MCCA Happenings
September/October/November 1989
Minnesota Community Corrections Association

Children At Risk

Child Abuse Evaluation Centers

Both St. Paul and Minneapolis have in operation child abuse evaluation centers. These centers were formed in response to community needs and the recommendations made by a 1986 task force convened by the Minnesota Attorney General's Office to establish "Child advocacy centers that would coordinate the work of the many professionals involved in child abuse cases."

The St. Paul program, Midwest Children's Resource Center, operates under the auspices of the St. Paul Children's Hospital and boasts of having staff members such as Dr. Carolyn Levitt and Shirley Pierce, both national experts in the field of child abuse. MCRC is designed to service both Ramsey County and other out-state agencies. In addition, they have provided consultive services to twenty-two other states and agencies in Australia and England. Their main focus is to provide expert diagnostic and consultive services to referring agencies (i.e., police, child protection services, prosecutors and courts). The Center provides both medical psychological evaluations of abused children that can be used to develop treatment plans for the children or their families, as well as providing expert testimony and forensic evidence for use by the criminal justice and child protection authorities.

By providing this specialized

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Legislators AddressThe Problem

The 1989 Legislature passed several bills into law effective 8/1/89. One of those laws, which is of particular significance to probation officers and other correctional personnel pertains to: Prenatal Exposure to Certain Controlled Substances (Chapter 290, House File #59, Article 5). Section 1 of the article directs the Commissioner of Education and Health to assist school districts in developing and implementing programs to reduce the incidents of controlled substance and alcohol use by pregnant women.

Section 2 amends the definition of "chemically dependent person" in the Minnesota Civil Commitment Act to include a pregnant woman who has engaged during pregnancy in habitual or excessive use of the following controlled substances or their derivatives: cocaine, heroine, amphetamine, methamphetamine and phencyclidine.

Section 3 amends the definition of "interested person, i.e. a person authorized to initiate civil commitment proceedings to include the local welfare agency."

Section 4 amends the child abuse reporting act definition of neglect to include prenatal exposure to a controlled substance listed in schedule I, II or III and used by the mother for a non-medical purpose. Indications of such neglect include withdrawal symptoms at birth, results of a toxology test at birth or

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Turning Point: Project Demand

The article on page two appeared recently in USA Today, highlighting Turning Point's Project Demand, which works exclusively with pregnant mothers addicted to crack/cocaine.

Turning Point, which has been in existence since 1976, joined the membership roles of MCCA last year. Originally located in an older residence at 1523 Emerson Avenue North in Minneapolis, the program moved into its new facility at 1105 16th Avenue North last year. Peter Hayden has directed the program, which has an African-American clientele, since its inception. David Goodlow has served as the therapy director for the same period. Turning Point currently has a capacity of twenty-six, the majority of whom are women. In addition to their six month extended care program, Turning Point also offers a four-month aftercare or halfway house setting for those having just completed in-patient treatment.

Project Demand ... Continued on page two

Guardian Ad Litem Programs

Children involved in Court, due to allegations they have been abused or neglected, often need a person to see their best interests are identified and addressed. Many counties in the State now have programs to provide Guardian Ad Litems (for these children).

For the most part, these are volun-

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Drug Epidemic's Tiny Victims

Crack Babies Born to Life of Suffering

Joanique Suggs looks like most any three-month old.

But Joanique has stopped breathing six times and spent more than a month in the hospital. She's also been unable to sleep for more than a few minutes at a time, "throws up like a faucet," and has trouble bending her arms.

Joanique is a "crack" baby. She is one of some 375,000 infants born each year after exposure to cocaine and other drugs during pregnancy. Once a rarity in hospital nurseries, drug-exposed babies now account for an average eleven percent of all births, says the National Association for Perinatal Addiction Research and Education.

The problem isn't confined to coastal, urban areas or to low-income minority groups.

At Hennepin County Medical Center, Dr. Virginia Lupo sees four or five pregnant drug abusers a week, more than triple the number two years ago: "Crack has totally overtaken this quiet, little Midwestern 'burb." So much that Minnesota Governor Rudy Perpich last week signed a bill requiring drug testing of mothers, suspected of using drugs, and their infants.

The epidemic's youngest victims, crack babies, enter the world with a long list of medical and behavioral problems destined to grow as they do. And the cost of treatment, from hospital bills of $150,000 to funding special education, is sure to grow.

