



**REPORT OF THE JOINT TASK FORCE
TO STUDY THE ADULT DIAGNOSTIC
AND TREATMENT CENTER**

JUNE 19, 1995

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New Jersey State Legislature
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June 19, 1995

Governor Christine Todd Whitman
President of the Senate Donald T. DiFrancesco
Speaker of the General Assembly Garabed "Chuck" Haytaian
Members of the Legislature

Ladies and Gentlemen:

We are pleased to transmit with this letter the report of the Joint Task Force to study the Adult Diagnostic and Treatment Center (ADTC) at Avenel and treatment of sexual offenders. The joint task force was created to study and make recommendations concerning the ADTC, the State's correctional facility for compulsive, repetitive sex offenders.

The tragic deaths last year of six year old Amanda Wengert and seven year old Megan Kanka focused attention on the State's incarceration and treatment of sex offenders. During its investigation, the task force found an overcrowded, overburdened system with significant inadequacies. One-third of ADTC inmates were receiving as little treatment as one and one-half hours of group therapy per week; approximately six percent refuse all treatment. In addition, most of the inmates are not released on parole; they serve their full sentence and are released into the community with little or no supervision. This system has permitted the premature release of dangerous sex offenders who have received little or no effective treatment back into an unsuspecting community. The safe management of these offenders is of the highest priority, because all too often they prey on children, one of the most vulnerable groups in our society.

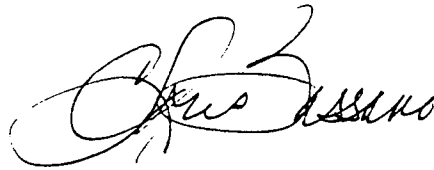
Governor Christine Todd Whitman
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June 19, 1995

This report represents a comprehensive study of the ADTC and the statutes governing compulsive, repetitive sex offenders. After conducting a thorough investigation of these issues, the task force is proposing a number of recommendations. Among the most significant are reducing the population of the ADTC; privatizing the ADTC treatment program; indeterminate sentencing; requiring compulsive, repetitive sex offenders to serve part of their sentences in a general population prison before going to the ADTC for treatment; mandatory aftercare; a sex offender penalty to fund special parole officers and treatment programs; and the creation of a four-year commission to oversee the ADTC and the implementation of these proposed changes.

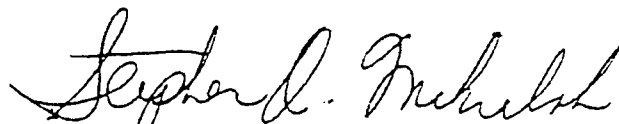
We would like to thank the task force members who gave generously of their time and efforts to assist the task force in its mission. Their contributions demonstrate the value of this form of legislative inquiry.

The Joint Task Force to Study the Adult Diagnostic and Treatment Center was created in response to tragedies that shocked and saddened both officials and citizens of our State. It is our hope that this report will help to prevent similar tragedies by contributing to the safe management and treatment of sex offenders.

Sincerely,



Senator C. Louis Bassano
Chairman



Assemblyman Stephen A. Mikulak
Chairman

**THE JOINT LEGISLATIVE TASK FORCE
TO STUDY THE ADULT DIAGNOSTIC
AND TREATMENT CENTER**

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**Resigned from the Task Force*

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I. BACKGROUND AND CREATION OF THE TASK FORCE

On July 29, 1994, Megan Kanka, a seven year old girl from Hamilton Township, was raped and murdered. Officials and citizens of this State soon were shocked to learn that the Kanka family's neighbor, Jesse Timmendequas, was accused of this heinous crime. Timmendequas was a convicted pedophile who had served time at the Adult Diagnostic and Treatment Center (ADTC) at Avenel, the State correctional facility where sex offenders are incarcerated and treated.

Amanda Wengert of Manalapan, Latasha Goodman of Asbury Park and Divina Genao of Passaic also were brutally raped and murdered by sex offenders; however, their killers had not been incarcerated at the ADTC.

