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**END OF SENTENCE REVIEW FOR THE DEPARTMENT OF CORRECTIONS**

NAME: Duncan, Joseph C "Jet"  
NUMBER: 287565  
DATE OF BIRTH (AGE): February 25, 1963 (37)  
DATE OF REPORT: March 16, 2000

REASON FOR REFERRAL:

This evaluation was requested by the End of Sentence Review Committee (EOSR) to determine whether Mr. Duncan meets the statutory definition of a sexually violent predator. It reviews the available records to assist in their decision processes relevant to his release into the community and/or civil commitment. File notes indicated that Mr. Duncan had informed DOC staff of his refusal to participate in any psychological evaluation. As a result, this report was based entirely on file review, as requested by the Department of Corrections, without consent from and/or contact with the inmate.

SOURCES OF INFORMATION:

Review of Records (Including items listed in Appendix I)	03/08/00
Minnesota Sex-Offender Screening Tool – Revised (MnSOST-R)	03/10/00
Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)	02/10/00

**THE ISSUE OF CIVIL COMMITMENT AS A DANGEROUS SEXUAL PREDATOR - RCW 71.09:**

**I. Has Mr. Duncan been convicted of a sexually violent offense? YES**

Mr. Duncan has two convictions and two parole violations, with the second conviction involving a sexually violent crime. His first [redacted] occurred just before his sixteenth birthday, and was handled in [redacted]. The second offense happened one year later, almost immediately after [redacted] ended. He was tried as an adult, and sentenced into treatment at the Western State Hospital (WSH) Sexual Psychopath Program. After two years of treatment there, he was considered to no longer be amenable to treatment, and was returned to the Department of Corrections to serve the remainder of his 20-year sentence. He was paroled in 1994, found in violation of his parole in 1996, but was allowed to stay in the community after spending 30 days in jail.

His subsequent parole violation in 1997 resulted in his return to prison, where he has remained to date. His maximum release date is August 28, 2000.

**January 1980 – First Degree Rape while Armed with a Deadly Weapon** (Pled down from Two Counts of First Degree Rape, Two Counts of Assault, One Count of First Degree Kidnapping, One Count of Second Degree Burglary, One Count of Use of a Deadly Weapon): Mr. Duncan raped a 14 year old boy. The rape occurred just before his 17<sup>th</sup> birthday, and his case was remanded to adult status. Mr. Duncan's explanation to the investigating officer, and information provided by the pre-sentence investigation, suggested the crime involved some planning, as he first obtained a weapon, and then selected a victim. He obtained the weapon by breaking into [REDACTED] home to steal guns he knew this [REDACTED] kept. He then used those guns to rape a child, re-enacting a plan he and a friend had previously fantasized. Targeting his victim required some planning, as he initially encountered the boy walking [REDACTED] to the nearby school. He struck up a conversation, learned where the older boy would be after dropping [REDACTED] off, and attacked the older boy at that time.

Mr. Duncan described the crime in a statement written during the investigation, explaining that the rape happened when he was feeling abandoned: His older sisters had left home; His younger brother had moved in with his father; and his mother had gone out on a date.

I noticed the old man that lived nearby wasn't at home. I also remembered he had guns, hand guns. So I prepared myself and went to a dark spot and broke in through a window. I then went to his room, where I found a locked closet. I took the hinges off, and left with the guns and some money and some porno magazines. When I got back to my house, I had the guns and went in my room to masturbate to the porno material. Then, I decided "why not (do) the real thing. So I got a gun, unloaded, without a clip, and went cruising for a victim. I spotted my victim in front of [REDACTED] Elementary School. I approached him with the gun and told him to go to a certain spot in some woods. There I forced him to take off his clothes, and I sucked him and he sucked me. I came in his mouth. Then, I told him to get dressed and we walked ½ mile to a different spot. The same (thing) occurred except (that) I hit him a few times with a stick, and burnt him with a cigarette. Then I left him to get dressed, and when I got home I was arrested.