Some, like Yvonne Stevson's son, never have a chance at life. He was stillborn at eight months last August. Two days later, Stevson, who says she sold her body to support a $700-a-day drug habit, tried to jump out a hospital window but was too weak to do it.

During her pregnancy "I was smoking (crack) from the time I got up until I went to sleep," says Stevson, 25, now drug-free, employed and pregnant again. "One hit trembled the baby so much it was like it was looking for someplace to hide."

But there is no hiding.

Crack reaches the fetus through the umbilical cord, constricting blood vessels and increasing the risk of fetal strokes and premature labor, experts say. After birth, many infants suffer withdrawal.

Five days after Joanique was born "her eyes turned up in her head and she began to shake and scream," her mother, Laverne Suggs, recalls tearfully. Like other drug-exposed babies, she has a higher risk of sudden infant death syndrome and must be attached to a monitor when she sleeps. Two of Suggs' four other children also show typical signs from crack exposure in the womb:

•Donald Lee, 2, "is pretty hyper. He can't sit down. (He) swears, hits, spits," Suggs says. "His attention span is like that," she says, snapping her fingers.

•Monique, 15 months, was jittery and irritable at birth. She is unable to take simple directions and hardly speaks.

"It's one thing to screw up your own life. But I had no right to mess up theirs," says Suggs, who, along with Stevson, has gone through the pregnant women's program at Turning Point, a Minneapolis drug treatment center.

Yet, "crack led me on a rampage," Suggs recalls.

The rampage began at a party in 1982 when she and her husband freebased cocaine and got hooked. Until then, Suggs had been solidly middle-class and law abiding. She worked as a bank teller. She and her husband owned an $80,000 house in St. Paul. "I worked, I went to church, I loved my husband, I did the American thing. And then I smoked a rock of cocaine."

Suggs began stealing money at work to support their habit. She soon drifted from job to job, then to shoplifting. She was in and out of jail. Her marriage fell apart and she lost her home. Soon her life became a series of crack houses. During one pregnancy she lost 40 pounds, living on fruit juice and crack.

That kind of behavior has led prosecutors in Hollywood, Fla., Washington and San Diego to bring child abuse and manslaughter charges against women who used drugs while pregnant. Useless, says Suggs who returned to crack after Monique was born in jail during a shoplifting sentence. The only solution: treatment.

Easier said than done. "The biggest problem is to get mothers in for treatment," says Dick Mueller, who runs a Des Moines methadone treatment program. Says Stevson: "I was scared to get prenatal care because they'll throw you in jail."

Even when mothers get treatment, 80 percent return to drugs, says Minneapolis social worker Renee Rieke. The result: "These kids are being left to raise themselves a lot of the time."

Or left to others. Fewer than half of crack babies are with their biological mothers at six months, says University of Washington researcher Ann Streissguth.

But some mothers are trying to quit, at least for their children's sake. Melissa Bishop of Artesia, NM, quit a one and one-half year crack habit in her fifth month of pregnancy with her son, Isaac. He was born in San Antonio in March, three months premature, but healthy. Still, she feels guilty.

"I don't like talking about it , but if I can help others, it's worth it," she says. Her advice to other mothers: "Don't do it. Think about that baby inside of you."

Adrea Stone, USA Today

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Project Demand ... Continued from page one

Twenty-three staff are now employed in the center's various programs, including Margie Clay, the director of Project Demand. This program services approximately twelve women in the residential track of the program and fourteen lower-risk women in an outpatient setting. Besides the obvious focus on chemical dependency, Project Demand staff also work with the women on parenting and childcare issues, as well as coordinating treatment expectations with Child Protection probation staff.

Turning Point is a welcome addition to MCCA, offering another high quality and innovative resource for our members and the community. Over the years it has established a well earned reputation as one of the best and most effective drug treatment centers in the area. Referrals to the program can be made by calling Luther Holt at 588-0707.

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We Want You to Know

By Bruce Clendenen, MCCA Vice President

I have been awarded the privilege of filling in for our esteemed President, Laura Sissala, who is on maternity leave. We wish her the best and look forward to her return. Meanwhile, in my usual oppressive dictatorial fashion, I have assumed complete control of MCCA and all its assets, (including all XXL T-Shirts). These are for sale at a reduced rate of $15.99. Just a few things have changed: individual dues have been raised to $925 bi-annually, program dues have been raised slightly to $8500 annually, and the mid-winter conference location has been changed to Jamaica. The balance of all rate changes are due by 10/31/89. Please remit to the "Bruce Clendenen New House Fund." Any MCCA members interested in participating in the newly formed "Executive Committee," send letters of interest and signed blank check to: "Vice-President's Jamaican Sub-Caucus."

