FHS FORENSIC HEALTH SERVICES, INC
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REPORT OF A QUALIFIED EXAMINER TO THE COURT*

NAME: Wayne Chapman, M-88492

DATE OF BIRTH: [redacted]

NAME OF EXAMINER: Katrin Rouse Weir, Ed.D.

DATE OF REPORT: 5/9/18

IDENTIFYING INFORMATION:

Mr. Wayne Chapman is a 70 year old, married, but separated, Caucasian male who was convicted in Massachusetts on 9/27/77 on two counts of Rape of a Child in Essex Superior Court and ordered to serve 15 to 30-year concurrent state prison sentences. The offenses occurred in August 1975 and involved two boys, ages 10 and 11.

Subsequently, on 8/1/78, Mr. Chapman was convicted in Bristol Superior Court of Sodomy, Indecent Assault & Battery on a Child Under 14 and Unnatural Acts with a Child Under 16. He received a 6-10 year sentence on the Sodomy conviction. On the Indecent and Unnatural Act convictions, he received 3 to 5-year sentences. Two counts of Open and Gross Lewdness and Assault with Intent to Commit a Felony, were Filed. In addition, two charges of Indecent Assault & Battery on a Child were Filed Without a Change of Plea. These offenses involved four boys and three incidents occurring in 1974 and 1975.

Subsequent to the above convictions in Massachusetts, Mr. Chapman was convicted in the State of Rhode Island on 11/28/79 of Abominable and Detestable Crimes Against Nature. He received a 7-year sentence. He received a 5 year sentence on a count of

*This evaluation has been written for the purpose of assisting the Court in its determination of whether or not this individual meets the Commonwealth's criteria for being considered a Sexually Dangerous Person as those criteria are outlined in M.G.L. 123A.

It has not been written for the purpose of sex offender registration, classification and/or community notification.

Indecent Assault & Battery on a Child. The charges of Abominable and Detestable Crime and Transport for Immoral Purposes, also resulted in a Guilty finding and the sentences were deferred. Previously on 8/14/67, Mr. Chapman was convicted in Pennsylvania for charges of Assault & Battery and Corrupting the Morals of a Minor, involving a 12-year-old boy. He received a 1 to 2-year sentence, with a 90-day hospital commitment. On 12/6/71, also in Pennsylvania, he was convicted of Indecent Assault and Corrupting the Morals of a Minor. The incident involved a 10-year-old boy. He received an indefinite probationary sentence that involved a condition requiring him to participate in psychiatric treatment.

Mr. Chapman's is serving his second commitment as a Sexually Dangerous Person. On 3/10/78, Mr. Chapman was found to be a Sexually Dangerous Person and was committed to the Massachusetts Treatment Center. On 12/4/91, he was cleared of his status through a §9 petition and was transferred to MCI-Cedar Junction (Walpole) to finish serving his criminal sentences.

After completing his criminal sentences on 4/17/07, Mr. Chapman was again found to be a Sexually Dangerous Person under the current statute. He returned to the Massachusetts Treatment Center. On 3/17/15, Mr. Chapman was transferred to the infirmary at MCI-Shirley where he remains.

WARNING ON LIMITS OF CONFIDENTIALITY:

I met with Mr. Chapman on 4/26/18 at MCI-Shirley in a private room in the Health Services Unit for approximately 60 minutes. I have interviewed Mr. Chapman on two previous occasions. At the time of the two prior interviews he recognized me and recalled my name. At the time of this interview he did not initially recognize me but eventually did remember that we had met before. He did not recall my name. He did not recall any of the details of our prior interviews at the time of this interview in 2018.

Prior to our current interview, I informed Mr. Chapman that I was a psychologist functioning as a Qualified Examiner and that I wanted to examine him, per order of the Court, to gather information that the Court or other fact finder could use in determining his Sexual Dangerousness. I reiterated that I was there to interview him by order of the Court. We discussed this element in more detail as I wanted to be clear with him that I was there at the request of the Court, not the Commonwealth nor at the request of him and/or his attorney. He was able to indicate his clear understanding of this element.

I explained to Mr. Chapman that my observations and the information he provided would not be confidential, but could be included in a written report and oral testimony. We discussed the issue of privacy and confidentiality. I told Mr. Chapman that he did not have to participate in the evaluation and that he could answer questions selectively if he so chose. I informed him he could stop the interview at any time. We discussed the concept of voluntary participation.

I asked Mr. Chapman to repeat each element of the warning. Mr. Chapman was able to paraphrase the warning and agreed to participate. His attorney is Eric Tennen.

SOURCES OF INFORMATION:

The clinical and administrative records available at the MTC were provided to me through the Records Department. These records included but are not limited to:

- Mr. Chapman's Criminal History Systems Record (CORI);
- FBI records;
- Mr. Chapman's Department of Correction six-part file, including treatment records;
- Police reports, victim statements, court transcripts, and other investigation related documentation, court documents, evaluations, and other related materials regarding the sexual offenses for which Mr. Chapman was convicted;
- Qualified Examiner's evaluations of his sexual dangerousness and Community Access Board reports;
- Materials received from the Massachusetts Treatment Center Legal Department including a computer disk containing Mr. Chapman audio taping himself while in the community and discussing sexual activity with boys while following school buses and observing boys on the street;
- I attempted a telephone interview with Mr. Chapman's physician at the MCI Shirley Health Services Unit, Maria Angeles, M.D. on 5/8/18 and 5/9/18. She did not return my calls. She was not present at the facility on 4/26/18;
- Interview with nursing staff on 4/26/18;
- Telephone interview with Eric Tennen, Mr. Chapman's attorney on 5/7/18;
- Interview with Mr. Wayne Chapman at MCI-Shirley on 4/26/18, lasting approximately 60 minutes.

MENTAL STATUS EVALUATION:

Mr. Chapman was oriented to place, and situation but not to person or time. Mr. Chapman looked older than his chronological age. His hygiene was poor and he was significantly overweight. His hands shook noticeably throughout the interview. The degree of shaking was significant. He also demonstrated involuntary tongue movements throughout our 60 minute interview as well. He understood my purpose in interviewing him. Mr. Chapman had notable difficulty with his expressive language skills. He appeared to understand my questions but demonstrated a pattern of difficulty in responding. There were extended pauses throughout his responses. He demonstrated a consistent tendency to utter three words when answering and pause. It made interviewing him in a detailed fashion difficult. Most of the time he was able to return to the topic at hand. However, on numerous occasions, he forgot what we were

talking about, and it took a notable amount of time for him to finish any statements he completed.

Mr. Chapman demonstrated difficulty breathing. His speech was notably slow in rate and was generally appropriate in content when he was able to answer. His speech was organized when he was able to respond completely. His responses were short and not detailed. He reported little energy and did not demonstrate the sense of humor he previously presented with. He was able to acknowledge that he had difficulty maintaining his attention to his own statements, and he communicated less. He reported he had been experiencing difficulty remembering things and expressing himself since a recent surgery.

Mr. Chapman reported no experience of visual or auditory hallucinations. He displayed no delusional thoughts or false beliefs. His memory for most personal long-term information was inconsistently available. His memory for details and his short-term memory were impaired. He had poor memory for current events such as politics. His memory related to the last five years was average. His memory was difficult to assess as he frequently lost his way finishing his statements. However, he was able to recall some detailed information from the last few months. He offered me basic information regarding his health and health-related needs. He indicated he had surgery on his prostate recently. He was unable to offer any details regarding the results of that surgery.

Mr. Chapman did not appear anxious during our interview. His mood was "okay" and his affect was flat and blunted. He did not appear irritated or negative. He indicated that he wished nurses would not view him in a negative manner. Mr. Chapman reported sleeping poorly. He stated his appetite was "okay." He reported a serious fall resulting in a head laceration. He utilizes a walker consistently. He reported no current suicidal ideation and no homicidal ideation. He reported significant difficulty in concentrating and paying attention. He indicated he read very little. He remains interested in religious activities and maintains regular contact with the Chaplain. He stated it was difficult to participate in discussions and read religious materials. Mr. Chapman's insight and judgment are limited.

RELEVANT HISTORY:

During our interview, I asked Mr. Chapman if the relevant history documented in prior Qualified Examiner evaluations was accurate. He stated that he had no specific issues with the history as documented and considered them accurate representations. The following information is quoted from the evaluation completed by Christine Schnyder Pierce, Ph.D., in 2005. The following information was quoted in my 2015 Qualified Examiner (QE) report.. Additional information will be noted.

Family History

> Mr. Chapman reported that he was born in Jamestown, N.Y., and was reared by his biological parents. He indicated that his mother was a stay-at-home mom during his youth. When asked about his relationship with her as a child, he responded that it was "good" and that he was "sort of a mama's boy." He reported that she currently resides in a nursing home and has physical ailments. He stated that he last saw her in the early 1980s when his brother brought her for a visit. He indicated that his current contact with her occurs when he is able to get a request approved for the state to pay for a phone call to her. He reported a different relationship with his father as a youth, stating that his father was a long-distance truck driver and was gone for long periods of time. He described their relationship as "stressful at times," noting that his father was an alcoholic and was physically abusive to him and to his mother, which he witnessed. He reported that their relationship improved over the years and that during adolescence he went on some trips with his father. He reported that his father passed away approximately a year ago. *(In 2004)*

In 2015, Mr. Chapman reported that he only had one brother living at this time. His mother passed away. During our interview in 2015, he reported that he has occasional contact through family with his wife [redacted] [redacted].

Dr. Schnyder Pierce's 2005 report continued:

> Mr. Chapman stated that he was the oldest of four full siblings, having three younger brothers. He stated that his brother, [redacted] died of cirrhosis of the liver, as an alcoholic, 10 years ago. He reported that he last heard that his brother [redacted] lived at their parents' former home and that he last had contact with him about a year ago. He stated that their contact is sporadic and has been less since their other brother, [redacted] had shut off the phone at the parents' home that involved a discount program for Mr. Chapman. He stated that his brother [redacted] is the caretaker of his parents' estate, and that he typically only has contact with him to obtain requested money. He reported that his relationship with his brothers growing up was a little strained with [redacted] but that he got along fine with his other two brothers. According to a report completed by Dr. Robert Moore (6/12/77), Mr. Chapman had reported at that time that his relationship with [redacted] was never close and that they simply tolerated each other, and that he had scarcely known his two younger brothers. The Admission Summary to the Treatment Center (12/77) indicated that he stated at the time that his family was close, except for him, and that he was particularly close to his brother [redacted]

According to prior reports, Mr. Chapman described his upbringing as chaotic and that his father was notably abusive to his mother. His father died of cirrhosis of the liver according to Mr. Chapman. During our 2015 QE interview, Mr. Chapman stated that he currently has occasional contact with his surviving brother, [redacted] He indicated to me that

he occasionally receives care packages of food from him. Mr. Chapman indicated that his brother is responsible for the estate and inheritance that Mr. Chapman believes he would have received upon the death of his parents. Mr. Chapman indicated during our interview that he had no information regarding the details of that potential inheritance but that he trusted his brother to take care of things. I noted that in the progress notes from the mental health department at MCI Shirley in 2015, Mr. Chapman had indicated that he had difficulty contacting his "broker" since his move to MCI Shirley. I asked Mr. Chapman about that during our 2015 interview. He indicated that he had about $5000 invested and that he had regular contact with his broker when at the Treatment Center. He also indicated that he had other brokers and accounts in other places.

In 2018, Mr. Chapman stated he maintained contact with a friend who was his power of attorney. He stated he was told that it was a good idea for him to have someone who could take care of his business in case he became unable to do so at the time of his most recent surgery. Dr. Schnyder Pierce's report continues:

> When asked about his family environment as a youth, Mr. Chapman described it as "somewhat dysfunctional," noting occasional physical abuse by his father.
>
> Otherwise, he described it as "supportive" and indicated that they had a very supportive extended family. He denied knowledge of a family history of mental illness. He stated that his father and brother [redacted] were alcoholics but did not know of any other substance abuse issues in the family. He reported having a vague recollection of [redacted] having some trouble with the law related to drinking, but did not know of any other family history of criminal behavior.
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> **Abuse History**
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> As noted above, Mr. Chapman reported a history of physical abuse by his father. When asked for more detail about the abuse, he was vague, indicating spanking and verbal abuse occurred. He also reported witnessing occasional episodes of domestic violence. He stated that he recalled his mother being tossed down the stairs on one occasion, and that on another occasion, his father had run over his mother's feet, but then conceded that was perhaps an accident. He then indicated that there was also verbal abuse to his mother.
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> I asked Mr. Chapman about a history of sexual abuse. He reported that when he was four to five years old, some neighborhood girls took him into a backyard and removed his clothing and looked at him. He stated that he did not recall much physical contact during the incident, but that he believed the incident probably "opened my mind to start thinking along that track." He then clarified that his sexual offending behavior began with him looking at young boys. He stated that this then "evolved" into "sodomy and fellatio."
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> Mr. Chapman further reported, when asked about a history of sexual abuse, that in

high school a similar-age boy tried to sexually assault him, but he resisted and told a teacher about it. He also reported that on another occasion, as a mid-to late adolescent, he met a cab driver who had transported him, his mother and brother. He stated that the cab driver told him that he wanted to talk and took him to his apartment. On later discussion, he clarified that he went to the apartment on two to three occasions, and the cab driver asked him to sodomize the [cab driver.] He stated that this was where he had learned about sodomy and that it had not occurred to him before then. He indicated that he did not feel comfortable with the relationship, stating that he wanted to have friends, and that this was not a friendship he "cherished." He reported one other experience around the same time, when he was working at a hospital washing dishes and a young orderly whom he became friends with, "fellated" him. He stated that the orderly wanted him to return the "favor," but that he was unable to do so.

