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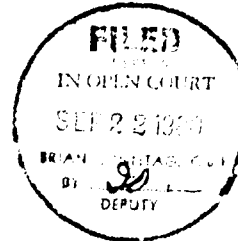
Dixy Lee Ray  
Governor

SEP 22 1980  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Western State Hospital, B27 19 Ft. Steilacoom, WA 98594 206-882-8900

September 18, 1980

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The Honorable Stanley W. Worswick  
Superior Court for Pierce County  
County-City Building  
Tacoma, Washington 98402



Re: DUNCAN, Joseph E., III, Cause No. 57116

Dear Judge Worswick:

On May 20, 1980, Mr. Joseph Duncan was admitted to the Mentally Ill Offender Program of Western State Hospital to determine competency to stand trial. He was discharged on May 29, 1980, with a diagnosis of: Antisocial personality with sexual deviation, rape, and competent to stand trial. Mr. Duncan was then returned to court.

Upon his return to court, Mr. Duncan pled guilty to the crime of first degree rape. As per your order, dated June 18, 1980, Mr. Duncan was readmitted to Western State Hospital to the Sex Offender Program for a 90 day period of observation and evaluation to determine the existence of sexual psychopathy, pursuant to R.C.W. 71.06.

Upon admission to Western State Hospital, Mr. Duncan began our standard evaluation process which includes both assessment and treatment. He was evaluated by professional staff members concerning the psychiatric, psychological, social and medical elements relative to his sexual offending. He remained on a locked ward where he was continually observed as he participated in treatment with a functioning treatment group of committed sexual psychopaths. Their schedule includes approximately 30 hours of group psychotherapy each week, and following a patient's observation period, his treatment group also gives their opinion to the staff relative to the question of sexual psychopathy. In addition to the data gathered from these standard procedures, we have obtained the routine prosecutory materials, including victim's statements plus the evaluation done in the Mentally Ill Offender Program at Western State Hospital. Our conclusions and recommendations result from combining the data from these various sources.

The primary evaluation questions addressed were: 1) does Mr. Duncan meet the statutory definition of the sexual psychopath, 2) what type of risk does he currently present in terms of sexually reoffending, and; 3) what treatment setting, if any, is best suited for Mr. Duncan.

SEXUAL HISTORY:

Mr. Duncan's deviant sexual history began at approximately age 12 when he became involved with a minor male, age 5, who he forced into committing oral sex on him. At the age of 15, Mr. Duncan forced, at gunpoint, a minor male, age 9, to commit oral sex on him. It is important to note that Mr. Duncan did

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go out looking for victims. At the age of 16, he tied up six minor males, ages 6 through 10, and forced them to fellate him and he performed anal intercourse on them. Mr. Duncan states that by the age of 16, he had committed approximately 13 different rapes on minor males. This position of power over children has developed into a very powerful and compulsive pattern. On January 24, 1980, Mr. Duncan was arrested for two counts of first degree rape which involved him with a minor male, age 14.

Mr. Duncan shows a history of dangerous sexual behavior and normal sexual development is quite sparse by comparison. He has done little dating and apparently has not formed any relationships with young women his age. Also of importance, developmentally, is Mr. Duncan's adjustment to being moved from city to city every two years until he was 12 years old, due to his father being in the military. As a result of this, he kept to himself a lot and formed only a few superficial acquaintances. He felt picked on by others and made fun of because of his physical appearance. He admits to spending a good deal of time watching television and daydreaming.

Therefore, it appears that we have several key indicators found common to sexual psychopaths. We see the development of self-rejection with poor communication and social skills in relating to peers. Together with the repeated experience of failure and feeling inferior were his long periods of time dwelling in fantasy life. We believe that Mr. Duncan meets the definition of the sexual psychopath.

SAFETY TO BE AT LARGE:

The Sex Offender Program feels that our responsibility for identifying the sexual psychopath is to discover those elements in a person's behavioral history and personality make-up which, in fact, predispose that person to sexual crimes. This prediction of future behavior is imprecise but, in our opinion, the best single indicator of future dangerous sexual behavior is a clear history of past dangerous sexual behavior.