Mr. Duncan was evaluated by the WSH staff and determined to be a [REDACTED]. He remained in treatment with them until 1982 when it was determined that he should go to prison. He was paroled on September of 1994. Two years later his parole was suspended for marijuana use and possession of a firearm (10/96). He

apparently spent 30 days in jail, after which time the Parole Board reinstated his parole with added conditions. Five months later (3/97) he had a dirty UA for marijuana, and he decided to run. He absconded on 3/97, and was apprehended in Kansas City, Missouri on 8/27/97.

Additional Criminal History:

[REDACTED]

According to the pre-sentence investigation, his mother reported that the resulting [REDACTED]

October 1996 - Parole Violation: Mr. Duncan's parole was suspended as a result of marijuana use and possession of a firearm. After 30 days in jail his parole was reinstated.

March 1997 - Parole Violation: Mr. Duncan was returned to prison after violating his parole. Violations included: Failing to obtain permission prior to contact with minor children; Failing to obtain approval prior to moving; Consuming marijuana; Absconding; Leaving Washington State; and Failing to Register as a Convicted Sex Offender. During part of this time, Mr. Duncan was apparently in a relationship with a woman who had children. The extent of his contact with those children could not be determined by this file review. There was some suggestion that he only fleetingly saw them as they came by to show their mother their Halloween Costumes. Mr. Duncan told Dr. Whitehill that he [REDACTED]

His community treatment provider, however, apparently did not concur with this and terminated him from treatment for this reason. Further information regarding the children's relationship with their mother, and their mother's relationship with Mr. Duncan would help ascertain the potential extent of his involvement with these and/or other children while he was on parole.

His admissions regarding other criminal behavior varied over the years. By each account, however, it appeared that the rape might have reflected a more extensive pattern of sexually deviant involvement. While at Western State Hospital (WSH), Mr. Duncan [REDACTED]

[REDACTED] (These inconsistencies are addressed in greater detail under the sexual history in this report.) In a 1997 interview with Dr. Whitehill he also [REDACTED] yet during the 1997 polygraph test, also endorsed fellating a younger boy.

In addition to an apparent extensive history of sexually inappropriate behavior, he also variously endorsed engaging in "sundry burglaries and shoplifting incidents prior to his arrest." According to Dr. Whitehill, Mr. Duncan admitted that at age [REDACTED] and [REDACTED]

Infractions: During his incarceration Mr. Duncan obtained a number of infractions, including assault, refusing to work, poor conduct, theft, possession of a weapon, lying to staff, staff interference, possession of narcotics/alcohol (twice), threatening, and counterfeit/forgery. More recently, he received an infraction on 2/14/99 for fighting.

Offender's Relationship to Victim(s): The 14-year-old boy Mr. Duncan was convicted of raping was ostensibly a stranger. When he first encountered the boy accompanying [REDACTED] it appeared that he recognized the [REDACTED] as being an acquaintance/friend of [REDACTED]. Other incidents he variously endorsed that involved sexual assaults on younger children appeared to include [REDACTED], possibly a child he was baby-sitting, and [REDACTED] children and/or strangers. The sexual interactions with those who were older were not listed here as they were assumed to more accurately reflect his own victimization, rather than the victimizing of others.

#### Past Incarcerations and Subsequent Behavior:

Mr. Duncan was convicted [REDACTED]. He apparently was briefly incarcerated at [REDACTED] and then [REDACTED]. No records were available regarding the treatment he obtained and/or his behavior during that time period. Following his 1980 rape conviction, he was first admitted to Western State Hospital for assessment (5/20/80 – 5/29/80) to determine his sanity to stand trial, and then evaluated by the sexual psychopath treatment program to establish appropriateness for treatment.

June 19 1980 - May 4 1982: Western State Hospital Sexual Psychopath Treatment Program: Mr. Duncan was first sent to the program to determine the existence of sexual psychopathy, then was "recommitted as a full-time member in September, 1980." He spent 22 months progressing in the program, until cottage visitations with his family in January of 1982, when he was identified as violating a number of treatment

conditions. At that time it was determined he was secretly leaving the grounds, peeping in windows, and both publicly and privately masturbating to rape fantasies. As a result, he was terminated from the program. This final episode was considered in a context of ongoing failure to cooperate with treatment:

After 22 months in the program, Mr. Duncan has shown an unwillingness to modify his sexually deviant behaviors, and has chosen not to commit himself to program techniques. In responding to our treatment process, there appears to be an unwillingness to internalize those controls the program attempts to instill. He has a constant need to maintain secrecy around his deviant sexual fantasies. When confronted for his deviant sexual fantasies, he becomes close-minded and argumentative with his group.