As a result of these tragedies, the Legislature enacted a package of bills known as "Megan's Law " which provided for a variety of initiatives concerning sex offenders. The Joint Task Force to Study the ADTC was created by the enactment of one of these bills, Assembly Concurrent Resolution No. 8 of 1994, sponsored by Assemblyman Stephen Mikulak and Assemblyman James Holzapfel. (An identical bill, Senate Concurrent Resolution No. 78 sponsored by Senator C. Louis Bassano, was combined with ACR 8.) Senator Bassano and Assemblyman Mikulak were appointed to co-chair the task force by Senate President Donald DiFrancesco and Assembly Speaker Garabed "Chuck" Haytaian respectively.

The 18-member task force was charged to study and make recommendations concerning the ADTC and the compulsive, repetitive sex offenders who are sentenced there for a specialized program of treatment. The legislation instructed the task force to examine the effectiveness of the ADTC in treating and rehabilitating sex offenders. The task force was further requested to consider the following issues: (1) whether sex offenders, especially pedophiles, can be treated and rehabilitated; (2) if sex offenders can be treated, when and why is treatment not successful; and (3) if sex offenders cannot be treated or rehabilitated, what other alternatives are available to manage this population of criminal offenders.

This report presents the task force's findings and proposed legislation.

II. BACKGROUND AND INFORMATION ON THE ADTC

The ADTC is a correctional facility for sex offenders whose conduct, as determined by a psychological examination, is characterized by a pattern of compulsive, repetitive behavior. The ADTC offers a program of therapeutic treatment intended to ameliorate the anti-social behavior patterns of its inmates. Sex offenders whose behavior is determined not to be compulsive and repetitive are sent to general population correctional facilities. The offenders sentenced to those facilities do not have access to the specialized treatment programs available at the ADTC.

Opened in 1976, the ADTC was one of the first correctional institutions built in the United States specifically for the treatment of convicted sex offenders. The number of inmates at the facility has increased steadily from about 200 in 1981 to

approximately 700 in 1994. The number of therapists employed at the ADTC, however, has not kept pace with the growth of the inmate population. The inmate to therapist ratio has more than doubled since 1981; currently there is approximately one therapist for every 41 inmates.

The ADTC is governed by the chapter 47 of the State criminal code (Title 2C). Under N.J.S.A.2C:47-1, any person convicted of aggravated sexual assault, sexual assault or aggravated criminal sexual contact or an attempt to commit any of these crimes must be referred to the ADTC for physical and psychological examination. N.J.S.A.2C:47-3 provides that the court may sentence an offender to the ADTC for a program of specialized treatment upon a finding of compulsive, repetitive behavior. The Commissioner of Corrections is statutorily mandated to provide this treatment for ADTC inmates pursuant to N.J.S.A.2C:47-4. However, inmates may refuse to participate in treatment. Currently, approximately 47 of the close to 740 inmates incarcerated at the ADTC refuse treatment. N.J.S.A.2C:47-4 gives the commissioner the discretion to transfer inmates to other correctional facilities. ADTC inmates become eligible for parole under N.J.S.A.2C:47-5 upon recommendation by the Special Classification Review Board to the Parole Board that the person is capable of making "an acceptable social adjustment in the community."

Most ADTC inmates serve their full sentences and are not released on parole because they do not meet the standard in N.J.S.A.2C:47-5. This practice is known as "maxing out." However, an inmate's incarceration time may be reduced by

commutation credits (good time) or work credits, unless that inmate refuses to participate in treatment. These credits are deducted from an inmate's parole eligibility date or release date, thus reducing his term of incarceration. Under current law, the State may not attach conditions to the release of an offender who has maxed out or monitor his behavior in the community.

III. CRITICISM OF ADTC ADMINISTRATION AND THE DEPARTMENT OF CORRECTIONS

In January, 1995, the chairmen of the task force learned from the Associated Press that there had been a major restructuring of the therapy program at the ADTC. The task force was not consulted or notified about these changes to the therapy program. The chairmen also were told by reporters that the ADTC Director of Psychology was being replaced and transferred to other duties of a primarily administrative nature in the institution.

Internal memoranda obtained from the Department of Corrections indicated that the ADTC administration knew these changes were going to be made when the task force met at the institution on December 6, 1994, but the changes were not brought to the task force's attention. The ADTC administration and the Department of Corrections both stated that the lack of notification was inadvertent. However, the task force was disturbed that such far-reaching changes would be implemented during the task force's study, particularly when the task force was mandated to examine the issue of treatment. The task force also felt that it was difficult in certain respects to

obtain information from the ADTC administration as well as the Department of Corrections and that some of the information that was received was contradictory. This left task force members with the impression that the ADTC administration and the Department of Corrections were uncooperative and not entirely forthcoming.

