeding wherein the trial court makes a threshold determination of whether there is evidence amounting to probable cause to hold a full hearing. The show cause hearing is an expression of the Legislature’s wish that

judicial resources not be burdened annually with full evidentiary hearings for sexually violent predators absent at least some showing of probable cause to believe such a hearing is necessary.

Id. at 86. Like a summary judgment proceeding, it may be conducted on the basis of affidavits or declarations. RCW 71.09.090(2)(b).

At the show cause hearing, the trial court determines whether a new trial addressing either the commitment or LRA question must be ordered. RCW 71.09.090(2)(c). There are two statutory avenues for a court to find probable cause for an evidentiary hearing under RCW 71.09.090(2): (1) by deficiency in the State's proof, or (2) by sufficiency of proof by respondent. *Detention of Petersen v. State*, 145 Wn.2d 789, 798-799, 42 P.3d 952 (2002) (*Petersen II*).

Once the State has made its prima facie case, a new trial will be granted only upon a showing that the respondent has "so changed" such that a new trial is merited on the issue of whether the respondent continues to meet the definition of an SVP. RCW 71.09.090(4) defines the nature of the change in the respondent's condition that is required before such a trial may be granted. In order to justify a new commitment trial, there must be probable cause to believe that evidence exists, since the person's last commitment trial, that: 1) there has been a "substantial" change in the respondent's condition; 2) the change results from either a permanent

physiological event such as a stroke or dementia rendering the committed person unable to reoffend, or from a “positive response to continuing participation in treatment.” A change in a single demographic factor--such as age, marital status, or gender of the committed person--without more, does not establish probable cause. RCW 71.09.090(4)(c). These requirements have withstood repeated challenge in the appellate courts of this State, most recently in *State v. McCuiston*, 174 Wn.2d 369, 275 P.3d 1092 (2012). See also *In re Detention of Savala*, 147 Wn. App. 798, 199 P.3d 413 (2008); *In re Detention of Fox*, 138 Wn. App. 374, 158 P.3d 69 (2007); *In re Detention of Reimer*, 146 Wn. App. 179, 198-99, 190 P.3d 74 (2008).

2. The Trial Court Correctly Determined That The State Met Its Burden Of Proving That Meirhofer Remained an SVP

Meirhofer argues that 1) because Dr. Saari did not diagnosis Pedophilia; and 2) because Meirhofer produced evidence, in the form of a report by his expert, that Hebephilia is “not a legitimate DSM-IV-TR mental disorder,” and 3) because actuarial scores assigned by the State did not exceed 50 percent, the State did not demonstrate a continuing basis for commitment. Motion at 1, 9; Petition at 10, 11. These arguments are without merit. The State presented prima facie evidence of the continued presence of both a mental abnormality (Paraphilia Not Otherwise

Specified (NOS): Nonconsent and a personality disorder (Personality Disorder NOS with Antisocial and Borderline Traits) justifying continued commitment. Moreover, Paraphilia NOS: Hebephilia is in fact a widely accepted diagnosis and the fact that there are those who disagree with its use does not prevent its legitimate use in this context. Likewise, the State presented evidence, in the form of Dr. Saari's report, that Meirhofer continued to be more likely than not to reoffend if not confined. This conclusion takes account not only of the actuarial assessment, but of dynamic risk factors and participation in treatment as well. This report constitutes a prima facie case for continued confinement and Meirhofer's arguments must be rejected.

a. Dr. Saari's Report Provides Prima Facie Evidence That Meirhofer Continues To Suffer From a Mental Abnormality

In determining that Meirhofer continues to meet the statutory definition of an SVP, the trial court relied on the Annual Review submitted by Dr. Saari, Ph.D. (App. A). In his report, Dr. Saari used the diagnostic criteria in the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* ("DSM-IV-TR" or "DSM") to conclude that Meirhofer "suffers from a number of mental abnormalities that predispose him to sexually reoffend." App. A at 9-10. First, Dr. Saari diagnosed Meirhofer with Paraphilia

NOS: Hebephilia. To support this diagnosis, he pointed to Meirhofer's "clear sexual attraction to pubescent boys who are underage," and to the fact that Meirhofer has "repeatedly acted on this attraction by seducing and raping underage boys." *Id.* at 9-10. In an interview with Dr. Saari in 2010, Meirhofer estimated that he had had sexual relations with about ten boys under the age of sixteen years, and admitted to raping two boys who were just thirteen years old. *Id.* at 9. Dr. Saari opined that Meirhofer's "history of sexual offending indicates an abnormal sexual object choice of underage boys and some evidence of a paraphilic arousal to rape." *Id.* This "clear sexual attraction," coupled with Meirhofer's rape behavior, provided the rationale for a Paraphilia NOS: Hebephilia diagnosis. *Id.* at 10.

Dr. Saari also diagnosed Meirhofer with Paraphilia NOS: Nonconsent. In making this diagnosis, Dr. Saari examined Meirhofer's history of sexual offending and found "evidence of a paraphilic arousal to rape." App. A at 9. Dr. Saari specifically pointed to two offenses that had occurred roughly a year apart. *Id.* at 11. In these cases, the victims reported having been grabbed, bound and anally raped. *Id.* After one of the incidents, Meirhofer told evaluators that he had subsequently fantasized about the rape. *Id.* at 2. In addition to those offenses for which he was convicted, Meirhofer was a suspect in a number of other similar

cases involving the forceful rape of young boys. *Id.* at 11. Based on his sexual offense history, Dr. Saari concluded that there was “a clear enough pattern of rape behavior to indicate a rape paraphilia.” *Id.*

In addition to these two diagnoses, Dr. Saari rendered a “Rule-Out” diagnosis for Pedophilia, indicating that, while there is evidence of Pedophilia, further information is required for the full diagnosis. App. A at 10-11. Dr. Saari stated that, while he believed prior evaluators were correct in their diagnosis of Pedophilia and he suspected the continued presence of a pedophilic disorder, he could not make such a diagnosis without both plethysmograph testing and a sexual history polygraph in order to clarify the full spectrum of Meirhofer’s offense history and sexual arousal patterns. *Id.*

Finally, Dr. Saari diagnosed Meirhofer with a Personality Disorder NOS with Antisocial and Borderline Traits. Again, Dr. Saari referred to Meirhofer’s behavioral history, which indicated many “significant antisocial personality traits.” App. A at 9. Meirhofer, Dr. Saari observes, “justified and rationalized his behavior by describing the boy as sexually interested and aroused.” *Id.* Rejecting Meirhofer’s interpretation of his own offenses in which Meirhofer describes many of his victims as willing participants, Dr. Saari concludes that Meirhofer’s criminal history

“indicates a degree of impulsivity and aggressiveness, and the nature of his sex offenses indicates a disregard for the safety of others.” *Id.*

b. Dr. Saari’s Report Provides Prima Facie Evidence That Meirhofer is Likely to Reoffend if Not Confined in a Secure Facility

Likewise, Dr. Saari’s report provides prima facie evidence that Meirhofer remains more likely than not to reoffend if not confined. Dr. Saari conducted a comprehensive risk assessment which involved consideration of numerous dynamic risk factors in addition to actuarial scores. This method of risk calculation, combining both actuarial scores and clinical judgment, is appropriate to use in determining whether an SVP is more likely than not to reoffend. *In re Detention of Thorell*, 149 Wn.2d 724, 753, 72 P.3d 708 (2003). This is true for several reasons. First, because actuarial measurements only evaluate a “limited set of predictors” often involving statistical analysis of small sample sizes, the results “have a variety of potential predictive shortcomings.” *Id.*, 149 Wn.2d at 753. Accordingly, some experts believe that actuarial measurements underestimate the risk of re-offense. *See e.g. In re Detention of Kelley*, 133 Wn. App. 289, 296, 135 P.3d 554 (2006); *see also In re Detention of Lewis*, 134 Wn. App. 896, 906, 143 P.3d 833 (2006) (Court of Appeals notes that “the Static 99 measures reconvictions, which underestimates risk of reoffense.”) For these reasons, experts may

wish to adjust the results of an actuarial risk assessment by “considering potentially important factors not included in the actuarial measure.” *Thorell*, 149 Wn.2d at 753. This consideration can include “other dynamic risk factors” such as “the nature of relationships, emotional identification with children, sexual self-regulation, current attitudes, general self-regulation, and completion of sex offender treatment” that identify the offender as a high risk to reoffend. *Lewis*, 134 Wn. App. at 906.

Here, Dr. Saari conducted just such an assessment of Meirhofer’s risk. After determining Meirhofer’s score on a widely-accepted actuarial instrument (the Static-99R), Dr. Saari considered Meirhofer’s records and his self-report, (making various clinical inferences about that self-report), in order to compile a list of dynamic risk factors relevant to Meirhofer’s overall risk assessment. App. A at 13. Dr. Saari pointed to Meirhofer’s history of raping young teenage boys, as well as evidence that he is sexually attracted to prepubescent boys, in support of his conclusion that Meirhofer had “deviant sexual interests” and a history of sexualized coping, which he identified as two risk factors in reoffense. *Id.* Second, he considered attitudes supportive of sexual assault. Dr. Saari found that Meirhofer felt entitled to rape teenage boys when he could not seduce them, and identified “sexual entitlement” as another risk factor. *Id.*

Third, Dr. Saari considered Meirhofer's intimacy deficits. He also noted that Meirhofer had experienced social rejection/loneliness and demonstrated a lack of concern for others, two additional risk factors. *Id.* Fourth, Dr. Saari considered Meirhofer's general self-regulation. He found that Meirhofer's behavior in the community was impulsive and reckless, indicating yet another risk factor. *Id.* at 14. Finally, Dr. Saari named three uncategorized, additional risk factors: Meirhofer's refusal to work cooperatively with therapists, Meirhofer's lack of positive social influences, and Meirhofer's poor self-assessment of risk. *Id.*

Although Meirhofer's expert disagrees with the validity of a Paraphilia NOS diagnosis, the trial court was not required to accept the opinion of Meirhofer's expert over that of Dr. Saari. At a show cause hearing, the court performs "a critical gate-keeping function." *McCuiston*, 174 Wn.2d at 382. The court "must assume the truth of the evidence presented; it may not 'weigh and measure asserted facts against potentially competing ones.'" *Id.* (quoting *Peterson II*, 145 Wn.2d at 797). As such, the trial court's role at the show cause hearing was to determine whether the evidence presented by the State was sufficient to demonstrate that Meirhofer continued to meet the definition of an SVP. *Peterson II*, 145 Wn.2d at 798. Taken as a whole, Dr. Saari's evaluation demonstrates that Meirhofer's risk of re-offense is high. Dr. Saari identified numerous

risk factors that predispose Meirhofer to reoffend, and he was unable to identify any mitigating factors. Dr. Saari's conclusion is that Meirhofer continues to meet the definition of an SVP, and his report provides prima facie evidence that Meirhofer is likely to reoffend if not confined to a secure facility.

3. Meirhofer's Arguments Do Nothing To Undermine The State's Prima Facie Case

The evidence presented by the State in the form of Dr. Saari's report was more than sufficient to establish a prima facie case for continuing commitment. Meirhofer, however, appears to argue that 1) Dr. Saari's failure to assign a diagnosis of Pedophilia, substituting instead the purportedly invalid diagnosis of Paraphilia NOS: Hebephilia; and 2) actuarial scores indicating a risk below 51 percent invalidate the State's prima facie case. This argument fails for several reasons.

First, even assuming, *arguendo*, that the diagnosis of Paraphilia NOS: Hebephilia is invalid, this would not vitiate Meirhofer's commitment. Meirhofer repeatedly asserts that Pedophilia "was the basis for the jury's original commitment of Mr. Meirhofer." Motion at 12.¹ This is simply not correct. As noted above, the State presented evidence of the

¹ In his personal restraint petition, Meirhofer likewise argues that "new evidence shows **the basis** for Mr. Meirhofer's original commitment no longer exists..." (Petition at 8)(emphasis added), that pedophilia "was **the basis** of his original commitment" *Id.* at 9, 11.

presence of several mental disorders at trial, not simply Pedophilia. Although Dr. Saari now believes that a diagnosis of Paraphilia NOS: Hebephilia more accurately describes Meirhofer's offending than the previously-assigned diagnosis of Pedophilia, he continues to assign diagnoses of both Paraphilia NOS: Nonconsent and Personality Disorder NOS, diagnoses that have consistently been assigned to Meirhofer since prior to his commitment. App. A at 19. Thus, even excluding from consideration Dr. Saari's diagnosis of Paraphilia NOS: Hebephilia, there remained, in the form of Paraphilia NOS: Nonconsent and a personality disorder, a sufficient basis for continued commitment.

Nor is Meirhofer's argument that he is entitled to a new trial because the jury did not find that he suffers from Hebephilia well taken. The constitution requires that the State demonstrate that Meirhofer suffers from a mental condition that makes him likely to reoffend. *Kansas v. Hendricks*, 521 U.S. 346, 358, 117 S. Ct. 2072, 138 L. Ed. 2d 501 (1997). There is no requirement, however, that that condition be precisely the same condition diagnosed at the time of his initial commitment. Indeed, this argument was rejected by our Supreme Court in *State v. Klein*, 156 Wn.2d 103, 124 P.3d 644 (2005). There, an insanity acquittee argued that, because her current diagnosis ("psychoactive substance induced organic mental disorder") was not identical to that diagnosed at the time of

her initial commitment (“polysubstance dependence”), she was entitled to release. *Id.*, 156 Wn. 2d at 112. The court rejected this argument, noting that “Klein’s construction of the statute would require difficult, if not impossible, comparisons between the original and present mental conditions of an acquittee,” and noted that the “feasibility of such comparisons is doubtful” in light of the

uncertainty of diagnosis in this field and the tentativeness of professional judgment. The only certain thing that can be said about the present state of knowledge and therapy regarding mental disease is that science has not reached finality of judgment.

Id. at 120, citing *Jones v. United States*, 463 U.S. 354, 365 n. 13, 103 S. Ct. 3043, 77 L. Ed. 2d 694 (1983). The court continued:

The DSM-IV-TR candidly acknowledges, for example, that each category of mental disorder is not a completely discrete entity. DSM-IV-TR at xxx. In other words, the subjective and evolving nature of psychology may lead to different diagnoses that are based on the very same symptoms, yet differ only in the name attached to it. Construing RCW 10.77.200 to mandate release based on mere semantics would lead to absurd results and risks to the patient and public beyond those intended by the legislature. We decline to substitute our judgment for that legislative determination.

Id. at 120-121.

The argument now made by Meirhofer is indistinguishable from that rejected by our Supreme Court in *Klein*. One of Meirhofer’s original diagnoses was Pedophilia. App. A at 19. This diagnosis is appropriate

where the object of the offender's sexual attentions are prepubescent (generally 13 years or younger." DSM-IV-TR at 572. Despite the fact that Dr. Saari "suspect[ed] that past evaluators were likely correct in their diagnostic opinion," he determined that, because Meirhofer was not convicted of various charges involving prepubescent boys and denies attraction to them, the more appropriate diagnosis would be Paraphilia NOS: Hebephilia. AR at 10-11.² Nothing about the underlying facts of Meirhofer's sexual offending, however, has changed. Rather, different evaluators simply disagree as to the way to most accurately capture the pathology that drives Meirhofer's offending. Thus, just as in *Klein*, "the subjective and evolving nature of psychology" has led to "different diagnoses that are based on the very same symptoms, yet differ only in the name attached to it." *Klein*, 156 Wn. 2d at 120-121.

B. The Trial Court Correctly Found that Meirhofer Failed To Show Probable Cause That He Had So Changed as to Warrant a New Trial

As referenced above, there are two statutory avenues for a court to find probable cause for an evidentiary hearing under RCW 71.09.090(2): (1) by deficiency in the State's proof, or (2) by sufficiency of proof by

² This conclusion is slightly puzzling in light of the fact that the victim of the July, 1987 rape and kidnapping, P.F., was in fact 13. *Meirhofer* at *1. It is correct, however, that there were several sexual offenses for children younger than 13 for which Meirhofer was not convicted. *Id.*; see also App. A at 2-6

respondent. *Peterson II*, 145 Wn.2d at 798-799. In this case, the State met its burden by presenting prima facie evidence to establish a basis for Meirhofer's continued commitment, so there is no probable cause under the first avenue. Meirhofer attempts to show that there is probable cause under the second avenue, by arguing that the "change in diagnosis provides probable cause to warrant a full trial on the merits." Motion at 11. However, contrary to Meirhofer's assertions, a change in diagnosis is not sufficient proof to establish probable cause under the second avenue.

In order to present sufficient proof to warrant an evidentiary hearing, Meirhofer must establish probable cause that his condition has "so changed" that he no longer meets the definition of an SVP. *See* RCW 71.09.090(2)(a). There are only two ways for an individual to demonstrate that he has "so changed" as relevant to this determination. Either, the SVP has suffered a permanent physiological change, or there has been a change in the SVP's mental condition arrived at through treatment. *See* RCW 71.09.090(4)(b)(i)-(ii). Without prima facie evidence of one of these two specific types of change, there is "neither a statutory nor a constitutional right to an evidentiary hearing." *McCouston*, 174 Wn.2d at 374.

A physiological change is a permanent change that renders the committed person unable to commit a sexually violent act. Examples

include paralysis, stroke, or dementia. *See* RCW 71.09.090(4)(b)(i). Meirhofer did not present any evidence of an identified physiological change. Nor did Meirhofer present any evidence of a change in mental condition arrived at through treatment. In fact, Meirhofer's treatment history shows quite the opposite. Not only has Meirhofer not participated in the SCC treatment program, but he "considers it 'bogus' and sees no way in which it might benefit him." AR at 14.

Lacking evidence of a physiological change or change through treatment, Meirhofer has not established probable cause that his condition has "so changed." Without probable cause, Meirhofer cannot establish a right to an evidentiary hearing. The trial court was correct to find that Meirhofer failed to provide sufficient evidence to warrant a new trial

C. Meirhofer Is Not Entitled To Relief Pursuant To His Personal Restraint Petition

1. Meirhofer's Continued Detention Is Constitutional

The purpose of civil commitment is to treat the individual's mental illness and to protect society from the individual's potential dangerousness. *Jones v. United States*, 463 U.S. 354, 368, 103 S. Ct. 3043, 77 L. Ed. 2d 694 (1983). Washington's SVP commitment statute "comports with substantive due process because it does not permit continued involuntary commitment of a person who is no

longer mentally ill and dangerous.” *McCouston*, 174 Wn.2d at 388. The statute requires the State to prove that the SVP is mentally ill and dangerous at the initial commitment hearing, and it requires the State to justify continued incarceration through an annual review. *Id.* Meirhofer’s annual review justifies his continued commitment. Regardless of Meirhofer’s original diagnosis, he remains both mentally ill and dangerous. His continued commitment comports with due process, and it aligns with the statute’s objectives by effectuating treatment and protecting society.

Finally, even with a slightly different diagnosis, there is no doubt that the nature Meirhofer’s commitment bears a “reasonable relation to the purpose for which the individual is committed” as required by *Jones*. The original purpose of Meirhofer’s commitment was to protect the public and offer treatment for his many mental disorders: Pedophilia, Paraphilia NOS: Nonconsent, and a personality disorder. His continued commitment is based on the continued presence of dangerous mental abnormalities and a personality disorder. Meirhofer’s former and current diagnoses derive from the same source: Meirhofer’s continued interest in violent sexual offending against young boys. As such, the nature of his continued commitment certainly bears a reasonable relation to its original purpose and does not violate the constitution.

2. The Diagnosis Of Paraphilia NOS Is A Well-Established And Acceptable Diagnostic Category

Nor is Meirhofer's challenge to Dr. Saari's diagnosis of Paraphilia NOS: Hebephilia well taken. First, contrary to Meirhofer's assertions, the DSM-IV-TR recognizes Paraphilia NOS as a valid diagnostic category. Second, Washington courts have consistently held that Paraphilia NOS is a valid diagnosis. Third, Meirhofer ignores the Washington Supreme Court's holding that DSM recognition is not even required for a diagnosis to be valid. Finally, the fact that Paraphilia NOS: Hebephilia is controversial does not make the diagnosis invalid, and the trial court was not required to accept Meirhofer's expert's opinion about its validity over Dr. Saari's opinion.

