

Report of a Qualified Examiner to the Court\*

**Name of Person Examined:** Wayne Chapman (M-88492)

**Date of Birth:** [REDACTED]

**Date of Report:** 5/18/18

**Name of Examiner:** Gregg A. Belle, Ph.D.

Identifying Information:

Mr. Wayne Chapman is a 70-year-old male committed to the Massachusetts Treatment Center for a second time on 4/17/07 pursuant to the provisions of M.G.L., Chapter 123A. He was initially adjudicated a Sexually Dangerous Person on 3/10/78 and committed to the Massachusetts Treatment Center. On 12/4/91, a court cleared Mr. Chapman of his Sexually Dangerous Person status and he was transferred to MCI-Cedar Junction to complete his criminal sentences.

Mr. Chapman has been convicted of multiple sexual offenses dating back to 1967 for Assault & Battery and Corrupting the Morals of a Minor. This offense occurred in Pennsylvania (Venango County) against a 12-year-old boy ([REDACTED]). On 8/4/67, Mr. Chapman was convicted of these offenses and 10 days later he received a 1 to 2 year sentence, with a 90 day hospital commitment.

Mr. Chapman's next sex offense conviction was also in Pennsylvania (McKean County) for Indecent Assault and Unlawfully Corrupting the Morals of a Child Under 18 Years of Age. These offenses were against a 10-year-old boy ([REDACTED]). Mr. Chapman was convicted of these offenses on 12/6/71 and was sentenced to two years of probation and to "seek psychiatric help."

On 9/19/77, Mr. Chapman was convicted in Massachusetts (Essex County) on two counts Rape of Child. On 9/27/77, he received concurrent 15 to 30 year sentences for each count. These offenses occurred in August 1975 against two boys, ages 10 and 11, respectively.

On 8/1/78, Mr. Chapman pled guilty in Massachusetts (Bristol County) to several charges including Sodomy (sentenced to 6 to 10 years, concurrent with the above

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\*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.

sentence and civil commitment); Indecent Assault & Battery on a Child Under 14 (sentenced to 3 to 5 years, concurrent); Unnatural Acts with a Child Under 16 (sentenced to 3 to 5 years, concurrent). Additional guilty pleas on charges of Open and Gross Lewdness (two counts); Assault with Intent to Commit a Felony; Indecent Assault & Battery on a Child Under 14 (two counts) were filed. These offenses occurred between July 1974 and June 1975 against four boys.

On 11/28/79, Mr. Chapman pled Nolo Contendere in Rhode Island (Providence and Bristol Counties) to two counts of Abominable and Detestable Crime Against Nature. For the first count, he received a 7 year prison sentence, 5 to serve, balance suspended with 2 years of probation. His sentence was deferred for the second count. Mr. Chapman received a 5 year sentence on the charge of Indecent Assault & Battery on a Child. He also received a deferred sentence on the charge of Transport for Immoral Purposes. These sentences were to all run concurrent with his Massachusetts sex offense convictions.

Presently, Mr. Chapman has generated a petition to the Court regarding his civil commitment as a Sexually Dangerous Person (SDP) and now seeks to be released from the Massachusetts Treatment Center (MTC). This report will address his status as a Sexually Dangerous Person.

### **Legal Criteria for Determining a Sexually Dangerous Person:**

According to Massachusetts General Laws, Chapter 123A, Section 1, a Sexually Dangerous Person is defined as follows: “Any person who (i) has been convicted of (,) or adjudicated delinquent or youthful offender by reason of (,) a sexual offense and 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; (ii) has been charged with a sexual offense and was determined to be incompetent to stand trial and 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 (iii) 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 evidence by repetitive or compulsive sexual misconduct by either violence against any victim, or aggression against any victim under the age of sixteen years, and who, as a result is likely to attack or otherwise inflict injury on such victims because of his uncontrolled or uncontrollable desires.”

Massachusetts General Laws, Chapter 123A, Section 1 further defines the term “mental abnormality” as follows: “a congenital or acquired condition of a person that affects the emotional/volitional capacity of the person in a manner that predisposes that person to the commission of criminal sexual acts to a degree that makes that person a menace to the health and safety of other persons.”