Think about what you just read. Is it funny? Tongue and cheek poking at us? Could anyone possibly believe this? Possibly, but not probably. Still, the general public has been lead to believe some things about "Community Corrections" that are outrageous. At least, to

Clendenen ... Continued on page five

MINNESOTA COMMUNITY CORRECTIONS ASSOCIATION
650 Marshall Avenue
St.Paul, MN. 55104

NAME: ____________________
PROGRAM AGENCY: ____________________
WORK ROLE: ____________________
WORK PHONE: ____________________
ADDRESS: ____________________
ADDRESS SHOWN IS:

______ HOME
______ WORK

INDIVIDUAL MEMBERSHIP ____ $15
PROGRAM MEMBERSHIP ____ $120
STUDENT/VOLUNTEER MEMBERSHIP ____ $10

MAKE CHECKS PAYABLE TO MCCA

People and Programs

The Homeplace of Pine City, Inc.

The Homeplace of Pine City, Inc., is a nonprofit, 4-E Eligible Group Home housing ten adolescent boys in one home and ten adolescent girls in another home, ages 12 - 18.

The Homeplace Group Home is a short-term intensive program of 4 - 6 months, centered on developing young people's mental health and reuniting them with their families.

Therapeutic services we offer are daily after school and evening groups, family group, aftercare, individual counseling, chemical dependency assessments and referral, as needed, to a local outpatient facility.

We have on-campus recreational facilities as well as off-campus activities which include swimming, camping and canoeing, skiing, tubing and many more.

We have many educational opportunities which include special behavior programs, mainstream junior and senior high schools, alternative education and access to Pine Technical College. We also offer job opportunities and work experience to residents in the second and third phase of our program.

The Homeplace focus is on internal change so that behavior follows naturally. Our young people learn responsibility, self-control, and how to respond rather than react to various people and life situations.

We concentrate on the need for a safe and nurturing home and provide a highly trained staff who meet these essential qualities that allow children to slow down, listen and make healthy changes.

For referrals, contact Terry or Barbara Grave at (612) 629-6732. The Homeplace of Pine City, Inc., Route 4, Box 8, Pine City, MN 55063

Staff Changes in Hennepin County

Dave Gair, Director of the Felony Probation Services Division, has announced the appointment of Ms. Joyce Ausen as a supervisor in the felony division. Ms. Ausen previously held the position of correctional officer supervisor. Her phone number is 348-9239.

Felony Probation Services gained eight new Probation Officers. Supervised by Carol Skradski are Roy A. Peterson, Rebecca H. Wade and Morris Wilson. Joining Creghton Orth's unit are Steve A. Meyers. Jane A. Hall, Robert Rysgaard, Mary A. Stratton and Lee H. Trelstad comprise much of Joyce Ausen's unit.

Most of two units of Felony Probation now office on the 8th floor of the Health Services Building. Supervised by Bill Calder are Mike Bailey, Carol Bergh, Brian Campbell, Dave Freedland, Jack Hughes, Clara James, Sharon Scarver, John Staloch and Kate Wagner. Supervised by Bruce Dotter are Dan Cole, Dick Johnson, Kimii Porter, Mavis Prange, Marc Swanson and Craig Vos.

P.O.s providing inter- and intrastate supervision services in Hennepin County have been re-assigned to Parole and Victim Services, 7th floor, Health Services Building. Supervised by Matt Smrekar are Al Erickson, Mike Lindholm, Sharon Shanahan and Jan Silverberg. Jane Braaten has Darlene Alsup, George Eaton, Rochelle Graves, Jena Lindholm and Al Thommes.

Staff Changes At 180

The expansion of non-residential services at 180 Degrees has prompted several immediate organizational changes. One has been the shifting of Chuck Repke, long-time staff supervisor, to a newly created position in charge of non-residential services. The other has been the addition of Lairy Polzin to fill the position of supervisor for residential services.

Chuck has been with 180 for 8 years. Prior to his coming to 180, he had over 5 years of correctional experience, much of which was associated with Wilder's Bremer House. The core of his new responsibilities are related to the development of 180's electronic monitoring program, OnSite Monitoring. This exciting new service area has touched nearly every aspect of 180's work. It has strengthened the phase-out portions of the residential program, as well as opening up whole new client groups, from juveniles to Federal pretrial.