Meirhofer's primary diagnosis is Paraphilia NOS, which means that (1) he experiences recurrent, intense sexually arousing fantasies, sexual urges, or behaviors (2) for a period of more than six months (3) that cause him clinically significant distress or impairment in his social, occupational and other important areas of functioning. DSM at 566. According to the DSM, "Not Otherwise Specified" categories are included because it is impossible to cover every situation that might arise in a

diagnostic context. DSM-IV-TR at 4. There are several categories labeled “Not Otherwise Specified” in the DSM, and “Paraphilia Not Otherwise Specified” is one of them. Paraphilia NOS is a category “included for coding Paraphilias that do not meet the criteria for any of the specific categories.” DSM-IV-TR at 576. Essentially, it is a “residual category” which “encompasses both less commonly encountered paraphilias and those not yet sufficiently described to merit formal inclusion.” *In re Pers. Restraint of Young*, 122 Wn.2d 1, 29, 857 P.2d 989 (1993). Both Paraphilia NOS: Hebephilia and Paraphilia NOS: Nonconsent fall within the Paraphilia NOS category in the DSM. The specifiers--Hebephilia and Nonconsent--identify the target of the person’s sexual deviance--pubescent children and nonconsenting persons--respectively.

Likewise, Washington courts have repeatedly held that Paraphilia NOS is a valid diagnosis. *See, e.g., Young*, 122 Wn.2d at 28-29; *In re Detention of Berry*, 160 Wn. App. 374, 248 P.3d 592 (2011). In *Young*, both appellants were diagnosed with a rape paraphilia, described at trial as “Paraphilia Not Otherwise Specified.” 122 Wn.2d at 29. The *Young* Court explained that the concept of a “mental abnormality” encompasses a larger variety of disorders than just those listed in the DSM. *Id.* at 28. The Court noted that the DSM is not sacrosanct and

found appellants' rape paraphilias, diagnosed as Paraphilia NOS, to be valid mental abnormalities. *Id.* at 30. More recently, in *Berry*, the court again examined Paraphilia NOS: Nonconsent and stated that there was no new information about the diagnosis such that *Young*'s holding should be called into question. *Berry*, 160 Wn. App. at 379.

Even if Paraphilia NOS were not a diagnostic classification listed in the DSM, this result would not change. Washington courts have held that DSM recognition is not required in order for the diagnosis to be valid. The DSM is an "evolving", "imperfect" and "political" document. *Young*, 122 Wn.2d at 28. What matters is that clinicians testify in good faith and "are able to identify sexual pathologies that are as real and meaningful as other pathologies already listed in the DSM." *Id.* (quoting Alexander D. Brooks, *The Constitutionality and Morality of Civilly Committing Violent Sexual Predators*, 15 U. Puget Sound L.Rev. 709, 733 (1992)). Thus, although neither Paraphilia NOS: Hebephilia nor Paraphilia NOS: Nonconsent are among the specific paraphilias listed, their omission from the DSM does not render these diagnoses invalid.

Finally, Meirhofer's charge that Paraphilia NOS: Hebephilia is not accepted within the psychological community is simply incorrect. Meirhofer attacks Dr. Saari's Hebephilia diagnosis by presenting the opinion of his expert, Dr. Rosell, and an article written by Drs. Allen

Frances and Michael First, who argue against adding a “pedohebephilia” category to the upcoming edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the DSM-V. App. J to Meirhofer’s Motion. While there may be those, such as Drs. Frances and First, who disagree, the fact remains that there is substantial support in the literature for its validity as a distinct diagnostic category as evidence, *inter alia*, by the fact, as indicated in their article, that it is currently being considered for inclusion in the DSM-V. Further evidence of the legitimacy of this diagnostic category is provided by a list compiled by Dr. James M. Cantor, a member of the Department of Psychiatry at the University of Toronto medical school, entitled “100 Texts That Include Hebephilia.” As noted by Dr. Cantor,

The DSM-5 revisions committee has proposed subdividing the erotic preference for children into two subtypes: Whereas the current (DSM-IV-TR) definition refers to the sexual interest in children “generally ages 13 and under,” the proposed update would divide it into the sexual interest in children under 11 (still called *pedophilia*) and the sexual interest in children roughly 11–14 (called *hebephilia*)...

One of the issues that has become relevant in discussions about whether to make hebephilia explicit in the DSM system is to what extent the concept has been accepted in the wider literature. Although there is no objective means by which to decide how wide-spread is wide-spread *enough*, **it is difficult to support claims that hebephilia is somehow an idiosyncratic or still-obscure concept.** The following is a list of one hundred of the many more texts that do, in fact, include hebephilia. They span multiple

academic fields, multiple countries, and multiple decades, long predating the current DSM discussions...

Decisions about the contents of the DSM are part science and part value judgment, and legitimate debate can and should be had about how or when the science on hebephilia should be put to use. **There is little to gained, however, by claims that the following and the many other similar texts simply do not exist.**

Dr. James M. Cantor, "100 Texts That Include Hebephilia."(emphasis added), App. D.³ Dr. Cantor has also compiled a list entitled "Peer Reviewed Research Articles Providing Data on Hebephilia (1972-2010)." App. E.⁴ Meirhofer's claim that this diagnostic category is invalid is without support and must be rejected. .

VI. CONCLUSION

The trial court had sufficient evidence, through Dr. Saari's report, to find that Meirhofer continued to meet the definition of a sexually violent predator and should remain in the custody of DSHS. The trial court also properly found that Meirhofer had not provided sufficient evidence to demonstrate that he had so changed such that he no longer met

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³This list can be found at http://individual.utoronto.ca/james_cantor/page21.html

⁴This article can be found at Dr. Cantor's website, http://individual.utoronto.ca/james_cantor/

the definition of a sexually violent predator. Because the State demonstrated a continued basis for Meirhofer's detention, his request for relief for personal restraint likewise fails.

RESPECTFULLY SUBMITTED this 17th day of September, 2012.

ROBERT M. MCKENNA
Attorney General

A handwritten signature in black ink, appearing to read 'Tricia Boerger', written over a horizontal line.

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APPENDIX A



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

PO BOX 88450
Steilacoom, WA 98388-0646

RECEIVED

May 5, 2011

MAY 06 2011

CRIMINAL JUSTICE DIVISION
ATTORNEY GENERAL'S OFFICE

Whatcom County Superior Court
Atten: Court Clerk's Office
311 Grand Ave.
Bellingham, Washington 98225-4048

RE: **Alan L Meirhofer** – Annual Review
Whatcom County Superior Court Cause #96-2-01119-0

Dear Whatcom County Superior Court Clerk:

Please accept the enclosed annual review of Mr. Meirhofer for filing with the Court. Per RCW 71.09.070 annual examinations are required of persons committed as sexually violent predators. The Waiver of Rights form presented to Mr. Meirhofer concerning his rights to petition the court for release is included.

Please feel free to contact me at (253) 583-5936, if you have any questions.

Sincerely,

Bruce Duthie, Ph.D.
Forensic Services Manager
Special Commitment Center

cc: Steven J Mura, The Honorable (Suite 301)
Tricia Boerger, Prosecuting Attorney
Seth M Fleetwood, Defense Counsel
Alan L Meirhofer, Resident



Declaration of Robert Saari, Ph.D.

I, Robert Saari, Ph.D., declare as follows:

1. I am a Forensic Evaluator at the Special Commitment Center, employed by the Washington State Department of Social and Health Services, Special Commitment Center.
2. Attached is a true and accurate copy of a report dated April 15, 2011, which I have authored regarding Mr. Meirhofer.
3. In preparing this report, I reviewed Mr. Meirhofer's SCC file, which includes his treatment plans, prior psychological evaluations, progress notes, homework assignments, and Behavioral Management Reports (BMRs), and incident reports. In addition, staffs familiar with Mr. Meirhofer were interviewed or their notes reviewed, such as his Forensic Therapist and treatment group facilitators.
4. The documents and procedures I relied upon in completing this evaluation are those reasonably relied upon by psychologist completing forensic evaluation.
5. I hold the opinions contained in my report to a reasonable degree of psychological certainty.

I declare, under penalty of perjury governed by the laws of the State of Washington, that this report is true and accurate to the best of my knowledge.

DATED this 21st, day of April 2011 at Steilacoom, Washington.



Robert Saari, Ph.D.
Washington State Licensed Psychologist
Forensic Services
Special Commitment Center

**SPECIAL COMMITMENT CENTER
ANNUAL REVIEW
(April 2010 to April 2011)**

Name: Alan L. Meirhofer
Date of birth: 04.07.53
Jurisdiction: Superior Court of Whatcom County
Cause number: 96-2-01119-0
Commitment date: 05.22.00
Evaluated by: Rob Saari, Ph.D.
Date of Report: April 15, 2011

Reason for Referral

Mr. Meirhofer is a 58-year-old Caucasian man whose history includes recurrent sexually coercive and violent offenses against young boys with whom he had no meaningful prior relationship. On May 22, 2000, Mr. Meirhofer was committed to the Special Commitment Center (SCC) for care, control, and treatment of his sexually violent behaviors and mental abnormality in accordance with RCW 71.09.060 (1). Pursuant to RCW 71.09.070, the purpose of this report is to evaluate whether Mr. Meirhofer continues to meet the definition of a sexually violent predator and to assess whether conditional release to a less restrictive alternative is in his best interest and conditions can be imposed that would adequately protect the community.

Evaluation Process

At the Special Commitment Center, the annual review of a resident's treatment progress is a process in which clinical information is synthesized from multiple data sources to determine whether the person continues to meet criteria for civil commitment and, if so, their eligibility for a less restrictive alternative than total confinement. Documentation relevant to Mr. Meirhofer's current status in treatment was reviewed to gather clinical impressions on the extent and quality of Mr. Meirhofer's involvement in activities such as sex offender group therapy, specialty classes, and individual therapy. Additionally, Mr. Meirhofer participated in a clinical interview on April 14, 2011.

Relevant Background

Mr. Meirhofer's annual examination addressed his current functioning and progress toward achieving readiness for a less restrictive alternative. Therefore, the focus of the evaluation was not on obtaining historical information that has already been gathered by previous evaluators. Information about Mr. Meirhofer's psychosocial history is included in *Appendix A*. It would be helpful for the reader who is not familiar with Mr. Meirhofer's history to read this information first.

During Mr. Meirhofer's interview with me in 2010, he discussed his sexual offense history, motivations for sexual offending, and history of substance abuse. The following background information, taken verbatim from the 2010 annual review evaluation, includes a description of his offending history, his version of his offenses, his perspective on his sexual deviance, and his reported motivations for offending.

Offense History

Mr. Meirhofer's record of sexual offending was reviewed with him to obtain his version and perspective on his offenses.

Offense 1(Convicted for this offense)

Official Version

Rape in the 1st degree and Kidnapping 2nd degree. On 07.17.87, a 13-year-old boy from Blaine, Washington observed a man, who he later identified as Mr. Meirhofer (age 34), drive by his home while he was in the front yard. Sometime during the early morning hours of July 18th, the boy was awakened by Mr. Meirhofer, who was wearing a t-shirt that he had fashioned into a mask. He warned the boy to be quiet as he stuffed a piece of cloth into his mouth and secured it by wrapping tape around the boy's head several times. Mr. Meirhofer put a hunting knife to the boy's throat, warning him again not to cry out. He pulled the boy out of his bed, threw him over his shoulder, carried him out of the house, placed him into his car, and drove off. Eventually, he stopped the car and ordered the boy to undress. Mr. Meirhofer also undressed and fondled the boy's genitals, fellated him, and anally raped him. After the assault, they both dressed. Mr. Meirhofer drove the car around for a while longer, keeping the boy with him until the late afternoon. Before releasing the boy, Mr. Meirhofer warned him not to tell anyone and threatened to burn down the boy's home if he did.

When the victim's parents discovered their son missing they attempted to call the police and discovered that their telephone line had been cut. Both the boy and his stepfather (who happened to see Mr. Meirhofer dropping the boy off) were able to record a partial license plate number from the car. Both were able to identify Mr. Meirhofer from a police lineup. While investigating this offense, police learned that Mr. Meirhofer had been renting a room from an associate.

Among Mr. Meirhofer's possessions, the police found several items belonging to his victim's family, as well as items belonging to victims of other burglaries and assaults. On 10.23.87, Mr. Meirhofer was arrested. Prior to his arrest, he led the police through Bellingham on a high-speed chase that ended in a car crash. After the crash, Mr. Meirhofer resisted police orders to exit his vehicle and had to be physically removed by police. Even then, Mr. Meirhofer offered a false identity. He was subsequently charged and convicted of Eluding a Pursuing Police Vehicle.

Mr. Meirhofer acknowledged abducting and raping his victim. His account of the crime was essentially the same as the boy's with one notable exception. While Mr. Meirhofer acknowledged having fellated the boy, he denied sodomizing him because of his inability to maintain an erection due to the amount of methamphetamine he had taken over the preceding day of the offense. Instead he had used the end of a small baton. "Like policemen have. It only went in a little bit, but it was penetration." (Per his 2007 admission during AR 2007 interview). He denied having any other sexual contact with other minors. Mr. Meirhofer denied having felt any sexual attraction to the boy prior to the offense, but thought somehow he would feel aroused when he committed the assault. Nevertheless, he has told previous evaluators that he had subsequently fantasized about the rape. Mr. Meirhofer was sentenced to 99 months in prison.

Mr. Meirhofer's Version

Mr. Meirhofer acknowledged that the above account was an accurate depiction of this offense. Later in the interview, he said that he had seen the boy in the boy's yard earlier that day. This was the first time

he had seen the boy. It was after seeing the boy in his yard that he decided to kidnap and rape him. He said that he planned the offense for a few hours before committing it.

Offense 2 (Convicted for this offense)

Official Version

Burglary in the 1st degree, Assault in the 2nd degree. During the afternoon of 12.04.86, a 33 year-old woman (SH) was studying in the basement of her home when she heard someone enter into the main floor of her residence. As it was about the time the 13-year-old son (Matthew) of her housemate (MM) to come home, she assumed that it was him. Later, after she discovered that Mathew had not come home and that her keys were missing from the upstairs area, she suspected that the noise she had heard had been a burglar. In addition, her housemate was missing a jewelry box. A police report was filed with the Seattle police. Because the keys to the residence were missing, it was decided that Matthew would sleep upstairs with his mother, while SH slept on the main floor. At approximately 2:45 a.m. the answering machine, (which had an alarm feature that activated when the phone line was cut) awoke SH. Immediately after that, she heard a key being inserted into the kitchen entrance of the residence. Investigating the sound SH saw a man, later identified as Mr. Meirhofer, attempting to open the door with her key. SH shouted at him hoping that he would retreat. Instead, he proceeded into the home and SH ran upstairs to warn the others. The two women and the boy took refuge in a room and used their body weight to block the door. Mr. Meirhofer had pulled on what appeared to be a stocking over his face and tried to force his way into the room. He warned them that he had a knife and a partner downstairs who had a gun. During the struggle Mr. Meirhofer's jacket became caught in the door-jam and he used his knife to cut himself free. Because the phone line had been cut from the outside of the house, the victims were unable to call for help. On his mother's instructions Matthew climbed out the window and ran to a neighbor's house for help. When the women told Mr. Meirhofer that Mathew had gone for help, he fled.

Mr. Meirhofer acknowledged his involvement in this offense but denied any sexual interest in Matthew. He explained that he had returned to the home because he hoped to find money in the wallets of the house's occupants. The police noted that Matthew would have normally been home alone during the time of the initial break-in.

During investigation of this incident the police learned that on 11.25.86, the home of a friend of MM's had been burglarized. The victim of that burglary (a single mother with two children) discovered that her lingerie had been gone through and had apparently been used for masturbation by the intruder. In addition, other pieces of lingerie and an address book had been taken from the residence. Though the book contained the names and phone numbers of several women, MM's address was only one of three listed.

Mr. Meirhofer's Version

Mr. Meirhofer admitted to the official version of this offense. He said that his motivation for entering the residence was to get money for methamphetamine. He denied that he had any sexual interest in the 13-year-old boy who was in the residence at the time of the burglary.

Offense 3 (Suspect in this offense)

Official Version

On 12.15.86 at 5:30 a.m., a 13 year-old female (JH) was sitting alone in the living room of her home in North Seattle. Her mother had left for work only a few minutes before. She observed a man come into her home carrying a knife and wearing a stocking over his head. She pretended to be asleep, hoping that the intruder would take what he wanted and leave without disturbing her. Instead, the man put his hand over her mouth and pressed a knife to her throat with enough force to leave a mark. After threatening her to remain silent, the intruder directed her to choose whether she wanted to go to her mother's bedroom or

her own room where he intended to teach her to “suck cock.” The intruder proceeded to tie her wrists together with telephone cord tightly enough to cut into her skin. He directed her to close her eyes and warned her to “stop looking at me or else I’ll have to kill you.” He then pulled her shirt over her face to serve as a blindfold. The intruder took JH into her bedroom where he raped her vaginally. When she initially refused his directives, he began to yell, “Fuck me” and “Bitch” as he repeatedly struck her in the head. Afterwards, he forced her to fellate him, giving specific directions as to how to move her tongue and insisting that she swallow his semen after he had ejaculated. He then removed his penis from her mouth and rubbed it on her face. Finally, he forced her down to the floor, onto her hands and knees, and anally raped her. The intruder took his victim back into the living room where he tied her into a chair and left the residence. JH was able to untie herself and tried to call the police but the telephone line had been cut. She then ran to her aunt and uncle’s nearby home and summoned help.

Mr. Meirhofer’s Version

Mr. Meirhofer denied that he had any involvement in this offense.

Offense 4 (Suspect in this offense)

Official Version

On 12.15.86, about one hour after the offense described above, against the 13-year-old female (JH), an unidentified man entered the home of a 13-year-old boy (RB) who also lived in North Seattle. RB’s mother had just left for work, leaving RB and his 11-year-old sister, SB, alone in the apartment. At the time the man entered the apartment, RB had just finished dressing after taking a shower and SB was still asleep and her room. RB reported first noticing the intruder by foul odor in the living room. Then he saw the man who was wearing a stocking over his face. The man produced a knife and warned the boy that if he cooperated with him, he would not get hurt. He then took the boy back to his bedroom where he taped his hands behind his back and covered the boy’s eyes with tape. After laying the boy down on his bed the intruder proceeded to undress him. The man fondled RB’s genitals for a time and then rubbed something that felt like petroleum jelly on his anus before anally raping him. Reportedly, the man talked to the boy during the assault instructing him how to move around (e.g. how to position himself, and stroke his assailant’s penis) and to apparently try to arouse the boy (telling him to imagine an attractive woman). He asked about RB’s sister in the other room, though he was mistaken about her gender. He asked, “What time does your brother get up?” After finishing the rape the perpetrator collected some personal things belonging of RB and placed them into a bag that he had brought with him. At that time, SB opened the door and looked into the room. The assailant reportedly stated, “Get out. You’re next.” The girl ran for help and the intruder fled. When police investigated they found that the phone had been disconnected. Police records do not include a description of the subject in this case, though a composition drawing was made from SB’s description (when she had looked into the room the perpetrator had his mask pulled up). She had described someone similar to the composite developed by SH.

Mr. Meirhofer’s Version

Mr. Meirhofer said that he was charged with this offense but denied any involvement. He said that there was DNA evidence to indicate that he was not the perpetrator.

Offense 5 (Suspect in this offense)

Official Version

On 4.11.86, JA (age 13) was sitting alone in the living room of his home. His mother had just left the house for work. A man wearing a ski mask walked in through the front door and grabbed the boy by the wrist. A struggle ensued and JA ended up on the floor. The man warned him that it would be easier and faster for him if he did not resist. The boy asked him what he was going to do, to which the man replied, “I’m going to suck your dick.” He proceeded to take a piece of rope and tied the boy’s wrists. Afterwards when the boy stopped struggling, the man removed the rope and took him to a bedroom. The man directed

the boy to undress and he undressed as well. He directed the boy to get onto the bed where he fellated the boy. Following this, he lay on the bed and directed JA to sit on his penis. The boy complied and the man raped him. The man then directed the boy to lie on his stomach so he could anally rape him a second time. After doing this, the man lay on his stomach and directed JA to anally penetrate him, which he did. The man then allowed JA to dress and he also dressed, changing into clothes he had brought with him in a carry-bag. At some point during the assault, the man took off the ski mask and the boy recognized him as the person he had spoken to the previous evening while playing video games at a nearby convenience store. The man had walked JA home before telling him good night and going on his way. No suspect in the case was identified at the time. However, when Mr. Meirhofer became a suspect in 1987, police investigating another matter found him in possession of JA's student identification card. Mr. Meirhofer fit the general description JA had offered the police. In November of 1987 (some 18 months after the offense), JA attended a lineup that included Mr. Meirhofer, but was unable to make a positive identification.