Education/Childhood Behavior History

Mr. Chapman reported that he attended regular classes until the fourth grade when he was placed in special education, which he attended until age 16. He reported that grade levels were not given in special education. When asked why he was placed in special education, he stated that it was never clear to him. He then went on a tangent about an incident when he was in special education and was assembling letters for Easter Seals and was asked not to return for some reason. He reported that he never repeated a grade. Records do not provide information as to why Mr. Chapman was in special education as a youth. Records do indicate that testing of his intellectual functioning in the 1950s and early 1960s resulted in I.Q. scores of 67, 70 and 85. This would have placed him in the mentally deficient to borderline to low average ranges. However, subsequent testing from 1976 on, after he was taken into custody, consistently resulted in scores in the average range of intellectual functioning.

During our interview in 2015, Mr. Chapman appeared to function within the average range of intelligence. During our 2018 interview, his mental status had deteriorated. His expressive language skills are not consistent with his presentation in the past. During prior interviews, Mr. Chapman demonstrated a very sharp sense of humor; he was interested in politics and was well-informed in his opinions; he read materials watched television and actively involved himself in politics; and he was able to express his opinions clearly. Mr Chapman did not demonstrate these skills during our 2018 interview. He understood my questions and observations and expressed sadness about his reduced ability to express himself and maintain his concentration. He did not require that I repeat my questioning excessively, however he did require some prompting throughout the interview to respond to my questions. This was a notable decline in his presentation from the past interviews.

Dr. Schnyder Pierce's report continued:

Mr. Chapman denied a history of behavioral problems at school, commenting that he was "more a victim as anything." When asked about a history of truancy, he reporting [sic] hiding under a bridge and skipping school around the ages of eight to 10 because other kids were "mocking me." He described himself as "shy and withdrawn," and described a history of having few friends, with friends he described being people who did not live particularly close to him [sic], such as someone he had met in summer camp. He denied a history of fighting as a youth. When asked about history of fire setting, he indicated that he was unable to recall. He reported a history of running away from home on a few occasions, but only remaining away for a few hours. When asked about a history of cruelty to animals, he related that he had found cats that seemed to have been abused prior and were rejecting of human contact. He explained that he locked one of these cats up in a home made [sic] of brick in the woods and left it out there when he was a pre-teen. A progress report from individual therapy (8/4/82) offers more information. According to the report, Mr. Chapman had talked about torturing cats, locking them in boxes and leaving them in the woods to starve. The report indicated that he stated, "It was my way of releasing anger. I had fantasies about some kid, fondling him and then killing him, so nobody would know." It was also indicated that he talked about a particular cat that he described as "crazy" and on which he had taken out his frustration and anger, stating that he may have hit the cat with a brick or caused a house of bricks to fall on it.

Mr. Chapman reported that after he left school, he moved in with his grandmother, when he was 16. When asked why he did so, he stated that it was to get away from his father and because his grandmother needed someone to watch over her.

Employment History

Mr. Chapman reported that he did not work when he was in school. After he left school at age 16, he stated that he worked at a Coca-Cola bottling plant and a hospital in Jamestown as a dishwasher, as well as at a furniture plant. He estimated holding 10 jobs between his late 'teens and early 20s, until his incarceration in his late 20s. He reported that he was fired from a job at Sunnybrook Farms due to poor hygiene. He denied a history of significant periods of unemployment. He reported that his last job was for two years at Miriam Hospital in Providence, R.I. He stated that he was a "sanitary engineer," where he would sweep, mop, dust and buff and wax floors. He stated that he worked the second shift, from three to midnight. There is some suggestion in the materials presented to me that he may have had access to the incinerator at that job. I asked him about this. He responded that he did not have a key to the incinerator at that time and indicated that this was a suggestion created by the media. He denied a history of military experience.

According to Dr. Christine Snyder Pierce's 2005 Qualified Examiner

evaluation: **Legal History**

When asked the number of times he had been arrested, Mr. Chapman responded that this was an area that his lawyer had told him not to discuss. He indicated that he was advised not to discuss any legal or criminal justice involvement outside of Massachusetts. When asked if he had a history of juvenile justice involvement, he stated that he did not recall if there was or was not, but this would, again, be an issue outside of Massachusetts about which he was not to talk. When asked about his history of arrests in Massachusetts, he stated that this occurred only once, commenting that, he never lived or worked in Massachusetts prior to his incarceration.

Mr. Chapman would only discuss his one period of incarceration in Massachusetts, stating that he was last in the community in 1976. When asked specifically about nonsexual offenses, he stated that he was unable to talk about these if they were outside of Massachusetts and that there had been some but not in Massachusetts. I also asked him whether he ever served a term of probation. He responded, "Yes," but that he was unable to discuss it on his lawyer's advice.

Mr. Chapman's history of sexual offenses will be described in more detail below. Records indicate that in 1971, he was a fugitive from justice out of Pennsylvania and was arrested three months later. Records also indicate a history of charges of Social Welfare Law, the unlawful dealing of fireworks, and possession of a blank pistol, the latter two of which occurred in 1976 in New York, for which he was sentenced to 12 days and 10 days respectively. In 1976, Mr. Chapman was charged in Brockton District Court for Murder, Sodomy and Unnatural Acts. However, he was later not indicted on these charges (no billed). It appears that these were related to the disappearance of a young boy. Mr. Chapman acknowledged that he was a suspect in the disappearance of three boys, but denied that he had any involvement with those boys. He explained that one of the boys, from Lawrence, MA, happened to disappear around the time of his offenses in Lawrence. He described it as coincidental. The other disappearance, for which he was charged but for which he was never indicted, apparently occurred in Plymouth.

During our 2015 interview, Mr. Chapman denied murdering any child. He indicated that each time he goes to trial for potential release from the Treatment Center, the media brings up the allegations of having murdered a child. He indicated that he felt it was unfair as he has never been convicted of such an offense nor, he said has he committed such an act. In 2018, during our interview he denied murdering any child.

Dr. Schnyder Pierce's report continued:

Relationship History

Mr. Chapman reported that he married [redacted] when he was in his early 20s. She was 19 years older than him. He reported that they dated a few weeks before they were married and lived together for a total of about six months. He indicated that they never legally divorced and remains married, but separated. He stated that they currently communicate about once per month. When asked why he married [redacted] he stated that it was out of his desire to live a "perceived normal life." He then went on to discuss [redacted] faults. He indicated that she was quite "promiscuous." When asked about any history of violence in the relationship, he stated that he had stepchildren and that one of the older ones, a 13- or 14-year-old boy at the time, would throw things at him, explaining that the boy had difficulty with him as a replacement father. He stated that the boy was ultimately placed in foster care. According to a psychological assessment by Richard Ober, Ph.D., (6/19/90), Mr. Chapman reported that one of the reasons why he married [redacted] was to be around her children and to test himself. However, records indicate that he has acknowledged an incident of sexual contact with either his 11-year-old or 14-year-old stepson. For example, according to the Admission Summary (12/5/77), he reported that he and the 11-year old were both sleeping on the couch, and he reached over and touched the boy's penis, but the boy did not wake. According to a Rhode Island Institute of Mental Health letter (12/13/77), he reported that he had made sexual advances to the 11-year-old stepson. Also, according to a Superior Court Probation Service report (3/16/77) interview, he reported having one sexual incident with his 14-year-old stepson when the family was living in Florida.

Mr. Chapman reported that he had no children of his own, but stated that he and his wife "certainly tried." He explained that they were quite sexually active and would engage in sexual behavior in places like the woods. He reported that they would engage in sexual behavior every other day and, upon inquiry, indicated that they both initiated it and were eager to have it. This is different from what he previously reported. According to a letter from Dr. Robert Moore to Attorney David Turcotte (6/12/77), he reportedly stated that his wife's desire for sex all the time contributed to the break-up of the marriage.

During our 2015 interview, Mr. Chapman indicated that he and his wife were "quite sexually active." He stated that they would take the children to the park and "go off into the woods" to engage in sexual encounters. He also indicated that they had sex multiple times during the day. He stated that their sexual life was satisfying. However, he was sexually attracted to prepubescent boys during that time as well. During our 2018 interview, Mr. Chapman acknowledged this remained accurate.

The following information was quoted from Dr. Schnyder Pierce's 2005 report:

Religious History

Mr. Chapman reported that he attended a "neighborhood Christian church" as a youth. He reported that he was active, but didn't recall his parents being that active in the church. He stated that he remained active in church through adulthood, adding that, "Biblical and therapeutic adherences give me guidance and discipline." I asked him about his current religious affiliation, and he vaguely reported that he had a relationship with God and other men who were also Christians. He provided a list of programs he currently attended that were religious in nature. According to the Pre-Probable Cause evaluation completed by Robert H. Joss, Ph.D. (updated report 8/22/05), Mr. Chapman reported to him that he is a "Calvinist Reformed Christian, which presently expresses itself in a life of discipline and guidance based upon the Christian scripture." He also reported to Dr. Joss that at the time that he was incarcerated on the Governing Offenses, he was attending a Pentecostal Church in Providence.

During our 2015 interview, Mr. Chapman described himself as a Christian. He stated that he listened to religious programs on AM radio while at the HSU at MCI Shirley. He also received, read and shared materials he receives from various religious groups throughout the United States. He also reported weekly contact with the Chaplain. He stated that he prays in his own way on a regular basis. He indicated that it was easier to participate in religious activities and discuss religious issues when at the Treatment Center as he had more access to the physical plant allowing him increased access to other men and religious activities. He also reported having more opportunities for exercise while at the Treatment Center. He indicated that during open times at the MTC he would regularly discuss religious topics with others.

Mr. Chapman indicated during our 2018 interview that he continued to see the Chaplain on a regular basis. He indicated that he continued to receive materials from Christian programs in the community. He stated it was difficult to read. He was unable to discuss details of his recent spiritual activities. He was unable to easily discuss any of the topics he had recently been reading or speaking on. He lost his train of thought and then stated he could not remember.

With regard to substance use and abuse, Mr. Chapman provided Dr. Schnyder Pierce the following information in 2005:

Substance Abuse History

Mr. Chapman reported that he would drink one or two beers on occasion, but never liked the taste of alcohol. He reported that his last use of alcohol was 40 years ago. He denied use of any illicit substances.

The following information regarding Mr. Chapman's medical history was quoted from Dr. Schnyder Pierce's 2005 Qualified Examiner's report.

Medical History

When asked about a history of major illnesses or injuries, Mr. Chapman reported that he had a history of problems with "nerves." He reported that as a youth, he was taken to a doctor who stated that it was just "nerves" due to an unstable home life with his father's alcohol abuse and his physical abuse. When asked particularly about a history of head injuries, he reported that he had a vague recollection of something that may have occurred when he was in pre-school. When asked about current illnesses, he reported that he has been having pain in his back and hip. He reported that he was taken for evaluation on three occasions, one time being told that he had an enlarged disc, another time a pinched nerve, and at a pain clinic at Marlboro Hospital he was recommended for physical therapy. He reported that this pain has been occurring for the past few months. He indicated that he has suffered from asthma since childhood and has had occasional migraines for years. He presented a list of a number of other ailments and medications that included issues such as acid reflux, high cholesterol and high blood pressure. He reported that he had a heart attack in 1994, but this does not result in any surgery. (sic)
A review of Mr. Chapman's medical records indicates the following medical problems: asthma, coronary artery disease, high cholesterol, high blood pressure, movement disorder, diverticulitis, dysphagia (sensation of difficulty swallowing). It also indicated that in December 1994, he suffered a heart attack as well as several consultations in what appears to be some back and hip pain. Records suggest some degenerative disc disease with recommended physical therapy and use of a heating pad, as well as weight loss and nerve injections.

2009 Medical History:

The following information regarding Mr. Chapman's medical status and history was quoted from the 2009 Qualified Examiner evaluation I completed.

During our interview in 2009, Mr. Chapman indicated that he continued to suffer from the aforementioned issues, "as far as I know." At this time, he is also incontinent of urine. I asked him if he suffered from an enlarged prostate. He stated he did not know. He reported that he understood that it was reported that he had been incontinent of feces at the time of his transfer to the infirmary at MCI Shirley in February 2008. He states he does not recall that happening. He also stated he did not recall much from that time. Mr. Chapman did not indicate that he receives treatment for mental health issues. His dental status was very poor. I asked Mr. Chapman about his medications. He stated he did not know any of the individual names and that he took a "truckload" of medication at this time.