He has been rebellious and oppositional to requests and demands made of him in his treatment group and has, on several occasions, walked out of his treatment group. Only after concentrated pressure by his treatment group did Mr. Duncan respond to any honest degree regarding his deviant sexual behavior. He continued to have little insight into his behaviors, and put little effort toward modifying them. Complicating the clinical picture is a long standing history of sexual(ly) deviant behavior and sexual excitement he associates with aggression and violence. This is not the first time the issue of amenability to treatment has arisen relative to Mr. Duncan. His treatment group had evaluated him on three previous occasions due to his lack of progress and rebellion toward his treatment group.

1987 - MICC: Mr. Duncan claimed to have had approximately 20 counseling sessions with DOC Psychologist Dr. Sloat.

1994 - Eastside Counseling: According to Dr. Whitehill's report, Mr. Duncan [REDACTED]

February 1995 - March 1997 - Therapy with Mr. Pressel: This private practice therapist saw Mr. Duncan for approximately 30 sessions, [REDACTED] Dr. Whitehill spoke to Mr. Pressel for 30 minutes and learned that treatment primarily [REDACTED] and [REDACTED]



Education: Mr. Duncan completed school through the ninth grade, and while apparently capable of the work, was a poor student who obtained a low grade point average.

According to Dr. Whitehill's report [REDACTED]

Shortly before the 1980 rape he was kicked out of school for failing to attend. Since then, while incarcerated, he has completed his General Equivalency Diploma (GED) and taken a number of college classes. On his resume he wrote that he became proficient in Electronics through courses at Pierce Community College. He obtained an AA degree from Walla Walla Community College and/or an AS degree from Pierce College. He had an intended Computer Science Major, and claimed he graduated on the honor roll with a 4.0 GPA. He has also helped other inmates with their courses, describing to Dr. Chan that he, in fact, [REDACTED]. He also told Dr. Chan of his [REDACTED]

[REDACTED] It was presumed that he chose the University of North Dakota due to the extensive support he has enjoyed from a community member who lives in Fargo, North Dakota, who has offered to facilitate his transition back into the community.

Employment History: As Mr. Duncan was incarcerated by the time he turned 17, he had only limited work experience in the community prior to his 1994 parole. He claimed he briefly worked as a paper-boy. He also "unsuccessfully attempted to join the United States Air Force." After his incarceration he apparently worked as an Assistant Cook at Madigan Army Medical Center, and has experience working as a teacher's aide, a computer programmer, and doing telemarketing. While working in the community, when he was on parole, he also provided technical support, and was a customer service representative. It appeared that he was a successful employee who was well regarded by various employers.

Health: During his infancy he reportedly "contracted [REDACTED] from the water, leaving him frequently sick and run down." The disorder was apparently not diagnosed until he was three years old. Mr. Duncan's mother told Dr. Whitehill [REDACTED]

[REDACTED] as well as being [REDACTED]. Dr. Whitehill reported that [REDACTED]. [REDACTED] According to his mother's report during the pre-sentence investigation, the [REDACTED]

Substance Use/Abuse: There were numerous inconsistencies in the file regarding his involvement with drugs and alcohol, with the most objective data reflecting that drug use resulted in both two infractions while in prison, and two parole violations while in the community.

In earlier reports he consistently endorsed some varying amount of drug and/or alcohol involvement. According to WSH staff his [REDACTED]

have [REDACTED] He claimed to [REDACTED] Yet according to the pre-sentence investigation, he said he "would drink upon occasion, but does not like alcohol that much." WSH staff reported that by [REDACTED]

[REDACTED] The pre-sentence investigator was told he also experimented with LSD, Amphetamines, and Barbiturates, as well as using Valium and PCP."