Mr. Meirhofer's Version

Mr. Meirhofer admitted that he went to this boy's house and had sexual relations with the boy. However, Mr. Meirhofer provided a quite different version than the victim. Mr. Meirhofer depicted the boy as a willing participant. He said that he had met the boy the night before, and the boy had invited him to come over the next morning after his mother left for work. He said that he had told the boy he wanted to "suck his dick." While describing the offense, Mr. Meirhofer said, "We undressed at the same time ... he was eager and willing, had a full erection upon getting disrobed." He denied forcing the boy to sit on his penis and said "I sat on his penis." He said that the boy lied about what happened. He said that the boy might have been mad at him for stealing his bicycle the night before, and this might have motivated him to lie. In general, Mr. Meirhofer provided a description of the offense that was in significant respects inconsistent with the record.

Offense 6 (Suspect in this offense)

Official Version

On 06.03.86 at approximately 8:30 a.m., JL (age 9) was waiting at a school bus stop in North Seattle. An unknown man drove up to him and asked the boy to help him with some kind of car problem. JL agreed and climbed into the front seat behind the steering wheel as directed. The man pushed the boy to the passenger's side and drove away. He pushed the boy down on the seat and directed him to cover himself with a shirt and blanket. After they had driven some distance, the attacker directed JL to undress. At one point he showed the boy that he was armed with a pistol. The man stopped the car in a field that was surrounded by trees. The man directed JL onto his knees and after lubricating his anus, raped him. He then performed fellatio on the boy. When he had completed his assault, the man directed the boy to dress himself and they left the area. He returned to the original North Seattle neighborhood and freed the boy. Because of the similarity between this offense and other offenses for which Mr. Meirhofer had been charged, he became a suspect in this case. JL was unwilling to attend a lineup, which included Mr. Meirhofer, to see if he could identify a suspect.

Mr. Meirhofer's Version

Mr. Meirhofer denied any involvement in this offense.

Offense 7 (Suspect in this offense)

Official Version

On 9.10.87, at approximately 7:50 a.m., ZH (age 10) was playing with schoolmates at the Stanwood Primary School when a strange man approached them. The man asked ZH's schoolmates to go into the school building and get some information about the school's teachers for him. As soon as they left, the man produced a small handgun and directed ZH into a waiting car. The man directed the boy to keep his

head down so he would not be seen, and to undress as they drove along. They stopped in a secluded field where the boy was instructed to stand outside the car. The man rubbed petroleum jelly, suntan lotion, baby oil, and baby powder on the boy before anally raping him. In addition, the man performed fellatio on the boy. During the course of the assault, the man inserted flesh-colored balloons into the boy rectum and inflated them with some device, and by blowing into them orally. Afterward, the man directed the boy to dress and returned him to the neighborhood where he had found him. On 10.28.87, ZH made a positive identification of Mr. Meirhofer as his attacker from a police lineup. Because the boy had been hypnotized earlier in an attempt to help them remember more details about his attacker's vehicle ZH's identification was not allowed as evidence in any criminal charges against Mr. Meirhofer.

Mr. Meirhofer's Version

Mr. Meirhofer denied any involvement in this offense.

Acknowledgment of Sexual Deviance

In the 2010 annual review interview, Mr. Meirhofer failed to acknowledge that he has a problem of sexual deviance. He does not believe that he has any mental abnormality. When he was asked about how he made sense of the fact that he was civilly committed to the SCC, he answered, "I don't really." Although he denied having a problem of sexual deviance, he acknowledged that he had a problem with controlling his sexual behavior when he was last in the community and addicted to methamphetamine. He said, "When I was on drugs, I had a problem with all aspects of my life, and that was part of it, yes." He views his history of sexual offending as something of the past, a "horrible" mistake, but no longer a concern. He does not think he would be at any risk to sexually re-offend if he were released to the community.

Mr. Meirhofer acknowledged that he historically experienced a sexual attraction to boys around age 15 or 16, but he denied ever experiencing an attraction to prepubescent boys. Beginning in 1980 or 1981, he had sexual contacts with boys under the age of 16 years. He estimated that he had sexual relations with about 10 different boys with the youngest being 15 years old. Except for his known criminal offense history, he denied having any sexual relations with boys under the age of 15 years.

Description of Offense Motivations

In the 2010 annual review interview, Mr. Meirhofer said that his offenses were partly motivated by a wish for "sexual gratification." He explained that at the time he committed the offenses, he was addicted to methamphetamine and had poor hygiene. He described himself as dirty and unattractive, and commented, "I didn't think there was any other way I could have sex with anyone." Prior to the offenses, he said that his "ex-lover had thrown [him] out" and he was in a "drug stupor." He thought that somehow the people whom he and his lover knew would blame his lover for making him commit the offenses. He believed that they "would think it was his fault for the way he treated" him. He said that he felt "hurt and abandoned" by his lover, and "it seemed like if I committed this crime and got caught, our mutual friends would reject him, thinking it was his fault." Mr. Meirhofer added that using methamphetamine "made me do things that I wouldn't normally do," like "acting in a violent manner" and "stealing things." He acknowledged that at the time of his offenses, he was in a state of mind where he did not care about other people or about putting himself at risk.

Mr. Meirhofer did not communicate insight into the types of attitudes that led him to sexually offend. He denied that he was sexually preoccupied at the time of his offenses. However, he said that he was preoccupied with where he would get his next fix of methamphetamine.

Substance Abuse Issues

In the 2010 annual review interview, Mr. Meirhofer said that while he was in the community he had an alcohol abuse problem and a methamphetamine abuse problem. Up until 1982, when he received his second Driving Under the Influence (DUI) charge, he drank regularly to intoxication. He first noticed a loss of control over his alcohol intake when he was 25 years old. As his drinking progressed, he could reportedly drink up to a fifth of liquor in a few hours. He said that prior to quitting drinking in 1982 he experienced blackouts about every other time he drank. He said that in addition to creating legal problems for him, due to driving under the influence, his drinking caused him relationship problems as well.

Mr. Meirhofer was reportedly clean for a few years from 1982 to 1984 after his second DUI charge. During part of this time, he participated in court-mandated treatment for alcoholism. In 1984, he started using methamphetamine and quickly became addicted to the drug. He denied resuming alcohol use after starting to use methamphetamine. Up until his arrest in 1987, his methamphetamine addiction progressed and severely impaired his functioning. His methamphetamine use contributed to the loss of his relationship with his long-time lover. He said that his hygiene became quite poor, such that he was "dirty and disgusting." He resorted to stealing to support his methamphetamine habit. He reportedly stayed awake high on methamphetamine for as long as a week at a time and experienced hallucinations. Importantly, he said that he eventually had "no inhibitions about anything," and as mentioned, he reportedly committed his sexual offenses while under the influence of methamphetamine.

Mr. Meirhofer said in the 2010 interview that he has not participated in any substance abuse treatment work at the SCC. He said that he would not consider participating in substance abuse treatment because he is "not involved in any substances" and has "put all that behind [him]." I pointed out to him that he used substances a few years ago. He acknowledged that he had used. When I confronted with the fact that he had said, earlier in the interview, that using was a risk factor for him and he had chosen to use anyway, he said that when he used it "didn't seem to matter at the time" since he does not expect to "go anywhere" and considers the SCC "pretty much [his] home."

2011 Clinical Interview

Prior to the interview for this year's annual review, Mr. Meirhofer was informed about the limits of confidentiality and purpose of the annual review evaluation. After communicating that he understood the limits of confidentiality and purpose of the annual review evaluation, he agreed to participate in the interview.

Mental Status Examination

Mr. Meirhofer is a 58-year-old man whose physical appearance is consistent with his chronological age. He was dressed appropriately for the interview. His hygiene appeared adequate. He cooperated with the interview process. He answered interview questions with brief responses and did not spontaneously elaborate on his responses. His affect was euthymic, appropriate to thought content, and normal in range and intensity. He described his recent mood as "pretty good, I guess." His speech was fluent and grammatical. He was oriented to person, place, time, and situation. He denied perceptual abnormalities. There was no evidence of delusional thought content or other indications of a thought disorder. He denied experiencing thoughts of harming himself or harming other people. His attention and concentration were within normal limits. His memory was grossly intact. His intelligence appeared to be in the average range.

Daily Life at the SCC

Mr. Meirhofer currently has considerable free time, given that he is not currently working or participating in treatment. Up until late January 2011, he was working in the kitchen, but he was suspended from his job after he was discovered with "pruno" (i.e., homemade alcohol) in his room. He said that when he was

working, he liked his job and got along well with his supervisors and co-workers. During his free time, he likes to work on jigsaw puzzles and watch television. For exercise, he walks in the yard and works out with weights about three days a week.

Health Issues

Mr. Meirhofer reported that his main medical issue at this point is peripheral artery disease, which causes him discomfort in his legs. He is walking regularly to ameliorate this condition and sounded optimistic about the potential benefits of regular walking. A few years ago he had a heart attack, and he takes medications to reduce his cholesterol and lower his blood pressure. He is not taking any psychotropic medications and reportedly has not seen the SCC psychiatrist for treatment or consultation during this review period.

Sexual Functioning

Mr. Meirhofer described his sex drive as low. He denied experiencing any instances of sexual preoccupation during this past year. He estimated that he masturbates about twice a month and denied any instances of masturbating more than once in a day during this past year. He said that he usually fantasizes about another SCC resident when he masturbates. A few years ago he had sex with this resident and continues to be sexually interested in him. He denied experiencing any sexual fantasies about rape or underage boys during this past year. He said that he last masturbated to a fantasy about an underage boy before he was last incarcerated. He explained that the fantasy "didn't help me to masturbate" and reportedly "abandoned it."

Sex Offender Treatment

Mr. Meirhofer said that he is not interested in treatment. He does not believe that he has a psychosexual disorder and said that he "can't be treated for something" he does not have. He said that his history of raping boys was "a crime," not a mental disorder.

Mr. Meirhofer said that SCC does not "have a treatment program." He reiterated his opinion, a number of times, that there is "no treatment" at the SCC; however, when I asked him how he would determine if there was "treatment," he answered, "I suppose I wouldn't really have a way to determine that." He acknowledged that he really does not "know what they are doing" in the sex offender treatment groups. He said that he doubts he would benefit from treatment. When asked about the reasons for his doubt, he responded, "I don't really have a good answer for that." He did communicate that his negative opinion about the quality of treatment at the SCC has largely been informed by other SCC residents' complaints about treatment.

Mr. Meirhofer said that he did not discuss his sexual thoughts, feelings, or behaviors with any clinical staff during this past year. He reportedly has not completed an autobiography/sexual autobiography, written offense cycle, or relapse prevention plan. He reportedly has not worked with SCC therapists on understanding and developing interventions for his dynamic risk factors. He reportedly has not worked with therapists on identifying cognitive distortions related to his sexual offending. He has not participated in any SCC substance abuse treatment.

Mr. Meirhofer was asked if he had experienced any notable psychological changes in the past year. He answered, "I really don't know." When I asked him if he thought there was reason to think that he had become less likely to re-offend, in any way, during the last year, he responded, "I don't think I was ever at risk to commit another sexually violent offense since I have been here."

Substance Use

Mr. Meirhofer was asked about making pruno in December of 2010. He said that he was making the alcohol to celebrate the New Year and did not see any problem with making the alcohol, except for the fact that he got caught. Prior to making the alcohol, he reportedly did not consider the potential consequences or how it might negatively affect his chances of release from the SCC. When I asked him why it is important to refrain from drinking, given his history of offending while under the influence of substances, he said he did not believe it is important for him to abstain from alcohol. More specifically, he said, "Quite frankly, I never raped anyone when I was drinking, only when I was under the influence of methamphetamine did I do that."

Mr. Meirhofer pointed out an error in my last annual review about his substance abuse history. The error was that prior to 1984, he had a history of using amphetamines, not methamphetamine, and my doubts about his honesty with me about his reported history of methamphetamine use, prior to 1984, were unfounded.

Preparation for Community Placement

Mr. Meirhofer said he is not interested in receiving a less restrictive alternative placement. He said that he is not willing to accept conditions that might be placed on him by an outside treatment provider, a community corrections officer, or the Court. He is, however, interested in obtaining an unconditional release from the SCC. He reportedly has a place in Bellingham, Wa to live and considerable savings to assist him in transitioning to the community.

Mental Disorders

Mr. Meirhofer suffers from a number of mental abnormalities that predispose him to sexually re-offend. He has a clear history of sexual attraction to teenage boys under the age of 16 years. In his 2010 interview with me, he estimated that since he reached the age of majority, he had sexual relations with about 10 teenage boys. Although he has denied a sexual interest in prepubescent boys, he was a suspect in the rape of a 9-year-old boy and a 10-year-old boy. Thus, Mr. Meirhofer clearly has had a sexual attraction to minor-aged boys and repeatedly acted on this attraction by seducing and raping underage boys.

Mr. Meirhofer admits to aggressively kidnapping and raping one 13-year-old boy. He was convicted for this offense. He also admitted to the sexual abuse of another 13-year-old boy, but he claimed that the boy wanted the sex and denied using force. However, Mr. Meirhofer's account of the abuse is in stark contrast to the boy's account. The boys' account indicated that Mr. Meirhofer coerced, bound, and anally raped him, and the rape was similar in a number of respects to the rape of the other 13-year-old boy. These offenses occurred about a year apart.

The victims' report about the rape offenses, which he admits to committing, involved significant threat, coercion, and anal rape. In one case, the victim reported that Mr. Meirhofer bound his wrists. Mr. Meirhofer was a suspect in a number of other cases that involved forceful rape although he denies responsibility for these offenses. His history of sexual offending indicates an abnormal sexual object choice of underage boys and some evidence of a paraphilic arousal to rape.

Mr. Meirhofer has a significant history of serious alcohol abuse and methamphetamine abuse. In the 2010 interview with me, he described a pattern of substance abuse that substantially impaired his relationships with others, ability to work, and his judgment. While in the community, he was treated for substance abuse after his second DUI, but according to his records, he resumed using about a year after beginning court-ordered treatment. In the 2010 interview with me, he indicated that he started using methamphetamine after undergoing alcohol treatment in 1982. Prior to 1982, he reportedly used

amphetamines, not methamphetamine. He began using amphetamines at age 18, in 1971, and had an ongoing problem with amphetamine (and eventually methamphetamine) use throughout his adult life in the community. He used drugs to lure underage boys into having sex with him, and he said that his methamphetamine use significantly lowered his inhibitions and played a role in his rape of underage boys. Thus, methamphetamine use was a contributory factor to his sexual offending.

Mr. Meirhofer's behavioral history indicates a number of antisocial personality traits. While in the community, he engaged in a pattern of unlawful behavior. He was irresponsible insofar as he did not maintain stable employment, had periods of homelessness, and for many years lived off the resources of his lover, who was many years older than him. His criminal history indicates some degree of impulsivity and aggressiveness, and the nature of his sex offenses indicates a disregard for the safety of others. His lack of respect for others' safety and welfare is also apparent from his history of luring teenage boys to have sex with him through providing them with methamphetamine. Moreover, his records indicated that for a period of time, he mainly supported himself financially by dealing methamphetamine. My review of his records did not reveal that he has expressed guilt and remorse for his sexual crimes. In the 2010 interview with me, he discussed his sex crimes in a matter-of-fact manner. In describing one of his crimes, he justified and rationalized his behavior by describing the boy as sexually interested and aroused. In fact, he denied raping the boy and described him as a willing participant, who later lied about the nature of the sexual encounter to get back at him for stealing his bike. Not only did he show a lack of remorse but blamed the victim to some extent.

Mr. Meirhofer's history also indicates traits of borderline personality. In particular, his dependent relationship with his older lover, coupled with his sense of abandonment and then reckless, impulsive behavior after feeling abandoned, are consistent with borderline personality.

Diagnostic Opinions

Mr. Meirhofer's mental disorders were diagnosed based on the diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*. My DSM-IV-TR diagnoses include:

- Axis I: Paraphilia, Not Otherwise Specified, Hebephilia
Rule Out Pedophilia, Sexually Attracted to Males, Nonexclusive Type
Paraphilia, Not Otherwise Specified, Nonconsent**
- Axis II: Personality Disorder, Not Otherwise Specified, with Antisocial and Borderline
Traits**

Commentary on Diagnostic Opinions

Mr. Meirhofer has a clear sexual attraction to pubescent boys who are underage and has acted on this attraction on numerous occasions. This is the rationale for the Hebephilia diagnosis.

Historically, Mr. Meirhofer has been diagnosed with Pedophilia. My opinion is that there is not sufficient evidence to indicate a clear pattern of sexual attraction to prepubescent boys. The main evidence, based on my review of his records, is the fact that he was the suspect in the rape of a number of prepubescent boys. However, he denies his involvement and denies ever experiencing a pattern of sexual attraction to prepubescent boys. Given that he was not convicted of these charges and denies an attraction to prepubescent boys, I do not think there is sufficient evidence to warrant a pedophilia diagnosis. Thus, I rendered a Rule Out Pedophilia diagnosis. A sexual history polygraph and plethysmograph testing may help clarify the full spectrum of his offense history and sexual arousal patterns. Although I do not think there is sufficient evidence to warrant the diagnosis at this time, I suspect that past evaluators were likely

correct in their diagnostic opinion and that full disclosure of his history of sexual fantasy and sexual behavior with minor would reveal the presence of a pedophilic disorder.

Mr. Meirhofer fully admits to the kidnapping and rape of the 13-year-old boy in July of 1987. He also admits to the sexual offense against the 13-year-old boy in April of 1986. As described above, Mr. Meirhofer depicted the sexual offense against the April 1986 victim as without coercion and in stark contrast to the victim's report of being grabbed, bound, and anally raped. My assumption is that the victim's report about the nature of the assault is accurate. These two rapes were over a year apart. Moreover, in the time span between these two rapes, there were a number of similar rapes of boys, and a girl, with a similar offense pattern. Mr. Meirhofer was a suspect in these rape cases. Thus, I believe there is a clear enough pattern of rape behavior to indicate a rape paraphilia (or Paraphilia, Not Otherwise Specified, Nonconsent).

Mr. Meirhofer's history of behavior in the community suggests a fairly classic presentation of Antisocial Personality Disorder. The only reason that I did not render a full diagnosis of Antisocial Personality Disorder is that there is not unequivocal evidence of a Conduct Disorder prior to age 15 years.¹ The fact of the matter is that he presents with the symptoms of Antisocial Personality Disorder as an adult, so functionally I think that Antisocial Personality Disorder is the most appropriate clinical conceptualization of his personality pathology. However, in keeping with the DSM-IV-TR diagnostic guidelines, I did not render a diagnosis of Antisocial Personality Disorder but rather a Personality Disorder, Not Otherwise Specified diagnosis with Antisocial and Borderline Traits.

Treatment Progress at the Special Commitment Center (April 2010 to April 2011)

Treatment at the Special Commitment Center (SCC) is designed to help residents understand the unique factors (i.e., dynamic risk factors) that place them at risk for re-offense so that they can develop skills that will allow them to avoid re-offense. Residents learn about the types of sexual attitudes, thought patterns and dysfunctional ways of coping that led to their offending behavior. This understanding can then be used to develop an understanding of their offense cycle, develop strategies to recognize when they are at risk, and learn to use these strategies outside of the treatment setting. Successful progress through the program is indicative of a resident's exposure to treatment concepts, developing knowledge of their unique risk factors, and ability to use this knowledge to manage their emotions and behavior.

Mr. Meirhofer did not participate in treatment during this review period. He did not participate in sex offender treatment group or in individual therapy. He did not work on completing any of the major programmatic requirements of the program, like his sexual autobiography or relapse prevention plan. He did not work with therapists on identifying his dynamic risk factors or developing interventions to manage his risk factors. There is no indication that he practiced intervening on the types of thinking, attitudes, and emotional states that precede his sexual offending behavior. He did not participate in any substance abuse treatment, which is an important component of risk management for him, given his history of severe substance abuse. In general, he did not participate in the types of treatment interventions that might mitigate his risk for sexual re-offense.

Since Mr. Meirhofer is a non-participant in treatment, he rarely interacts with SCC clinical staff. In his records for this review period, I only found one progress note that referenced a clinical encounter (Progress Note, 07-21-10):

¹ I suspect that there is simply an absence of information about his behavioral problems prior to age 15. It seems unlikely, although possible, that his behavioral problems suddenly emerged around age 15 years when he began to have a clear pattern of illegal arrest and criminal conviction.

I had a brief conversation with Mr. Meirhofer this day regarding his treatment plan. I informed him that I was working on his plan which had to be on file here and asked him if he wanted to have input on the process. He was pleasant and respectful in telling me that he was not interested in any way in treatment or his plan. I made sure that he understood that I was not trying to talk him into treatment but to make certain he was aware of the process and that he had options if he wanted them. He thanked me and declined any involvement in the process.