On 8/12/09, I discussed Mr. Chapman's medical status in detail with the Nurse

Practitioner, Linda Booth, who has known him for several years. She indicated that at the time he was transferred to the infirmary at Shirley his condition and his hygiene was extremely poor. She stated that over the years they have been working on various issues related to his hygiene and healthcare. She reported that he recently saw the dentist. His teeth are in very poor condition. She indicated that Mr. Chapman's memory is very poor and that he is completely dependent upon staff to ensure that he takes his medication as prescribed. She indicated that he would not be able to take his own medications. He would not know when to take his medications and he would not know which medications to take. She also indicated that he was dependent upon staff to encourage him to participate in whatever appointments or activities are necessary. She indicated that there is a lack of stimulation inherent in the institutional/prison infirmary and felt that he would benefit from a more stimulating environment.

Ms. Booth indicated that Mr. Chapman is dependent upon staff to complete his needs of daily living. He is able to do some things to take care of himself, but requires staff to help him bathe safely, regularly, and completely and to remind him to complete other needs of daily living. He utilizes adult incontinence pads routinely and requires assistance in utilizing them properly. Ms. Booth states that he would not be able to and should not be utilizing the stove due to issues for his safety. She recommended that he would not be appropriate for independent living at this time. She felt that an assisted living situation would be appropriate, but also stated that he was very close to requiring nursing home level of care. She indicated that Mr. Chapman was compliant with all requests and had never demonstrated any behavioral or problematic behaviors. She indicated that in general he presented a somewhat apathetic and would probably lay in bed all day if not directly motivated by staff. She also stated that this may be in part due to the lack of stimulation in his living environment at this time. When asked specifically about his presentation with regard to his sexuality or sexual interest, she indicated that he appeared apathetic in that regard as well. She indicated he had never displayed any personal behaviors that suggested that he was actively engaged in any sort of sexualized behavior, masturbation or with any other individual in the facility.

Ms. Booth provided me with Mr. Chapman's current medications. He is receiving psychiatric medication at this time. He receives 50 mg of Doxepin at hour of sleep, a mood stabilizer, Fluphenazine, an Antipsychotic, 4 mg at Hour of Sleep, Trazodone, an antidepressant with sleep inducing benefit. He also received .5 mg of Cogentin for side effects. According to Ms. Booth, it is unclear as to whether his movement disorder is associated with the long-term use of antipsychotics or whether he has a separate movement disorder impacting his nervous system. His current working diagnosis is Schizoaffective Disorder.

In addition to the psychiatric medications, he receives Prilosec, 20 mg once a day for gastrointestinal reflux disorder, Oxybutanin, 5 mg, three times a day for bladder control, Primadone 100 mg a day for asthma, Propranolol, 20 mg in the morning,

and 40 mg at hour of sleep for high blood pressure, Resterol, 20 mg at hour of sleep, and Terazosin 10 mg at hour of sleep for benign prostate enlargement.

According to the April 2009 Community Access Board report, the author had a conversation with Linda Booth as well with regard to Mr. Chapman's status. At that time, he appears not to have been wearing adult protective garment and he appeared to have been functioning at a higher level of independence. While Ms. Booth indicated during our conversation in August that he is able to participate in his care, she was clear that he required staff assistance to complete elements of his care namely showering management of his incontinence, medicine, and management of his clothing and other needs. He is also dependent upon the institution to provide him meals and in her opinion he would be unable to manage the organization and detail required to insure that he fed himself, kept himself clean, and maintained optimal medical care at this time.

The following information was quoted from the 2015 Qualified Examiner report I authored.

2011 Medical History:

According to Dr. Gregg Belle's Qualified Examiner report from 2012, a medical note dated 4/11/11 indicated that Mr. Chapman suffered from a "moderate degree of Parkinson's disease." He had back surgery in October 2011. At that time, according to a Mobile Medical Diagnostic Services Medical entry, Mr. Chapman had "no acute cardiopulmonary disease."

With regard to a psychiatric status, a psychiatry note dated 1/12/12 described Mr. Chapman as mildly depressed. He was prescribed 50 mg of Trazodone at that time. He met with psychiatry every three months. He was described as demonstrating impaired judgment and insight. He was described as stable psychiatrically.

On 2/15/12, Mr. Chapman complained of increased difficulty talking, swallowing food, and weakness in his voice. His gait became more unsteady due to increased back pain.

2015 Medical Status:

During our interview in 2015 at MCI Shirley I discussed Mr. Chapman's current medical status with his physician of record, Maria Angeles, M.D. He requires a walker on the unit. He demonstrates the ability to walk a few steps without the walker. However, it is necessary for him to maintain his balance. She indicated his balance was poor and that he also demonstrates difficulty getting up from a sitting position and down from standing into a sitting position without support at all times. She indicated that Mr. Chapman currently wears protective undergarments as he is incontinent of both urine and feces on a daily basis. He is often incontinent of

feces multiple times through the day. The fecal material may end up on the floor as well. He also suffers from ongoing daily diarrhea. Nursing staff and Dr. Angeles indicated that he must be prompted by staff to clean himself and the area up when his incontinence of feces is observed. He has not been observed to initiate a cleanup process, nor has he been able to clean himself acceptably without staff support. He frequently declines to clean up. He requires repeated prompts and intervention by staff to initiate the cleaning process. Staff indicated that he is capable of showering in a handicapped shower. Dr. Angeles and Mr. Chapman indicated he requires a shower chair to shower independently. Due to balance issues and his physical capabilities, he is unable to step into and out of a shower that is not wheelchair accessible. Mr. Chapman is able to utilize a mop to clean up here, but has difficulty cleaning up feces sufficiently particularly if he is experiencing diarrhea. He has difficulty managing the equipment, and is unable to get down on the floor if necessary.

Dr. Angeles also indicated that due to the frequency of his diarrhea and level of incontinence she has requested a gastroenterological evaluation. The gastroenterologist expressed concern regarding the status of Mr. Chapman's heart. Mr. Chapman was seen on 11/3/15 by the cardiologist who recommended a consultation for possible pacemaker or ICD unit as he suffered from ischemic myocardiopathy. This means that his heart muscle is not strong and as a result is not pumping an adequate volume of blood from the heart into the circulatory system. At the time of my writing this report, he was scheduled for further consultation to determine if and when a pacemaker/ICD unit would be recommended and could be surgically implanted. At that point, an evaluation into his gastroenterological issues could possibly occur.

During our [2015] interview, Mr. Chapman indicated that he was easily tired, but didn't sleep particularly well. His color was gray and his lips were bluish. Dr. Angeles indicated that he would require transfer to a hospital if he were released from the Department of Correction. She indicated that although he maintained some level of skills in his ability to manage his hygiene, she would not recommend release directly to the street. He indicated in her professional medical opinion, he would require transfer to a hospital where testing and evaluation could continue and appropriate level of medical supervision and services could be evaluated and organized. She indicated that in her opinion, he could not maintain himself medically independently in the community. She indicated that he would not be able to manage the significant amount of medication he requires independently. He would have difficulty correctly organizing the correct medication for the correct times. Dr. Angeles indicated that if released, it is her medical opinion and recommendation that he be transferred to a hospital such as Tewksbury State Hospital. She stated that Tewksbury is aware of his case, but because there is no release date it is not possible to make a definitive statement. She stated it would be against her medical opinion for him to be released to the street.

According to the Active Medication Orders Form provided to me during my interview on 11/5/15, Mr. Chapman requires 20 medications for treatment of diabetes, high blood pressure, enlarged prostate, stomach issues, headaches, migraines, tremors, urinary incontinence, gastrointestinal reflux disorder, depression/sleep, diarrhea, irritable bowel syndrome, COPD, cholesterol, and movement disorder. He also requires medication for fluid overload. He demonstrates a tendency for edema, or fluid retention. He also receives monthly support from the mental health department. He has historically received a number of medications for psychiatric diagnoses. However, he is not currently diagnosed with a mental disorder. He currently receives Trazodone for difficulty sleeping. Trazodone is an antidepressant, frequently used for difficulty sleeping.

2018 Medical Status:

According to medical records, Mr. Chapman was currently receiving amlodipine desolate for high blood pressure, aspirin prophylactically for high blood pressure, atorvastatin for dyslipidemia, furosemide for fluid overload, gabapentin for movement disorder, glyburide, 5 mg tablet for diabetes, lactase for lactose intolerance, lisinopril for hypertension and metformin for diabetes. He he received metoprolol tartrate for hypertension, a multivitamin, omeprazole for GERD, potassium chloride for hypokalemia, primidone for tremors, psyllium seed for IBS, trazodone for sleep at bedtime, and oxybutynin for urinary incontinence. He was also ordered acetaminophen, aspirin for headache, calcium carbonate for dyspepsia, loperamide hydrochloride for diarrhea, and nitroglycerin for chest pain. He he also received Ciclesonide inhaler for COPD and levalbuterol inhaler COPD. He received insulin for diabetes as well.

According to an Assessment Form dated 5/8/17, Mr. Chapman was described as "patient with intermittent loose BMs and urinary incontinence. CLS last done on 6/16/16, BX within normal limits, symptoms EGD 6/16/16 negative findings. Patient independent with ADLs. Complains of increase involuntary movements, awaiting neuro- about. Patient noncompliant with diet, he has been observed eating other people's meals. He weighed 293 pounds at that time.

During my interview of nursing staff, they noted that he continued to be incontinent of urine and feces. Mr. Chapman had a catheter for several weeks after prostate surgery. He no longer requires the catheter. They noted that he continued to inappropriately manage his urine and feces, but is unable to clean up after himself. They noted it seemed to occur less frequently.

According to an Assessment Form dated 11/30/17, it was recommended that Mr. Chapman have a bronchoscopy due to an incidental finding of a lung mass on the right side. Results of the bronchoscopy showed food particles. He was advised to be sitting up when eating. He reportedly was eating while lying in bed. A modified barium swallow was recommended to rule out swallowing issues.

According to an Outpatient/Inpatient Clinical Summary from Massachusetts Partnership for Correctional Healthcare dated 4/6/18, the referral noted:

S: history of HTN, CAD, BPH, headaches, dyslipidemia, Parkinson's disease- currently on amantadine and primidone. Patient has noted increased involuntary movement/tremors of both upper extremities, making him unsteady with ambulation assisted with walker, and difficulty writing letters or drinking (bringing couple fluid to mouth). He was referred to movement disorder specialist at BMC and was seen on 12/11/17 with medication adjustments recommended. With follow-up in six months

O: alert, and no form of distress

neuro [logy]: continued unsteady gait, wide base stance, ambulates with walker, involuntary movements of both hands/arm still visible, boy's tremulous and converses with movements of neck

A: Parkinson's disease rule out multiple systems atrophy

P: movement disorder clinic follow-up.

The following information was quoted from a Boston Medical Report dated 6/7/2017. According to the progress note:

subjective

patient ID: Wayne Chapman is a 69-year-old right-handed male with history of the Schama cardiomyopathy (EF 28%) S/P ICD placement, HLD, CAD, tremors and difficulty walking referred by Dr. Vullaganti at Shattuck hospital for possible cerebellar syndrome versus Parkinsonism. He reports tremors in his hands in childhood and worsened in the last two years. As a kid you were on nerve medications. (Sic) he is taking primidone 100 mg twice a day.

Denies any trauma. A few years ago, a psychiatrist noticed a "HAULT (sic) in his gait". He does not have any sinse (sic) of smell.

He does feel off balance and dizziness upon standing. There were times he would take off running and could not stop himself until he ran into a wall or desk approximately 10 years ago. ...

... Assessment/Plan:

Wayne Chapman is a 69-year-old right-handed male with a history of ischemic cardiomyopathy (EF 28%) S/P ICD placement, HLD, CAD, tremors and difficulty walking referred by Dr. **** at Shattuck hospital for possible cerebellar syndrome versus parkinsonism. Exam revealed voice tremor, mild postural tremor, cogwheel

laying R >L without rigidity, minimal disc met tree up with HTS on the left.
His symptoms are consistent with essential tremor given his 60+ year history of tremor without progression of disease.

The doctor recommended discontinuation of amantadine as it could cause hallucinations and increased primidone two 150 mg twice daily for essential tremor.

According to another Boston Medical Review dated 12/11/17, Mr. Chapman continued to

> ... report the tremor that he noticed increased with stress. He had been recently hospitalized in Leominster and Worcester *(for the mass in his lung that was determined to be food particles)* were [sic] someone mentioned that he may have Parkinson's disease. He denied rigidity or slowness. He is having falls likely due to feeling like he cannot lift his legs. This was worse before the recent hospitalizations. He was also having prostate issues and was utilizing a Foley catheter for urination. The tremor in his left hand was noted to be worse than his right. He spills when he eats her drinks. He did not notice if he had a tremor in his legs.

Mr. Chapman was on primidone and gabapentin at the time of that review.