Lairy comes to 180 with extensive experience in supervision and working with disturbed adolescents. His most recent experience has included over 13 years at Eau Claire Academy . He also brings a wide range of knowledge about sex offender treatment. We hope to put him to good use in the development and refinement of our sex offender education/treatment components.

MCC Training Calendar

October 31 - November 3: Punishment or Payback, Emerging Perspectives in Criminal Justice Reform for the 1990's. San Antonio, TX. Call (919) 733-7974.

November 2: Domestic Abuse and the Offender. Jail Training, Olmstead Co. Jody Dunlap. Contact: Tom Reid at 642-0249.

November 9: Confronting Domestic Violence in the 90's. First Bank System Foundation, Holiday Inn, Metrodome. $85.00. Contact Madeline Duprey (218) 722-2781.

November 16: Domestic Abuse and the Offender. Jail Training, Lyon County, Jody Dunlap. Contact Tom Reid at 642-0249.

November 22: Domestic Abuse and the Offender. Jail Training, Plymouth, Jody Dunlap. Contact Tom Reid at 642-0249.

November 30: Domestic Abuse and the Offender. Jail Training, Ottertail County, Jody Dunlap. Contact Tom Reid at 642-0249.

MAWCJ Update

At the Annual Conference on 8/3/89, held at the Earle Brown Center, Laurie Burns and Nancy Halverson were elected to the Board. They replace Mary Scully and Claudia Wasserman, who served us wonderfully for the past three years. Current Board members other than those mentioned are: Bobbie Masquelier, President; Dinny Prichard, Vice-President; Anne McDiarmid, Secretary; Sally Ruvelson, Treasurer/Memberships; and, Karen Ravine, Newsletter (which Laurie will Co-Chair). Nancy Halverson will be in charge of the dinner meetings.

The following dinner meetings have been planned: 10/17/89, 1/17/90, 3/20/90, and 5/21/90. The first meeting is: "Re-Parenting Ourselves Through Positive Affirmation" and reservations may be made through Nancy at: (612) 348-4771. Non-members who are interested are invited to attend.

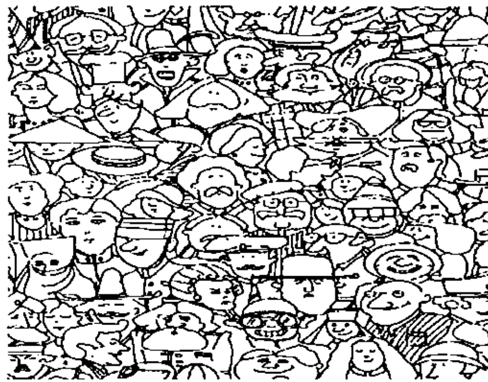
New Managers and Line Staff for Ramsey

Joan Fabian, Ramsey County Community Corrections Department Director, gladly announced the appointment of James Hayes as Juvenile Division Director and Dinny Prichard as Superintendent at the Juvenile Detention Center and the hiring of nine new Corrections staff to help with the ever increasing caseloads.

Jim Hayes has been with the Ramsey County Community Corrections Department for 28 years — all in the Juvenile Division. For the past four and one-half years, Jim served as Superintendent at the Juvenile Detention Center. His prior management experience included nine years as a branch office supervisor and seven years as a supervisor and two years as assistant superintendent at Boys Totem Town.

Dinny Prichard had 11 and one-half years experience with the Ramsey County Community Corrections Department. She was a group worker for two years, a family counselor for three years at Boys Totem Town, a Family Court counselor in Domestic Relations for five years and a supervisor for one and one-half years in Adult Probation. For the past ten months, Dinny was the Ramsey County Juvenile Court Administrator.

New corrections workers include: **Boys Totem Town:** Darrell Pridgen (Counselor, Stillwater Prison); Bob Barringer (Hennepin County Jail); Kathleen Cornelius (REM-Inc., Jane Dickman Center); Tom Thomas (Hennepin County Workhouse). **Domestic Relations:** Kathleen Thone (Hennepin County Juvenile Probation). **Juvenile Detention:** Gwendolyn Rouleau (College of St. Benedict); Maxtean Pope (Women Helping Offenders). **Juvenile Probation:** Tracy Hilts (Biola University, California). **Adult Probation:** Deborah Briggs (Crime Victim Center, Mpls.).



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teers who must be at least twenty-one years of age, open-minded, caring, mature and have common sense. Having a deep concern for the well-being of children is very important.