The statute defines “personality disorder” as follows, “a congenital or acquired physical or mental condition that results in a general lack of power to control sexual impulses.”

### **Sources of Information:**

In preparing this report, I interviewed Mr. Chapman at MCI-Shirley on the Health Services Unit (HSU) on 5/11/18 for approximately 70 minutes. I reviewed information provided by the MTC Records and Legal Departments. These records included, but were not limited to: DOC records; sex offender treatment records; previous Qualified Examiner reports; Community Access Board reports; Annual Treatment Reviews; audio recording; FHS treatment records; Certified Copies of Criminal Convictions; police reports, group progress notes; and contact notes.

On 5/11/18, I also reviewed Mr. Chapman's medical records at MCI-Shirley and consulted with medical personnel including Mr. Chapman's treating physician, Maria Angeles, M.D. and Melissa McQuaid, CNA.

Of note, this writer authored Mr. Chapman's 2012 and October 2015 Qualified Examiner reports, 2013 CAB Annual Review, 2017 Community Access Board (Majority Opinion), and voted on his April 2008 and March 2015 CAB Annual Reviews.

### **Warning on Limits of Confidentiality:**

At the beginning of the interview, I informed Mr. Chapman that I am a Qualified Examiner appointed by the Commonwealth of Massachusetts, and that I was meeting with him to conduct an evaluation as to whether or not he was a Sexually Dangerous Person. I informed Mr. Chapman that my observations of him and the information he provided would not be held confidential, could be included in a written report that I would submit to the Court, and possibly in oral testimony. I informed Mr. Chapman that he did not have to participate in the evaluation at all, that he could answer questions selectively, and that he could stop the interview at any time. I explained that I would submit a report to the Court whether or not he chose to speak with me.

Mr. Chapman recalled this writer from the 2012 and 2015 interviews, understood the purpose of the evaluation, and understood the limits of confidentiality involved. A similar warning was provided to Dr. Angeles and Ms. McQuaid.

### **Relevant History:**

The following comes from this writer's 2012 Qualified Examiner report,

When Mr. Chapman was asked if he had a chance to review prior QE reports, he stated, “I've had a few trusted people read them to me. The historical information is

correct including the description of my sex offenses.” Therefore, the following indented paragraphs come from Dr. Pierce’s 2005 Qualified Examiner evaluation.

### **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.

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]

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.

## **Abuse History**

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.

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."

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.

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 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, such as someone he had met in summer camp. He denied a history of fighting as a youth. When asked about history of firesetting, 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 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.

## 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 non-sexual 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.

## 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.

### **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.

### **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.



## **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.

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.

## **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 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.

The records included documents from Mr. Chapman’s hospitalizations as well as evaluations by other mental health professionals in the 1960’s and 1970’s. The records reflect the following:

#### Warren State Hospital

According to Warren State Hospital records, Mr. Chapman was admitted there on 8/31/67 via court order for observation. He was 19 years old at the time. Prior to his admission, he had been sentenced to two years for Assault & Battery and for Corrupting the Morals of a Minor. It was noted that he presented with anxiety and apprehension and was admitted for evaluation. The records indicated that he had reported a history of repeating both kindergarten and first grade. Hospital records indicate that he stated he first began masturbating at age 14, when he saw another boy do it. He reported never having dated girls or having ever been interested in girls. It was noted that a medical review showed complaints of “chills, chest pains, shortness of breath, insomnia, anxiety, nervousness and frequent headaches.” The records continue,

The patient’s main ambition in life is to be a good Christian and to get closer to God and Jesus. The patient states that he is suspicious of non-Christian persons, which he defines as those who commit theft, murder and adultery. He also feels that he can identify these individuals on sight. Generally, the patient is disillusioned with most people if he feels that they are out for

financial gains and are not Christian enough in their attitudes. The patient has experienced difficulties with law authorities for his sexual deviations for the past seven years. Prior to his most recent offense, the patient had been arrested in Jamestown, New York on four occasions for indecent acts with small boys. This included disrobing a small boy and burning his clothes, showing the boy his genitals and disrobing together with a small boy and playing with his genitals.