I interviewed two nurses and a nurse's assistant at the time of my interview with Mr. Chapman on 4/26/18. The nursing staff indicated that Mr. Chapman continued to require support to maintain his hygiene. They stated even with support, he had difficulty maintaining an adequate level of hygiene. He continued to be incontinent of both urine and feces. He no longer was utilizing a catheter. They noted that he continued to shake and required the use of a walker. I noted to the three nursing staff that Mr. Chapman appeared to have difficulty speaking full sentences and would pause after three words. One of the nursing staff was familiar with Mr. Chapman over a number of years and indicated that this also appeared to occur more often when he was under stress. All three nursing staff indicated that they understood he would be released to the hospital first and would require nursing home level of care. All three professionals indicated that he would not be able to maintain his health and safety without professional nursing support.

I attempted to contact Dr. Angeles, Mr. Chapman's physician at the infirmary at Shirley medium on 5/8/18 and 5/9/18. She did not return my calls.

Psychiatric History:

The following information with regard to Mr. Chapman's psychiatric hospitalization history was quoted from Dr. Barbara Quinones' 2005 Qualified Examiner report.

> North Warren State Hospital in Pennsylvania. Mr. Chapman reported that he was

court ordered for "observation to see if I was mentally stable. I was released. They determined I could comprehend the legal proceeding." He was around 19 years old. The Probation Records show that he had been hospitalized for 90 days following his being charged with Assault and Battery and Corrupting the Morals of Minors in Pennsylvania. (He was later convicted.)

Gowanda State Hospital in New York. Mr. Chapman reported that he voluntarily admitted himself to the hospital in his early twenties (around age 24) for two to three months or longer because "I wanted help with stopping the sexual activity." When questioned further about the "sexual activity," he said "it was the problem" with boys. He said, "I left abruptly and on my own. I had my brother [redacted] pick me up." When asked what was said about his problem, he said, "I don't recall." According to the Admission Summary, a report from that hospitalization documents a diagnosis of "'sexual deviation — pedophilia and the condition was unimproved."

Institute of Mental Health in Rhode Island per order of the Court in 1976 around the age of 29.

Bridgewater State Hospital in February 1977 for a competency to stand trial. According to Dr. Jones's 1991 report, Mr. Chapman was diagnosed following Bridgewater State Hospital admissions with "personality disorder and Pedophilia, rather than a major mental illness. It should be noted that on several occasions he was seen as having an underlying schizophrenic disorder or having a psychotic process which impaired his reality testing."

During our 2015 interview, Mr. Chapman was unable to provide me with detailed information with regard to his prior mental health treatment experiences. He was unable to recall the names of any of his treatment professionals. He recalled he had been hospitalized for psychiatric reasons in the past. He recalled being hospitalized for competency at Bridgewater State Hospital prior to his commitment to the Massachusetts Treatment Center. He states he has a mental disorder and that he was diagnosed with Schizophrenia in the past.

The following information with regard to his mental health treatment was quoted from Dr. Schnyder Pierce's 2005 Qualified Examiner report.

Psychiatric History

When asked about his first contact with mental health providers, Mr. Chapman responded that he saw a Dr. Morgan for a few months in his early teens. He stated that he was taken to Dr. Morgan by his uncle due to him "examining young children's bodies, boys and girls, mostly boys." Records indicate that he previously reported that this occurred when he was approximately 13 (Superior Court Probation Service, 3/16/77).

Mr. Chapman reported a history of psychiatric hospitalization. He initially indicated that the first hospitalization was at Gowanda State Hospital (New York), but later reported that it was at Warren State Hospital (Pennsylvania). In regards to the Warren State Hospital admission, he reported that he stayed there briefly for court-ordered observation. When asked why he was sent to Warren State Hospital, he stated that there was a fine line in regard to what he could discuss per his attorney. He reported that he was also hospitalized at Gowanda State Hospital in New York, stating that he admitted himself because he did not like the "path [I] was going down with molestation." He stated that he was there for two to three months and believed he was there at least partly for probation. He reported that he earned privileges at the hospital to go into town and subsequently "took off" back [to] his parents' home.

Mr. Chapman reported that following his arrest, he was sent to Bridgewater State Hospital for observation and that they determined that he did not need care there. When asked specifically about a hospitalization at the Institute of Mental Health in Rhode Island, he stated that this was also for observation, but felt that it was more for protective custody. When asked how he was seen diagnostically across these hospitalizations, he stated that he believed he was there to help him "get a handle" on behaviors that he did not like, specifically molestation of children, "mostly boys." He explained that he just wanted to stop the behavior. When asked if these hospitalizations helped him, he stated that he could not say that he had a "big knowledge at that time of how I was affecting these kids." He denied a history of any other mental health treatment outside the Treatment Center.

In regards to a history of suicidal thoughts or behavior, Mr. Chapman reported that on one occasion in the late 50s or early 70s, when he was in Erie, Pa., he took an overdose of his "nerve" pills in a suicide attempt, but that it did not work, and he woke up on a park bench. He denied a history of other suicidal thoughts or behavior. When asked about a history of non-sexual violence, he reported that he did not recall.

During our interview in 2009, Mr. Chapman indicated that he "believe[s] I was suicidal in the past, but I don't really remember any details."

During our interview in 2015, Mr. Chapman indicated he did not recall the details of a suicide attempt in the past. He did not recall the details of his psychiatric history. He acknowledged he had been hospitalized psychiatrically at hospitals in Pennsylvania and Rhode Island. He also indicated he recalled hospitalization at Bridgewater State Hospital prior to being found to be a Sexually Dangerous Person the first time.

I reviewed a Psychiatry Progress Note dated 2/1/18 that was in Mr. Chapman's medical record. It provided the following information:

Subjective: I last met with this patient on 10/26/17 when I renewed patient only psychiatric medication, trazodone 150 mg [at hour of sleep.]

MARs 4/1/2018 showed total compliance with TZ [trazodone].

I briefly reviewed patient's medical record (EMR) since 10/26/17 and learned that:

patient has had a number of falls recently and when he uses his walker now his inmate (AIM) companion puts a blue belt around his waist and walks behind them using his rolling walker.

On 11/17/17 patient had a fall and hit his head and sustained a laceration of his left eyebrow;

Dr. Angela's (Dr. A) [sic] sent patient to Leominster Hospital (LH) for evaluation and a head CT scan.

From 11/17 until 11/23 patient was at LH; on chest x-ray he was found to have a lung nodule; on 11/20 bronchoscopy led to biopsy of an XO phytic mass-pathology exam showed a food particulate; from 11/23 to 11/25 patient was at UMass Memorial where rigid bronchoscopy and flexible fiber optic laryngoscopy led to removal of the right lung foreign body; he was given Levaquin for seven days (D) for post-obstructive PNA; back on NSF patient was advised to no longer eat while supine to avoid aspiration of food and to no longer eat leftover food on the trays of others.

On 12/23/17 patient showed a significant weight gain to 307.8 lbs.

Today I am companion escorted patient who used his rolling walker to the interview room on SNF. Today patient presented as a big older white male with blue eyes and a bald shaved head; he was clean shaven; he had a Foley catheter; there were involuntary movements of his arms, hands, fingers, and head along with. Oral mouth movements and occasionally his tongue stuck out a little bit; he constantly clasped and unclasped his hands; his voice shook off in any often pause dizzy as he spoke but almost always he did not lose his train of thought; he was slow to make his points verbally; he was often talkative and tangential.

In response to my questions on a number of topics patient said that: my name is Dr. Moore and I am a psychiatrist-I gave them my correct name; his lawyer Eric Tennen appointed by the state visits and monthly and told him that in March or April a psychiatrist appointed by the state will evaluate him for potential sexual dangerousness and that if patient is "cleared" he will be placed at Tewksbury hospital or in a hospital in Western mass which he favors as he is from New York; he knows he takes psychiatric med [sic] that helps him sleep but cannot remember its name; his date of birth is [redacted] he is 70 years old; today's date is 2/1/18; his parents and two brothers are dead; recently he got a letter for his surviving brother who lives in [redacted]; his wife is [redacted]: patient was convicted in 1976; his movement disorder began before his teen; a

doctorate BMC does not feel he has Parkinson's disease; patient needs eyeglasses indentures [sic] and he asked me to "put in a good word for me with Beth"; he has no natural teeth left; he is wearing a full upper denture; his lawyer has said he will leave in March or on 9/4/18 (but see above); patient agreed to continue with trazodone.

I noted that recently the dosage of primidone which is for his tremors, was increased.

This psychiatric report unfortunately was unsigned.

This document also noted that Mr. Chapman suffered from migraines. I also note that it indicates that Mr. Chapman's speech was described as "dysarthric"[1] and "slow."

Sexual History:

According to Warren State Hospital records from the 1970s, Mr. Chapman stated he first began masturbating at age 14, when he saw another boy engage in it. He reported that he never dated girls and was never interested in them.

At the time of Mr. Chapman's his admission to Warren State Hospital, "his major preoccupations were his guilt over his sexual offenses and his hatred of his father." At that time he was not viewed as someone who "show[ed] the traits of a sociopathic personality..." At that time, his presentation suggested that his paranoia in his manner of thinking, "combined with paranoid trend in the patient's thinking concerning his father, supervisors and people without Christian ideals, the present suggested diagnosis is: Schizophrenic Reaction, Paranoid Type." He demonstrated some paranoia with regard to authority figures.

According to a clinical summary from the Gowanda Hospital dated 3/29/73, Mr. Chapman was admitted on 3/18/73. At that time, his probation officer indicated that he was on an indefinite period of probation "pending his securing psychiatric help and improvement from his behavior problems." It was noted, "The patient was arrested for child molesting and indecent exposure. He had attempted to lure a boy into a homosexual act by showing him pornographic pictures and exposing himself. He did not succeed, and he was arrested." He was diagnosed with Sexual Deviation, Pedophilia. It appears that efforts were made to provide him with treatment.

According to the discharge notes dated 4/8/73 from Gowanda Hospital, Mr. Chapman "talks freely with this writer regarding his Sexual Deviation, but he remains passively uncooperative on the ward. He does not like to talk with any member of the Ward Team regarding his sexual preoccupation." It was noted that he left to stay with his mother and did not return. It was indicated that he was "mostly preoccupied with his sexual

[1] Difficulty in articulating words due to emotional stress or to paralysis, incoordination, or spasticity of the muscles used in speaking.

tendencies." His condition was described as "unchanged" at discharge. At that time he appears to have been expending a significant amount of energy still working on sexual issues.

It appears that Mr. Chapman's psychiatric hospitalizations in the 1970s were related primarily to his sexual offending. At the time of his first review for commitment as a Sexually Dangerous Person, Dr. Robert Moore evaluated him for sexual dangerousness. Correspondence to Attorney David Turcotte dated 6/12/77, revealed that Mr. Chapman admitted to sexually offending against two boys in Fall River and one in Dartmouth. He got the children into the woods by stating he had lost a dog. Mr. Chapman also indicated that his first sexual experience was when he was seven and engaged in sex play with a five-year-old boy. He also reportedly stated that he never had sexual relations with a boy over the age of 14 or with any girl or woman other than his wife. Dr. Moore also informed Attorney Turcotte Mr. Chapman had indicated he was "born again" and that as a result he has little to no interest in sex. Mr. Chapman reported experiencing no erections for the past year unless he worked at it. He reported he masturbated only once in the past several months. Dr. Moore opined that he met criteria for a diagnosis of Schizoid Personality and also opined that he found no reason to believe that Mr. Chapman had ever physically injured a child in a nonsexual manner. He recommended a period of observation at the Massachusetts Treatment Center. At the time of his commitment to the Massachusetts Treatment Center for the first time, Mr. Chapman presented with a pattern of managing his sexual deviance through his religious beliefs.

During our 2009 interview, I asked Mr. Chapman how he would describe his sexual orientation. He refused to discuss this issue of on advice from his attorney. He did indicate that he is no longer able to achieve an erection and has not been able to do so for years. He also stated that at this time has no interest in doing so. He reports that he is no longer concerned about sex. He stated he never thought about it.

During our 2015 interview, Mr. Chapman indicated that he believed he certainly would meet diagnostic criteria for pedophilia in the past. He stated he no longer engages in sexualized thinking with regard to prepubescent boys. He stated on the rare occasions he feels sexual, he thinks of his sexual activities as a younger man with his wife. He stated he is unable to obtain or sustain a full erection. He stated he has the sensation of arousal, but he experiences and observes no significant physiological reaction.
The nursing staff I spoke to during my 2018 interview on 4/26/18 indicated that they understood that Mr. Chapman was occasionally observed to have his hands on his genitals, particularly at night. No one reported seeing him masturbate with an erection. They indicated that it was their understanding that when asked to stop the behavior he complied.