Volunteers receive extensive training and ongoing staff supervision in their roles as court-appointed advocates. Each Guardian Ad Litem meets with the parties involved in the case. Based on these interviews and observations, they then make recommendations in Court to see that the best interests of the child are heard.

The following Guardian Ad Litem Offices can give further information and referral to other counties: Hennepin County 348-8475 or Ramsey County 298-4047.

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me. I will not elaborate on those incidents in this column, but ask you to reflect back on the last year of grisly crimes and charges by the media about how we do our jobs. Do you think Community Corrections is perceived in a positive light by the general public? If you're not sure, ask your neighbor or non-correctional friends (if you still have any). It is my belief that we tend to believe what we read, hear or see, unless we are educated otherwise. Is the general public educated about what we really do or at least try to do? If not, whose responsibility is it? I maintain it is ours. MCCA along with the Minnesota Corrections Consortium intends to do something about it. We are beginning to put together a plan to educate the public about Community Corrections. We hope that with proper information we will be seen in a more positive light. Community Corrections with appropriate sanctions and treatment components are an integral part of the criminal justice system. The public should know this.

Want to help? We can use it. Call or write me, please. Thanks! Bruce Clendenen, Reentry Services, 855 W. 7th, St. Paul, MN 55102. Phone: (612) 227-6291.

Female Sex Offenders: Do They Exist and Are They Treatable?

Until a few years ago, most people would have answered, "No" to both questions. It was assumed that sexual abuse perpetrated by women was so rare and such an abberation that anyone charged with such a crime would be beyond help and hope. Since 1985, Genesis II has been providing services for female sex offenders, and many of these assumptions have been challenged by the findings of the group facilitators. Far from being hard, cold, cruel monsters, the women have emerged as very human and very complex, and, in spite of their crimes, they are capable of caring - showing empathy for their victims.

The first question usually asked is how are they alike and how are they different from male offenders. Like males, they generally come from backgrounds of chaos and abuse. Non-nurturing homes are the norm, and emotional, physical, verbal or sexual abuse are common experiences. As children they often felt that they did not belong anywhere. Emotional security or significance could not be found by them in family, school, church, and neighborhood. They were usually friendless and willing to do almost anything to be accepted. They tended to establish passive/aggressive behavior patterns. They allowed themselves to be used by others as a means of gaining acceptance, but were rebellious in their relationships with family and school. Drug and alcohol abuse were fairly consistent themes in the lives of the women.

Unlike male offenders, the women generally victimized themselves before victimizing others, and anger towards the victim was a motivating factor in the crime of only one woman. They got involved in abusive relationships and stayed because they were afraid to leave or because they believed other relationships would be just the same. Their low self-esteem reinforced their beliefs that pain and suffering was their fate and nothing could be done about it.

Three typologies of female sex offenders have emerged from the work at Genesis II.

The Teacher/Lover tends to be an older woman who, "falls in love" with an adolescent male. She finds it easy to rationalize her behavior because he often makes the initial overture. Her motive is to teach him about love and sex and to establish with him the kind of relationship that she was never able to establish with an adult. Her relationships with adult men are marked by violence and degradation, and she will vow to stay away from men forever as a means of protecting herself from the pain they cause her. The women in this category who are married tend to act out when they are extremely angry with their husbands, but may not feel that expressing anger is permitted. The women in this category initially have a very difficult time believing that their actions have hurt anyone, and a primary treatment goal is to help them understand how devastating their behavior can be for the adolescent male. These woman often see their victims as willing partners, much the same as adult male sex offenders tend to believe that adolescent girls were cooperative and "wanted" the sexual involvement.

The Predisposed offender is quite often the victim of early profound sexual abuse herself. It is not unusual for women in this category to have been sexually abused by multiple family members over an extended period of time. They tend to blame themselves for the abuse and work hard to keep it a secret, so that the world will not know how evil they are. They are socially isolated and have caustic relationships with family members. Siblings often resent them or are ashamed of them. They seem to be getting all the advantages in the family because adults pay attention to them, spend time with them, and give them special favors. If they are emotionally weak or self-destructive, family members are disappointed, because with all their special favors, they should be able to breeze through life. Instead, they get bogged down in negative relationships, school and job failure, and chemical dependency. They are desperate to be connected to other human beings and will allow themselves to be brutalized in order to stay in a relationship. After suffering much abuse, they are likely to decide then that the only way they can keep from being hurt is to stay away from people as much as possible.