Mr. Meirhofer's behavior on his residential unit was generally good during this review period. He maintained good hygiene and kept his room clean. He got along reasonably well with SCC residential staff and socialized with other SCC residents. He enjoyed activities like watching football and doing puzzles. He worked in the kitchen and received excellent work evaluations during this review period.

Although Mr. Meirhofer generally followed SCC rules and policies, he had a few behavior management problems during this review period. Because of his inappropriate sexual behavior with two other SCC residents, a distance restriction was placed between him and these two residents (Current Conditions, 10-14-10, 01-05-11 & 03-01-11). Also, during a room search, he was discovered in possession of "pruno" (homemade alcohol), which, as mentioned, is a serious concern, given his substance abuse history (Behavior Management Report, 12-29-10). In addition to possessing pruno, Mr. Meirhofer was found in possession of adult pornography, located on his computer (Administrative Review Hearing Appeal, 02-01-11).

Sexual Violence Risk Assessment

Mr. Meirhofer's risk for sexual re-offense was evaluated by examining his score on an actuarial risk assessment instrument (Static-99R), reviewing his dynamic risk factors (changeable risk factors), and considering his participation in sex offender treatment.

Actuarial Risk Assessment: Static-99R

The Static-99R is a revised version of the Static-99. The major change in the Static-99R is that it better accounts for the risk factor of *age at release*. Additionally, the Static-99R provides new recidivism estimates based on different sample characteristics. Mr. Meirhofer's score was compared to the *Preselected for High-Risk/High Needs* sample. Sex offenders in this sample were comparable to Mr. Meirhofer in that they were referred for services at forensic psychiatric facilities (like the Special Commitment Center) and to intensive treatment programs reserved for the highest risk offenders. Mr. Meirhofer scored a 4 on the Static-99R. Mr. Meirhofer's score of a 4 is associated with a 5-year sexual recidivism estimate of about 20% and a 10-year sexual recidivism estimate of about 30%.

Dynamic Risk Factors

The main objective of sex offender treatment at the SCC is to address the psychological factors related to an offender's risk for sexual re-offense and to modify these through treatment. These factors include, for instance, beliefs and attitudes related to sexual offending, deficits in impulse control, and difficulties forming meaningful, mature relationships with other adults. The following dynamic risk factors are based on Mr. Meirhofer's self-report, clinical inferences made about Mr. Meirhofer's self-report, and information from his records². This set of dynamic risk factors (italicized) is open to revision and not necessarily complete.

Mr. Meirhofer has a history of raping young teenage boys and there is some indication that he is sexually attracted to prepubescent boys as well (*Deviant Sexual Interests*). He has said that his offending was motivated by a wish for "sexual gratification" and at the time of his last offenses he was dirty,

² The following set of risks factors, and risk factor definitions, were derived primarily from the Stable-2000, which is a structured method for assessing dynamic risk for sexual re-offense.

unattractive, and not able to see “any other way [he] could have sex with anyone” (*Sexual Entitlement*). His last string of offenses was preceded by feelings of loss, hurt, and resentment toward his adult lover, and he was high on methamphetamine when he was committing the offenses (*Sexualized Coping*). In part, he last offended because he was feeling socially isolated and rejected (*Social Rejection/loneliness*) and was in a state of mind in which he did not care whether he harmed other people or put himself at risk (*Lack of Concern for Others*). In general, he lived recklessly as an adult and committed some of his offenses with little consideration of the consequences (*Impulsivity*). He used drugs, sold drugs, burglarized, and associated with other individuals living a similar lifestyle (*Negative Social Influences*). Since his civil commitment to the SCC, he has resisted treatment and refused to work on learning to manage his risk factors for sexual re-offense (*Poor Cooperation with Supervision*). He does not acknowledge that he has a psychosexual disorder or poses any risk for sexual re-offense (*poor self-assessment of risk*).

Mitigation of Risk through Sex Offender Treatment

As indicated, Mr. Meirhofer has refused to participate in treatment since his admission to the SCC. He has not participated in the types of treatment experiences that might affect a change in his mental condition, improve his capacity to manage his sexual behavior, and consequently reduce his risk for sexual re-offense. There has not been any appreciable mitigation of his risk for sexual re-offense through a positive response to sex offender treatment.

Summary of Findings

Mr. Meirhofer has assumed a stance that he does not have any psychological problems to address in treatment. He has a negative perception of the treatment program and does not believe that he can be helped by treatment. He has formed his negative perception not through personal experience in treatment but from what other SCC residents have told him.

With respect to Mr. Meirhofer’s history of sexual offending, he attributes his sexual offending behavior to drug use and fails to recognize factors outside of drug use related to his offending. He seems blind to the fact that most people who use drugs, even potent drugs like methamphetamine, do not rape young teenage boys and although the drugs he used may have lowered his inhibitions, the drugs did not cause him to have deviant sexual interests and forcefully rape young teenage boys. In fact, he acknowledged to me in last year’s annual review interview that he has a history of having sex with underage teenage boys prior to his string of offenses in 1986 and 1987, which is inconsistent with his position that his offenses were caused by his methamphetamine use. There is some indication from his records that his interest may also include prepubescent boys as well.

To date, Mr. Meirhofer has not undergone a sexual history polygraph assessment to assess the range of his offending and there is reason to believe, based on his depiction of his offenses (described above), that he continues to minimize and deny aspects of his sexual offending history. In general, I have doubts about whether he is entirely open and honest about his sexual offending history. I also have doubts about his willingness to be entirely honest about his current sexual drive, masturbatory habits, and sexual interests. He is generally guarded with personal information and does not have a history of providing much personal information beyond that which is documented in his records.

Mr. Meirhofer’s alcohol use is a serious concern. He has a severe history of substance abuse that has impaired his functioning in the community. Prior to 1982, he drank alcoholically, experiencing a loss of control over his intake, drinking up to a fifth of liquor at a time, and experiencing blackouts about every other time he drank. Consequences from drinking included legal difficulties and relationship problems. After receiving a DUI in 1982, he reportedly stopped drinking but developed an addiction to methamphetamine, which caused him equally serious problems. Addiction to substances has been a major

mental health issue for him in the past. Now, he has assumed an attitude that drinking is not a problem, and he expressed no concern that drinking might place him at risk for sexual re-offense, or for relapsing to methamphetamine. In this year's interview, he did not communicate any insight into the degree to which substance use may elevate his risk for sexual re-offense.

Another serious concern is Mr. Meirhofer's unwillingness to work cooperatively with supervisory requirements that might be placed on him. His attitude is that he is not willing to cooperate with any supervision, wants an unconditional release, and is at no risk for sexual re-offense. He did not convey any appreciation of his need to vigilantly monitor his thoughts and behavior to avoid sexual re-offense or to rely on professional psychological support to help him with transitioning to the community. Despite his history of poor adjustment to the community in the past, he believes that he is capable of returning safely to the community without treatment or professional help. His insight into his psychosexual problems and the risk associated with using substances is poor. To date, he has not acknowledged a problem of sexual deviance, developed a motivation to manage his risk factors, or worked with SCC clinical staff on developing interventions to manage his risk factors. During this review period, there has been no apparent change in his mental condition that would indicate a lowered risk for sexual re-offense.

Forensic Conclusions

Mr. Meirhofer has been found to meet the criteria of the RCW 71.09.020 as a Sexually Violent Predator, and was committed to the Special Commitment Center on May 22, 2000. Mr. Meirhofer was committed to the SCC because it was determined that he possessed mental abnormalities and/or a personality disorder which rendered him likely to engage in acts of sexual violence if not confined in a secure facility. His civil commitment, according to 71.09.060, is to continue under the care of the Department of Social and Health Services to ensure care, control and treatment until his condition has changed such that he no longer meets the definition of sexually violent predator or conditional release to a less restrictive alternative, as set forth in RCW 71.09.092, is determined to be in Mr. Meirhofer's best interest and conditions can be imposed that would adequately protect the community.

It is my professional opinion that Mr. Meirhofer appears to continue to meet the definition of a sexually violent predator. Mr. Meirhofer's present mental condition seriously impairs his ability to control his sexually violent behavior. Secondly, it is my professional opinion that Mr. Meirhofer's condition has not so changed such that conditions can be imposed that would adequately protect the community, and a less restrictive alternative would not, at the present time, be in his best interest. I do not recommend that the court consider a less restrictive placement for him at this time.

Respectfully submitted,



Rob Saari, Ph.D.
Washington State Licensed Psychologist
Forensic Services
Special Commitment Center

Appendix A: Psychosocial History Information

The following psychosocial history information was extracted verbatim from the Annual Review, dated July 9, 2009, authored by James Manley, Ph.D.

Social History

Mr. Meirhofer is the third of five siblings born to Clifford and Eleanor Meirhofer. As a boy, he attended Church Sunday School and a Christian Boy's Club. He denied alcohol abuse by his parents during their time together. In 1962, his parents divorced due to a "personality conflict." Mr. Meirhofer's father soon remarried a younger woman. Then, his father owned a Case Farm Machinery shop in Manhattan, Montana. Mr. Meirhofer's mother has been described in documents as "domineering."

Apparently, Mrs. Meirhofer did not accept the divorce well and blamed her son's adolescent behavior problems on his father's reported lack of attention. She described her son as "cheerful, good hearted, helpful, good natured, and cooperative but acknowledged his behavior had begun to deteriorate around age 14. An investigation officer for the Mr. Meirhofer's 1969 Burglary offense indicated that it appeared the mother was unaware of much of Mr. Meirhofer's problematic behavior and interactions with the police.

It is noted that Mr. Meirhofer's older brother, David, was arrested in connection with the murder of a number of people including three children in Montana during the period between 1967 and 1973. He confessed to four murders shortly before committing suicide in his jail cell. While not connected with the murders, Mr. Meirhofer has shown interest about his brother's offenses and had visited some of the murder sites.

Educational History

He described himself as an average student during elementary school and noted that he got along well with almost everybody. He denied getting into trouble at school or fighting with his peers. However, at the age of 15, he came to the attention of the juvenile authorities and spent most of the following six years either in a juvenile facility (Pine Hills School) or on the road, after escaping (twice).

Mr. Meirhofer reported completing his GED prior to being incarcerated. He has completed numerous college classes and reported receiving an Associate Degree in General Studies, with additional studies in the Arts and Sciences, from Edmonds Community College. Mr. Meirhofer also reported attaining a certificate in automated office/computer services.

While at the SCC, Mr. Meirhofer has participated in a number of college courses taught by Pierce Community College.

Vocational History

During his early adolescence, Mr. Meirhofer worked at odd jobs including delivering the daily newspaper and mowing lawns

During his residence at the Pine Hills School, Mr. Meirhofer worked on a harvest crew. His employer described him as "one of the best employees I have ever hired. He was willing to do any job that I asked of him. He did his work very well."

Historical documentation indicates Mr. Meirhofer had an extremely unstable lifestyle when not incarcerated. He was supported by his long-term lover Jim Raines, and by trafficking methamphetamine. At one point he rented a store to use as a front for selling drugs, but failed to pay the rent.

Mr. Meirhofer has consistently received positive work evaluations in various positions while at the SCC.

Substance Abuse History

Mr. Meirhofer has an extensive history of substance abuse. He began drinking alcohol as a young adolescent. While being incarcerated at the Pine Hills School curtailed his access to alcohol, he began drinking upon leaving the institution and experienced alcohol-related blackouts around age 21. He received two citations for Driving Under the Influence. After his second DUI, he was court-ordered to complete a two-year outpatient drug and alcohol treatment program. Reportedly, he was clean and sober for the first year, but returned to substance abuse prior to the end of the second year.

He began using marijuana and LSD at about age 21.

Mr. Meirhofer was first introduced to amphetamine when he was age 18, by Jim Raines. Eventually, other associates introduced him to methamphetamine and his use quickly escalated into a daily habit.

Mr. Meirhofer's ongoing drug and alcohol abuse caused conflicts between himself and Mr. Raines. Reportedly, his substance abuse led to their eventual break-up in 1984. Mr. Meirhofer then moved to Seattle and continued to use and sell methamphetamine. He had reported having a store he used as a front to sell methamphetamine for "about three years." Mr. Meirhofer indicated during those three years he steadily used methamphetamine. The first two years he had snorted the substance, and the last year he had injected it. Mr. Meirhofer indicated the longest he had stayed awake while on the drug was for about seven days. At that point he had been experiencing hallucinations and delusions.

Mr. Meirhofer also funded his drug usage via collecting social assistance, fencing burglarized items, and stealing car and home stereos.

Mr. Meirhofer has reported that at the time of his 1987 sexual offense he had been using methamphetamine for "three or four" days without sleep.

In 1994, Mr. Meirhofer completed a seven-week drug and alcohol treatment program while incarcerated with the Department of Corrections.

Sexual History

Mr. Meirhofer has reported having vague memories of engaging in sexual play with two older boys when he was about 10 years old. He said this consisted of the boys showing each other their genitals and engaging in fondling. At about age 12, he and a same aged neighbor boy engaged in mutual sexual activities. Also at age 12, he recalled kissing a girl. At about age 13 he began masturbating and indicated that during his youth and as a younger adult, he masturbated as frequently as 2 to 3 times daily, eventually decreasing to about once per week. He realized he was gay around age 13.

At age 16, Mr. Meirhofer ran away from reform school and was picked up by a man in his 20s. Mr. Meirhofer noted the man took him home and fellated him. At age 17, Mr. Meirhofer dated a girl and kissed her. He reported he was not then, or has ever been, sexually aroused by females. Related to this, Mr. Meirhofer has denied perpetrating the crime against the 13 year-old-girl (JH, see page 7). He claimed

DNA evidence had cleared him of the offense but that evidence had been ignored. Mr. Meirhofer reported that over the course of his life he had "maybe 10" male sexual partners, which included two prostitutes.

Mr. Meirhofer's longest relationship, with Jim Raines, lasted 13 years. In 1971, Mr. Meirhofer met (age 18) Mr. Raines (age 34) in California after his second escape from Pine Hills School. Mr. Meirhofer needed a place to live and traveled to Bellingham to cohabit with Mr. Raines. Apparently, the relationship was not monogamous. Reports indicate Mr. Meirhofer brought home teen-age boys (approximately 15-years-old) on a regular basis, including a boy he brought from California to live with him for a time. Following Mr. Meirhofer's arrest in 1987, police found several photographs of adolescent males who were sleeping or in sexually suggestive poses among his possessions. During the 2006 interview with Dr. Putnam, Mr. Meirhofer claimed it was Mr. Raines who "brought people home." He stated he only brought home one 15 year-old boy. Mr. Meirhofer also indicated during his 2007 interview that Mr. Raines had brought people home to help around the store and the property.

Reports indicate Mr. Meirhofer has admitted deviant sexual fantasies and sexual activity with minor males. He has provided drugs to the teenagers in exchange for sex. Mr. Meirhofer has attributed the onset of his deviant sexual interest in minor males to his lover, Mr. Raines. Mr. Meirhofer has stated that Mr. Raines directed him toward sexual activity with young males in order to curb his alleged interest in older males thereby decreasing the probability of finding another love interest.

Juvenile Offense History

Mr. Meirhofer has an extensive juvenile offending history:

On 04.04.68, (age 14) Mr. Meirhofer stole a bottle of gin from a truck.

On 12.21.68 (age 15), Mr. Meirhofer broke into a bar and stole several bottles of liquor. He was placed on probation for this offense.

On 02.02.69, (age 15) he was charged with vandalizing a post office.

On 04.18.69, (age 16) Mr. Meirhofer and some other boys broke into a nightclub and stole a large amount of alcohol and some cash. As result of this and his prior violations he was sent to a juvenile residential facility, Pine Hills School. Mr. Meirhofer committed this offense and the two previous offenses while on probation for the 1968 Burglary offense.

On 07.11.69, (age 16) Mr. Meirhofer ran away from Pine Hills School and did not return until the following November. He reportedly traveled by catching rides on freight trains to California, and worked/lived there for part of this time.

On 02.08.71 (age 17), Pine Hills School records indicate Mr. Meirhofer was returned to the facility from aftercare due to another Burglary. Apparently, he had been released to aftercare in 1970, and was to be discharged from aftercare in January 1971, due to his enlistment in the Armed Forces, but was returned to Pine Hills school after accruing another Burglary charge (February 1971).

04.04.71 (age 17), Mr. Meirhofer again ran away from Pine Hills School. He was not returned to the facility and soon reached age 18.

Adult Offense History

In 1982, Mr. Meirhofer was arrested for Driving While Intoxicated and placed on probation. In 1984, Mr. Meirhofer was arrested the second time for DUI. Then, he was court ordered to two years out patient substance abuse treatment and placed on probation for this offense.

On 02.18.84, Mr. Meirhofer was arrested for shoplifting.

On 05.13.85, Seattle police responded to a call (1:50 a.m.) from an unidentified woman that a 14-year-old boy she knew had called her and had sounded disoriented. The police investigated the address of Mr. Meirhofer's business where they found him in the company of two adolescent boys. The boys were described as "obviously intoxicated on some type of narcotic or foreign substance." A search revealed one of the boys to be in possession of a hypodermic needle, a spoon, and a small pipe containing residue. While the police were questioning the parties involved, a third boy came to the door and addressed Mr. Meirhofer by name, but hurried away when he saw the police. Mr. Meirhofer had no explanation why these boys were at his place of business at that hour, or how they had gotten intoxicated and in possession of drug paraphernalia. No action was pursued in this matter.

On 11.05.85, Mr. Meirhofer received traffic citations for Negligent Driving and Driving with a Suspended License, apparently in association with a traffic accident.

On 01.31.86, Mr. Meirhofer was cited for driving without a license.

On 11.30.86, Mr. Meirhofer was charged with Suspicion of Narcotics. The police report on this matter also indicated that he was in possession of materials that suggested he had been involved in planning burglaries of several homes (e.g. invoices from a stereo store that included customer addresses and their purchases. Several notes had been written on the invoices such as "too far" and "already checked." No action was taken by the police regarding this evidence.

On 02.05.87, Mr. Meirhofer received a second citation for Driving with a Suspended License.

Institutional Adjustment History

During Mr. Meirhofer's juvenile incarceration at the Pine Hills School, his behavior and attitude were described as "excellent." It was noted he got along well with the other boys, and did not require redirection from staff. Nevertheless, he ran away from the facility in 1969 and again in 1971.

During his adult incarceration with the Washington Department of Corrections, Mr. Meirhofer received only one infraction, for failing to produce a urine sample for urinalysis on 08.13.95.

Sexual Deviance Treatment History

During July of 1993, Mr. Meirhofer was transferred to Twin Rivers Correctional Center in order to participate in the Sex Offender Treatment Program. He dropped out of the program after two days, citing religious and personal beliefs. In contrast, during his interview with Dr. Putnam, Mr. Meirhofer reported he had initially expressed interest in treatment at Twin Rivers, but it had conflicted with a computer course he had already been taking for nine months. When Dr. Putnam asked for clarification about "dropping out due to personal beliefs," Mr. Meirhofer explained he had not agreed to what was involved in treatment, including phallometric assessment.

Mr. Meirhofer's commitment evaluation, completed by Anna Salter, Ph.D., noted his attitude/interest toward sex offender treatment seemed to fluctuate depending on whether he perceived it would help him or hurt him avoid civil commitment as a sexually violent predator.

Mr. Meirhofer has steadfastly been a non-treatment resident while residing at the SCC.

History of Diagnoses

In 1996, Anna Salter, Ph.D. provided the following diagnoses in her Commitment Evaluation of Mr. Meirhofer:

- Axis I: Pedophilia, Sexually Attracted to Males, Nonexclusive Type
Paraphilia, Not Otherwise Specified – Nonconsent
Amphetamine Dependence in a Controlled Environment
- Axis II: Personality Disorder Not Otherwise Specified (with Antisocial Features)

George Nelson, Ph.D., offered the following diagnosis for Mr. Meirhofer as part of his 1998 Commitment Evaluation:

- Axis I: Pedophilia, Sexually Attracted to Males, Nonexclusive Type
Alcohol Dependency, in a controlled environment (Provisional)
Amphetamine Dependence, in a Controlled Environment (Provisional)
Cannabis Abuse (Provisional)
- Axis II: Personality Disorder Not Otherwise Specified with Antisocial Traits (provisional)

The following diagnoses were opined in 2004, by Lynn Sullivan-Saari, Ph.D., and again in 2005, by James Manley, Ph.D., as part of their Annual Reviews of Mr. Meirhofer.