With regard to release planning, during our 2015 interview, Mr. Chapman indicated he intended to ultimately live in Maine with one of two men he knows and with whom he maintains contact. He indicated he met them at the Massachusetts Treatment Center

many years ago. He indicated that due to his medical issues, he would need to go to the hospital if released from his civil commitment. He indicated that he was weak and had a variety of serious medical issues that needed to be addressed prior to his ability to potentially be released into a community. Mr. Chapman indicated that ultimately his primary plan would be to live with a friend who had a farm in Maine. He indicated that he would be unable to drive. He remarked that the farm was eight or more miles from Portland, Maine. He stated that his friend was older but was physically fit and able to continue to farm on a limited basis. Mr. Chapman indicated he did not want to take advantage of his friend and hoped to eventually take care of his own personal business independently, which included his medical needs, personal care, and food independently. When questioned, he indicated that he was incontinent of feces and urine multiple times a day on a daily basis. He also indicated that he believed medical staff were "making too big of a deal about it." He acknowledged that he was resistant to cleaning himself up when asked by staff. He was unable to explain why he frequently refused to respond to their prompts to maintain his hygiene and clean up his area, clothing, and body. He stated he was somewhat embarrassed by his incontinence which also made him sensitive to his aging process. He acknowledged the things that changed in the community since he was last outside of the Department of Correction. He stated that he was aware of some of the changes due to television. He indicated that he had some access to money upon his release. Mr. Chapman also indicated that he would likely seek out individual therapy in the community. He stated he would do so because of his life experiences, including his sex offender status. He indicated he plans to move to Maine to "start over." He stated due to the media coverage of his previous offenses and allegations that he had murdered a child in Massachusetts, he felt he could live more comfortably and quietly in the state of Maine. He also indicated he planned to increase his contact with like-minded religious persons and people with similar political beliefs.

Mr. Chapman indicated that he recognized that observing or being around boys in the 8 to 12 year old age group was a high risk factor. He indicated if in the community he would plan to shop during hours where children are at school, or in the summer in the evening. He stated that public transportation could also be a potential high risk factor. He stated he would consider the time in which he utilized public transportation. He acknowledged that he would be unable to drive due to his health issues. As such, he indicated he would likely have another individual with him when accessing the community who knows his sexual history and would not allow him to be unsupervised in the community.

At the time of our 2018 interview, Mr. Chapman indicated that he understood he would be transferred to Western Massachusetts Hospital in Westfield, Massachusetts. He understood that he would then be transferred to a nursing home that allowed sex offenders. He stated he understood locating a placement might take some time due to the limited facilities accepting sex offenders. He stated he understood that he required nursing care to maintain his health and safety.

During my interview with nursing staff on 4/26/18, they also indicated their understanding that Mr. Chapman would initially be released to Western Massachusetts Hospital in Westfield.

I spoke to Attorney Eric Tennen by telephone on 5/7/18. He indicated that it was his understanding that Mr. Chapman would require nursing home level of care. However, he understood that it would be necessary for him to be transferred to a hospital facility prior to placement in the community as it would be impossible to identify and/or locate or and hold a placement for him until he was no longer in the custody of the Department of Correction. He indicated that Mr. Chapman was interested in being released to Western Massachusetts Hospital in Westfield because a friend of his who had been released from the Treatment Center who is no longer Sexually Dangerous had a stroke and was rehabilitated at that facility. Since his friend had a positive experience, he preferred that facility. Mr. Chapman also noted it was closer to his family in [redacted].

SEXUAL OFFENSES:

The following information was quoted from the Qualified Examiner report, written by Christine Schnyder Pierce, Ph.D. (dated 12/7/05). During our 2009 interview, Mr. Chapman indicated he would not discuss the details of these events. Mr. Chapman was willing to discuss his Massachusetts sexual offenses during our 2015 interview, where he admitted to committing the sexual offenses. Mr. Chapman indicated he committed the sexual offenses in Massachusetts during our 2018 interview. He stated he had no changes to make.

<u>Pennsylvania:</u>

6/20/67: Oil City, Pa.: Assault & Battery, Corrupting Morals of Minor

This offense involved [redacted] age 12. Court records indicate that Mr. Chapman pled guilty to the offense on the day of his arrest. He was convicted on 8/14/67. At the time of the offense, he was living in New York. According to court records, the victim, [redacted] stated that he had met Mr. Chapman the day before the incident, and Mr. Chapman told him that he could get him a job and to meet him the next morning. [redacted] met Mr. Chapman the next morning, and as they walked through the wooded area, Mr. Chapman grabbed him and forced him to the ground, took off his shirt, and put it over his mouth. [redacted] stated that he tried to run a number of times, but Mr. Chapman would not allow him to. Court records indicate that Mr. Chapman asked him if he "fucked little girls and if he played with little boys or played with himself, that being an act which corrupts..." [redacted] finally got loose and ran away and called the police.

8/16/71: Kane/Smethport, Pa.: Indecent Assault, Corrupting Morals of Minor
Records indicate that Mr. Chapman pled guilty to the offense and was convicted on

12/6/71. The offense involved a 10-year-old boy, [redacted] According to the Treatment Center Admission Summary (12/77), Mr. Chapman took [redacted] into a wooded area, took nude pictures of the boy and sodomized him. According to Gowanda State Hospital records, Mr. Chapman had attempted to lure a boy into homosexual acts by showing him pornographic pictures and exposing himself. It was stated that he did not succeed and was arrested.

Massachusetts

8/16/75: Lawrence, Ma., Essex County: Rape of a Child (two counts)

Mr. Chapman was convicted of these offenses on 9/27/77. The incident involved two boys, [redacted], age 10, and [redacted], age 11. At the time of the offenses, Mr. Chapman was living in Providence, R.I. According to Grand Jury Minutes (5/10/77), [redacted] testified that he and [redacted] were walking along a swimming pool when Mr. Chapman approached them and asked them to help him find a dog. The boys went with him into the woods. Mr. Chapman told them to sit down, which they did, and then told them to take off their clothes, which they did. Mr. Chapman then "put his mouth on our privates and then he stuck his private in both our behinds." He had told them not to run and that he would not hurt them, but they were scared that the other boy would be hurt if either of them ran. They then walked back to where they had come from with Mr. Chapman, who then stated, "I will let you go here," telling them to walk on and not to look back. [redacted] offered similar testimony, adding that Mr. Chapman took off his clothes as well, after telling them to take off theirs. He stated that Mr. Chapman made him put his mouth on Mr. Chapman's penis and Mr. Chapman put his mouth on [redacted] penis. He also indicated that Mr. Chapman put his "private in my rear." Following his conviction on these offenses, Mr. Chapman was found to be a Sexually Dangerous Person on 3/10/78.

7/74 to 6/75: Various Cities, Bristol County, Ma.: Sodomy, Indecent Assault & Battery on a Child, Unnatural Acts with a Child Under 16, Open and Gross Lewdness (two counts), and Assault with Intent for Felony.

Mr. Chapman was convicted of the above charges on 8/1/78. Two counts of Indecent Assault & Battery were filed without change of plea. The offenses involved four boys on three different dates.

7/22/74: Dartmouth, Ma.: Unnatural and Lascivious Acts, Indecent Assault & Battery on a Child

According to the offense report, the victim, [redacted], age nine, reported that at 11:30 a.m., Mr. Chapman walked up to him and two friends and said that he was looking for a dog. Mr. Chapman was whistling and calling the dog's name and asked the boys to help him find the dog. The other two boys said that they had to ask their grandparents and went home to do this. [redacted] agreed to go with Mr. Chapman and

rode his bike as Mr. Chapman held him by the arm. [redacted] stated that Mr. Chapman told him that his name was Jim, he had two children, and worked at a bookstore where they sold Playboy. [redacted] stated that Mr. Chapman called for his dog all along the way, and as they walked through the woods, he stopped the [redacted] and told him to take off his clothes. [redacted] stated that he responded, "No," and Mr. Chapman pushed him to the ground and took off all his clothes and began to play with his "private parts." He stated that Mr. Chapman then placed his ([redacted]) penis in his mouth, "making an upward and downward motion." [redacted] stated that when Mr. Chapman stopped, he took out a small camera and told the [redacted] that he was going to take his picture and put it in Playboy, although [redacted] was not sure if the picture was taken. When they left the woods, Mr. Chapman went inside a store and [redacted] rode his bicycle to his grandparents' home. It was added that Mr. Chapman had also taken the boy's pocketknife.

The police report continued that on 11/9/76, the officers learned of other police departments that were investigating Mr. Chapman in some other cases. It was stated that Lt. Philip Bathgate of the Providence Police Department reported that when they questioned Mr. Chapman, Mr. Chapman told them that he had molested a nine-year-old boy in Dartmouth. Det. Al Mintz, also of the Providence Police Department, stated that Mr. Chapman had told them of many other instances which they had checked out and appeared to be true. The Providence officers stated that most of the victims were young boys around age nine and that Mr. Chapman molested them in different ways. Det. Mintz stated that Mr. Chapman told them that he had killed some of the boys but would not tell them how they had died. The report also added that pictures of young boys had been found by a police department.

11/9/74: Fall River, Ma.: Sodomy, Open and Gross Lewdness (two counts), Indecent Assault & Battery on a Child and Assault with Intent to Commit Sodomy

Records indicate that these offenses involved two boys, [redacted] and [redacted] [redacted] Details of these offenses were not clear from the available records.

6/11/75: Seekonk, Ma.: Indecent Assault & Battery on a Child

Records indicate this charge involves a boy named [redacted] It appears that this was one of the Indecent Assault & Battery charges that were filed without a change in plea. Details of these offenses were not clear from the available records.

<u>Rhode Island:</u>

1/75 to 8/76: Rhode Island: Abominable and Detestable Crime Against Nature (two counts), Indecent Assault & Battery on a Child, and Transport for Immoral Purposes.

Mr. Chapman was convicted of the above charges on 11/28/79. At least one of the

offenses reportedly occurred against [redacted] Details of these offenses were not clear from the available records.

MR. CHAPMAN'S VERSION OF THE OFFENSES:

In the past, Mr. Chapman has discussed his sexual offenses in detail. He actively participated in treatment in the 1970s, 1980s, and early 1990s prior to his initial release from the Treatment Center in 1991 through a Section 9. At that time, he was released to the state prison system to finish the sentences imposed.

Mr. Chapman has discussed his sexual offenses, his deviant sexual arousal and prior psychiatric hospitalizations as noted in prior sections of this evaluation. At times, Mr. Chapman has indicated that he sexually assaulted "50-100" male children. At other times, he has denied this number of victims. He has been arrested on charges involving the homicide of young males in Eastern Massachusetts. Charges were dropped or he was not actually formally charged.

During our 2015 interview, Mr. Chapman indicated he committed the sexual offenses for which he was convicted. He stated that there were sexual offenses he committed for which he was not convicted. He indicated that he had never killed a child. Mr. Chapman agreed that he had a long-standing deviant sexual interest in prepubescent boys that he had difficulty in controlling in the past. He stated that he recognizes his sexual deviancy as a potential vulnerability he will always suffer from. He stated that as a younger man he was sexually preoccupied. He and his wife engaged in frequent sexual encounters according to his report and he also committed a variety of sexual offenses in three states in the 60s and 70s. He admitted to experiencing sexual thoughts on occasion as a 68-year-old man, and commented that he felt no pressure to act on his sexual interests and does not attempt to masturbate. He stated his physiological arousal is significantly impaired and his sexual thoughts involve his wife and their sexual relationship when he was younger. He stated that the pressure and preoccupation that he experienced as a younger man has declined substantially over the years.

Mr. Chapman also discussed the consequences of his sexual assaults on the victims. He indicated that he made them aware of sexual behavior prior to when healthy sexual interest and development should begin, potentially sexualizing the victims at an age too young for them to understand and manage their feelings and sexual behavior. He also indicated that his sexual assaults could impact the victim's ability to trust others, to develop positive healthy sexual relationships, cause them significant or powerful feelings of anger that might be difficult to deal with and also to question their own sexuality.

Mr. Chapman recalled the existence of his tape recording his observations with regard to prepubescent male children and his sexualized commentary. In the past he indicated that this audio taping occurred in the 1960s. Mr. Chapman verbalized his

fantasies of sexual assaults directed toward prepubescent boys during the audio taping. During our 2015 interview, he did not recall making statements that he was sexually aroused to the pain that the young boys experienced during his anal assaults. He acknowledged that he used the tapes to masturbate with later.

Mr. Chapman indicated he was experiencing some difficulty recalling the details of the offenses due to committing them between 40 and 50 years ago. However, he clarified that he accepted responsibility for the offenses and committed the offenses as documented officially. Mr. Chapman admitted to taking pictures of some of the victims.

Mr. Chapman discussed his feelings about the belief of others in the community, the media and other men housed at the HSU at MCI Shirley that he killed children. He acknowledged that in the past he had regrettably made such a statement to police (in Rhode Island). He stated that it was taken out of context. He stated that he was interviewed by Lawrence Police about a missing boy. He stated that there was no evidence that he had committed the crime and that he believed that the Lawrence Police did not consider him a viable suspect.

Although his memory for details was limited, Mr. Chapman did indicate that he had a pattern of driving around, ultimately looking for boys. He stated he was unsure if he was conscious of his intention at the time he made a decision to drive around alone. However, he stated that ultimately he would find parks or other areas where he might find young boys. He acknowledged frequently using the "lost puppy" approach to isolate boys and get them into the woods or other protected area. He acknowledged feeling a significant amount of pressure to sexually assault at the time he committed the offenses. He stated that he was motivated by the satisfaction of the sexual experience at the time. He found male children who were prepubescent sexually arousing and satisfying at that time. He acknowledged being sexually aroused to Caucasian boys who were prepubescent generally between the ages of eight and 12.