IV. TASK FORCE HEARINGS AND EXECUTIVE SESSIONS

The task force held four hearings and met in two executive sessions. The first hearing was held at the ADTC on November 1, 1994. The second hearing on December 6, 1994 also was held at the ADTC; the task force held a brief executive session prior to the hearing. Due to space and security considerations, these two hearings were open to members of the press but not the public. The task force held public hearings on February 1, 1995 at the Woodbridge Public Library and on March 15, 1995 at the Legislative Office Building in Trenton. Transcripts were made of each hearing. On April 25, 1995, the task force met at the State House Annex in Trenton in an executive session to vote on recommendations for this report.

At the first hearing, task force members were given a tour of the facility and received testimony from the ADTC administrators. The next hearing provided testimony from a former staff psychiatrist, current and former inmates, and an inmate defense attorney. The third hearing provided testimony from members of the ADTC treatment staff and a former staff psychologist, as well as administrators. At the final hearing, nationally recognized experts discussed the treatment of sex offenders and the ADTC program. The task force also received testimony from members of the public

at the various hearings.

During the first hearing, members of the task force discussed with ADTC administrators their concerns regarding: treatment at the ADTC; indeterminate sentencing; transfer to other correctional facilities; ADTC therapists; the therapist/inmate ratio; recidivism; trends in treatment; a typical day at the ADTC; creating a fund to pay for treatment; and, the most pressing needs of the institution.

At the next hearing, the former Director of Psychiatry at the ADTC discussed the shortcomings in the treatment program at the ADTC. Current and former ADTC inmates also testified regarding their views on the treatment programs at the ADTC, their experiences while incarcerated, and their suggestions for change. The Program Supervisor of the Pinelands Center for juvenile sex offenders also testified.

At the February 1st hearing, members received testimony from ADTC treatment staff, and again received testimony from administrative staff of the ADTC. Also, the former Director of Psychology at the Menlo Park Diagnostic Center presented her views regarding the present ADTC treatment structure, the imbalance between the treatment and punishment, and the administration of the ADTC.

Testimony was also received from the ADTC Superintendent, the Supervising Program Development Specialist and the Director of Psychology. Members of the treatment staff at the ADTC presented suggestions for restructuring treatment at the ADTC. Two members of the public also presented testimony advocating funding for treatment of juvenile sex offenders, closing the ADTC as an adult facility and creating

a juvenile treatment center.

The task force members criticized the administration for implementing a total restructuring of the ADTC treatment program without informing the task force of the pending change. Task force members were also concerned because the administration knew these changes were going to be implemented when the task force met on December 6, 1994 at the ADTC, and did not inform the task force. The task force passed a motion to request that the Commissioner of Corrections address the issue of the restructuring at the next meeting.

At its final hearing, the task force received testimony from the Commissioner of Corrections; the Superintendent of the ADTC; members of the public; the Co-director of Safer Society and Press in Brandon, Vermont; the Chair of the Special Classification Review Board (SCRB); the President of the New Jersey Psychiatric Association; and the Past President of the New Jersey Psychological Association.

The commissioner addressed the issue of the therapy program change at the ADTC, and accepted responsibility for not notifying the task force of the change. He explained that the lack of notification was inadvertent, not deliberate.

V. FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE

A. INTRODUCTION

As required by its enabling legislation, the task force examined the issue of whether sex offenders, especially pedophiles, can be treated and rehabilitated. The task force also considered the circumstances under which treatment is not successful.

The task force received testimony that most sex offenders can be treated; however, expert opinion indicates there is no cure. Sex offenders must be given the information and tools to control their behavior and prevent themselves from reoffending. They also need a support system in the community, particularly for the first year or two after release from incarceration. An expert testified before the task force that the only option to discontinuing treatment and follow-up support for sex offenders would be to incarcerate them for the rest of their lives.

The testimony indicated that pedophiles can be more effectively treated than rapists. Treatment tends to be more successful with pedophiles who molest girls rather than boys.