The victim of the predisposed offender is usually a family member, often her own child, and the motivation is often to have contact with another human being or to be close to someone. They are quite clear that their behavior is wrong, and they will often fight hard to stop it. The majority of women in this category turned themselves into authorities as a means of dealing with the sexually abusive behavior.

The Male Coerced offender is initially forced to participate in sexually abusive behavior by the man in her life. She knows from the very start that her behavior is wrong and usually fights against it. She is often beaten to gain her compliance, and she may try to, "make it up to the kids" by being nice to them and telling them she loves them when her husband is not around. In some instances, the male coerced offender will go on to initiate sexually abusive behavior herself.

Women in this category were usually sexually abused as children by someone outside the family. Their family relationships are very tenuous, and they are reluctant to tell about the abuse for fear they will be blamed for causing it. They usually develop very passive personalities and find it very difficult to assert themselves in any way. They are very male dependent and believe they have no rights. They generally endorse the traditional female role and view themselves as weak and ineffective.

The female sex offenders who have been treated at Genesis II over the past four years have been very responsive to therapy. We know of no new offenses, and many of the women have been reunited with their children.

Do female sex offenders exist? Yes. Are they treatable? Yes.

Jane Matthews, Therapist
Genesis II For Women

Plethysmography At Nexus ---Beyond A Response

Peter Batterman, always on top of things, passed along to readers of the last Happenings the announcement of the opening of the new Plethysmography Assessment Center at Nexus. He also invited Robert Faas and Dick Seely to comment on the use of this technology in treating sex offenders. Mr. Batterman has graciously allowed me to respond to the issues they raised.

At Nexus we began treating some very fixated, patterned sex offenders. We realized they were not the same as the other offenders in our program and they have a reputation as being notoriously difficult to treat. As we began to modify the sexuality component of our program to meet the specific treatment needs of these residents, we found they would take opportunities to make progress in treatment. But after some time, they appeared to reach a therapeutic impasse.

This impasse, we found, was often less due to lack of motivation or resistance than to difficulties in letting go of deeply held beliefs, secrets, etc. How could we provide opportunities for them to move through the impasse?

It was at this point we decided to explore the use of psychophysiological assessment. We began with one resident and found it very useful. We tried it with several more with continued success. We concluded that we could save money by getting our own plethysmograph, (the University lab charges $300 per 4-5 hour assessment, not $300 per hour as indicated previously).

What we discovered was the procedure, although initially anxiety provoking, later allowed us to access some of the material and feelings which were supporting the impasse. Residents were able to move through the impasse in a relatively shorter, less stressful manner than previously. They reported being able to open up easier, deal better with their shame, anger, sexual issues, etc., and become more aware of their patterns. We were better able to help them define their treatment goals and how to achieve them.

What does the plethysmograph do? Basically, the plethysmograph is a strip-recorder which measures erectile response to various sexual stimuli presented to the person. The stimuli are designed to vary across age and gender categories as well as degrees and types of aggression (thus tapping some of the anger issues which concerned Mr. Faas). As such, it produces a profile of a person's sexual interests or preferences.

The plethysmograph is not a lie detector and cannot be used to "prove" that a person acted out a behavior in the past. It does not deal in truth or falsity, only sexual preferences. Moreover, the results cannot be used to predict the probability of future offending. But the results can be very useful — if interpreted carefully — especially for clinical and research purposes. Using them for court purposes is another matter.

Use in Context. All data have limitations and the data obtained from plethysmographic assessments is no different. In no case should the results be used in isolation or as the sole determinant of decision-making.

Assessment. The plethysmograph has been shown to measure sexual preferences quite accurately for pedophiles, rapists, fetishists, as well as homosexuals and heterosexuals. It is an "objective," physiological measure which has criterion-related validity. There are some questions about how these preferences are measured, but by and large, this is a minor issue.

A lot of the inconsistencies found in the research literature and used to discredit the procedure can be attributed to inadequate design of the stimulus materials. This has been shown to be the case for a number of persons who did not respond to any stimuli, responded similarly for both "deviant" and non-deviant stimuli, or responded inconsistently to aggressive stimuli.

More significant is the manipulation issue raised by Mr. Seely: some people can control their arousal and "fake" their responses. There are a number of means of detecting attempts to fake and influence responses. Of course, none are fool-proof, but experienced interpreters are able to detect a high percentage of attempts.

At the least, if there are questions about attempts at faking, one is left with a questionable profile, much like an invalid MMPI. And, while this may not be interpretable, it is significant and should start a serious discussion with the person.