During our 2018 interview, Mr. Chapman admitted to committing the sexual offenses against boys in Massachusetts. He denied killing any children. He indicated that he agreed with the details of the offenses noted in his past interviews with me. He preferred not to discuss the offenses in detail as he kept losing his train of thought and his responses were slow and ponderous. He indicated he no longer experienced sexual arousal and had not thought about boys in a sexual way in a number of years.

Additional Information:

I reviewed a disk provided by the Department of Correction Legal Department. It provided the material tape-recorded by Mr. Chapman as he was driving around in the 1970s, following school buses. He made comments about prepubescent boys of a sexual nature including what he might want to do to them sexually. Many of the comments also involved sexualized violence and clearly indicated he was aroused to

causing boys sexualized pain and fear.

TREATMENT:

1977-1991: First commitment as a Sexually Dangerous Person

According to records, Mr. Chapman has been in custody since September 1976, when he was apprehended in New York and charged with Unlawful Dealing of Fireworks, Possession of a Blank Pistol and in Possession of Pornographic Pictures involving male children. It appears that he was sent from New York to Rhode Island and then transferred to Massachusetts.

On 6/10/77, Dr. Robert Moore evaluated Mr. Chapman and offered his opinion that he may be a Sexually Dangerous Person. After a brief time at Bridgewater State Hospital, Mr. Chapman was also evaluated by Dr. Saltzman, who also opined that he may be a Sexually Dangerous Person. On 11/4/77, Mr. Chapman was transferred to the Massachusetts Treatment Center for 60-days observation. According to the Admission Summary from December 1977, Mr. Chapman's adjustment to the Treatment Center was not problematic. He was observed to be spending time with other pedophiles, and he participated in religious activities. According to records, Mr. Chapman had requested transfer to the Treatment Center because he was afraid he would be seriously injured or killed at MCI Cedar Junction. In December 1977, Drs. Whaley and Sovner offered their opinion that he was a Sexually Dangerous Person. He was found SDP on 3/10/78 and committed to the Massachusetts Treatment Center.

Treatment at the Massachusetts Treatment Center during the 1970s and 80s involved a psychodynamic approach. The focus was on the individual's unconscious motivations for acting out sexually. Records from Mr. Chapman's treatment in the early 1980s indicated that he had excellent attendance in his treatment, but his religiosity was interfering with his progress. He was evaluated by Daniel Kriegman, Ph.D., on 8/22/87 prior to a Section 9 proceeding. Dr. Kriegman wrote, "A review of treatment records shows virtually no sign of progress in treatment, and, as noted, Mr. Chapman acknowledges that the urges still exist today." Dr. Kriegman indicated that Mr. Chapman's plan was to avoid children and remain abstinent.

Qualified Examiner Dr. Liza Brooks evaluated Mr. Chapman on 10/20/89. She stated in that report:

> Mr. Chapman discussed his lengthy history of sexual attractiveness [sic] in young boys first on the context of enjoying their bodies and fondling them and later, as objects of revenge toward peers who rejected him. Mr. Chapman talked about how the control over young boys gave meaning to his life which was so out of control. He told me, "I was attracted to blond, blue-eyed, medium built young boys and played on their innocence, trust and curiosity." Mr. Chapman used lies to entrap his victims

and told me, "later, I used handcuffs and a popgun to make noise." He told me he used pornographic material on some occasions. Mr. Chapman tells me, as well, he had active sexual fantasies of young boys.

Today Mr. Chapman says, "I no longer consider myself a pedophile. As long as I don't feed the thoughts deliberately, although sometimes they come in." Mr. Chapman tells me, "I could return to be[ing] a pedophile under certain circumstances and those would be leaving the values of the Christian community and the scriptures." Mr. Chapman says he has flashbacks, not fantasies, which are a memory "triggered by the environment." When I asked what he did when they came he said, "I replace it with, what would Christian counseling advised me, or pray or study."

A psychological assessment was also completed by Richard Ober, Ph.D on 6/19/90. Dr. Ober indicated that Mr. Chapman told him that he had tied up one of his victims and left him in the woods. Mr. Chapman had stated that he has developed an improved understanding of his motivations through therapy. According to Dr. Ober's report, his offenses were motivated by a desire for acceptance and for revenge. He denied experiencing sexual thoughts about children at the time of Dr. Ober's report. He stated he no longer objectified children. He reported he fantasized in 1987 for the last time about children. He stated he occasionally experienced flashbacks, but that he does not purposely engage in sexual fantasies involving boys.

1991-2004: Mr. Chapman's Treatment while serving his criminal sentence after being found no longer sexually dangerous

After a trial in 1991, Mr. Chapman was found to no longer be a Sexually Dangerous Person. On 12/16/91, he was transferred to MCI-Cedar Junction to serve out the rest of his sentence. On 3/25/92, Mr. Chapman was transferred to the Southeastern Correctional Center (SECC). He continued his involvement in the Sex Offender Treatment Program available to him beginning in January 1994. This treatment program, administrated by another agency, Justice Resource Institute (JRI) was a cognitive behavioral program involving a relapse prevention component, similar to what is in place currently. A cognitive behavioral approach was found to be more successful in reducing risk of sexual re-offense than the prior psychodynamic model.

In October 1994, Mr. Chapman achieved two goals, admitting to his offenses and understanding the concept of deviant arousal. On 2/6/95, he terminated from the Sex Offender Treatment Program. A contact note indicated that Mr. Chapman "struggled with the ways in which his religiosity blocked his ability to take responsibility for his behavior and to commit to the treatment process." Although the treatment program was recommended for him, he never returned to sex offender specific treatment. Mr. Chapman completed his GED at SECC in 2000. He refused to sign a Sex Offender Treatment Program Agreement/Waiver on 9/28/01. On 4/22/02, Mr. Chapman was transferred to NCCI-Gardner where he was not program involved. On 2/11/04, he

completed a Transition Plan offered to all inmates who are nearing the end of their sentence. He stated he would return to New York and participate in therapy with a Dr. Switzer. He did not identify a sex offender treatment program. He has made prior statements that he would use his therapy with Dr. Switzer to address this issue. He stated his brother and wife were supports for him in the community.

2004-2015: Mr. Chapman's Treatment since his second commitment as a Sexually Dangerous Person.

On 10/8/04, Mr. Chapman was transferred to the Massachusetts Treatment Center, after a finding of Probable Cause which ultimately led to his current commitment as a Sexually Dangerous Person. A contact note dated 12/10/04 indicated that he refused to participate in sex offender specific treatment and refused to sign a form indicating his desire not to participate in treatment. He was transferred to MCI Shirley HSU on 2/7/08. He returned to the Treatment Center on 9/8/10. Mr. Chapman did not participate in sex offender specific treatment during his most recent re-commitment as a Sexually Dangerous Person until 3/31/1.

2011:

Mr. Chapman began participating in sex offender treatment on 3/31/11. He was described as consistently attending his Motivation and Engagement group. He continued to demonstrate ambivalence with regard to his desire to engage in treatment. He was, at times, willing to discuss topics, but did not always appear interested in the information offered by others. In the group setting, he focused primarily on here and now issues. He did not appear comfortable and/or willing to discuss issues related to his own behavioral patterns. According to the 2012 Annual Treatment Review,

> ...He discussed his uncertainty with other individuals regarding their perception of him and his offenses while denying information related to media coverage of him in the past, but does not divulge information regarding his sexual interests or offending. Mr. Chapman seems to vacillate in his reasons as to why he is uncomfortable exploring certain areas. He has noted that he has difficulty with his memory which causes a hindrance in his treatment, as well as providing that under the advice of his attorney he is not comfortable discussing certain topics. Although Mr. Chapman appears unwilling and/or uncomfortable discussing certain elements pertaining to his previous treatment recommendations, he still has the potential to participate significantly in his group process...

Mr. Chapman was described as demonstrating variable interactions with his group members. He could become antagonistic when constructively challenged. At other times, he was be cordial, pleasant, and acknowledged other members who had been helpful to him. According to the 2012 ATR, Mr. Chapman's emotional state appeared

"flat," and the treatment team felt it was difficult to ascertain his emotional state as a result.

Mr. Chapman did not socialize much, spending the majority of his time in his room. It was unclear at that time if his isolation was attributed to his hygiene issues which were a significant concern of his peers, although Mr. Chapman did not receive his hygiene issues to be an issue. He attended Unit Community Meetings regularly. He did not participate in any psychoeducational classes. It was recommended that he participate in a Comprehensive Evaluation and collaborate in developing an Individualized Treatment Plan after completing the assessment process. It was recommended that he further engage in the group process.

2013:

According to the Annual Treatment Review and Plan dated 3/11/13, Mr. Chapman was a member of the A1C Motivation and Engagement group. He remained a member of this group throughout the review period. He was described predominantly as a passive member within the group. His level of verbal participation "remained unremarkable," but he participated in discussions to express his thoughts and feelings regarding here and now situations. His attendance remained inconsistent. Mr. Chapman continued to appear guarded with regard to his responses involving treatment related material or personally relevant information. He frequently highlighted litigious concerns for his inability to discuss certain topics.

Mr. Chapman completed a Comprehensive Evaluation on 5/17/12. He briefly utilized group time to discuss the process of participating in the evaluation. He did not discuss the findings or recommendations during this reporting period. Last reporting period, Mr. Chapman indicated that he would not participate in the phallometric assessment due to "biblical and moral reasons." However, during the 2012 reporting period, he expressed an interest in follow-through with the recommendation to participate in the phallometric assessment.

According to the behavioral specialist completing the evaluation on 4/20/12, Mr. Chapman self-reported "some" arousal to six inappropriate scenes that involve the rape and molestation of both male and female children. The scenes included two scenes involving violent and coercive rapes of male children, one scene involving exhibitionism against an adult female and the remaining three involved scenes where the children were portrayed as compliant. He demonstrated significant physiological arousal in response to two inappropriate scenes. One of them was the rape and molestation of a compliant male child who Mr. Chapman identified as 10 years old. The second portrayed exhibitionism involving an adult female who was identified as in her 20s by Mr. Chapman. Mr. Chapman did not record an arousal response that met the clinical threshold identified as significant physiological arousal to any appropriate scenes. On average, he demonstrated greater arousal to nonviolent inappropriate scenes involving

children than to appropriate scenes involving a consenting adult. In this way, the behavioral specialist indicated that Mr. Chapman met the pedophile index. Mr. Chapman was credited with making some progress on addressing his deviant attraction to prepubescent boys. He discussed the results of the phallometric assessment in group on 5/10/12. He expressed disappointment that the assessment indicated he had deviant sexual arousal.

Mr. Chapman spent time discussing his thoughts regarding potential release during the 2013 review period. He identified a cost-efficient housing development in Maine as his placement upon release. However, he noted later to the group that the development does not accept "leveled" sex offenders. The treatment team questioned the validity of Mr. Chapman statements regarding his release plans. On 11/1/12, Mr. Chapman highlighted his preference for residing in Maine because Maine did not have as many restrictions on sex offenders as other states, particularly Massachusetts.
Mr. Chapman successfully completed the psychoeducational class, Introduction to Pathways on 2/25/13.

Mr. Chapman did not receive any OBR's and was not considered a behavioral problem. He did not demonstrate difficulty or conflict with other residents or staff. He was also noted to spend the majority of his time by himself within his cell. Community members continued to express their issues with Mr. Chapman's personal hygiene and room sanitation.

2014:

According to the Assessment and Treatment Preparation Unit Annual Treatment Review dated 3/7/14, Mr. Chapman remained a member of the A1C Motivation and Engagement group. He has been a member of this group since the beginning of his involvement in the sex offender treatment program in 2011. His treatment team continued to question his level of motivation and engagement. He continued to be described as a passive member. He more actively participated in discussions focused upon current issues pertaining to the unit. His attendance to his group was inconsistent, representing a decline in his attendance from the last reporting period. When he did initiate discussion in group it generally involved his planning to move to Maine upon his release.

Mr. Chapman expressed concern of an emotional nature related to others talking negatively about him with regard to his past sexual offenses. He stated he attempted to ignore the comments. Mr. Chapman reported his dislike of television shows containing sexual behavior during prime time television programming. Mr. Chapman reported his dislike of the shows due to a moral objection and not related to sexual arousal. He stated that he purposely avoids television shows with children, near nudity or sexualized themes. He was asked how he could participate more in group. He indicated he could discuss sexual issues with regard to his sexual offense convictions. He stated, "I'm no

longer serving time for my governing offense." He demonstrated resistance to discuss the details of his sexual offenses.

Mr. Chapman indicated that his current sexual thoughts or fantasies involved "very few lingering sexual thoughts-mostly flashbacks." He stated that the flashbacks were "stirred up" by conversations on the unit. He was encouraged to discuss this in primary group. He stated that his most recent sexual thought occurred earlier that morning when other unit members were talking about content from a television program. He described the arousing thought was of sex with his wife. He was asked to describe his last inappropriate sexual thought. He stated that it was while watching television and he redirected his thoughts. He did not elaborate further when prompted to do so. He hesitated when asked if he would be willing to discuss this topic in group. Mr. Chapman stated "Three to four weeks ago we reviewed my sexual offenses in group. You seemed to be satisfied at the time." He indicated he had no interest in transitioning to a therapeutic community.