Yet to Dr. Jacks in 1991 he [REDACTED]

[REDACTED] Then, when talking to Dr. Whitehill in 1997 he claimed he [REDACTED]

While he [REDACTED] to Dr. Whitehill, it was over the past 20 years." Dr. Whitehill further summarized that [REDACTED]

Sexual Development History: While information in the file varied significantly regarding sexual development and/or practices, some consistencies did occur, and all versions suggested a history where he was surrounded by sexual improprieties, with some committed against [REDACTED] and others committed by him. His father sexually molested [REDACTED] which was [REDACTED] during her 1997 interview with Dr. Whitehill. Two sisters sexually molested [REDACTED] when [REDACTED] was a child and/or adolescent. He also consistently claimed that an Army doctor [REDACTED]

While at WSH he [REDACTED] Therapy supervisor Shepard summarized: [REDACTED]

Fifteen years later, when talking to Dr. Whitehill, Mr. Duncan insisted that those [REDACTED]

He [REDACTED]

[REDACTED] Interestingly enough, nothing in the WSH record referred to either any assault on a younger female, or any admission of arousal to children. Thus, it would appear he was recanting other information than he had originally supplied. He then substituted slightly different information; telling Dr. Whitehill that he had [REDACTED]

He also [REDACTED]

To Dr. Whitehill he described [REDACTED]

[REDACTED] Dr. Sloat in 1989 that he [REDACTED]

[REDACTED] Yet, in 1997 [REDACTED]

Dr. Whitehill was told that [REDACTED]

He also, however, [REDACTED]

Mr. Duncan also endorsed sexual relationships with a number of partners, both male and female: He told Dr. Whitehill that [REDACTED]

[REDACTED] Dr. Whitehill [REDACTED]

File information regarding his sexual history was extremely confusing as Mr. Duncan's story continuously changed. While at WSH, as previously noted, he admitted to an extensive pattern of sexually abusive and deviant behavior. He was also kicked out of [REDACTED]

the program because of his apparent continued sexually deviant behavior, which included leaving the grounds, peeping into windows, and masturbating in public. He told Dr. Chan, however, [REDACTED]

[REDACTED] This was somewhat confusing, as it remained unclear whether Mr. Duncan invented the violations and/or the group fabricated them.

Dr. Chan found him [REDACTED]

[REDACTED] On the other hand, Dr. Chan speculated that [REDACTED]

While the continuing variations in his admissions were confusing, they suggested an ongoing highly sexualized focus. Dr. Sloat indicated that [REDACTED]

To her he [REDACTED]

[REDACTED] During her 1989 evaluation she noted that he [REDACTED]

[REDACTED] Thus, in 1987 and again in 1989 [REDACTED]

[REDACTED] During the 1997 [REDACTED]

evaluation with Dr. Whitehill, however, he again [REDACTED] the polygraph test with Ketchum endorsed that "at age 11, he fondled and fellated an eight year old [REDACTED] boy."

<b>II. Does Mr. Duncan suffer from a mental abnormality or personality disorder which makes him likely to engage in acts of sexual violence?</b>	<b>Yes</b>
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During the years that Mr. Duncan has come to the attention of the criminal justice system, a number of psychological diagnoses have been proffered. These will be summarized here, using the DSM-IV (1994) criteria. It should be noted that he was not seen for this evaluation. Without benefit of a clinical interview and testing, no current diagnostic determination can be made.

There was no evidence of psychosis in the file information. His presentation, according to every evaluation seen for this review, indicated a [REDACTED]

[REDACTED] Results on the Shipley,

administered by Dr. Whitehill, resulted in what he reported to be a [REDACTED]. This data was consistent both with reports by others who considered him to be bright, and with his reported academic achievements. In addition, he was consistently found to be socially engaging and appropriate. This would be confirmed by his ability to acquire skilled and powerful allies who have expended a great deal of effort on his behalf.