In June of this year the patient drove to Oil City, Pennsylvania and under the false promise of a paper route induced a twelve year old boy to go into the woods with him. While in the woods the patient assaulted and disrobed the boy. This resulted in the patient's arrest the following day in Titusville, as he was trying to befriend yet another two boys. The patient had marked difficulty remembering these events, stating that they were unpleasant to remember. He said that it was something inside of him that compelled him to do these things. He also felt that with God's help these impulses were becoming more controllable. He also stated that he knows that he will be caught when he commits these acts, but this does not serve as a deterrent to him.

The report further indicated that "his major preoccupations were his guilt over his sexual offenses and his hatred of his father." It was felt that he did not "show the traits of a sociopathic personality..." It was further indicated, "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."

#### Gowanda State Hospital

According to a clinical summary from the hospital dated 3/29/73, Mr. Chapman was admitted on 3/18/73. Contact with 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."

The record also indicated that in March 1972, Mr. Chapman had attended the Jamestown Clinic for treatment, but this was "brief and unrewarding." He was diagnosed with Sexual Deviation, Pedophilia. According to the discharge notes dated 4/8/73, he "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 tendencies." His condition was described as "unchanged" at discharge

Jacob Sirkin, M.D.

Records include a letter from Dr. Sirkin dated 9/15/75 to the District Attorney of Seneca County, N.Y., indicating that he had evaluated Mr. Chapman. Dr. Sirkin indicated that Mr. Chapman freely admitted that he “has been the aggressor in sexual contact with young boys.” Mr. Chapman reportedly stated that he “never used force other than holding their arm (illegible). Says that some of the boys ‘just ran away,’ others remained. Says that he usually lied to the youngsters to get them to go with him into the woods. He seems quite proud of the fact that, at one time, he was a 4-H leader and ‘it was 2-1/2 years before I touched any of them.’” The report continues, “Says that he cannot picture himself physically abusing or harming them, although he admits that anal penetration ‘may have hurt them.’” The letter further indicated, “He freely admitted his sexual interest in small boys. He states, however, that ‘I am turned off by men.’ Apparently he has had satisfactory sexual relations with women. Says he was never involved with small girls.”

Dr. Sirkin opined that Mr. Chapman had a “character disorder,” rather than a mental illness. He further indicated that he doubted that treatment would have any value and that Mr. Chapman would continue the activities if he was free.

Institute of Mental Health, Rhode Island

According to a letter from the Clinical Director to the judge in Providence County (10/13/76), “The circumstances preceding [Mr. Chapman’s] admission were that he was apprehended while he was in New York by (illegible) Agencies because he had pornographic material and pictures of boys that he had relations with.” The letter continued, “The onset of his condition is difficult to locate. It seems it is quite insidious since a very young age. He stated that at age seven, he had his first encounter with sodomistic activity with a young boy. Since then, his homosexual activities have increased readily up to the time of his arrest.” It was further indicated, “The patient was able to talk at length about his problems, namely, his sodomistic activities. He shows some insight into the problem, although it might be considered superficial.” It was also indicated that Mr. Chapman reported, “I need help because I cannot help myself from doing these things.” He was not a management problem, and it was opined that he was competent to stand trial. The clinical impression given was “Personality Disorder, Inadequate, Immature, Unstable, with Sexual Deviations Features, Sodomy. He also has sadomasochistic tendencies with depressive tones.”

Bridgewater State Hospital

According to a competency evaluation from Bridgewater State Hospital (2/7/77), Mr. Chapman was found to be competent to stand trial, and it was opined that he had a “Personality Disorder” rather than a mental illness.

A. Nicholas Groth, Ph.D.

According to a psychological evaluation by Dr. Groth (5/13/77), in describing his offending behavior, Mr. Chapman “described an attraction [to boys] as intense and compelling wish which he tried unsuccessfully to defend against through marriage or through directing his attention to hard-core pornography.”

Dr. Groth also noted “four disturbing but inconclusive issues” which arose during the interview: 1) Mr. Chapman reported buying a pair of professional-type handcuffs but offered no explanation; 2) He reported purchasing a gun that shot mace, which he justified for self-defense against muggers; 3) Mr. Chapman reported that he tied up one of his victims in the woods and abandoned him that way, and 4) Mr. Chapman stated, “I feel that if I hadn’t started trying to treat myself in various ways that it could have led maybe one day to murder.”