It was recommended that that Mr. Chapman participate in behavioral treatment after having completed his phallometric assessment (PPG).

Mr. Chapman reported that he preferred to spend time with men close to his own age. He continued to attend Unit Community Meetings and religious services. He did not volunteer to participate in any activities that were offered or suggested on the unit. He received two incident reports for poor hygiene as a "climate issue."

The incident reports stated:

> On 11/26/13 at approximately 9:20 a.m. I, CO Cholette, while on post in AI, witnessed SDP Wayne Chapman (M88492) make threatening statements towards staff. While assisting RN Rounseville in administering medication to Chapman, who was on medical room restriction status, Chapman was notified by RN Rounseville that his order for diapers had been rescinded by medical staff due to his hoarding of diapers (see incident report #117). Chapman's responded by saying, "If you're going to take my diapers then I'm going to be dropping feces all over the corridors". Area OIC Sgt. Edington (112) was notified of Chapman's threatening comment. Chapman was cleared by RN Rounseville from medical room restriction but was then placed on security room restriction status for his threatening statement. Chapman has been issued an OBR for this incident.
>
> On 12/3/13 at approximately 9:15 a.m. I, CO Cholette, while on post in AI, observed an ongoing climate issue and medical issue in regards to SDP Wayne Chapman (M88492). At approximately 9:15 a.m. while conducting rounds I observed Chapman in his cell (#4b) pulling up his pants to get dressed and noticed that there was fecal matter all over the back of his t-shirt. I then told Chapman that he would need to shower and change his clothes before he would be allowed to leave his cell. I then asked Chapman where he has been placing his clothes and bedding when it

becomes covered with feces and he stated that he has been putting in his laundry bag until it can be washed at the state laundry, I informed Chapman that any bedding or clothing that is contaminated with fecal matter needs to be placed in a biohazard bag immediately and not left out in the open. I also informed him that if he accidently drops feces on the floor of his cell he is to notify the unit officer so that it may be cleaned by those who are trained and properly equiped (sic) and not by his cellmate (resident name removed) or other resident (sic) on the unit. Chapman's contaminated clothes and bedding were placed in a biohazard bag and sent to the state laundry for cleaning.

This has been an ongoing issue with Chapman, His medical order for diapers was recently rescinded by medical staff due to the fact that Chapman was found to be hoarding diapers (see incident report #1179501). Chapman no longer has any diapers in his possession and appears to be unable to control his bodily functions for any extended period of time. He routinely soils his clothing and bedding and occasionally drops feces on his cell floor. In these instances special accomodations (sic) must be made to remove his contaminated articles and either wash or replace them depending on the severity of contamination. I am requesting that medical staff reevaluate Chapman in regards to his need for diapers to help alleviate what has become a health and sanitary issue for both staff and residents. If Chapman is not able to control his bodily functions he may soil himself while in population (HSU, library, IDR, corridors, etc.) thus creating a biohazard situation. Area OIC Sgt. Edington (112) was notified of this situation.

2015:

According to the Annual Treatment Review dated 9/9/15, Mr. Chapman continued to participate on the A-1 Assessment and Treatment Preparation Unit (ATPU) until his transfer out of the institution on 3/26/15 to MCI Shirley Health Services Unit. It was recommended that he continue to participate in treatment on the same unit upon his return to the institution. Mr. Chapman's placement at MCI Shirley interfered with his ability to adequately address his treatment recommendations from the Annual Treatment Review dated 2/20/15. The recommendations of that February 2015 review included maintaining consistent attendance and participation in the sex offender treatment program and related activities. It was recommended that he discuss the relevant dynamic risk factors identified in his Comprehensive Evaluation. It was also recommended that he discuss risk factors of sexual preoccupation and deviant sexual preferences and his problems with sexual self-regulation. It was recommended that he identify current and historic triggers for his deviant sexual arousal and work to reduce the frequency of deviant sexual thoughts. As Mr. Chapman had repeatedly reported a feeling of being discriminated against (for allegations of having murdered victims), it was recommended that he further explore the risk factor of negative emotionality. He should also explore the development of his negative attitudes, the influence of these attitudes on his life presently and develop interventions to help them cope with those attitudes

and manage difficult emotions.

2016-2018:

Mr. Chapman has not been involved in sex offender specific treatment since his transfer to the infirmary at MCI Shirley.

According to an incident report from MCI Shirley dated 4/22/16, a nurse entered the ward to perform nursing duties for patients in that area. Upon her arrival into the room,

> I noticed inmate Chapman, Wayne M88492 to be standing facing the open room, not towards the wall. He was standing there with his pants down and his penis in the urinal voiding. Only the tip of the penis was in the urinal making the rest of his genitals visible. Upon my entering the room, he did not shy away or even attempt to pull the curtain. It should be noted that inmate Chapman has a walker and walks quite swiftly and has not previously had any issues walking into the bathroom or even pulling his own privacy curtain. He was exposed for the other inmates to see, the light in the room was on and the door to the ward was open. I entered the room to check on an inmate who was having a reaction to a peanut allergy. I stated to inmate Chapman that he needs to pull the curtain while using the urinal or go into the bathroom. He is fully capable of walking into the bathroom as evidence (sic) by him frequently leaving the room with his walker. He said, "why should I bother." I responded to him that it is inappropriate behavior to be exhibiting in front of the four other men that live in his room. He then stated, "are you sure they are even men, may be genetically they are. I do not see what the big deal is." The other inmates in the room stated that they were very offended. End of report nothing follows.

On 6/19/17 it was noted by a certified nursing assistant that she observed Mr. Chapman approach the nurses' station and address Dr. Angeles. Mr. Chapman asked her if he could "see the pretty little blonde mental health girl." Mr. Chapman was spoken to and reminded of the proper way to address medical/mental health staff and how to utilize the proper chain of communication.

On 7/7/17, a CO noted that at 12:50 PM, Mr. Chapman became insolent towards medical staff. Mr. Chapman had been given multiple direct orders to only use the bathroom facilities in his room. However he proceeded to another ward to utilize the bathroom that did not have a privacy curtain. The area is not a housing ward, but is used as a community recreation room for the unit. If anyone walked into the room, he would have exposed himself to inmates, security staff or medical staff. Mr. Chapman left the area covered in

> "... fecal matter and did leave a trail of feces from Ward 129 toward 126. Inmate Chapman has also been warned on numerous occasions to ensure that his buttocks is (sic) covered at all times. This order is constantly being ignored exposing his

> buttocks to all staff and inmates. At approximately 1250, inmate Chapman was given a direct order to change his clothing due to them being soiled in urine. Inmate Chapman proceeded to ignore this order and continue his way toward 129. This reporting officer did witness medical staff give him another direct order to return to his room and change his clothing. Inmate check men [sic] then barked at nursing staff multiple times and stated "you are always barking at me. Leave me the fuck alone and stop fucking harassing me." This reporting officer did instruct inmate Chapman to return to his ward and notified 180."

Mr. Chapman received an informal ticket with a three day room restriction.

On 11/21/17, Mr. Chapman was described as cooperative and calm when a request was made to remove metal restraints and replace them with flex plastic restraints for magnetic resonance imaging at UMass Memorial Hospital.

On 2/24/18, at approximately 5 PM, while passing out institutional mail, a correctional officer identified a receipt that was of concern. The incident report noted that the receipt was for the purchase of a "boy's wallet" from a company named Dream Products Incorporated. No further action was noted.

On 3/4/18, at 6:15 AM, an RN went to change inmate Mr. Chapman in bed. She

> ... found him with no blankets on, diaper ripped off and himself fully exposed. This is not the first time that inmate Chapman has been educated on indecent exposure. End of report.

STATIC–99R:

In reviewing Mr. Chapman's risk from an actuarial perspective, the Static 99R, a commonly accepted actuarial tool, yields a result of 5, placing him within the Above Average range of sexual offense risk.

The Static 99R was developed to estimate the probability of sexual and violent recidivism among adult males who have already been convicted of at least one offense against a child or non-consenting adult. The measure contains ten variables. The evaluator rates the offender's status on each of these ten variables, and the total score is then viewed in the context of risk categories. In general, the higher the total score the sex offender obtains on the Static 99R, the greater the risk he will commit a future sexual offense.

In regard to Mr. Chapman's scores on these 10 variables are:

Age at the time of assessment:	Item score: -3
Ever lived with (single):	Item score: 1

Index Offense conviction for non-sexual violence:	Item score: 0
Prior conviction for non-sexual violence:	Item Score: 0
Number of prior charges/convictions for sexual offenses:	Item score: 3
Number of prior sentencing dates:	Item score: 0
Any convictions for non-contact sexual offenses:	Item score: 1
Any unrelated victims:	Item score: 1
Any stranger victims:	Item score: 1
Any male victims:	Item score: 1

Translating Static 99R Scores into Risk Categories:

Score	Label for Risk Category
3 to -2	I. Very Low Risk
-1 to 0	II. Below Average Risk
1, 2, 3	III. Average Risk
4 to 5	IVa. Above Average Risk
6 and Above	IVb. Well Above Average Risk

Based **only** on Mr. Chapman's obtained raw score of 5 on the Static 99R, he would be seen as being at an "Above Average" risk for committing a future sexual offense.

As recidivism estimates provided by the Static 99R are group estimates based upon reconviction; and were derived from groups of individuals with these characteristics-these risk estimates do not directly correspond to the recidivism risk of an individual offender. However, they do provide a gross estimate of recidivism potential and in Mr. Chapman's case, show an above average risk to re-offend. Mr. Chapman does not present with characteristics significantly dissimilar to individuals utilized in the development of this instrument. However, due to the small number of older subjects involved in the development of the Static 99R, this instrument may overestimate an older individual's risk. This instrument refers to risk based only on these 10 items from Mr. Chapman's history. According to Hanson et al. (2016) research, the estimated five year sexual recidivism rate for score of 5 is 15.2% with a confidence interval of 13.8%-16.6%.

Mr. Chapman received points for having unrelated, male and stranger victims and prior charges/convictions for sexual offenses. He did not live with his wife for a continuous period of two years. He also received points for convictions for noncontact sexual offenses. He received a reduction of three points for his age.

CRITERIA FOR DETERMINING IF A PERSON IS SEXUALLY DANGEROUS:

"any person who has been convicted of or adjudicated as a delinquent juvenile or youthful offender by reason of a sexual offense and who suffers from a mental

abnormality or personality disorder which makes that person likely to engage in sexual offenses if not confined to a secure facility, has been charged with a sexual offense and was determined incompetent to stand trial and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in sexual offenses if not confined to a secure facility, or a person previously adjudicated as such by a court of the Commonwealth and whose misconduct in sexual matters indicates a general lack of power to control his sexual impulses, as evidenced by repetitive or compulsive sexual misconduct by either violence against any victim or aggression against any victim under the age of sixteen, and who, as a result, is likely to attack or otherwise inflict injury on such victims because of this uncontrolled or uncontrollable desire."

DISCUSSION:

First, Mr. Chapman has been convicted of enumerated sexual offenses.

Second, in my opinion, Mr. Chapman, meets statutory criteria for Mental Abnormality as defined by Chapter 123(a), Section 1. Mr. Chapman has been convicted of sexually assaulting prepubescent and pubescent males. In my opinion, Mr. Chapman displayed a deviant sexual arousal that predisposed him to the commission of criminal sexual acts.

Further, in my opinion, Mr. Chapman meets diagnostic criteria for a sexual disorder or paraphilia. He has demonstrated a deviant sexual interest in primarily prepubescent males.

In my opinion, Mr. Chapman meets diagnostic criteria for an identifiable sexual disorder, specifically Pedophilic Disorder. According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM 5) the diagnostic criteria for Pedophilic Disorder are as follows:

A. Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally aged 13 years or younger).
B. The person has acted on a sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
C. The person is at least 16 years of age and at least five years older than the child or children in Criterion A.

Note: do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12-or 13-year-old

Specify whether:
Exclusive Type (attracted only to children)

Nonexclusive Type

Specify:
Sexually attracted to males
Sexually attracted to females
Sexually attracted to both
Specify if limited to incest

According to the DSM 5, the Criterion A clause recommending that signs or symptoms of the disorder persist for six months or longer is intended to ensure that the sexual attraction to children is not merely transient. However, the diagnosis may be made if there is clinical evidence of sustained persistence of the sexual attraction to children even if the six month duration cannot be precisely determined. Mr. Chapman sexually assaulted multiple male children over a period of multiple years beginning as an adolescent. In my opinion, he meets diagnostic criteria for Pedophilic Disorder, Nonexclusive Type, Sexually Attracted to Males. The descriptor of Nonexclusive is added because Mr. Chapman married a woman with whom he reported he had a satisfactory sexual relationship.