The task force heard testimony indicating that the manner in which treatment has been offered at the ADTC is not conducive to a favorable outcome. ADTC inmates were receiving one and one-half hours per week of group therapy for the duration of their incarceration. In addition, the groups are much too large. An expert testified that treatment should be more compressed and intensive than the current system at the ADTC. The testimony indicated that the average length of treatment in a residential treatment program is 18 months to two years, with possibly an additional six months to one year for more difficult cases. For group therapy the standard is eight to 10 persons in a group, but certainly no more than 12 to 15 persons. Under these conditions, the opportunity for successful treatment is greatly increased.

Specific findings and recommendations of the task force are set forth below.

B. GENERAL FINDINGS AND RECOMMENDATIONS CONCERNING THE ADTC

FINDING: The ADTC is too overcrowded to provide adequate and effective treatment for sex offenders. The current population of approximately 740 inmates is 354 percent greater than the inmate population of 209 in 1979. The general picture that emerged from the testimony received by the task force is that the ADTC was more effective when it had a much smaller population of inmates to treat. Therefore, the task force recommends reducing the population to approximately 400 inmates.

RECOMMENDATION: *The population at the ADTC should be reduced by 45 percent to approximately 400 inmates.*

C. FINDINGS AND RECOMMENDATIONS CONCERNING ADTC INTERNAL OPERATIONS

FINDING: Inmates should not be incarcerated at the ADTC for extended periods. It appears that no more than two or three years are required to achieve the maximum treatment effect for sex offenders. An expert testified before the task force that inmates can "burn out" in therapy, and that it is not effective for an inmate to be in treatment for five to 10 years. Approximately 30 percent of the inmates at the ADTC were receiving as little treatment as one and one-half hours of therapy per week for the duration of their incarceration, prior to the institution of a revamped therapy program in January, 1995. It would be more effective for an inmate to receive more

intensive therapy for a shorter period of time. Therefore, an inmate should spend only the last few years of his sentence in the ADTC for the specific purpose of receiving treatment.

RECOMMENDATION: *Inmates with long-term sentences should be removed from the ADTC.*

FINDING: During its investigation, the task force found that civil service requirements were an impediment to the therapeutic process. In addition, it appears that some ADTC therapists are not appropriately qualified, and provide inconsistent, if not inappropriate, therapy. For example, at one time a controversial form of therapy known as masturbation satiation was practiced. An outside organization not subject to civil service requirements could better hire qualified therapists, and remove therapists when warranted.

RECOMMENDATION: *The treatment portion of the ADTC should be privatized and run by a properly qualified outside organization with its own director and staff.*

FINDING: The current ADTC therapy program, implemented in January, 1995, is based on the findings of an outside consultant obtained through a National Institute of Corrections grant. The task force and an expert in the treatment of sex offenders found the consultant's report to be superficial and inadequate.

RECOMMENDATION: *The task force recommends that prior to entering into a contract with a private vendor of therapeutic services, a professional consultant specializing in the administration of institutional psychiatric care to sex offenders be employed to analyze the ADTC therapy staff's qualifications, and to make recommendations regarding the most appropriate or efficient approach to privatization. The subsequent privatization of therapeutic services should be based upon that consultant's findings.*

FINDING: It was the consensus of the task force that personnel directing the therapy program at the ADTC lacked the professional credentials commensurate with their responsibilities. Several experts concurred with the task force that the director of the treatment program -- which is essential to rehabilitating sex offenders and thereby increasing public safety after their release -- should have the appropriate education as well as experience in treating sex offenders.

RECOMMENDATION: *The supervisor of the ADTC treatment program should be a psychiatrist or Ph.D psychologist with specific experience in treating sex offenders.*

FINDING: Aged inmates and those with life sentences with no possibility of parole should not be incarcerated at the ADTC. It is not cost efficient to provide treatment to an inmate who will not be reentering society. In addition, therapy refusers, inmates who are not motivated in therapy, and inmates who cannot benefit

from therapy also should not be permitted to remain at the ADTC. They are contributing to the overcrowding problem. Inmates who are not motivated in therapy or cannot benefit from therapy are wasting the therapists' time and State funds. Removing these inmates also will help to assure that the ADTC's limited bedspace is reserved for inmates who are motivated to participate in its treatment program. Under current law, however, an inmate who is transferred out of the ADTC can usually be paroled sooner than if he had remained at the ADTC.