Without benefit of current test and clinical data, the following diagnoses are provided as summaries of prior diagnostic impressions only:

[REDACTED] Hospital staff at WSH diagnosed him with [REDACTED] as a discharge diagnosis. Massaia and Jacks, Ph.D. both suggested that he [REDACTED] m, which Dr. Whitehill also diagnosed by history. Determining [REDACTED] is difficult without more extensive information, as "only a small percentage of rapists meet the criteria for [REDACTED]" (Schlank & Cohen, 1999 p. 4-10). However, comments made by Mr. Duncan to Dr. Sloat suggested [REDACTED]. He told her he [REDACTED].

According to her report, [REDACTED]

[REDACTED] Further information would be necessary to more accurately confirm this diagnosis.

[REDACTED] Dr. Whitehill provided this diagnosis, which would seem consistent with the record. In addition to variously acknowledging [REDACTED] Mr. Duncan has also incurred two infractions and twice violated his parole as a result of continued use. The DSM-IV defines [REDACTED] as [REDACTED].

[REDACTED] The impact of his [REDACTED] which contributed to his parole violation(s) [REDACTED] legal problems" [REDACTED]. The first parole violation led to a 30-day jail sentence which resulted in a job loss. The second violation led to his current incarceration.

[REDACTED] Staff at WSH gave him this diagnosis, as did Dr. Kim, and Dr. Whitehill. The criteria for this diagnosis [REDACTED] involves [REDACTED].

[REDACTED] Further requirements for this diagnosis include:

- (1) [REDACTED] Mr. Duncan has been arrested twice and violated his parole twice. Other disclosures variously endorsed [REDACTED]

by him suggest possible additional behavior that would have been grounds for arrest.

- (2) [REDACTED] Mr. Duncan has provided numerous explanations. Information in the record is full of inconsistencies. For instance, he variously endorsed some alcohol use during his teenage years, and at other times insisted he had his first drink ever at age 33. He also first admitted to daily marijuana use, then endorsed only very infrequent marijuana use. Inconsistencies were also noted in reports regarding sexual deviancy and practices. At WSH he [REDACTED]

[REDACTED] he later told Sloat, Ph.D. about [REDACTED] and he [REDACTED] to Whitehill, Ph.D. [REDACTED]

- (3) [REDACTED] The criminal record suggested a [REDACTED]. For instance, at age [REDACTED] At age 16 he violently and repeatedly raped a younger child. Further [REDACTED] would be presumed should credence be given to his various other admissions of sexual violence.

- (4) [REDACTED] Mr. Duncan's comments to Dr. Sloat [REDACTED]

[REDACTED] The prior rape was [REDACTED]

[REDACTED] This diagnosis was first suggested by Dr. Jacks, then confirmed by Dr. Whitehill who considered it to be the principal diagnosis. Dr. Whitehill opined that [REDACTED]

[REDACTED]  
[REDACTED] No current information was available to confirm this diagnosis.

**III. Is Mr. Duncan likely to commit acts of sexual predation in the future? There is insufficient data to answer this with any certainty.**

**Risks for Sexual Recidivism and Basis for Conclusions:**

This is a complex case that generates more questions than it answers. There was little doubt that Mr. Duncan had a chaotic childhood fraught with sexually inappropriate contact, where [REDACTED] was initially [REDACTED] by a number of people, and subsequently sexually abused others. Conviction data indicates one instance of raping a child, with the argument since presented that this should be viewed more as a sexual attack on a peer, rather than as evidence of sexual arousal to children.

In fact, Mr. Duncan has powerful allies who have come to his defense, and offered to sponsor him, each of them seemingly confident he would present no risk to their children. Thus, in 1988 he was planning to parole to the home of Lolita Erskine, and her "family," with their two sons ages three and 15 ½ months." In September of 1991 Jeanette Buckland, a single mother of three sons, offered her support on his behalf. In October of 1991, his sister wrote the Parole Board stating that she and his three young nieces supported him. Mr. Wolfert also wrote to the Parole Board at that time in support of Mr. Duncan. He was released in 1994 into a seemingly very supportive community, yet violated his parole in a number of ways.