In addition, in my opinion, Mr. Chapman meets diagnostic criteria for Sexual Sadism Disorder, in a controlled environment. At the time of his offending, according to the audio taping he completed of himself in the 1960s/1970s, he reported enjoying the suffering of the male victim related to his anal penetration of the prepubescent victims. He reported in the past that he has utilized the audiotape for masturbation purposes. In my opinion, this satisfies the diagnostic criteria for Sexual Sadism Disorder.

According to the DSM 5 the diagnostic criteria for Sexual Sadism Disorder are as follows:

A. Over a period of at least six months recurrent and intense sexual arousal from the physical or psychological suffering of another person, as manifested by fantasies, urges, or behaviors.
B. The individual has acted on a sexual urges with a non-consenting person, or the sexual urges or fantasies cause significant distress or impairment in social, occupational, or other important areas of functioning

Specify if:
In a controlled environment: This specifier is primarily applicable to individuals living in institutional or other settings where opportunities to engage in sadistic sexual behaviors are restricted.
In full remission: The individual has not acted on the urges with a non-consenting person, and there has been no distress or impairment in social, occupational, or other areas of functioning, for at least five years while in an uncontrolled environment.

In my opinion, Mr. Chapman does not meet the statutory definition of Personality Disorder. He does not display a general lack of power to control his sexual impulses. In my opinion, presentation is most consistent with a Mental Abnormality in that his sexual assaults were predominately motivated by his deviant sexual interests.

In my opinion, Mr. Chapman displays compulsive and repetitive elements associated with his sexual offending. He expressed compulsivity associated with his sexual offending according to descriptions of his sexual offending. He also repeatedly sexually assaulted children, despite having been identified and sanctioned previously for similar criminal sexual acts.

With regard to the analysis of risk, the following factors are relevant. Factors identified through research on sexual recidivism can be roughly broken down into two basic categories, known as static and dynamic factors. These factors have been associated with three general categories or pathways; 1) deviant sexual arousal, 2) an antisocial orientation, that involves criminality, impulsivity, and aggression and 3) treatment response.

With regard to **Sexual Deviancy**, as previously noted, in my opinion, Mr. Chapman has demonstrated a deviant sexual interest involving prepubescent male children that reaches the threshold of two identifiable sexual disorders.

Another consideration with regard to increased risk based on clinical information is the presence of an **antisocial orientation**. Individuals whom demonstrate this characteristic are at increased risk to reoffend sexually. The research indicates that meeting the diagnostic threshold of a diagnosis is not required to demonstrate increased risk; therefore, an antisocial orientation that includes some of the symptoms is associated with an increase in risk of sexual recidivism. Mr. Chapman does not currently demonstrate an antisocial orientation. He does not have a substantial antisocial/criminal history persisting into adulthood, other than his sexual assaults themselves. While he has a recent history of being irritable and on occasion, verbally hostile, he is not physically aggressive or verbally threatening at this time in his life. He is not impulsive. He does not demonstrate a tendency to break rules. He does appear to demonstrate a lack of regard for the experiences of others. This is demonstrated by his problematic hygiene and his lack of willingness and ability to maintain himself and his "home" in an appropriate manner. His behavior with regard to his patterns of elimination of urine and feces also suggests a lack of concern for the experience of others and may involve a desire to offend others, particularly staff who are required to assist and support him. This also contains a sadistic element although not sexually sadistic.

Additional static factors (that are considered unchangeable) generally associated with increased risk of sexual recidivism include: past criminal history, prior sex offenses, antisocial orientation, stranger victims, male versus female child victims, and number of victims (two or more) and diversity of sexual assaults and paraphilic (disorders of sexual

arousal and behavior) behavior are also considered under this category of factors. The use of weapons and force as measured by degree of physical harm and charges of violence incurred at time of sexual offenses are factors also considered, as is age at the time of the offense.

In Mr. Chapman's case, static factors associated with increased risk to re-offend sexually include: multiple victims, male victims prior sexual offenses, a nonsexual criminal history more than two victims. He also has unrelated, stranger and male victims. His deviant sexuality meets the threshold of two identifiable sexual disorders as previously noted.

Dynamic factors (those that are changeable) associated with increased risk of sexual offense recidivism include: the current age of offender (a child molesters' risk for recidivism does not significantly decrease as their age increases until age 50, rapist's risk decreases as they approach 40) the influence of substances, both acute and historical, an absence of stable adult relationships, the presence of cognitive distortions, single/never married marital status, deviant sexual arousal, high degree of sexual preoccupation with children, minimal or inadequate treatment history, and an absence of probation conditions.

Mr. Chapman presents with the following dynamic factors associated with increased risk to re-offend sexually: Mr. Chapman demonstrates an absence of stable adult relationships, cognitive distortions, and a high degree of sexual preoccupation with children in the past.

Factors that indicate a potential decrease in risk are increased age and a successful treatment experience. Probation can impact individuals at the time of their release. Mr. Chapman has no probation or parole ordered upon his release. He has not had a successful treatment experience.

With regard to the issue of age, research suggests that the most precipitous reduction in risk occurs at the age of 50 in individuals who sexually offend against the child victims. Mr. Chapman is presently 70. Factors associated with risk to re-offend sexually as an individual ages identified in the research include: opportunity, degree of deviant sexual interest, and presence of medical conditions or health. Mr. Chapman has not had opportunity to sexually assault prepubescent male children while under the structure and supervision of the Department of Correction.

Mr. Chapman has significant medical issues impacting his sexual arousal. Mr. Chapman's health issues severely limit his ability to independently function. Further, it significantly impacts his sexual interests. He has been frequently incontinent of both urine feces for years. He has been observed touching his genitals on occasion. His disrespectful behavior in this regard has been addressed with him repeatedly. While this behavior is sexualized as well as disrespectful and reflects his irritability and hostility, it does not involve violence sexual fantasies regarding boys. He would be unable to

engage in his pattern of sexual assault emitted nearly 50 years ago. He has not attempted to touch anyone inappropriately. He has not been observed to have an erection. He reports a significant decrease in his sexual arousal as could be expected due to his age and his health concerns. Mr. Chapman began sexually assaulting children around the age of 12. Individuals who begin engaging in sexual misconduct as children or adolescents are at increased risk to reoffend sexually as an adult. However, given his current age of 70, this risk appears to be mitigated.

Mr. Chapman received a raw score of 5 on the Static-99R placing him within the Above Average risk category of sexual re-offense. It is possible that this score represents an overestimate of Mr. Chapman's risk of sexual re-offense due to his age and medical/physical status.

Mr. Chapman's sexual offenses are repetitive and compulsive in nature. As described above, he sexually assaulted a number of prepubescent children. He has at times, reported having 50 to 100 victims. The sexual assaults included sodomy, fondling, fellatio, taking nude pictures of the victims, and child pornography. He also enjoyed the suffering of his victims. Mr. Chapman reported that he began sexually offending against children at the age of 12. He was identified as an adolescent for engaging in deviant sexual behavior with younger boys. He continued to engage in similar sexual misconduct as an adult despite having been identified, arrested, and sanctioned for similar sexual offenses. His sexual offending ceased only when he was arrested and placed into custody.

In summary, in 1991, Mr. Chapman was considered no longer Sexually Dangerous and transferred from the Massachusetts Treatment Center in order to serve the remaining portion of his sentence in the general prison system. After the new statute regarding Sexually Dangerous Persons was enacted in 1999, he was reviewed for sexual dangerousness as per protocol six months prior to his release from his sentence. A petition was initiated regarding his commitment under the new statute, and in 2007, Mr. Chapman was found to be Sexually Dangerous again and was committed to the Treatment Center a second time.

In February 2008, Mr. Chapman was transferred to the infirmary at MCI Shirley. At that time, he presented in poor condition. His hygiene was poor and he was incontinent of feces. When Mr. Chapman was transferred to the infirmary at MCI Shirley in 2008, he received a number of medications for a variety of standard medical issues such as high blood pressure, incontinence, asthma, a Parkinsonian-like movement disorder, prostate issues and mental health issues. According to medical staff verified through my interview at that time, Mr. Chapman was demonstrating symptoms and characteristics consistent with an individual who required assisted-living care. It was nursing staff working with him that and he would continue to decline and ultimately require nursing home level of care. He was 61 years old. Nursing staff indicated it was unlikely that his status improve significantly.

Regarding his risk to sexually reoffend, Mr. Chapman believed that he could achieve recovery through participation in a Christian treatment program and lifestyle.

Mr. Chapman has displayed a long-standing deviant sadistic sexual interest, exclusively directed towards prepubescent and pubescent male children. He has a significant and substantial deviant sexual arousal pattern. While he initially demonstrated some understanding of the need for participation in treatment to address his significant deviant sexual arousal and interest, he elected to manage this issue through participation in individual treatment and Christian oriented treatment experiences. While this is not a recommended treatment program for sex offenders, he was eventually released from his commitment as a Sexually Dangerous Person in 1991, after having participated in the available sex offender treatment the Department of Correction offered at the time. Initially, upon his release to the general prison population Mr. Chapman participated in the sex offender specific treatment. He then discontinued his participation.
In 2007, Mr. Chapman was found to be a Sexually Dangerous Person and was committed for a second time. He did not participate successfully in the sex offender treatment program recommended. However, his declining physical and mental status has impacted his deviant sexual interest and arousal. In my opinion, his current status and the likelihood of his continued physical and mental decline sufficiently reduce his risk at this time. He would not be reasonably expected to reoffend sexually if released at this time.

Mr. Chapman is now 70 years old. He suffers from a Parkinsonian-like movement disorder, high blood pressure, a prostatectomy, daily bladder and bowel control problems, asthma, migraines, heart issues and he requires the use of a walker and increased staff support and supervision to maintain his daily activities safely. He appears to be somewhat hard of hearing, although he denies this. He reports a substantially reduced physiological sexual arousal. In my opinion, his age and current physical and medical status sufficiently mitigate his risk of sexual re-offense.

According to his attending physician in 2015, Mr. Chapman medical status and nursing needs would require placement in a hospital upon his release. This level of care would provide him with daily contact with treatment providers who will be required to closely monitor his status and his movement. He has significant cardiac and gastrointestinal medical issues that need to be addressed in a hospital upon release. He would then be assessed at the hospital for the level of care he would require to live safely and meet his medical needs in the community. In the attending physician's opinion in 2015, he required nursing home level of care. It is my understanding that the discharge process will require he be released to a hospital such as Tewksbury or Western Massachusetts Hospital in order to locate and make arrangements for transfer to an

appropriate nursing home facility. The identification of a nursing facility is complicated by Mr. Chapman's status as a sex offender. I did not speak to his attending physician, however the records indicate there are no changes to this opinion on the part of the attending physician.

Mr. Chapman demonstrated a notable decline in his mental status at the time of this interview in 2018. He was unable to maintain an ongoing conversation without significant pauses needed support and prompting to continue his statements. At the time of our interview, he indicated he felt he would need assistance in his daily care. At the time of our prior interviews, he felt he could live independently with social supports. This reflects a change. Mr. Chapman no longer believes he has the skills to live independently in the community. He shakes significantly, and although he utilizes a walker that enhances his ability to move independently from one place to another, he does so slowly and without much energy. He had a serious fall resulting in a head laceration six months ago. He cannot independently manage his hygiene needs and does not have sufficient skills to correctly and safely manage his many and varied medical needs. These medical needs also require organization to take multiple medications safely. Mr. Chapman would be unable to cook for himself and would have significant difficulty physically getting anywhere outside of a hospital room, studio apartment or apartment without assistance. He is able to ambulate with his walker on one floor level within then limitations of the infirmary. He would have difficulty with stairs, uneven ground, and distances beyond several yards.

Mr. Chapman continues to report a vulnerability to experiencing sexualized interest in prepubescent male children. It is positive that he acknowledges this interest and vulnerability. In my opinion, his ability to sexually assault children in the manner he has done so in the past is not likely. He lacks the physical ability to independently transport himself to circumstances where he could isolate male children and physically overcome their resistance to sexually assault them. He also lacks the energy and capacity to engage in a complex set of physical actions in order to sexually assault 10 to 12-year-old boys. This does not mean that there is no risk to his potential for sexual re-offense, however, in my opinion it is unlikely. He would not be reasonably expected to sexually assault children if released into the community at this time. In my opinion, his age, his present medical status and the degree of supervision required and available at an appropriate placement in the community would sufficiently mitigate his risk of sexual re-offense.

CONCLUSION:

In summary, Mr. Chapman was convicted of enumerated offenses.

In my opinion, Mr. Chapman **meets** the statutory definition of Mental Abnormality.

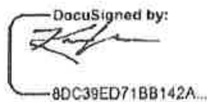
In my opinion, Mr. Chapman demonstrated repetitive and compulsive elements

associated with his sexual offenses.

In my opinion, based on the nature, number and combination of the risk factors present, Mr. Chapman is **not likely** to reoffend sexually if released from a secure facility at this time. He **would not be** reasonably expected to reoffend sexually.

Therefore, in my opinion, Mr. Chapman **does not meet** statutory criteria as a Sexually Dangerous Person as defined by MGL Chapter 123a.

Respectfully submitted by,



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