The results, then, indicate the approximate profile of the person's "deviant" and "appropriate" sexual arousal. They may raise questions about his truthfulness and denial, comfort with his sexuality, shame and guilt, anger, etc. These are available for exploration and discussion by going over the results and the stimuli with him. We have found, as noted above, that this provides opportunities for disclosure and "opening up." The results are very useful for treatment planning on a variety of issues besides sexual arousal and aggression.

Treatment. It is widely agreed that one of the major goals of treating sex offenders is the reduction of "deviant" sexual arousal and the increase/reinforcement of appropriate arousal. "Deviant" sexual arousal refers to a sexual preference for aggressive sexual behaviors in which sexual arousal/feelings are fused with feelings of anger (e.g., some types of rape) and/or for inappropriate partners (e.g., children).

The plethysmograph adds a significant dimension to measuring progress in treatment and refining goals. Without it, all that is available is the person's self-report and our subjective observations. This is not very reliable — as we all know but seem to keep re-learning.

We have found that measuring changes in sexual preferences empowers residents because they get concrete feedback and can "see" the changes they have made.

And the process is very useful for raising, and can be a part of processing and working through shame, guilt, anger, comfort with sexuality, cognitive distortions, specific details of the offense pattern, developing relapse prevention plans, and more.

At Nexus, we are trying to reduce the cost of accessing this technology so that we can make available to others who might be interested in seeing if it could be useful to them.

Alan Listiak, Ph.D.

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Abuse ... Continued from page one

coordinating service, child victims are interviewed in a supportive, non-traumatizing environment and the need for repeated interview/interrogation of vulnerable children is eliminated. MCRC provides "non-intrusive" videotaped interviews and medical examinations that are later used by police and prosecutors.

The Center also staffs a pediatric forensic pathologist, Dr. Janice Ophoven, in addition to Dr. Levitt's expertise. This enables the Center to further provide to those in the system, specialized consultation regarding the "cause, mechanism and severity of an injury" to the child victim. As Shirley Pierce noted, the Center is beginning to see a resurgence of physical abuse cases, which initially were the catalysts for the development of the modern child abuse movement. Sophisticated diagnostic techniques can now be used to make a finding such as Shaken Baby Syndrome, which was not possible earlier. Other specialized techniques can now be used to document different types of abuse in situations (i.e., 12 - 24 month old children) where documentation is difficult to obtain.

In addition to such primary services, MCRC also provides other ancillary assistance to a wide variety of professionals confronted with the unique and specialized needs of traumatized children. MCRC has, as an example, developed a reputation in the Upper Midwest as having the expertise to help pre-school children who have witnessed the homicide of a parent. Support services for non-abusive parents is also available, in addition to a variety of their consultive and training programs. These range from programs for medical staff to a 24-hour consultive telephone Hotline to training clergy who are now required by law to report suspected instances of child abuse. Further information can be obtained by calling or writing MCRC offices, 360 Sherman Street, Suite 200, St. Paul, MN 55102 (612) 220-6750.

The Interagency Child Abuse Evaluation Center in Minneapolis is newer to the scene than its St. Paul counterpart and offers services that are more exclusive to the confines of Hennepin County and more limited to providing expert child abuse evaluations to local police, child protection workers and the courts. As with the St. Paul program, their coordinating and evaluative services have eliminated the segmentation and duplication that often confused and further traumatized victims during earlier investigations. The Center's staff consists of Mary Ellison, director, who formerly headed the Sexual Assault Services department of the Hennepin County Attorney's Office, and Ann Ahlquist and Sue Wallin, both well-known in this area as child abuse professionals. For further information on the Center, write or call: Interagency Child Abuse Evaluation Center, 915 E. 25th Street, Minneapolis, MN 55404 (612) 872-6225.

Both of these excellent programs now provide those of us dealing with child abuse cases (and who doesn't) with uniformly thorough and specialized evaluations of both victim and offense. These resources will help us all be more effective in dealing with offenders and in, hopefully, providing protection for the victims.

Pete Batterman

Problem ... Continued from page one

medical effects for developmental delays during the first month of life that indicate prenatal exposure.

Most importantly, Section 5 requires that persons who are mandated reporters under the Child Abuse Reporting Act to make a report to a local welfare agency if the reporter knows and has reason to believe that a woman is pregnant and has used a schedule I, II or III controlled substance for a non-medical purpose during pregnancy. Welfare must perform an assessment and offer services to the pregnant woman as indicated including a referral for CD assessment or treatment or referral for prenatal care. The agency may also take any appropriate action available under the Civil Commitment Act and must seek an emergency admission under the Act if the woman refuses recommended voluntary services or fails at recommended treatment.