RECOMMENDATION: *The following types of inmates should be removed from the ADTC: therapy refusers; inmates whom the treatment staff determines cannot benefit from therapy; inmates who are not motivated in therapy; inmates with life sentences with no possibility of parole; and aged inmates. In conjunction with these recommendations, the task force recommends requiring such inmates to remain subject to the parole requirement in N.J.S.A.2C:47-5, so that they would not be released sooner than if they had remained at the ADTC.*

FINDING: There was testimony that the ADTC treatment staff does not formulate a treatment plan or keep case notes for every inmate because the therapy groups were reportedly too large.

RECOMMENDATION: *The ADTC administration should strive to reduce the size of therapy groups, and should require that therapists formulate a treatment plan and keep case notes for every inmate.*

FINDING: The task force heard testimony that the Bureau of Community/Professional Services in the Department of Corrections estimates that 70 percent of the ADTC inmate population has a substance abuse problem, which often contributes to recidivism. The task force found that only two percent of ADTC inmates are enrolled in substance abuse counseling, and that many parole violations involve substance abuse.

RECOMMENDATION: *Drug and alcohol counseling at the ADTC should be increased to appropriate levels. The ADTC administration should consult with the Governor's Advisory Council on Alcoholism and Drug Abuse to determine the most effective way to provide these services to inmates. Substance abuse counseling and twelve-step programs should be available to any inmate who requires these services.*

FINDING: The ADTC administration does not track recidivism of former inmates. The last recidivism study was conducted by Trenton State College students in the early 1980s, using outdated data; there has been no follow-up to this study. The administration states that it lacks funding and that therapists do not have time to conduct the necessary research. However, it is not possible to assess the effectiveness of a treatment program for sex offenders without analyzing recidivism data. Since the task force is recommending the establishment of a commission to oversee the ADTC for the next four years, a recidivism study should begin immediately to assist the oversight commission in its mission.

RECOMMENDATION: *The ADTC administration should immediately establish a process to track inmate recidivism.*

FINDING: The task force received testimony that certain practices and seemingly arbitrary rules imposed by the custody staff and the administration impede access to treatment, which is counterproductive to the ADTC's mission. The task force also received testimony that in the past custody staff actually participated in certain therapy procedures with the inmates.

RECOMMENDATION: *The administration should curtail rules and practices that hinder the therapeutic process. Corrections staff should not interfere with treatment unless security would otherwise be compromised.*

FINDING: Experts testified that modern trends in the treatment of sex offenders include the use of equipment in assessing and controlling their behavioral patterns. These modern devices are more effective than the unwieldy equipment used in the earlier days of treating sex offenders.

RECOMMENDATION: *The Commissioner of Corrections should budget funds to purchase modern equipment needed to improve treatment.*

D. FINDINGS AND RECOMMENDATIONS CONCERNING SENTENCING

FINDING: Inmates and correctional officials testified that ADTC inmates were more motivated to rehabilitate themselves before the revision of the State criminal code

(Title 2C) in 1979 replaced indeterminate sentences with mandatory minimums and determinate terms. In addition, inmates became eligible for commutation credits (good time) and work credits which provide a further reduction in the time an inmate must serve. An inmate would be more motivated to obtain treatment if he knows that he will not be released until he is deemed "capable of making an acceptable social adjustment in the community."

RECOMMENDATION: *Compulsive, repetitive sex offenders who are incarcerated should be sentenced to a 30-year indeterminate term to provide an incentive for the offender to receive treatment. The inmate should not be released until he obtains treatment and meets the requirement in N.J.S.2C:47-5 to be granted parole. If a sex offender is still considered a danger to the community after 30 years, the State should move to have the sex offender civilly committed.*

FINDING: The consensus of the task force was that many ADTC inmates do not have a sense that they are being punished. The members felt that the inmates were not paying the debt they owed to society. Many inmates, particularly therapy refusers and those not motivated in therapy, seem to be just biding time and occupying the space which could be used by an offender willing to accept treatment.