- Axis I: 302.2 Pedophilia, Sexually Attracted to Males, Nonexclusive Type
Paraphilia, Not Otherwise Specified (Nonconsent)
Alcohol Dependence, in a Controlled Environment
Amphetamine Dependence, in a Controlled Environment
Noncompliance with Treatment
- Axis II: Personality Disorder, Not Otherwise Specified with
Antisocial Traits

MEMORANDUM

DATE: 4/26/2011
TO: Alan L Meirhofer
FROM: Bruce Duthie, Ph.D., SCC Forensic Services Manager
SUBJECT: **Notice of Right to Petition for Release: Waiver of Rights**

Pursuant to RCW 71.09.070, the Department of Social and Health Services (DSHS) must annually evaluate your mental condition, including whether you continue to meet the definition of sexually violent predator and whether conditional release to a less restrictive alternative (LRA) is in your best interest and conditions could be imposed that would adequately protect the community. **A copy of your current annual evaluation and this waiver will be provided to you after the report has been submitted to court.** Copies of the report and this notice also are being served on the prosecuting attorney and filed with the court that committed you to the Special Commitment Center (SCC).

After review of your current annual evaluation, the SCC Superintendent, as designee of the Secretary of DSHS, has determined that you still meet the definition of sexually violent predator, and that conditional release to a less restrictive alternative placement is not in your best interest and conditions cannot be imposed that would adequately protect the community. Accordingly, the Secretary cannot authorize you to petition for release pursuant to RCW 71.09.090(1).

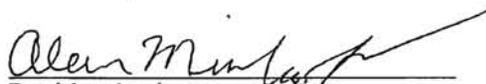
However, you have the right to petition the court for release over the Secretary's objection. You have the right to assistance of counsel, and if you are indigent, the court will appoint counsel to assist you. You may also retain, or if you are indigent and so request, the court may appoint a qualified expert or professional person to examine you.

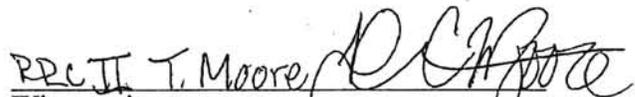
You may waive your right to petition the court for release. If you do not waive that right, the court shall set a show cause hearing to determine whether probable cause exists to warrant a hearing on whether your condition has so changed that either you (1) no longer meet the definition of sexually violent predator or (2) conditional release to a less restrictive alternative is in your best interest and conditions can be imposed that would adequately protect the community.

I have read this Notice, understand my right to petition the court for release over the Secretary's objection, and am electing to (please select one box below):

waive that right

exercise that right and request that the court appoint counsel to represent me at the show cause hearing.


Resident's signature
Date signed: 4-27-11


Witness signature
Date signed: 4-27-11

Curriculum Vitae of

ROBERT JAMES SAARI

Washington State Licensed Psychologist # PY2573

(253) 583-5932

Education

Doctor of Philosophy, Clinical Psychology (September 2000)

Texas Tech University, Lubbock, TX (APA accredited)

Dissertation: Predicting Violence in Psychiatric Inmates in a Maximum-Security Forensic Hospital

Master of Arts, Clinical Psychology

Texas Tech University, Lubbock, TX

Master's Thesis: Relationship Patterns in Partner-Violent Men

Bachelor of Arts, Psychology

Seattle University, Seattle, WA

Honors: Magna Cum Laude

Work Experience

06/06-Present

Psychologist, Forensic Evaluator
Forensic Services
Special Commitment Center
Steilacoom, WA

03/05 - 05/06

Psychologist, Treatment & Assessment
Mental Health Services
Monroe Correctional Complex
Washington State Department of Corrections
Monroe, WA

01/03 - 04/05

Private Practice, Forensic Evaluator
PO Box 22362
Seattle, WA 98102

12/04 - 03/05

Acting Senior Sex Offender Treatment Psychologist
Clinical Services
Special Commitment Center
McNeil Island, WA

- February 2003 Washington Association for the Treatment of Sexual Abusers
Spring Research, Evaluation & Research Conference (12.5 Hours)
Sponsored by Washington Association for the Treatment of Sexual Abusers
Presenters: Richard Packard, Ph.D., Paul Stern, J.D., Robert Wheeler, Ph.D.,
William George, Ph.D., H.R. Nichols, Ph.D., Jacqueline Page, Psy.D., Jennifer
Wheeler, Ph.D.
- November 2002 Recent Advances in the Assessment and Treatment of Domestically Violent
Men (2 Hours)
Sponsored by Seattle Forensic Institute
Presenter: Roland Maiuro, Ph.D.
- June 2002 Sex Offenders: Evaluation and Treatment (14 Hours)
Sponsored by Specialized Training Services, Inc.
Presenter: Anna Salter, Ph.D.
- February 2002 Washington Association for the Treatment of Sexual Abusers
Spring Research, Evaluation & Research Conference (12.5 Hours)
Sponsored by Washington Association for the Treatment of Sexual Abusers
Presenters: Lucy Berliner, M.S.W., Art Gordon, Ph.D., Steve Jensen, M.A., Keith
Kaufman, Ph.D., Bill Marshall, Ph.D., Mark McClung, M.D., Richard Packard,
Ph.D.
- February 2001-
June 2001 Sex Offender Awareness Training (119 hours of training)
Sponsored by the Justice Institute of British Columbia
Program Coordinator: Chris Thompson, M.A.
- February 2001 Washington Association for the Treatment of Sexual Abusers
Spring Research, Evaluation & Research Conference (12.5 Hours)
Sponsored by Washington Association for the Treatment of Sexual Abusers
Presenters: Lee Nelson, Ph.D.; Michael O'Connell, Ph.D., M.S.W., Richard
Packard, Ph.D.; Vernon Quinsey, Ph.D.; Roger Wolfe, M.A.
- June 2001 Violence Risk and Threat Assessment (14 Hours)
Sponsored by Specialized Training Services, Inc.
Presenter: Reid Meloy, Ph.D.
- June 2001 Psychopathy Checklist - Revised (PCL-R) & the Psychopathy Checklist: Youth
Version (22 Hours)
Sponsored by Youth Forensic Psychiatric Services, Ministry for Children and
Family Development
Presenters: Robert Hare, Ph.D. and Adelle Forth, Ph.D.
- September 2000 Psychopathy and Violence Risk Assessment (8 hours)
Seattle Forensic Institute
Seattle, WA
Presenter: Stephen Hart, Ph.D.
- April 2000 Assessment of Sex Offender Risk (1-day talk)
Sponsored by Western State Hospital and Special Commitment Center Staff
Development

Presenter: Robert Wheeler, Ph.D.

- September 1999-
July 2000 Postdoctoral Training Seminars in Psychiatry, Psychology, and the Law (84 Hours)
Sponsored by The Washington Institute for Mental Illness Research & Training
Coordinators: Gregg Gagliardi, Ph.D., Bruce Gage, M.D., & William Proctor, Ph.D.
- September 1998 Administering the Brief Psychiatric Rating Scale in Forensic Settings (4 hours)
Sponsored by Texas Tech University Health Sciences Center
Lubbock, TX
Presenter: Danise Bartley, Ph.D.
- August 1998 Assessing Intelligence in Psychiatric Inmates with the WAIS-III (4 hours)
Sponsored by Texas Tech University Health Sciences Center
Lubbock, TX
Presenter: Jann Jeter, Ph.D.
- June 1998 Legal Issues in Assessment of Criminal Competencies (2 hours)
Sponsored by Texas Tech University Department of Psychology and the John T. Montford Psychiatric/Medical Unit
Lubbock, TX
Presenter: Phillip M. Lyons, Jr, Ph.D., J.D.

Publications

Saari, R.J. & Sullivan Saari, L.E. (2002). Actuarial risk assessment with elderly sex offenders: Should it be abandoned? Sex Offender Law Review.

Presentations

Saari, R.J. (2005, December). Suicide and Self-harm in Correctional Facilities. Presentation to staff at the Monroe Correctional Complex, Washington State Department of Corrections.

Saari, R.J. (2004, May). Treating Psychopathy: Reasons for Pessimism & Keeping Hope Alive. Invited address to University of Massachusetts Medical School Public Sector Psychiatry Conference, Worcester, MA.

Saari, R.J. (2004, February). Deposition Preparation: Assessment of Treatment Progress and Risk Reduction in Sexually Violent Predators. Presentation to staff at Western State Hospital, Tacoma, WA and to staff at the Special Commitment Center, McNeil Island, WA.

Saari, R.J. (2004, February). Sexual Violence Risk Assessment. Invited address to the King County Prosecutor's Office, Seattle, WA.

Saari, R.J. & Sullivan Saari, L.E. (2003, January). Violence Risk Assessment. Invited address to the Idaho Psychological Association, Boise, ID.

Saari, R.J. (2001, October). Psychopathy and Sexual Offending. Presentation to the staff at the Special Commitment Center, McNeil Island, WA.

Robert J. Saari
August 2007

Saari, R., Sharp, D., Ballinger, B., & Cogan, R. (1998, April). Relationship patterns in partner violent men. Poster session presented at the annual meeting of the Western Psychological Association, Rocky Mountain Psychological Association, Joint Convention, Albuquerque, NM.

APPENDIX B

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF WHATCOM

)
In The Detention of:)
ALAN MEIRHOFER,) No. 96-2-01119-0
)

VIDEOTAPED DEPOSITION UPON ORAL EXAMINATION
OF
ANNA C. SALTER, Ph.D.

9:35 a.m.
May 12, 2000
401 Grand Avenue
Bellingham, Washington

Leslie Post
Court Reporter

1 the legal conclusion.

2 MS. McCANDLIS: She better lay the
3 psychology foundation.

4 MR. BOWERS: For --

5 MS. McCANDLIS: Saying he has a mental
6 abnormality.

7 MR. BOWERS: Okay.

8 Q. (By Mr. Bowers) Dr. Salter, what is your
9 opinion as to whether or not Mr. Meirhofer currently
10 suffers from a mental abnormality?

11 A. That he does.

12 Q. What mental abnormality or abnormalities?

13 A. Pedophilia, paraphilia NOS --

14 Q. All right.

15 A. -- and a couple of others.

16 Q. What I'm going to have you do, Dr. Salter,
17 is take that black pen that I provided you with and
18 write those two mental abnormalities there on
19 Petitioner's Exhibit 1.

20 All right. You can hand that back to me.

21 Thank you.

22 Dr. Salter, what is pedophilia?

23 A. The common-sense definition is pedophilia
24 is a sexual attraction to children ages 13 or under.
25 Specifically it is defined more precisely in the

1 discussed those other incidents in regards to
2 Mr. Meirhofer.

3 MR. BOWERS: Okay. That's fine.

4 Q. (By Mr. Bowers) Dr. Salter, let's talk --
5 oh, I have one further question about pedophilia. Is
6 the mental abnormality of pedophilia, is that a
7 transient condition? I guess what I mean by that in
8 English is -- I probably can ask that better -- do
9 you just get better from pedophilia? I mean, is it
10 like a cold, you get over it in a couple weeks?

11 A. No. It's a chronic, stable and persistent
12 abnormality.

13 Q. All right. Dr. Salter, you indicated that
14 the second mental abnormality that you believe
15 Mr. Meirhofer suffers from is paraphilia NOS.

16 What is -- first of all, what does "NOS"
17 stand for?

18 A. Not otherwise specified.

19 Q. And can you tell us a little bit about
20 paraphilia not otherwise specified? Can you explain
21 that?

22 A. Paraphilia not otherwise specified is a
23 category for paraphilias that do not have specific
24 names for them, separate names for them.

25 Q. Okay. Well, let me interrupt you for a

1 second. What is a paraphilia?

2 A. A recurrent, intensely -- the definition
3 from DSM-IV --

4 Q. Okay. What about, I mean, just a layman's
5 definition of it.

6 A. Well, it's pretty close.

7 Q. Okay.

8 A. It's intensely, sexually arousing fantasy,
9 sexual interest in a thing -- in things such as
10 non-human objects, suffering or humiliation of one's
11 self or one's partner, children or nonconsenting
12 adults.

13 In other words, they didn't want to say
14 that anything unusual sexually was a paraphilia, but
15 they did say that there were certain kinds of sexual
16 interests that they would define as abnormal and as a
17 paraphilia. Pedophilia is an example of a
18 paraphilia.

19 Q. Okay. So a paraphilia is an umbrella term
20 that encompasses a lot of more specific --

21 A. It encompasses some specific things like
22 pedophilia, sadism, exhibitionism, voyeurism. And
23 then there's another category called not otherwise
24 specified, meaning they didn't have a separate
25 category for everything. Most specifically, they

1 didn't have a category for rape.

2 Q. All right. So is the diagnostic criteria
3 for paraphilia not otherwise specified, is that found
4 like for pedophilia in the Diagnostic and Statistical
5 Manual?

6 A. It is in the Diagnostic and Statistical
7 Manual.

8 Q. All right. I'm going to show you what I'll
9 mark for identification purposes as Petitioner's
10 Deposition Exhibit 3 and ask you if you can identify
11 that for the record.

12 (Marked Petitioner's Exhibit No. 3.)

13 A. Recurrent, intense sexually arousing
14 fantasy, sexual urges or behaviors involving
15 nonconsenting persons occurring over a period of six
16 months which cause clinically significant distress
17 and impairment. It appears to be taken from DSM-IV,
18 and it appears to be a definition of paraphilia not
19 otherwise specified - nonconsent.

20 Q. When we talk about nonconsent, what does
21 that mean when you add that onto paraphilia not
22 otherwise specified?

23 A. It means rape.

24 Q. It means rape?

25 A. Yes.

APPENDIX C

FILED IN OPEN COURT

10/10/20 11
WHATCOM COUNTY CLERK

By _____
Deputy

STATE OF WASHINGTON
WHATCOM COUNTY SUPERIOR COURT

In re the Detention of:

ALAN MEIRHOFER,

Respondent.

NO. 96-2-01119-0

ORDER ON SHOW CAUSE
HEARING

THIS MATTER came before the Court on October 10, 2011, to determine whether Respondent is entitled to a trial to determine whether he should be unconditionally released or released to a less restrictive alternative. At the hearing, the State was represented by Assistant Attorney General Tricia Boerger. Respondent was not present, but was represented by his counsel, Seth Fleetwood. In reaching a decision in this matter, the Court considered the pleadings filed in this matter, the evidence presented at the show cause hearing, and the argument of counsel. Based upon all of this, the Court enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Respondent was committed to the care and custody of the Department of Social and Health Services (DSHS) as a sexually violent predator on May 22, 2000.
2. On April 15, 2011, DSHS submitted a written annual review of Respondent's mental condition to this Court.

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CONCLUSIONS OF LAW

1. This Court has jurisdiction over the parties and subject matter herein.
2. DSHS's annual review of Respondent's mental condition provides prima facie evidence of the following:
 - a. Respondent's condition remains such that he continues to meet the statutory definition of a sexually violent predator; and
 - b. Any proposed less restrictive alternative placement is not in the best interest of Respondent, nor can conditions be imposed that would adequately protect the community.
3. Pursuant to *In re the Detention of Reimer*, 146 Wn.App. 179, 190 P.3d 74 (Div. II, 2008) and, *Detention of Petersen v. State*, 145 Wn.2d 789, 42 P.3d 952, 958 (2002), Respondent did not present prima facie evidence that:
 - a. His condition has so changed that he no longer meets the criteria of a sexually violent predator; or
 - b. Release to a less restrictive alternative is in his best interest, and conditions can be imposed that would adequately protect the community.

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1 Based on the foregoing Findings of Fact and Conclusions of Law, the Court now enters
2 the following:

3 **ORDER**

4 IT IS HEREBY ORDERED: That this Court's order civilly committing the
5 Respondent to the custody of DSHS as a sexually violent predator shall continue until further
6 order of the Court.

7
8 DATED this 10 day of October, 2011.

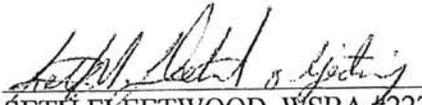
9
10 
11 THE HONORABLE STEVEN MURA
12 Judge of the Superior Court

13 Presented by:

14 ROBERT M. MCKENNA
15 Attorney General

16 
17 TRICIA BOERGER, WSBA #38581
18 Assistant Attorney General
19 Attorneys for State of Washington

20 Copy received; Approved as to form:

21 
22 SETH FLEETWOOD, WSBA #22786
23 Attorney for Respondent
24
25
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APPENDIX D

Dr. James M. Cantor

Mainpage > Short articles, Q&As > 100 hebephilia texts

100 Texts that Include Hebephilia

The DSM-5 revisions committee has proposed subdividing the erotic preference for children into two subtypes: Whereas the current (DSM-IV-TR) definition refers to the sexual interest in children "generally ages 13 and under," the proposed update would divide it into the sexual interest in children under 11 (still called *pedophilia*) and the sexual interest in children roughly 11–14 (called *hebephilia*). In response to the increased interest in the science on the topic, I compiled and posted the [research studies on hebephilia, including abstracts](#).

One of the issues that has become relevant in discussions about whether to make hebephilia explicit in the DSM system is to what extent the concept has been accepted in the wider literature. Although there is no objective means by which to decide how wide-spread is wide-spread *enough*, it is difficult to support claims that hebephilia is somehow an idiosyncratic or still-obscure concept. The following is a list of one hundred of the many more texts that do, in fact, include hebephilia. They span multiple academic fields, multiple countries, and multiple decades, long predating the current DSM discussions. (The excerpts accompanying each text are as produced by the Google books search engine.)

Decisions about the contents of the DSM are part science and part value judgment, and legitimate debate can and should be had about how or when the science on hebephilia should be put to use. There is little to gained, however, by claims that the following and the many other similar texts simply do not exist.

— James Cantor
21 May 2011



Modern clinical psychiatry - Page 530

Lawrence Coleman Kolb, Harlow Keith Hammond Brodie - Medical - 1982 - 900 pages

Thus, the relationships between pedophilia, **hebephilia** and exhibitionism are often blurred. Some have been voyeurs and indulged in homosexuality as well. ...

Snippet view - [About this book](#) - [More editions](#)



The American Psychiatric Publishing textbook of psychiatry - Page 738

Robert E. Hales, Stuart C. Yudofsky, Glen O. Gabbard - Medical - 2008 - 1786 pages

This situation is referred to as **hebephilia** instead. It is not uncommon for an individual with pedophilia to have a certain age range of child ...

Limited preview - [About this book](#) - [More editions](#)



Stedman's psychiatry/neurology/neurosurgery words - Page 376

Lippincott Williams & Wilkins, Thomas Lathrop Stedman - Medical - 1999 - 938 pages
 ... particle radiotherapy heavy-duty straight clip heavy-metal neuritis hebbian
 h. modification h. potentiation of synapse h. property Hebb rule **hebephilia** ...
 Snippet view - [About this book](#)



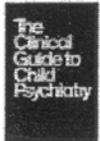
A Method of psychiatry - Page 246

Stanley E. Greben, Vivian M. Rakoff, George Voineskos - Medical - 1985 - 475 pages
 True pedophilia may not exist at all in women, and **hebephilia** seems to be very
 rare. ... However, in pedophilia and **hebephilia** in particular, ...
 Snippet view - [About this book](#) - [More editions](#)



Psychiatric clinical skills - Page 195

David S. Goldbloom - Medical - 2006 - 387 pages
 ... testing is most typically used to determine whether a person is experiencing
 pedophilia, **hebephilia**, or a violent or coercive sexual preference. ...
 Limited preview - [About this book](#) - [More editions](#)



The Clinical guide to child psychiatry - Page 336

David Shaffer - Psychology - 1985 - 619 pages
 While in both pedophilia and **hebephilia** the victim is unrelated to the offender,
 the former is the term applied to sexual interactions with a prepubertal ...
 Snippet view - [About this book](#) - [More editions](#)



Behavioral assessment: a practical handbook - Page 434

Michel Hersen, Alan S. Bellack - Psychology - 1981 - 603 pages
 For both scales, item analysis was carried out on the responses of 152 males
 whose history indicated very probable pedo- or **hebephilia**. ...
 Snippet view - [About this book](#) - [More editions](#)



Clinician's handbook of adult behavioral assessment - Page 329

Michel Hersen - Psychology - 2006 - 673 pages
 Pedophilia was, but not the sexual offense of **hebephilia**, sexual activity of an
 adult with pubertal or immediately postpubertal subjects, ...
 Limited preview - [About this book](#) - [More editions](#)



Handbook for screening adolescents at psychosocial risk - Page 140

Mark I. Singer, Lynn T. Singer, Trina M. Anglin - Medical - 1993 - 437 pages
hebephilia to further distinguish those who are attracted to adolescents from
 those who are attracted to younger-aged, prepubertal children. ...
 Snippet view - [About this book](#)



Forensic and Medico-Legal Aspects of Sexual Crimes and Unusual ... - Page 45

Anil Aggrawal - Law - 2008 - 424 pages
 Long-term sexual interest in children with the typical body shape of. . . . an
 under 11 year old **Hebephilia**. A preference for pubescent children. ...
 Limited preview - [About this book](#)



Criminal court consultation - Page 274

Richard Rosner, Ronnie B. Harmon - Psychology - 1989 - 321 pages
 This means that 20% of the exhibitionists have also engaged in heterosexual
 pedophilia. Further, 20% admit to heterosexual **hebephilia**, 10% to homosexual ...