Section 6 Subdivision 1 requires physicians to give a controlled substance test to a pregnant woman if she has obstetrical complications that indicate possible schedule I, II or III controlled substance use. Subd. 2 requires the physician to give a toxology test to a newborn if the physician has reason to believe that the mother used controlled substances for non-medical purposes prior to the newborn's birth. If the woman's test is positive, it must be reported under Section 5. If the newborn's test results are positive, they must be reported under the Child Abuse Reporting Act. Negative results do not eliminate the duty to report if there is other medical evidence of use. Subd. 3 requires that test results under this section must be reported to the Health Department every six months. Subd. 4 provides the physician and other personnel giving a test to a pregnant woman, newborn, or child age one month or less to determine exposure to controlled substances are immune from civil or criminal liability if the physician believes in good faith that the test is required and that the test is administered consistent with reasonable medical practice. Subd. 5 requires that positive test results must be obtained from a confirmatory test performed by a licensed drug testing laboratory.

Board Asks For Robinson Award Nominees

The MCCA Board of Directors is asking for nominations for the 1990 Robert H. Robinson Service Award. The award is presented at the annual winter conference to a line staff worker in community corrections who has demonstrated "excellence, creativity and commitment" to corrections and the community.

Previous winners include Dale Fisher, Hennepin County Court Services; Mike McGrane, Wilder CAP; Liz Tellers, Freedom, House; Joan Cichosz, Ramsey County Community Corrections; Lennis Carpentier, Hennepin County Parole Services; Jim Bransford, IBCA; and Helen Trickey, Genesis II. Nominations should be submitted on the form below to MCCA, 650 Marshall Avenue, St. Paul, MN 55104, no later than December 31, 1989.

Robert H. Robinson Service Award
Line Staff Excellence

Name of Nominee ______________________________

Job Title ______________________________

Program/Agency ______________________________

Address ______________________________

Phone ______________________________

Reasons for Nomination ______________________________

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Nominated by ______________________________

MCCA Training Update

The MCCA Training Committee announces the following training events:

Therapeutic Uses of Hypnosis. Presented by Myles Johnson, Licensed Psychologist at 650 Marshall Avenue on November 15, 1989 from 9:00 AM to 12:00 noon (extended hours).

Information Session on Mandated Training for Agents Supervising Sex Offenders. Presented by the DOC at the MDOT Training Center, Arden Hills on December 13, 1989. All day session.

For details on either event or advance registration for the December session, call Lisa Roberg at 227-6291.

Shelter Report

Since 1985, the St. Paul Overnight Shelter Board has reported annually to the Mayor and City Council on the need for overnight shelter for persons who are homeless. In developing their report, the Board has sponsored a One-night Profile Survey that involves extensive face-to-face interviews with adult shelter users.

The 1989 report is interesting and provides some information on the relationships between homelessness and involvement in the criminal justice system. Between 1988 and 1989, the number of homeless people reporting having been in a correctional facility within the past two years increased from 9.2 to 20.5 percent. Overall, 25 percent of the men and 9 percent of the women surveyed in 1989 had been incarcerated in the past two years. Larger percentages of the homeless might have other involvements with corrections but questions about probation, pending charges, etc., were not asked.

We probably shouldn't be surprised that so many of the homeless have been in corrections. When you look at the characteristics of the homeless you see a lot of parallel to many corrections clients including unemployment, chemical dependency, lack of education, mental illness, and history of abuse. For example, the number of shelter users reporting mental health problems was 36.6 percent. Those who considered themselves chemically dependent or had been admitted to detox in the last six months was 35.6 percent. For additional information contact the Wilder Research Center at 642-2070.

Rod Johnson

Happenings

A publication of the Minnesota Community Corrections Association, 650 Marshall Ave., St.Paul, MN. 55104

The opinions expressed in the Happenings are those of the contributing writers. Readers are encouraged to respond to the content of this newsletter and to write on topics of interest to its readers. The staff reserves the right to edit submitted articles. Copy deadline is the 15th of odd-numbered months. **Members of the newsletter committee are:**

Pete Batterman, Hennepin County Felony Probation

George Courchane, Ramsey County Community Corrections

George Ellis, Project Pathfinders

Marge Jambor, Ramsey County Community Corrections

Karen Ravine, Ramsey County Guardian ad Litem

John Servaty, Hennepin County Parole and Victim Services

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