The danger Mr. Duncan presents to children seems very great at the present time. The support system in the community does not appear adequate for the protection of children while Mr. Duncan is present. Additionally, he has not learned to communicate his needs appropriately to others. Since we know rape to be predominantly an act of aggression and control, Mr. Duncan had only begun to touch his aggressive fantasies relative to sexual offending. His pattern of feeling put down, unable to ask for appropriate assistance and then acting out against a victim, is fairly common to the sexual offender. He has not learned how to interrupt this pattern responsibly.

Mr. Duncan was sent to us for the crime of first degree rape. His years of preoccupation with deviant sexual fantasies of one kind or another dates back to the age of 12. He has not learned to control his deviant sexual impulses even at a rudimentary level nor has he been able to learn those skills necessary to assist him in leading a responsible life. Therefore, Mr. Duncan is not safe to be at large.

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AMENABILITY TO TREATMENT:

Mr. Duncan has been observed for over two months in order to evaluate the three main areas of amenability to treatment in the Sex Offender Program which are: 1) the ability to learn and respond to our treatment approach; 2) willingness to participate in treatment and willingness to begin to modify his behavior; and, 3) amount of progress or change which has taken place over the period of evaluation.

The objectives of treatment for Mr. Duncan were not significantly different than those of other sex offenders entering the program, that is, learning to control deviant sexual behavior and learning appropriate social skills in handling situations in such a way to get their needs met without resorting to deviant sexual behavior. In this program, those objectives must be accomplished within the context of a guided self-help group, that is, individuals interacting with peers under the direction of a therapist in order to make change.

Mr. Duncan has shown the intellectual capacity to learn and respond to the specialized treatment in the Sex Offender Program. He indicates having difficulty relinquishing the desires and fantasies around his deviant sexual behavior. One of the controls an individual is taught over the course of treatment is the communication of his desires to his treatment group. Mr. Duncan has had an extreme amount of difficulty with this process. He has been given the direction through treatment plans developed to assist him in self-control and communication of his sexual desires to others. He is beginning to show motivation to modify his behaviors through his consistent participation in his treatment group.

Mr. Duncan has followed all of our rules and guidelines and shows every willingness to continue to be a cooperative and hardworking member. He has had to put out extra effort in certain areas because of his inability to interact with others and has shown that he is willing to take those extra steps. The amount of change which has occurred in Mr. Duncan has been encouraging. The large amount of self-disclosure is a very positive sign for future success. His willingness to begin to examine his behaviors and his personality has proven to be fruitful so far. Also of importance is that Mr. Duncan realizes that his behavior has hurt other people and shows appropriate guilt and remorse over his actions.

On September 10, 1980, the Sex Offender Program Treatment Staff reviewed Mr. Duncan's case and determined the following specific conclusions and recommendations.

1. Mr. Duncan does conform to the statutory definition of the sexual psychopath.
2. He has been assigned the diagnosis of: Sexual deviation, rape.
3. He is not safe to be at large.


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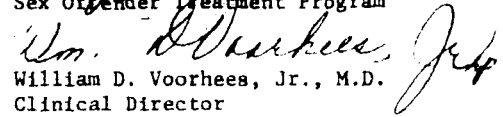
4. He is amenable to treatment at Western State Hospital and we feel that he should be recommitted for treatment in our specialized program for the sexual offender.

We hope our report will be helpful to the court in arriving at its decision. If we can be of further assistance, please feel free to contact us.

Sincerely,

  
Gary M. Shepherd, B. S.  
Therapy Supervisor

  
Maureen Taylor, M.A., Director  
Sex Offender Treatment Program

  
William D. Voorhees, Jr., M.D.  
Clinical Director

WDV:MS:GMS:als

cc: S. J. Witt, D.P.A.  
John W. Laderberg, Defense Counsel  
Lin Miller, P.O.