Since then, he has obtained the support of Dr. Wacksman, who reportedly met him while they were both in San Francisco, and has since become an ardent defender. Dr. Wacksman recommended to the Parole Board that Mr. Duncan be released to his home in North Dakota, to initially live with him, his wife and their two young sons while he became established in the community. Dr. Wacksman subsequently took exception with the Board's concerns regarding the safety of his sons, and on 7/14/98 wrote the Parole Board insisting Mr. Duncan was not a pedophile:

A pedophile is an adult that sexually involves himself with children. Mr. Duncan was a 16-year-old adolescent that raped a 14-year-old adolescent. Legally, by your own state statutes, Mr. Duncan is not a pedophile. Neither do his psychological evaluations identify him as a pedophile.

The problem is twofold: First, the criteria for pedophilia has changed over the years. Second, Mr. Duncan's admissions regarding other sexually deviant behavior for which he has never been charged or convicted has also varied. According to the DSM-III

(1980), in use at the time of Mr. Duncan's rape, the disorder was thought to "begin at any time in adulthood" (p.271). As Mr. Duncan was sixteen at the time of the offense, he would not have been diagnosed as a pedophile using DSM-III criteria. According to the DSM-IV (1994), currently in use, the person "must be at least 16 years and at least 5 years older than the child or children" (p.529). By relying on conviction data only, Mr. Duncan cannot be assessed as a pedophile even when applying the DSM-IV criteria. Even should his varying admissions of numerous prior rapes/assaults be taken into account, they would have predominantly occurred before he was sixteen years old. Thus, based on the available information, Mr. Duncan cannot at this time be diagnosed as a pedophile. Information about Mr. Duncan's more recent sexual predilections are not known. As a result, there is no data to ascertain his risk to children, suggesting that neither the board's concern, or Dr. Waksman's confidence, can be substantiated.

Regardless of the inability to diagnose Mr. Duncan as a pedophile, the Parole Board determined that "under no circumstances whatsoever would the board allow Mr. Duncan to reside in a home where victim age children reside, even if the state of North Dakota would agree to supervise him. With all respect to Dr. Waksman, we are not willing to expose his children to that kind of risk."

The board also noted Mr. Duncan to have a history of being "charming, exploiting, and using others for his own purposes. This is [REDACTED] in Dr. Whitehill's report." File information would reveal him to have been very successful in obtaining support and enthusiasm from powerful allies. The Hare PCL-R could not be administered, due to lack of accurate information, although his [REDACTED] very least. There were a number of inconsistencies in the information provided by Mr. Duncan as reported by various investigators, psychologists, and others. These inconsistencies are cause for concern as they reveal an individual who is quite skilled at lying. While noting the inconsistencies, these do not necessarily correlate to any prediction of future risk, but do obfuscate the clinical picture, and suggest some increased risk insofar as it can be correlated to denial and minimization (Boer, Hart, Kropp, & Webster, 1997).

For instance, considering the blatant variations in his reported use of drugs and alcohol, his credibility regarding differences in self-reported sexual misbehavior could be considered somewhat suspect: With drug and alcohol use he variously endorsed daily marijuana abuse and some early alcohol use, to denying ever using any drugs or alcohol, specifically [REDACTED] to Dr. Whitehill that [REDACTED]. While the record reveals that he incurred two infractions and two parole violations because of marijuana use, he told Dr. Whitehill [REDACTED]. He simultaneously [REDACTED] expediently [REDACTED]

[REDACTED]

The information regarding sexual deviance was equally slippery: He variously never was sexually attracted to males, "felt embarrassed because the victim was a boy, considered himself to be a transsexual, and/or was a practicing homosexual. He

He

(to Sloat), but

He earlier told Massaia

Then in 1993 he again demonstrated his  
"in the interview (with Dr. Auclair)

As recently as 1999 he reported to Dr. Chan that

Throughout the record he also provided explanations that evidenced justifying, minimizing, and denying events. He had to leave the WSH treatment program because [REDACTED] was sexually attacking his mother. He was forced to fabricate stories of sexual deviance to satisfy treatment requirements. The gun violation on his parole was a misunderstanding, as he had not really had possession of a gun. Rather, he had touched his brother's gun. The marijuana violation was another misunderstanding as he only smoked it to be "accepted by his housemate and her girlfriend."