RECOMMENDATION: *Compulsive, repetitive sex offenders should receive a dual sentence. The offender should be sentenced to first serve a period of time in a*

general population prison, followed by a two to three year sentence at the ADTC or wherever treatment will be provided.

FINDING: Inmates who do not desire or who cannot benefit from treatment should not be incarcerated at the ADTC. Before the offender is transferred from the general population prison to the ADTC, the Special Classification Review Board and the Department of Corrections should determine whether the inmate is amenable to treatment. Inmates who are sentenced to the ADTC but are found no longer amenable to treatment should be required to serve out their full terms in facilities other than the ADTC.

RECOMMENDATION: *The Special Classification Review Board and the Department of Corrections should find "amenability to treatment" in addition to finding a sex offender "repetitive and compulsive" before sentencing a sex offender to the ADTC; in addition, inmates who are found not amenable to treatment, despite an earlier determination of amenability, should be transferred to a general population prison, with no earlier release than if the full sentence was served at the ADTC.*

FINDING: While judges have discretion under N.J.S.A.2C:47-3 to not send compulsive, repetitive sex offenders to the ADTC if they deem the reference inappropriate, there is very limited therapy available to offenders incarcerated for sex offenses in institutions other than the ADTC. A few offer group counseling and

individual counseling if requested by the State Parole Board. The exception is the Edna Mahan Correctional Facility for Women where compulsive, repetitive female sex offenders are incarcerated. The task force would like all sex offenders to be rehabilitated while in prison. However, the task force is aware that this is not likely, especially if a sex offender is sentenced to a general population prison with no access to treatment.

RECOMMENDATION: *Treatment should be available in general population prisons for those sex offenders who are not sentenced to the ADTC. This would permit judges to exercise the discretion granted under N.J.S.A.2C:47-3.*

FINDING: Generally, sex offenders tend to be more educated and to have greater financial means than other types of criminal offenders. The task force observed that many ADTC inmates had their own computers, radios and televisions.

RECOMMENDATION: *Sex offenders should be required to pay a monetary penalty to fund treatment for victims, treatment for sex offenders and special parole officers. The Legislature should enact Assembly Bill No. 2128 sponsored by Assemblywoman Charlotte Vandervalk. This bill would establish a monetary penalty for sex offenders similar to the Drug Demand and Enforcement Penalty (DEDR). The penalty would be imposed upon convicted sex offenders for each offense, and the amount would vary with the degree of the crime. The penalty would be in addition to and not in lieu of any fine authorized by law. A2128 provides that these penalty*

monies would be used to train certain parole officers to supervise sex offenders. The penalty monies also should be used to fund treatment for victims of sex offenders and the offenders themselves. In addition, prosecutors should seek forfeiture of sex offenders' assets, if possible.

RECOMMENDATION: *Sex offender cases should be assigned to judges who specialize in and are trained in those cases and who develop expertise in handling them. The task force recognizes that discussion with the Administrative Office of the Courts would be necessary to implement this recommendation.*

E. FINDINGS AND RECOMMENDATIONS CONCERNING AFTERCARE REQUIREMENTS

FINDING: Under the current system, sex offenders frequently are released into society unmonitored after simply fulfilling the terms of their sentences. Often the inmate did not benefit from or participate in therapy while at the ADTC. A sex offender who "maxes out" of the ADTC may no longer participate in therapy, but that does not mean that he no longer needs treatment. The task force heard testimony that often the deviant behavior that characterizes sex offenders cannot be cured, but it can be controlled. Thus convicted sex offenders need a support system in the community upon their release from prison to prevent them from relapsing and committing additional crimes.

RECOMMENDATION: *Aftercare requirements must be imposed on all released compulsive, repetitive sex offenders. Since lifetime community supervision was*

mandated for certain sex offenders as part of Megan's Law, the task force recommends that aftercare requirements be imposed as part of community supervision. In addition, judges should order counseling as part of the aftercare requirements when sentence is imposed, which would provide for the needed continued treatment to the sex offender, aid in efforts to reduce the recidivism rate and increase safety to the community. The task force recommends mandating treatment for those released from the ADTC , and that those who can afford to pay for treatment do so. Continued supervision would ensure that the released sex offender was monitored in the community.

FINDING: The task force found that released ADTC inmates need greater access to qualified treatment providers to receive aftercare. Under the current system, aftercare is not available to sex offenders who live in all areas of the State.