Snippet view - [About this book](#)



Encyclopedia of murder and violent crime - Page 348

Eric W. Hickey - [Social Science](#) - 2003 - 603 pages

... attraction to elderly partners **Hebephilia**: men aroused by teenage boys ...

Limited preview - [About this book](#)

The psychology almanac: a handbook for students - Page 81

Howard Wilkening, Gregory Wilkening, Peter Wilkening - [Psychology](#) - 1973 - 241 pages

hebephilia Pathological disorder ii.it of loving (-phil-) a youth (hebe-) or comparatively young person: sexual activity carried out by an adult on an ...

Snippet view - [About this book](#) - [More editions](#)



Clinical and forensic interviewing of children and families: guidelines ... - Page 706

Jerome M. Sattler - [Psychology](#) - 1998 - 1135 pages

Chronic sexual attraction to prepubertal children is called pedophilia; if directed toward pubescent children, the offense is called **hebephilia**; if directed ...

Snippet view - [About this book](#)



The psychology of lust murder: paraphilia, sexual killing, and serial ... - Page 106

Catherine E. Purcell, Bruce A. Arrigo - [Psychology](#) - 2006 - 173 pages

... Jeffrey's target audience usually consisted of prepubescent males (ie, **hebephilia**). Around this time, Dahmer also dabbled in exhibitionism; however, ...

Limited preview - [About this book](#)



Introduction to Forensic Psychology: Research and Application - Page 320

Curt R. Bartol, Anne M. Bartol - [Psychology](#) - 2008 - 555 pages

Another term, **hebephilia**, is applied to men who are most attracted to ...

However, the distinction between **hebephilia** and pedophilia does not seem to be ...

Limited preview - [About this book](#) - [More editions](#)



Lethal violence: a sourcebook on fatal domestic, acquaintance, and ... - Page 342

Harold V. Hall - [Social Science](#) - 1999 - 714 pages

... (defined by the authors as a preference for prepubertal victim), 20% to heterosexual **hebephilia** (preference for victims between 12 and 16 years of age), ...

Limited preview - [About this book](#) - [More editions](#)

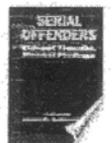


Sexual behavior and the law - Page 544

Ralph Slovenko - [Law](#) - 1965 - 886 pages

(2) Heterosexual **hebephilia**. Sexual activity of any type with a female partner who is pubescent (showing definite signs of secondary sexual characteristics, ...

Snippet view - [About this book](#) - [More editions](#)



Serial offenders: current thought, recent findings - Page 110

Louis B. Schlesinger - [Social Science](#) - 2000 - 349 pages

For exhibitionism, 20% engaged in heterosexual pedophilia; 20%, in heterosexual **hebephilia**; 10%, in homosexual pedophilia; 8%, in homosexual ...

Limited preview - [About this book](#)



Management of the mentally disordered offender in prisons - Page 111

Geoffrey Neil Conacher - [Social Science](#) - 1996 - 136 pages

but denied that his victims were tortured as the police surmised. He further denied transvestism, fetishism or cross-gender wishes, that he took photographs ...

Limited preview - [About this book](#)



Sex crimes and paraphilia - Page 347

[Eric W. Hickey](#) - [Social Science](#) - 2006 - 537 pages

EPHEBOPHILIA AND PEDERASTY **Hebephilia**, an adult's sexual interest and attraction to children and adolescents who have reached puberty (Herek, 2002), ...

Snippet view - [About this book](#)



Brief and extended interventions in sexual abuse - Page 194

[Robert H. Rencken](#) - [Psychology](#) - 2000 - 232 pages

Case Study J No Contact, E, P — **Hebephilia**; Brief Intervention Presenting Problem Ted, age 40, called at the urging of his girlfriend to explore whether he ...

Snippet view - [About this book](#)



Gender dysphoria: development, research, management - Page 273

[Betty W. Steiner](#) - [Medical](#) - 1985 - 430 pages

... and homosexual **hebephilia** (the preference for 11- or 12- to 16-year-olds), homosexual pedophiles are too different from homosexual ...

Snippet view - [About this book](#)



The sex offender and the criminal justice system - Page 62

[Ronald M. Holmes](#) - [Social Science](#) - 1983 - 236 pages

Heterosexual **Hebephilia**— sexual activity of any type where the female partner is pubescent. 2. Heterosexual Pedophilia — sexual activity of an type when the ...

Snippet view - [About this book](#)



Homosexuality and social sex roles - Page 10

[Michael W. Ross](#) - [Social Science](#) - 1983 - 107 pages

Thus, in heterosexual **hebephilia**, the preference is for 12 to 13 year old ... In homosexual **hebephilia**, the preferred age is somewhere between 11 and 16, ...

Limited preview - [About this book](#) - [More editions](#)



The sexual exploitation of children: a practical guide to assessment ... - Page 25

[Seth L. Goldstein](#) - [Law](#) - 1999 - 574 pages

He may chose children as his sexual object who are prepubescent (pedophilia) or those who are pubescent (**hebephilia**). For the purposes of this discussion, ...

Limited preview - [About this book](#) - [More editions](#)



The crime problem - Page 237

[Walter Cade Reckless](#) - [Social Science](#) - 1967 - 830 pages

Homosexual **Hebephilia**. Sexual activity of any type with a male partner who ... and Sexual Assault 30 Heterosexual **Hebephilia** 30 Heterosexual Pedophilia 50 ...

Snippet view - [About this book](#) - [More editions](#)



Homosexuality, masculinity & femininity - Page 10

[Michael W. Ross](#) - [Social Science](#) - 1985 - 107 pages

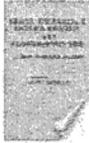
Thus, in heterosexual **hebephilia**, the preference is for 12 to 13 year old ... In homosexual **hebephilia**, the preferred age is somewhere between 11 and 16, ...

Snippet view - [About this book](#) - [More editions](#)

Erotic preference, gender identity, and aggression in men: new ... - Page 34

[Ron Langevin](#) - [Psychology](#) - 1985 - 375 pages

Nevertheless, one must also explain why these men engage in a range of other



sexual behaviors, most prominently, in transvestism and **hebephilia**. ...
 Limited preview - [About this book](#)



[Forensic Victimology: Examining Violent Crime Victims in ... - Page 456](#)
 Brent E. Turvey, Wayne Petherick - [Law](#) - 2008 - 564 pages
 These offenses can take the form of statutory rape (which will be discussed in further detail in the next section, on rape), position of trust **hebephilia**, ...
 Limited preview - [About this book](#)



[Sexual abuse: dynamics, assessment, and healing - Page 25](#)
 Gloudina Maria Spies - [Family & Relationships](#) - 2006 - 294 pages
 is a tool for sending and receiving messages (Computer-assisted communication and management: Definition and terms: nd). **Hebephilia** ...
 Snippet view - [About this book](#)



[Paedophiles, child abuse and the Internet: a practical guide to ... - Page 6](#)
 Adrian Powell - [Medical](#) - 2007 - 177 pages
 It is important to remember that paedophilia and **hebephilia** does not exist solely ... Chronophilia is not related in any way to paedophilia, **hebephilia**, ...
 Limited preview - [About this book](#)



[Pedophilia and exhibitionism: a handbook - Page 17](#)
 Johann W. Mohr, Ted Turner, Robert Edward Turner, et al. - [Psychology](#) - 1964 - 204 pages
 For the adolescent group, the term **hebephilia** has been suggested by Glueck (1955). ...
 However, whether homosexual **hebephilia** is a consistent ...
 Snippet view - [About this book](#) - [More editions](#)



[Sexual behaviors: social, clinical, and legal aspects - Page 173](#)
 H. L. P. Resnik, Marvin E. Wolfgang - [Psychology](#) - 1972 - 448 pages
 The difference between the first type of criminal behavior and **hebephilia** and pedophilia is to be found in the maturity grading of the victim ...
 Snippet view - [About this book](#) - [More editions](#)



[Psychopathology: foundations for a contemporary understanding - Page 286](#)
 James E. Maddux, Barbara A. Winstead - [Psychology](#) - 2005 - 468 pages
Hebephilia, sexual activity of an adult with pubertal or immediately postpubertal subjects, is not classified as a paraphilia, ...
 Limited preview - [About this book](#) - [More editions](#)



[Evaluating sex offenders: a manual for civil commitments and beyond - Page 98](#)
 Dennis M. Doren - [Social Science](#) - 2002 - 243 pages
 ... sexually attracted to adolescents (**hebephilia**), or both (assuming no other condition explains these assaultive behaviors)? Although it would be helpful ...
 Limited preview - [About this book](#) - [More editions](#)



[Violence and sexual abuse at home: current issues in spousal ... - Page 336](#)
 Robert Geffner, Susan B. Sorenson, Paula K. Lundberg-Love - [Social Science](#) - 1997 - 371 pages
 In common usage, however, pedophilia or its noun form, pedophile, is generally applied to all child molestation, and the term **hebephilia** is rarely ...
 Limited preview - [About this book](#) - [More editions](#)



Sexual behavior: problems and management - Page 308

Nathaniel McConaghy - Psychology - 1993 - 414 pages

Pedophilia and **hebephilia** are usually recognized only when the behavior comes to the attention of authorities or when it is reported retrospectively by the ...

Limited preview - [About this book](#)



The victimization and exploitation of women and children: a study of ... - Page 74

Ronald B. Flowers - Social Science - 1994 - 240 pages

Johan Mohr, RE Turner, and MB Jerry established five types of pedophilia: •

Heterosexual **Hebephilia**— sexual relations of any nature where the female partner ...

Limited preview - [About this book](#) - [More editions](#)



Male crime and deviance: exploring its causes, dynamics, and nature - Page 228

Ronald B. Flowers - Social Science - 2003 - 353 pages

Homosexual **hebephilia**-any kind of sexual relations where the male victim is

pubescent. • Homosexual pedophilia-any nature of sexual relations in which the ...

Snippet view - [About this book](#)



Sex crimes, predators, perpetrators, prostitutes, and victims ... - Page 108

Ronald B. Flowers - Social Science - 2001 - 280 pages

Homosexual **Hebephilia** - sexual relations of any type where the male victim is

pubescent. • Homosexual Pedophilia - sexual ...

Snippet view - [About this book](#) - [More editions](#)



Childhood and adolescent sexology - Page 362

Michael E. Perry - Psychology - 1990 - 448 pages

In the latter cases a more specific term for attraction to boys who have passed through puberty would be ephephilia (21) or **hebephilia** (22). ...

Snippet view - [About this book](#)



Diagnostic interviewing - Page 242

Michel Hersen, Samuel M. Turner - Medical - 2003 - 460 pages

Hebephilia, sexual attraction of older persons to pubertal or immediately

postpubertal subjects, was not. It is mainly experienced or expressed by men ...

Limited preview - [About this book](#) - [More editions](#)



Adult psychopathology and diagnosis - Page 522

Michel Hersen, Samuel M. Turner - Psychology - 2003 - 706 pages

Pedophilia, unlike sexual assault or **hebephilia**, is classified as a paraphilia

in the DSM-IV. Most pedophiles are male and offend against only male or only ...

Snippet view - [About this book](#) - [More editions](#)



Adult sexual interest in children - Page 161

Mark Cook, Kevin Howells - Medical - 1981 - 275 pages

Let us define analogously the term **hebephilia** as an erotic preference for

pubescents and let us define the age bracket of pubescents to be approximately 11 ...

Snippet view - [About this book](#)



Sex crimes: perpetrators, predators, prostitutes, and victims - Page 111

Ronald B. Flowers - Law - 2006 - 298 pages

• Heterosexual **Hebephilia**-sexual relations of any kind where the female ...

Homosexual **Hebephilia**-sexual relations of any type where the male victim is ...

Snippet view - [About this book](#) - [More editions](#)



[Variant sexuality: research and theory, Volume 1987, Part 2 - Page 49](#)

[Glenn Daniel Wilson](#) - [Psychology](#) - 1987 - 268 pages

... obscene telephone calls, transvestism, exhibitionism Sexual aggression and rape = heterosexual **hebephilia** (13-to 15-year-old), exhibitionism, voyeurism, ...

Limited preview - [About this book](#) - [More editions](#)



[Campbell's Psychiatric Dictionary - Page 448](#)

[Robert Jean Campbell](#) - [Medical](#) - 2009 - 1051 pages

... without the requirement that either presynaptic or postsynaptic neuron be active. See synapse; synaptic plasticity. **hebephilia** Ephebophilia (qv). ...

Limited preview - [About this book](#) - [More editions](#)



[Not monsters: analyzing the stories of child molesters - Page 16](#)

[Pamela D. Schultz](#) - [Family & Relationships](#) - 2005 - 225 pages

... in which he defined having a sexual attraction toward prepubertal children as pedophilia and sexual attraction toward pubertal children as **hebephilia**, ...

Limited preview - [About this book](#) - [More editions](#)



[Sex Crimes: Patterns and Behavior - Page 297](#)

[Stephen T. Holmes](#), [Ronald M. Holmes](#) - [Social Science](#) - 2008 - 327 pages

... generation Golden shower: practice of urinating onto a partner's body for sexual pleasure. **Hebephilia**: sexual attraction (of a man) to teenage boys ...

Limited preview - [About this book](#) - [More editions](#)



[Sexual Deviance: Theory, Assessment, and Treatment - Page 176](#)

[D. Richard Laws](#), [William T. O'Donohue](#) - [Psychology](#) - 2008 - 642 pages

Thus the causes of pedophilia may differ from the causes of **hebephilia** (sexual preferences for pubescent children), ...

Limited preview - [About this book](#) - [More editions](#)



[Perverts and predators: the making of sexual offending laws - Page 45](#)

[Laura J. Zilney](#), [Lisa Anne Zilney](#) - [Law](#) - 2009 - 209 pages

... gratification and is only four to five years older than the victim (Hall and Hall 2007). Moreover, clinicians will distinguish between **hebephilia** and ...

Limited preview - [About this book](#) - [More editions](#)



[Trauma psychology: issues in violence, disaster, health, and illness - Page 264](#)

[Elizabeth K. Carl](#) - [Psychology](#) - 2007 - 712 pages

... whereas **Hebephilia** or Ephebophilia (not an official diagnosis) refers to sexual attraction to adolescent children (see Wikipedia, nd). ...

Limited preview - [About this book](#)



[Gender identity disorder and psychosexual problems in children and ... - Page 5](#)

[Kenneth J. Zucker](#), [Susan J. Bradley](#) - [Social Science](#) - 1995 - 440 pages

... as in the cases of pedophilia (a preference for prepubertal children) and **hebephilia** (a preference for pubescent children, usually about 11-14 years of ...

Limited preview - [About this book](#)

[Cognitive Approaches to the Assessment of Sexual Interest in ... - Page 115](#)

[David Thornton](#), [D. Richard Laws](#) - [Psychology](#) - 2009 - 236 pages

... **hebephilia**.

Snippet view - [About this book](#) - [More editions](#)



[Cycle of sexual abuse : research inconclusive about whether child ... - Page 25](#)
[Family & Relationships](#)

Comments This study compared histories of childhood sexual victimization among pedophilic and **hebephilic** child molesters. The former differ from the latter ...

Full view - [About this book](#) - [More editions](#)



[The social impact of computers - Page 306](#)

[Richard S. Rosenberg](#) - [Business & Economics](#) - 2004 - 728 pages

... **hebephilia** (youths) and what the researchers call paraphilia — a grab bag of "deviant" material that includes images of bondage, sadomasochism, ...

Limited preview - [About this book](#) - [More editions](#)



[The causes and cures of criminality - Page 229](#)

[Hans Jürgen Eysenck](#), [Gisli H. Gudjonsson](#) - [Psychology](#) - 1989 - 309 pages

... 1985), the term pedophilia is used to refer to sexual encounters with children 12 years or younger (ie, prepubertal). The terms **hebephilia** and ...

Limited preview - [About this book](#)



[Sex Offenders: Identification, Risk Assessment, Treatment, and ... - Page 333](#)

[Fabian M. Saleh](#) - [Medical](#) - 2009 - 480 pages

(1999) suggests that paraphilias, mainly, homosexual pedophilia, or **hebephilia** is common among clergy who sexually abuse their parishioners. ...

Limited preview - [About this book](#) - [More editions](#)



[Practical aspects of rape investigation: a multidisciplinary approach - Page 202](#)

[Robert R. Hazelwood](#), [Ann Wolbert Burgess](#) - [Law](#) - 2001 - 517 pages

... some mental health professionals continue to apply the term to those with a sexual preference for pubescent teenagers. The terms **hebephilia** and ...

Limited preview - [About this book](#) - [More editions](#)



[Home truths about child sexual abuse: a reader - Page 49](#)

[Catherine Itzin](#) - [Social Science](#) - 2000 - 459 pages

When there is sexual arousal towards post-pubertal children who are below the age of consent, the term that has been used is '**hebephilia**'. ...

Limited preview - [About this book](#) - [More editions](#)



[Sexual Assault of Children and Adolescents - Page 3](#)

[Ann Wolbert Burgess](#) - [Family & Relationships](#) - 1978 - 250 pages

... toward prepubertal children (pedophilia) and/or pubescent children (**hebephilia**) to whom he or she may be directly related (incest) or not. ...

Limited preview - [About this book](#) - [More editions](#)



[A companion to cultural studies - Page 52](#)

[Toby Miller](#) - [Social Science](#) - 2001 - 579 pages

... consent expressed by male teenage hustlers, and excluded the very possibility of **hebephilia** (love for the young man who has passed the age of puberty). ...

Limited preview - [About this book](#) - [More editions](#)





Child abuse on the Internet: ending the silence - Page 41

Carlos A. Arnaldo - Family & Relationships - 2001 - 220 pages

Psychiatry views their taste for immature and powerless sexual partners as the manifestation of a personality disorder (**hebephilia**). ...

Limited preview - [About this book](#) - [More editions](#)



Practical Aspects of Rape Investigation: A Multidisciplinary ... - Page 384

Robert R. Hazelwood, Ann Wolbert Burgess - Law - 2008 - 592 pages

... klismaphilia (enemas), urophilia (urine), infantilism (baby), **hebephilia** (female youth), ephebophilia (male youth), and theoretically many others. ...

Limited preview - [About this book](#)



Behavioral and emotional disorders in adolescents: nature, ... - Page 537

David A. Wolfe, Eric J. Mash - Psychology - 2006 - 719 pages

... as in the cases of pedophilia (prepubertal children) and **hebephilia** (pubescent children, usually around 11–14 years), regardless of whether the super- ...

Limited preview - [About this book](#) - [More editions](#)



The Moral Brain: Essays on the Evolutionary and Neuroscientific ... - Page 164

Jan Verplaetse, Jelle De Schrijver, Johan Braeckman - Medical - 2009 - 275 pages

Pedophilia Pedophilia refers to sexual interest in prepubescent children (Fagan, Wise, et al., 2002; Blanchard & Barbaree, 2005), **hebephilia**, an erotic ...

Limited preview - [About this book](#) - [More editions](#)



Sex, work and sex work: eroticizing organization - Page 304

Joanna Brewis, Stephen Linstead - Psychology - 2000 - 350 pages

... not because of any clinical problem they have such as paedophilia or **hebephilia** (the love of young people, deemed pathological when displayed by a much ...

Limited preview - [About this book](#) - [More editions](#)



Child Sexual Abuse and the Churches: Understanding the Issues - Page 93

Patrick Parkinson - Law - 2003 - 321 pages

... to sexual attraction towards prepubescent children, and ephebophilia (or **hebephilia**), which refers to an attraction towards post-pubescent children. ...

Limited preview - [About this book](#) - [More editions](#)



Clinical assessment of malingering and deception - Page 292

Richard Rogers - Psychology - 2008 - 526 pages

est. They found sensitivities ranging from .45 to .89 and specificities ranging from .81 to .97, depending on the offenders' number and type of victims. ...

Limited preview - [About this book](#) - [More editions](#)



Encyclopedia of psychology - Page 445

Hans Jurgen Eysenck, Wilhelm Arnold, Richard Meili - Psychology - 1982 - 1187 pages

In: Koch, S. (Ed.): Psychology: a study of a science. New York, 1959, 622-43.

Hebephilia. An abnormally passionate interest in adolescents. ...

Snippet view - [About this book](#) - [More editions](#)



Sexually abused children and their families - Page 91

Patricia Beezley Mrazek, C. Henry Kempe - Social Science - 1981 - 271 pages

... admitted to sexual violence, but a comparatively high proportion (1/3) had a history of pedophilia or **hebephilia**. There were three cases of incest. ...