The record also suggested an Orwellian rewriting of history. In 1989 he told Dr. Sloat that

He further

[REDACTED]  
He was able to articulate to her that  
[REDACTED]

In this same [REDACTED]  
[REDACTED]

Actuarial Data:

His MnSOST-R score was considered to be six, significantly lower than the previously identified score of 15. Scoring at this time was based entirely on conviction data only, which certainly contributed to lowering his score. Current scores would suggest a 61% likelihood of recidivism. His RRASOR score of 3 would suggest a recidivism rate anywhere between 30% to 40% within a five to ten year period (Schlank & Cohen, 1999).

Anchored Clinical Judgment:

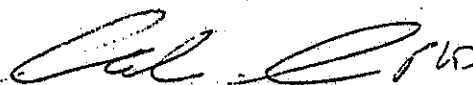
Mr. Duncan's case provides a difficult challenge. Using only conviction data, there is insufficient evidence to establish the historical pattern so consistently associated with risk (Monahan, 1981; Klassen & O'Connor, 1994) that could be assumed if taking the various additional disclosures of sexual deviance into account. Further information would be helpful, as would plethysmograph data (Boer, Hart, Kropp, & Webster, 1997), to better determine whether Mr. Duncan experiences continued arousal to inappropriate sexual stimuli. This would be very helpful to better predict any future risk he might present to the community. The additional risk typically associated with substance involvement again could not be ascertained with confidence due to the inconsistent data provided by him regarding substance involvement.

Mr. Duncan remains an untreated sex offender, who has failed to comply with either treatment recommendations and/or prior supervision, as indicated by both his parole violations, and his current refusal to participate in SOTP despite the parole board's recommendation.

**CONCLUSION:**

Based on the information available for this file review, there would appear to be insufficient evidence to indicate that Mr. Duncan meets the criteria for civil commitment.

Based on the file information, however, concerns about his ability to refrain from sexually violent behavior remain. A more thorough psychosexual evaluation, with plethysmograph data, as well as an extensive clinical interview with testing, could help to more thoroughly evaluate the risk he presents to the community. Should he be released to the community, supervision would be helpful to monitor his behavior and ameliorate risk.



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#### REFERENCES:

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- Boer, D.P., Hart, S.D., Kropp, P.R., & Webster, C.D. (1997). Manual for the sexual violence risk - 20. Vancouver, B.C.: The British Columbia Institute Against Family Violence.
- Klassen, D. & O'Connor, W.A. (1994). Demographic and case history variables in risk assessment. In J. Monahan & H.J. Steadman (Eds.), Violence and mental disorder: Developments in risk assessment (pp. 229-258). Chicago: University of Chicago Press.
- Monahan, J. (1981), Predicting violent behavior: An assessment of clinical techniques. Beverly Hills: CA: Sage.
- Schlank, A. & Cohen, F. (1999). The sexual predator: Law, policy, evaluation, and treatment. Kingston, New Jersey: Civic Research Institute.

## APPENDIX I

### Material Reviewed for This Evaluation

WSH psychological report by Vitols, MD	05/05/82
WSH Psychological report by Allison, MD	06/02/80
WSH psychological report by Trowbridge, Ph.D.	06/04/80
WSH psychological report by Kim, MD	6/20/80
WSH Psychological Report by Wing, Ph.D.	07/14/80
WSH psychosocial history by Shepard, BS	9/16/80
Psychological Report by Massaia	05/21/82
Psychological Report by Sloat, Ph.D.	July, 1987
Psychological Report by Sloat, Ph.D.	March, 1989
Mental Health Evaluation by Jacks, Ph.D.	05/13/91
Psychological Evaluation by Auclair, Ph.D.	August, 1993
Psychological Evaluation by Whitehill, Ph.D.	12/09/97
Report Addendum by Whitehill, Ph.D.	12/11/97
ISRB Report	12/23/97
Sex Offender Psychological Report by Chan, Ph.D.	09/16/99