RECOMMENDATION: *As part of privatizing the treatment program at the ADTC, the task force recommends allowing the Department of Corrections to privatize the counseling services mandated as part of the aftercare requirements. Aftercare should be contracted out to qualified private mental health services providers whose services would be accessible to all released sex offenders, wherever they reside.*

FINDING: Parole officers who are trained to supervise a specialized group of offenders would be better able to detect behavior or thoughts leading to relapse, and act to impose and take preventive measures.

RECOMMENDATION: *Certain parole officers should be trained to supervise sex offenders. Funding for the training would be provided by the sex offender penalty proposed in Assembly Bill No. 2128 sponsored by Assemblywoman Vandervalk.*

F. FINDINGS AND RECOMMENDATIONS CONCERNING AN OVERSIGHT COMMISSION

FINDING: Currently, significant shortcomings exist in this State's programs for the incarceration, treatment and safe management of sex offenders. This task force identified and analyzed the problems and has recommended measures to improve the operations of the ADTC. However, the implementation of these changes should be monitored and additional changes, if warranted, should be brought to the attention of the Legislature.

RECOMMENDATION: *A oversight commission for the ADTC should be established. The commission should further investigate the needed changes and make recommendations to the Legislature. The commission should recommend an appropriate comprehensive and integrated legislative program for dealing with sex offenders. It should be composed of two members of the Senate, two members of the General Assembly, and two public members. If the commission is not satisfied with the changes and does not find improvement in the ADTC's management and treatment of sex offenders, it should consider recommending that the ADTC be closed. The commission should be dissolved after four years.*

APPENDIX

ASSEMBLY CONCURRENT RESOLUTION No. 8

STATE OF NEW JERSEY

INTRODUCED AUGUST 15, 1994

By Assemblymen MIKULAK and HOLZAPFEL

1 AN ASSEMBLY CONCURRENT RESOLUTION creating a Joint
2 Legislative Task Force to study the Adult Diagnostic and
3 Treatment Center at Avenel and treatment of sexual offenders.

4
5 WHEREAS, Courts are authorized to sentence certain sexual
6 offenders to a program of specialized treatment at the Adult
7 Diagnostic and Treatment Center (ADTC) at Avenel if the
8 offender's conduct was characterized by a pattern of
9 repetitive, compulsive behavior; and

10 WHEREAS, Many of those offenders sentenced to Avenel "max
11 out" and are therefore released without regard to completion
12 of the course of treatment offered; and

13 WHEREAS, Questions are raised as to the efficacy of treatment
14 for certain of these sexual offenders and as to the likelihood of
15 rehabilitation for the same, including questions about the level
16 of participation in the programs and therapies offered; and

17 WHEREAS, The tragic death of Megan Kanka in Hamilton
18 Township, New Jersey has brought the issue of treatment of
19 repetitive, compulsive sex offenders sharply into focus; and

20 WHEREAS, The public outcry demands an inquiry into current
21 practices and the possible development of future alternatives
22 for addressing this immediate, pressing problem of public
23 safety; now, therefore,

24
25 BE IT RESOLVED by the General Assembly of the State of
26 New Jersey (the Senate concurring):

27 1. a. There is created a Joint Legislative Task Force to study
28 and make recommendations concerning the Adult Diagnostic and
29 Treatment Center (ADTC) at Avenel and the treatment of
30 offenders convicted of aggravated sexual assault, sexual assault
31 and aggravated criminal sexual contact who are sentenced there
32 for a program of specialized treatment following a finding that
33 the offenders' conduct is characterized by a pattern of
34 repetitive, compulsive behavior. The task force will examine the
35 effectiveness of the ATDC in treating and rehabilitating sexual
36 offenders. The task force shall meet as soon as practicable after
37 the appointment of its members.

38 b. The Joint Legislative Task Force shall consider the
39 following issues during the course of its study:

40 (1) Whether sexual offenders, especially pedophiles, can be
41 treated and rehabilitated;

42 (2) If sexual offenders can be treated, when and why is
43 treatment not successful; and

44 (3) If sexual offenders cannot be treated or rehabilitated, what
45 other alternatives are available to manage this population of
46 criminal offenders.