Snippet view - [About this book](#) - [More editions](#)



Sex offenders: an analysis of types, Volume 1965, Part 1 - Page 756

Institute for Sex Research, Paul H. Gebhard - [Sex crimes](#) - 1965 - 923 pages

The **hebephilia** heterosexual group (objects aged 14-17) with 9 per cent were the lowest. [Michigan] Report ... on the Deviated Criminal Sex Offender, p. ...

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Sex, crime, and the law - Page 256

Donal E. J. MacNamara, Edward Sagarin - [Social Science](#) - 1977 - 291 pages

... condition fostered in transvestites and transsexuals by hormonal treatment hand job masturbation, by oneself or on a person by another **hebephilia** ...

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Stalkers and their victims - Page 107

Paul E. Mullen, Michele Pathé, Rosemary Purcell - [Psychology](#) - 2000 - 310 pages

Paedophilia/**hebephilia** The fantasies, sexual urges and/or behaviours in paedophilia involve sexual activity with a prepubescent child or children. ...

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Sex offenders and the Internet - Page 50

Kerry Sheldon, Dennis Howitt - [Psychology](#) - 2007 - 296 pages

Hebephilia is a term sometimes given to a sexual interest in postpubertal young people. However, the common usage of the term paedophilia in everyday talk ...

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From behavioral science to behavior modification - Page 207

Harry I. Kalish - [Psychology](#) - 1981 - 436 pages

... **hebephilia** (sexual urges toward adolescents) with pedophilia (sexual urges toward children). The elimination of one pattern of sexual arousal through ...

Snippet view - [About this book](#)



Internet issues and applications, 1997-1998

Bert J. Dempsey, Paul Jones - [Computers](#) - 1998 - 200 pages

Page 102

No preview available - [About this book](#) - [More editions](#)



Serial murderers and their victims - Page 178

Eric W. Hickey - [Social Science](#) - 2005 - 396 pages

... attraction to a partner whose age is that of a different generation ■

Hebephilia — men aroused by teenage boys ...

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Criminal behavior: a psychosocial approach - Page 214

Curt R. Bartol, Anne M. Bartol - [Psychology](#) - 1986 - 347 pages

Occasionally, researchers extend the definition to include ages 13 through 15, but most literature reserves the term "**hebephilia**" for sexual contact with ...

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Serial murder and media circuses - Page 144

Dirk Cameron Gibson - [Social Science](#) - 2006 - 233 pages

Another diagnosis perceived "several pathological mental states," including paraphilia, sexual sadism, voyeurism, **hebephilia**, ...

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The sexual victimization of children - Page 98

Mary De Young - Social Science - 1982 - 179 pages

properly referred to as **hebephilia** ("love of youth") and has different origins and dynamics than pedophilia. It is also important to remember that ...

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Understanding homosexuality, its biological and psychological bases - Page 44

John Alexander Loraine - Social Science - 1974 - 217 pages

... ephebophilia that for male and **hebephilia** that for female, pubescents. ...

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Crime and victimization of the elderly - Page 67

Ezzat A. Fattah, Vincent Sacco - Social Science - 1989 - 310 pages

Pedophilia is a condition where the exclusive sexual preference is for prepubertal children; in **hebephilia** the preference is for pubertal children; ...

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Social work and sexual conduct - Page 170

John Hart - Psychology - 1979 - 206 pages

He added that other sexual activities — paedophilia, **hebephilia** — were a feature of a comparatively high proportion of them. There were three cases of ...

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Human sexuality and the nursing process - Page 223

Susan G. Poorman - Medical - 1988 - 256 pages

... exclusively toward prepubertal children (pedophilia) and/or pubescent children (**hebephilia**) to whom he or she may be directly related (incest) or not. ...

Snippet view - [About this book](#)



Child molesters: a behavioral analysis for law enforcement officers ... - Page 1

Kenneth V. Lanning, et al. (U.S.) - Family & Relationships - 1992 - 68 pages

... a child molester as having a sexual attraction toward prepubertal children (pedophilia) or sexual attraction toward pubertal children (**hebephilia**). ...

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Exhibitionism: description, assessment, and treatment - Page 378

Daniel J. Cox, Reid J. Daitzman - Medical - 1980 - 416 pages

... suggests a low frequency of violent sexual behavior but rather large incidences of pedophilia, **hebephilia** (arousal to adolescents), and incest. ...

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Child sexual abuse: a guide for health professionals - Page 16

Celia Doyle - Medical - 1994 - 290 pages

She maintains: 'sexual behaviour with youngsters between the ages of 13 and is more properly referred to as **hebephilia** ("love of youth") and has different ...

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The Nature of Homosexuality: Vindication for Homosexual Activists ... - Page 59

Erik Holland - Social Science - 2004 - 740 pages

... **hebephilia**, and pedophilia. Some claim that a number of men who molest boys are heterosexual since they are married men. Now, why in the world would ...

Limited preview - [About this book](#)



Sexuality, gender, and the law - Page 630

William N. Eskridge, Nan D. Hunter - Law - 1997 - 1194 pages

or broken state laws against **hebephilia** (sex with adolescents), the school board gets heavy pressure from parents to transfer Acanfora. ...

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Sexuality and gender in society - Page 552

Janell L. Carroll, Paul Root Wolpe - Science - 1996 - 838 pages

... (sometimes just **hebephilia**): Attraction to children who have just passed puberty. Pedophilia Pedophilia, which means "love of children," has been called ...

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Sex, gender, and sexuality: the new basics: an anthology - Page 9

Abby L. Ferber, Kimberly Holcomb, Tre Wentling - Social Science - 2008 - 576 pages

In addition to homosexual, heterosexual, and bisexual, for example, they speak of **hebephilia** (attracted primarily to pubescent girls), ...

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A guide to treatments that work - Page 473

Peter E. Nathan, Jack M. Gorman - Psychology - 1998 - 594 pages

Most obvious by its absence is any mention of **hebephilia**: Many homosexual and heterosexual pedophiles prefer sexual activity with teenagers. ...

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Clinical approaches to sex offenders and their victims - Page 87

Clive R. Hollin, Kevin Howells - Medical - 1991 - 329 pages

... behaviors (pedophilia, **hebephilia**, voyeurism, exhibitionism, frottage, etc.)

. Also included are questions related to fantasies during masturbation, ...

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Pedophilia: biosocial dimensions - Page 3

Jay R. Feierman - Psychology - 1990 - 594 pages

Sexual attraction to adolescents is called "ephebophilia" (the synonym is "**hebephilia**"), and actual sexual behavior between an adult and an adolescent is ...

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Halting the sexual predators among us: preventing attack, rape, ... - Page 56

Duane L. Dobbert - Social Science - 2004 - 149 pages

Chapter 7 Pedophilia, **Hebephilia** PEDOPHILIA Scenario The preschool and elementary children are playing in the "children only" area of the fast food center ...

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Sexual abuse in the Catholic Church: scientific and legal ... - Page 30

R. Karl Hanson, Friedemann Pfäfflin, Manfred Lütz, et al. - Religion - 2004 - 223 pages

Ephebophilia and **hebephilia**, noted previously, also may represent combinations of sexual disorders. ...

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Pervasive perversions: paedophilia and child sexual abuse in - Page 1

Charles Jason Peter Lee - Social Science - 2005 - 266 pages

... also known as **hebephilia**). Our focus here is primarily on the image and

significantly, as has been point out, primarily for homosexual and heterosexual ...
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It is not intended as clinical or legal advice. The opinions expressed are those of
James Cantor and do not necessarily reflect those of CAMH or the University of Toronto.

Last updated May 21, 2011

APPENDIX E

Dr. James M. Cantor

Mainpage > Short articles, Q&As > Hebephilia articles (1972–2010)

Peer-Reviewed Research Articles Providing Data on Hebephilia (1972–2010)

The DSM-5 revisions committee recently proposed subdividing the erotic preference for children into two subtypes: Whereas the current (DSM-IV-TR) definition refers to the sexual interest in children “generally ages 13 and under,” the new version would divide it into the sexual interest in children under 11 (still called *pedophilia*) and the sexual interest in children 11 to 14 (called *hebephilia*). This would update the DSM, bringing it back into line with the preponderance of current research data.

After the DSM committee (technically, the “DSM Subworkgroup for Paraphilias”) released their proposal, I began receiving requests and questions about the status of the research literature on the topic. Below is an exhaustive list of the peer-reviewed empirical articles on hebephilia—At least, if anyone runs into an article I missed, do please email me. Not included on the list are non-reviewed or non-empirical works: letters to editors, dissertations, commentaries, etc. I have also compiled a listing of 100 texts that include hebephilia.

—James Cantor
25 May 2011

I appear to have missed Sample and Bray (2006), which I have now added.

—James Cantor
28 December 2011

Reference

Alford, G. S., Morin, C., Atkins, M., & Schoen, L. (1987). Masturbatory extinction of deviant sexual arousal: A case study. *Behavior Therapy, 18*, 265–271.

Baxter, D. J., Marhsall, W. L., Barbaree, H. E., Davidson, P. R., & Malcolm, P. B. (1984). Deviant sexual behavior: Differentiating sex offenders by criminal and personal history, psychometric measures, and sexual response. *Criminal Justice and Behavior, 11*, 477–501.

Abstract

Describes the treatment of a 27-yr-old male heterosexual who exhibited strong sexual arousal to pedophilic and hebephilic, as well as adult female sexual stimuli. Treatment involved repeated presentation of examples of deviant sexual stimuli in the absence of high-level sexual excitation and orgasm and a classical conditioning/extinction procedure termed masturbatory extinction. Across 40 treatment sessions, sexual arousal diminished markedly in response to both pedophilic and hebephilic sexual stimuli.

Examined criminal records, personal history, social-sexual competence, and physiological responses to erotic stimuli in 75 rapists (mean age 27.8 yrs), 24 “hebephiles” (sexual offenders of teenagers [mean age 31 yrs]), 15 heterosexual pedophiles (mean age 34.0 yrs), and 14 homosexual pedophiles (mean age 34.2 yrs); all Ss were incarcerated males. Data show that

Beier, K. M., Ahlers, C. J., Goecker, D., Neutze, J., Mundt, I. A., Hupp, E., & Schaefer, G. A. (2009). Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *Journal of Forensic Psychiatry & Psychology*, *20*, 851–867.

Beier, K. M., Neutze, J., Mundt, I. A., Ahlers, C. J., Goecker, D., Konrad, A., & Schaefer, G. A. (2009). Encouraging self-identified pedophiles and hebephiles to seek professional help: first results of the Prevention Project Dunkelfeld (PPD). *Child Abuse & Neglect*, *33*, 545–549.

there were significant differences among groups in criminal and personal background. Pedophiles tended to be older, more poorly educated, more likely to be unmarried, and less frequently involved in nonsexual crime. Social and social-sexual inadequacy was common to all groups and reflected in underassertiveness, low self-esteem, and negative sexual attitudes. Rapists and hebephiles both responded maximally to adults as sexual partners and responded more to cues for consensual sex than to cues for rape. Results suggest that deviant sexual arousal is a factor in deviant sexual behavior only in the case of pedophiles.

The Berlin Prevention Project Dunkelfeld (PPD) aims to prevent child sexual abuse (CSA) by targeting men who fear they may sexually abuse children, and who seek help without being mandated to do so. This article aims to demonstrate that a pedophilic or hebephilic sexual preference is very common among these men, to show how these men can be reached, and to document their determination to find help. The target group was informed of the project and encouraged to respond via a media campaign. A telephone screening was conducted over the first 18 months. Of the 286 who completed the screening (60.1% of the respondents), 84.3% ($N = 241$) were interviewed by a clinician. Of the interviewees, 57.7% ($N = 139$) and 27.8% ($N = 67$) expressed a sexual preference for prepubescent and pubescent minors, respectively, and 10.8% ($N = 26$) for mature adults. The remaining 3.7% ($N = 9$) could not be reliably categorized. As (potential) child molesters with a respective sexual preference can be reached via a media campaign, efforts to prevent CSA ought to be expanded to target this group.

Two main assumptions guided the methodology of the Prevention Project Dunkelfeld (PPD), which was approved by health professionals and jurists belonging to the appropriate Institutional Review Board (body of university clinic): (1) a media campaign may successfully reach self-identified pedophiles and hebephiles in the community, and (2) these individuals are interested in participating in further diagnostics. Respondents to the media campaign were able to contact the research team anonymously (e.g., telephone), and staff was specifically trained for building a trustworthy and empathic relationship during initial contact. In the 38 months after the project's official launch, a total of 808 respondents contacted the research office inquiring about the project and stating an interest in participating. About 45% ($N = 358$) of the respondents travelled to the outpatient clinic for full assessment. Results show that during the first 3 years of the project a notable proportion of men admit to being attracted to minors and could be successfully reached via a media campaign. However, up to 45% of the present sample of self-identified pedophiles and hebephiles could be encouraged to participate in clinical diagnostics, even though they were not mandated to seek treatment. The majority of these men (66%) indeed met the diagnostic criteria of pedophilia and/or hebephilia. Interestingly, approximately half the interviewees had made prior efforts to get professional help, and some had travelled a long distance to take part in the project, suggesting greater distress. Further research is needed on what predicts the motivation of responders, interviewees, participants in treatment, and treatment outcome, in order to ascertain the extent to which facilities providing treatment will be successful.

Blanchard, R., & Barbaree, H. E. (2005). The strength of sexual arousal as a function of the age of the sex offender: Comparisons among pedophiles, hebephiles, and teleiophiles. *Sexual Abuse: Journal of Research & Treatment, 17*, 441–456.

Previous research has shown that sexual arousability in human males declines from its peak in early adolescence until old age. This study compared the rates of decline in three groups of males: those most attracted sexually to prepubescent children (pedophiles), those most attracted to pubescent children (hebephiles), and those most attracted to physically mature persons (teleiophiles). The participants were 2,028 patients referred to Toronto's Centre for Addiction and Mental Health from 1995 to 2004 for evaluation of criminal or otherwise disturbing sexual behavior, but not for erectile or ejaculatory problems. All underwent phallometric assessment for erotic age-preference. This is a psychophysiological technique in which an individual's penile blood volume is monitored while he is presented with a standardized set of laboratory stimuli depicting male and female children, pubescents, and adults. The experimental measure of sexual arousability was the average of the participant's three greatest penile responses to any stimulus category, expressed in cubic cm of blood volume increase. The results showed that sexual arousability was an inverse function of age, and that there were no differences between the pedophiles, hebephiles, and teleiophiles in the rate at which arousability declined.

Blanchard, R., & Dickey, R. (1998). Pubertal age in homosexual and heterosexual sexual offenders against children, pubescents, and adults. *Sexual Abuse: Journal of Research and Treatment, 10*, 273–282.

Previous studies (e.g., K. Starke, 1994) have shown that homosexual men erotically attracted to physically mature partners (androphiles) reach puberty earlier, on average, than comparable heterosexual men. This study investigated whether the same early onset of puberty is observed in homosexual men attracted to children (pedophiles) or to pubescents (hebephiles). Ss were 721 White, male, convicted sexual offenders, originally part of a large-scale study of sexual offending. The 157 homosexual offenders against adults reached puberty earlier than the 176 heterosexual offenders against adults, and the 69 homosexual offenders against pubescents reached puberty earlier than the 130 heterosexual offenders against pubescents. In contrast, there was no difference between the 46 homosexual and the 143 heterosexual offenders against children on this variable. Results suggest that homosexual hebephilia has more etiological factors in common with androphilia than does homosexual pedophilia.

Blanchard, R., Kolla, N. J., Cantor, J. M., Klassen, P. E., Dickey, R., Kuban, M. E., & Blak, T. (2007). IQ, handedness, and pedophilia in adult male patients stratified by referral source. *Sexual Abuse: A Journal of Research and Treatment, 19*, 285–309.

This study investigated whether the previously observed association of pedophilia with lower IQs is an artifact of heterogeneity in referral source. The subjects were 832 adult male patients referred to a specialty clinic for evaluation of their sexual behavior. The patients' erotic preferences for prepubescent, pubescent, or adult partners were assessed with phallometric testing. Full scale IQ was estimated using six subtests from the WAIS-R. The results showed that the relations between pedophilia and lower IQ, lesser education, and increased rates of non-righthandedness were the same in homogeneous groups referred by lawyers or parole and probation officers as they were in a heterogeneous group referred by a miscellany of other sources. Those results, along with secondary analyses in the study, supported the conclusion that the relation between pedophilia and cognitive function is genuine and not artifactual. The findings were interpreted as evidence for the hypothesis that neurodevelopmental perturbations increase the risk of pedophilia in males.

The penile response profiles of homosexual and

Blanchard, R., Kuban, M. E., Blak, T., Klassen, P. E., Dickey, R., & Cantor, J. M. (in press). Sexual attraction to others: A comparison of two models of alloerotic responding in men. *Archives of Sexual Behavior*. DOI 10.1007/s10508-010-9675-3

Blanchard, R., Kuban, M. E., Klassen, P., Dickey, R., Christensen, B. K., Cantor, J. M., & Blak, R. (2003). Self-reported head injuries before and after age 13 in pedophilic and nonpedophilic men referred for clinical assessment. *Archives of Sexual Behavior*, 32, 573–581.

heterosexual pedophiles, hebephiles, and teleiophiles to laboratory stimuli depicting male and female children and adults may be conceptualized as a series of overlapping stimulus generalization gradients. This study used such profile data to compare two models of alloerotic responding (sexual responding to other people) in men. The first model was based on the notion that men respond to a potential sexual object as a compound stimulus made up of an age component and a gender component. The second model was based on the notion that men respond to a potential sexual object as a gestalt, which they evaluate in terms of global similarity to other potential sexual objects. The analytic strategy was to compare the accuracy of these models in predicting a man's penile response to each of his less arousing (nonpreferred) stimulus categories from his response to his most arousing (preferred) stimulus category. Both models based their predictions on the degree of dissimilarity between the preferred stimulus category and a given nonpreferred stimulus category, but each model used its own measure of dissimilarity. According to the first model ("summation model"), penile response should vary inversely as the sum of stimulus differences on separate dimensions of age and gender. According to the second model ("bipolar model"), penile response should vary inversely as the distance between stimulus categories on a single, bipolar dimension of morphological similarity—a dimension on which children are located near the middle, and adult men and women are located at opposite ends. The subjects were 2,278 male patients referred to a specialty clinic for phallometric assessment of their erotic preferences. Comparisons of goodness of fit to the observed data favored the unidimensional bipolar model.

Previous research has found that pedophilic men referred for clinical assessment of their sexual behavior are more likely to report that they suffered head injuries before their 13th birthday than are nonpedophilic men referred for the same purpose. This study investigated whether pedophilic patients are also more likely to report head injuries after their 13th birthday. The 685 participants represented all patients with usable data from a consecutive series of men referred to a clinical laboratory specializing in phallometric assessment of erotic preferences. In addition to phallometric testing, participants were administered a brief neuropsychological test battery and a companion interview, which included questions on head injury, drug abuse, and childhood diagnosis of attention-deficit/hyperactivity disorder. The results showed that the pedophilic patients reported more head injuries before age 13 than did the nonpedophilic patients, but they did not report more head injuries after age 13. The association between pedophilia and childhood head injuries could mean either that subtle brain damage after birth increases a boy's risk of pedophilia, or that neurodevelopmental problems before birth increase a boy's accident-proneness along with his risk of pedophilia. Additional analyses showed that self-reported head injuries before age 13 were associated with attentional problems and with left-handedness; in contrast, head injuries after age 13 were associated with drug abuse and promiscuity. These analyses suggest that, among patients with primary presenting complaints of sexual rather than cognitive problems, childhood head injuries cluster with neuropsychological phenomena, whereas later head injuries cluster with lifestyle

Blanchard, R., Lykins, A. D., Wherrett, D., Kuban, M. E., Cantor, J. M., Blak, T., Dickey, R., & Klassen, P. E. (2009). Pedophilia, hebephilia, and the DSM-V. *Archives of Sexual Behavior*, 38, 335–350.

Brown, A. S., Gray, N. S., & Snowden, R. J. (2009). Implicit measurement of sexual associations in child sex abusers: Role of victim type and denial. *Sexual Abuse: Journal of Research & Treatment*, 21, 166–180.

Cantor, J. M., Blanchard, R., Christensen, B. K., Dickey, R., Klassen, P. E., Beckstead, A. L., Blak, T., & Kuban, M. E. (2004). Intelligence, memory, and handedness in pedophilia. *Neuropsychology*, 18, 3–14.

variables.

The term pedophilia denotes the erotic preference for prepubescent children. The term hebephilia has been proposed to denote the erotic preference for pubescent children (roughly, ages 11 or 12–14), but it has not become widely used. The present study sought to validate the concept of hebephilia by examining the agreement between self-reported sexual interests and objectively recorded penile responses in the laboratory. The participants were 881 men who were referred for clinical assessment because of paraphilic, criminal, or otherwise problematic sexual behavior. Within-group comparisons showed that men who verbally reported maximum sexual attraction to pubescent children had greater penile responses to depictions of pubescent children than to depictions of younger or older persons. Between-groups comparisons showed that penile responding distinguished such men from those who reported maximum attraction to prepubescent children and from those who reported maximum attraction to fully grown persons. These results indicated that hebephilia exists as a discriminable erotic age-preference. The authors recommend various ways in which the DSM might be altered to accommodate the present findings. One possibility would be to replace the diagnosis of Pedophilia with Pedohebephilia and allow the clinician to specify one of three subtypes: Sexually Attracted to Children Younger than 11 (Pedophilic Type), Sexually Attracted to Children Age 11–14 (Hebephilic Type), or Sexually Attracted to Both (Pedohebephilic Type). We further recommend that the DSM-V encourage users to record the typical age of children who most attract the patient sexually as well as the gender of children who most attract the patient sexually.

The Implicit Association Test was used to measure cognitive associations between children and sex in men convicted of child-sex offences. It was hypothesized that these cognitions would be different in pedophilic-type offenders (defined by having a victim aged less than 12 years) and hebephilic-type offenders (only victims aged 12 to 15 years) such that only the pedophilic-type offenders would have an implicit association between children and sex. This was confirmed. It was also hypothesized that this association between children and sex in the pedophilic-type offenders would be present irrespective of their denial of offence history. This was also confirmed. These results demonstrate differences in the cognitive associations between children and sex held by subgroups of child-sex abusers, and they help establish the Implicit Association Test as an indirect means to assess cognitive factors related to sexual offences.

A sample of 473 male patients with pedophilia (assessed by the patients' sexual history and penile response in the laboratory to standardized, erotic stimuli) or other problematic sexual interests or behaviors received brief neuropsychological assessments. Neuropsychological measures included a short form of the Wechsler Adult Intelligence Scale—Revised (D. Wechsler, 1981), the Hopkins Verbal Learning Test—Revised (R. H. B. Benedict, D. Schretlen, L. Groninger, & J. Brandt, 1998), the Brief Visuospatial Memory Test—Revised (R. H. B. Benedict, 1997), and the Edinburgh Handedness Inventory (S. M. Williams, 1986). Pedophilia showed significant negative correlations with

Cantor, J. M., Klassen, P. E., Dickey, R., Christensen, B. K., Kuban, M. E., Blak, T., Williams, N. S., & Blanchard, R. (2005). Handedness in pedophilia and hebephilia. *Archives of Sexual Behavior, 34*, 447–459.

IQ and immediate and delayed recall memory. Pedophilia was also related to non-right-handedness even after covarying age and IQ. These results suggest that pedophilia is linked to early neurodevelopmental perturbations.

A sample of 404 adult men underwent assessment following illegal or clinically significant sexual behaviors or interests. Patients' assessments included: administration of a modified version of the Edinburgh Handedness Inventory; recording of patients' phallometric (penile) responses to erotic stimuli depicting adults, pubescent children, and prepubescent children of both sexes; and a tabulation of the numbers of patients' victims, ages 0-11, 12-14, 15-16, and 17 and older, of both sexes. In Study 1, patients' right-handedness scores correlated negatively with their phallometric responses to stimuli depicting prepubescent children and positively with stimuli depicting adults, replicating the pattern described in a previous report (Cantor et al., 2004). Unlike the previous study, however, patients' handedness scores did not significantly correlate with their numbers of prepubescent victims. To explore this discrepancy, Study 2 combined the patients from this replication sample with those in the previously reported sample, categorizing them by the sex and age group of greatest erotic interest to them. The odds of non-right-handedness in men offending predominantly against prepubescent children were approximately two-fold higher than that in men offending predominantly against adults and three-fold higher after eliminating those men with intrafamilial (i.e., incest) offenses. Handedness differences between men erotically interested in males versus females were not statistically significant. These results indicate that the rates of non-right-handedness in pedophilia are much larger than previously suggested and are comparable to the rates observed in pervasive developmental disorders, such as autism, suggesting a neurological component to the development of pedophilia and hebephilia.

Cantor, J. M., Kuban, M. E., Blak, T., Klassen, P. E., Dickey, R., & Blanchard, R. (2007). Physical height in pedophilia and hebephilia. *Sexual Abuse: A Journal of Research and Treatment, 19*, 395–407.

Adult men's height reflects, not only their genetic endowment, but also the conditions that were present during their development in utero and in childhood. We compared the adult heights of men who committed one or more sexual offenses and who were erotically interested in prepubescent children (pedophilic sexual offenders; $n=223$), those who were erotically interested in pubescent children (hebephilic sexual offenders; $n=615$), and those who were erotically interested in adults (teleiophilic sexual offenders; $n=187$), as well as men who had no known sexual offenses and who were erotically interested in adults (teleiophilic nonoffender controls; $n=156$). The pedophilic and the hebephilic sexual offenders were significantly shorter than the teleiophilic nonoffender controls. The teleiophilic sexual offenders were intermediate in height between the nonoffenders and the pedophilic and hebephilic sexual offenders and not significantly different from any of the other groups. This suggests that regardless of whatever psychological sequelae might also have followed from the conditions present during early development—pedophilic and hebephilic sexual offenders were subject to conditions capable of affecting their physiological development.

Cantor, J. M., Kuban, M. E., Blak, T., Klassen, P.

A sample of 701 adult men underwent assessment following illegal or clinically significant sexual

E., Dickey, R., & Blanchard, R. (2006). Grade failure and special education placement in sexual offenders' educational histories. *Archives of Sexual Behavior, 35*, 743–751.

behaviors or interests. Patients were categorized on the basis of phallometric (penile) responses in the laboratory to erotic stimuli depicting adults, pubescent children, and prepubescent children; histories of sexual offenses; and self-reported sexual interests. Comprising the categories were men sexually interested in prepubescent children (pedophiles; $n = 114$), men sexually interested in pubescent children (hebephiles; $n = 377$), men sexually interested in adults and who had committed a sexual offense against an adult (teleiophilic offenders; $n = 139$), and men sexually interested in adults and who had no known history of any sexual offenses (teleiophilic nonoffenders; $n = 71$). Patients' assessments included IQ testing and self-reported academic history, which included any grade failures and assignment to special education classes. Relative to the teleiophilic offenders, both the pedophilic and the hebephilic groups showed approximately double the odds of failing a grade or being enrolled in special education, both before and after covarying IQ. No significant differences were detected between the teleiophilic offenders and the teleiophilic nonoffenders. These data are consistent with the hypothesis that an erotic age preference for children sometimes results from a perturbation of neurodevelopment occurring early in life.

Danni, K. A., & Hampe, G. D. (2000). An analysis of predictors of child sex offender types using presentence investigation reports. *International Journal of Offender Therapy and Comparative Criminology, 44*, 490–504.

The purpose of this study was to differentiate between three types of child sexual offenders—pedophiles, hebephiles, and incest offenders. The sample consisted of 168 convicted sex offenders. The data for the study were gathered from presentence investigation reports used by the court for sentencing proceedings. Using multiple discriminant analysis, eight independent variables were found to significantly discriminate between the three types of sex offenders almost 90% of the time. These variables were sexually victimized as a child, prepubertal victim, seduction motive, age-appropriate relationships, stress, own child as victim, social facade, and anger. Suggestions were made to probation and parole officers in the use of this information.

Freund, K., & Blanchard, R. (1987). Feminine gender identity and physical aggressiveness in heterosexual and homosexual pedophiles. *Journal of Sex & Marital Therapy, 13*, 25–34.

This study explored the differences among six groups of adult males in retrospective self-reports of childhood gender identity and physical aggressiveness. The three groups of homosexual men preferred prepubescent, pubescent, or physically mature sexual partners. The three groups of heterosexual men preferred prepubescent partners, normal sexual interaction with physically mature partners (controls), or anomalous interaction with physically mature partners. Childhood gender identity was measured with the Feminine Gender Identity Scale (FGIS), and boyhood aggressiveness was measured with the Physical Aggressiveness Scale (PAS). Duncan tests at the .05 level showed that the FGIS differentiated the homosexuals who preferred mature partners from the five other groups; whereas the PAS differentiated all homosexual groups from all heterosexual groups. These results suggest that male homosexuals in general tend to be unaggressive in boyhood, whereas only those who prefer mature sexual partners show significant levels of feminine identification.

Freund, K., & Blanchard, R. (1989). Phallometric diagnosis of pedophilia. *Journal of Consulting & Clinical Psychology, 57*, 100–105.

We investigated the sensitivity and specificity of our phallometric test for pedophilia (and hebephilia). An initial sample of subjects included 47 men accused of sexual offenses against minors and 26 control subjects--

- men accused of offenses against adult women (exhibitionism, rape, or sexually sadistic activity). A second sample included 107 offenders against minors and 30 control subjects. In both samples, the offenders against minors were further classified according to the targets of their sexual offenses (girls, boys, or both) and according to the extent to which they admitted an erotic preference for the immature physique. Computerized diagnostic rules were developed with the first sample and cross-validated with the second. The sensitivity of the test in detecting pedophilia or hebephilia in complete nonadmitters is probably greater than or equal to 55% but is certainly less than 100%. Its specificity appears to be over 95%.
- The phallometric method of assessing erotic value of presented stimuli has 2 main tasks: (a) breaking down of complex (potentially) sexual stimuli into components and (b) diagnosing anomalous erotic preferences in “nonadmitters” (i.e., persons whose behavior would imply there is such an anomaly, but who deny its presence). Differentiation between admitters and nonadmitters was attained by 2 verbal admitter scales. Comparison of the scores of 152 males (mean age 31 yrs) on these scales with results of phallometric assessment showed that the phallometric method diagnoses admitters more accurately than nonadmitters. The validity of a new mode of the phallometric method was tested, designed for diagnosing pedo- or hebephilia in nonadmitters. In cases of homosexual pedophilia or hebephilia (but not in the heterosexual cases), the new nonadmitter mode was superior to the standard procedure.
- Reviews epidemiological and demographic studies of hebephilia and pedophilia, including father-daughter incest. Findings are discussed in terms of prevalence, occurrence in females, age distribution of offenders, recidivism, violence, family background of offenders, characteristics of victims, erotic age preference of incest offenders, and alcoholism in incest offenders.
- [Not available]
- In the course of planning treatment facilities for male sexual offenders, a rough screening procedure was carried out encompassing all male inmates of correctional institutions serving a sentence for a sex offence and all those on parole while serving such sentence, as of two certain dates within the correctional system of the Province of Ontario. However, several sex offences listed under the Criminal Code of Canada were selectively omitted: sanctions derived from postulates regarding sexual behaviour, which in fact have been virtually abandoned by society at large (e.g. seduction under promise of marriage of unmarried “female of previously chaste character” or “seduction of female passenger on vessels” etc.) and such categories of offences where it was felt that the leading motivation is more of an acquisitive type than a sexual one (e.g. “procuring”, etc. see Table 1)....
- The specificity and sensitivity of the phallometric test of an erotic preference for minors (V. Quinsey et al; see record 1975-21378-001) was assessed. The specificity
- Freund, K., Chan, S., & Coulthard, R. (1979). Phallometric diagnosis with nonadmitters. *Behaviour Research and Therapy*, 17, 451–457.
- Freund, K., Heasman, G. A., & Roper, V. (1982). Results of the main studies on sexual offences against children and pubescents: A review. *Canadian Journal of Criminology*, 24, 387–397.
- Freund, K., Scher, H., Chan, S., & Ben-Aron, M. (1982). Experimental analysis of pedophilia. *Behaviour Research and Therapy*, 20, 105–112.
- Freund, K., Seeley, H. R., Marshall, W. E., & Glinfort, E. K. (1972). Sexual offenders needing special assessment and/or therapy. *Canadian Journal of Criminology and Corrections*, 14, 345–365.
- Freund, K., & Watson, R. J. (1991). Assessment of the sensitivity and specificity of a

phallometric test: An update of phallometric diagnosis of pedophilia. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3, 254–260.

Freund, K., Watson, R., & Rienzo, D. (1988). Signs of feigning in the phallometric test. *Behaviour Research and Therapy*, 26, 105–112.

Greenberg, D. M., Bradford, J. M., & Curry, S. (1993). A comparison of sexual victimization in the childhoods of pedophiles and hebephiles. *Journal of Forensic Sciences*, 38, 432–436.

Horley, J. (2005). Fixed-role therapy with multiple paraphilias. *Clinical Case Studies*, 4, 72–80.

Kalichman, S. C. (1991). Psychopathology and personality characteristics of criminal sexual offenders as a function of victim age. *Archives of Sexual Behavior*, 20, 187–197.

Leander, L., Christianson, S. A., & Granhag, P.

was determined to be 96.9% if using a group of sex offenders against female adults and 80.6% if using a group of paid volunteers. Test results of 27 sex offenders against at least 2 female children each and of 22 offenders against at least 2 male minors each (either against children or against pubescents, but not against both), demonstrated sensitivities of 78.2% for heterosexual pedophiles and 88.6% for homosexual pedophiles or hebephiles. From these test sensitivities, the percentage of subjects preferring minors in a group of offenders against only 1 female child each, a group of offenders against at least 1 female child and at least 1 female pubescent each, and a group of offenders against only 1 male minor each (child or pubescent) were determined as being 44.5%, 74.6%, and 86.7% respectively.

Tested in Exp I, with 164 male adult sex offenders tested for pedophilia and homosexual hebephilia, the validity of the conjecture that 3 particular patterns occurring in phallometric results are signs of feigning. In all 3 cases the outcome supported this conjecture. Exp II showed that feigning a spurious preference for sex (gender) of partner was more difficult for 42 male university students than feigning a spurious preference in respect to partner age, and that the degree of difficulty of the latter depended on whether or not the S was already familiar with the phallometric test and on the version of the phallometric test for age preference and sex preference used.

135 pedophiles and 43 hebephiles (aged 16+ yrs) who admitted to their offenses completed a self-report sexual history inventory. A total of 42% of pedophiles and 44% of hebephiles reported being sexually victimized in their own childhoods. Pedophiles reported being molested at a younger age than hebephiles. Both groups appear to have chosen their age specific victims in accordance with the age of their own experience of sexual victimization.

Paraphilias, or sexually deviant behaviors, are especially difficult to address when an individual displays more than one sexual deviation at one time. A case of an incarcerated forensic client who displayed symptoms of sadism, masochism, and hebephilia is described. Fixed-role therapy (FRT), a dramaturgical approach to treatment where a client enacts a new character or role based on how he or she would like to act, was employed with at least short-term success in one case. Some of the advantages and limitations of FRT are discussed.

The affective, personality and psychopathological characteristics of incarcerated adult sex offenders was studied. Subjects' were 144 men divided into three groups based on the age of their victims: prepubescent children, postpubescent adolescents, and adults. Results indicated significant differences between groups in trait anxiety and anger, self-esteem, and 7 of 13 MMPI scales. Results suggest a linear relationship between victim age and psychopathology, with child offenders displaying the greatest affective and thought disturbance. Adolescent offenders scored between child and adult offenders' on most measures'. Results are discussed in the context of theoretical explanations for sexual aggression and treatment.

The purpose of the present study was to investigate how adolescent girls, who had been sexually (on-and off-

A. (2008). Internet-initiated sexual abuse: Adolescent victims' reports about on- and off-line sexual activities. *Applied Cognitive Psychology*, 22, 1260–1274.

O'Donohue, W., & Letourneau, E. (1992). The psychometric properties of the penile tumescence assessment of child molesters. *Journal of Psychopathology and Behavioral Assessment*, 14, 123–174.

Rooth, G. (1973). Exhibitionism, sexual violence and paedophilia. *British Journal of Psychiatry*, 122, 705–710.

Sample, L. L., & Bray, T. M. (2006). Are sex offenders different? An examination of rearrest patterns. *Criminal Justice Policy Review*, 17, 83–102.

line) deceived and abused by an Internet hebephile, reported about these acts. As we had access to documentation of 68 girls' conversations (i.e. chat logs) and involvement with the perpetrator, we were able to gauge what the victims reported during the police interview against this detailed documentation. In contrast with findings from previous research, the majority of victims reported about the off-line activities (real-life meetings) with the perpetrator. However, the victims omitted and/or denied more of the on-line activities, specifically the more severe sexual on-line acts (sending nude photos and participating in sexual web shows). There is probably a gap between what the victims reported and what they presumably remembered about the on-line, activities. Factors that might have affected the victims' pattern of reports are discussed.

The presence of sexual arousal to children or a sexual preference for children are commonly hypothesized as being related to child molesting. Sexual arousal and sexual preference do not appear to be accurately assessed by traditional assessment methods such as the clinical interview and traditional personality testing or by projective testing (Earls, 1992). Penile tumescence measurement is an increasingly utilized method for assessing sexual arousal and preference in child molesters. The published literature concerning the psychometric properties of this technology as used with child molesters is critically reviewed. Basic questions concerning the sexual preference hypothesis, the criterion problem, the lack of procedural standardization, the kind of test penile tumescence measures exemplifies, and potentially problematic inferences involved in penile tumescence assessment are examined. There is evidence of test-retest and internal consistency reliabilities for certain penile tumescence measurement procedures. While there are a significant number of studies providing evidence that these techniques can accurately distinguish child abusers from nonoffenders, many are plagued by methodological problems. Suggestions for future research are given.

Traditionally, exhibitionists have been considered harmless, but recent papers have questioned that view. 30 cases of persistent exhibitionism are reviewed. The evidence suggests that sexual violence was rare among them, although a high proportion had a history of pedophilic or hebephilic activities, and there were 3 cases of incest. Other sexual deviations of these cases are considered, and it is suggested that exhibitionists are not a homogeneous group. Exposing, peeping, touching, and pedophilic activities first appear in childhood and may, under unfavorable circumstances, develop a degree of autonomy at the expense of normal heterosexual development. Further studies might investigate the choice of witness to clarify the relationship between exhibitionism and other deviations.

Sex offender registration and community notification requirements are universally applied to all sex offenders irrespective of their type. In this way, these policies treat sex offenders as a homogenous group, assuming that they exhibit similar reoffending patterns regardless of the age of their victims or the nature of their crimes. In this article, the authors highlight the assumption of homogeneity underlying sex offender laws and review it in light of current empirical evidence. They also offer a case study of recidivism rates for sex offenders in Illinois. The authors find that sex offenders are not the

Studer, L. H., Aylwin, A. S., Clelland, S. R., Reddon, J. R., & Frenzel, R. R. (2002). Primary erotic preference in a group of child molesters. *International Journal of Law and Psychiatry*, 25, 173–180.

homogenous group that our policies assume, and they discuss the implication of this finding for the application of sex offender laws.

The purpose of this paper is to evaluate the validity of the distinction between incestuous and nonincestuous offenders using phallometric data. The sample was drawn from 217 voluntary patients in a sex offender treatment program. Phallometric measurement was used to examine erotic preferences from four categories: prepubescent, pubescent/hebephilic, adult, and pangynephilic. The most significant finding from the study was that the erotic preference testing could not distinguish with certainty incestuous from nonincestuous child molesters. Thus study lends support to the notion that the categories of incestuous and nonincestuous offenders are less distinct than continuously thought.

The information provided on these pages is for educational purposes only. It is not intended as clinical or legal advice. The opinions expressed are those of James Cantor and do not necessarily reflect those of CAMH or the University of Toronto.

Last updated 28 December 2011

NO. 68998-3 and NO. 67932-5

WASHINGTON STATE COURT OF APPEALS, DIVISION I

In re the Detention of:

ALAN MEIRHOFER,

Petitioner,

v.

STATE OF WASHINGTON,

Respondent.

DECLARATION OF
SERVICE

I, Kelly Hadsell, declare as follows:

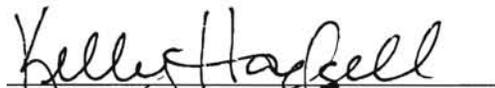
On this 17th day of September, 2012, I sent via electronic mail and via United States mail, true and correct cop(ies) of the Answer To Motion For Discretionary Review And Personal Restraint Petition and Declaration of Service, postage affixed, addressed as follows:

Lila Silverstein
1511 Third Avenue, Suite 701
Seattle, WA 98101

lila@washapp.org

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

DATED this 17th day of September, 2012, at Seattle, Washington.



KELLY HADSELL