It was earlier noted in Dr. Groth’s report that at the time Mr. Chapman was a suspect in the disappearance and presumed murder of three boys, but had not been charged.

Dr. Groth noted that there were no other suggestions of any “violent or sadistic wishes” in the interview. Dr. Groth offered a diagnosis of Borderline Personality Disorder. Dr. Groth also opined, “It would appear that the only meaningful treatment program would be The Center for Diagnosis and Treatment of Sexually Dangerous Person, but it should be clear that the prognosis for this subject is not favorable.”

Robert F. Moore, M.D.

In a letter from Dr. Moore to Attorney David Turcotte (6/12/77), Dr. Moore indicated that Mr. Chapman admitted to sexually offending against two boys in Fall River and one in Dartmouth, where he took the children into the woods under the guise of a lost poodle. Dr. Moore also wrote that Mr. Chapman 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 wrote that since his arrest, Mr. Chapman had indicated he was “born again” and that “partly as a result of this he has had almost no interest in sex. He has had no erections for the past year unless he worked at it very hard, and he has masturbated only once in the past several months.” Dr. Moore offered a diagnosis of Schizoid Personality and also opined that he found no reason to believe that Mr. Chapman had ever injured a child except for sexual assaults. He recommended a period of observation at the Massachusetts Treatment Center.

**Sexual History**

When asked about his first sexual experience, Mr. Chapman related again the incident when he was five or six years old with the two high school girls. When asked about his next sexual experience, he indicated that that was an area that he was advised not to talk about. I asked him about sexual involvement with females other than his wife. He denied having any such experiences and explained that he was raised with the notion that sexual involvement was to be with his wife only. I asked him about any sexual experiences with females prior to his wife. He indicated that he had a girlfriend when he was in school and that he vaguely recalled that kissing occurred. He stated that he was 14 to 15 years old and that they were the same age. I asked him how long they dated, and he responded that he did not think it was very long. I then asked him about sexual experiences with adult men. He related again the incident with the cab driver and the orderly at work. He then talked an "older, elderly gentleman" from work whom he believed may have been attracted to him and whom he had driven, with the man's friend, to Toronto to see a burlesque show. He continued that he had no interest in the burlesque show and did not go to it. Upon further questioning, he indicated that nothing sexual occurred with that gentleman.

I asked Mr. Chapman how he would describe his sexual orientation. He stated that today he would consider himself "straight", but that was not always the case. I asked him how he would describe it before. He then described his episodes of molesting children and stated that he believed this behavior probably started as experimentation to see if they were the same as him, and then "it just evolved." He then stated that it was so far back it was difficult for him to remember how he was thinking at the time. He denied a history of using prostitutes.

Mr. Chapman denied a history of exhibitionism. When asked about a history of frotteurism, he indicated that he was unable to recall. I asked him about a history of voyeurism, and he asked if that meant a "peeping Tom". He then indicated that maybe there was observing of children at play. I asked him when this began. He responded that he didn't think it was any specific time and would occur on occasion and then stated that would be a danger sign for him today, something that he should avoid. In discussing a history of sexual behavior via the computer, we discussed how computers were not available prior to his incarceration. He did indicate that he planned to get one upon release, but then stated that he would get filters to filter out any nudity or pornography if that was possible. I asked him about a history of unusual sexual practices, and he denied any except for what he has been incarcerated.

When asked about his history of use of sexually explicit material, Mr. Chapman reported that he first came in contact with pornography from his father, who had Playboy and Hustler magazines. He stated that he stumbled across them and shared them with neighbors. He indicated that he also had a history of buying pornography, with the pornography specializing in children. He stated that he first stumbled across shops carrying pornography involving children in Buffalo and then, when he was in Toronto, he searched for such establishments there.

He indicated that there was some adult pornography that he bought, involving both males and females but, upon inquiry, he admitted that the pornography he bought was mainly of children. He reported that his resolve has strengthened to avoid pornography, stating that this was the first “domino” that led to other behavior. He stated that he was first exposed to pornography and it escalated from there, and he does not want to take that first step in that direction again. He also indicated that he understands that today there are satellite and cable means to get pornography into one’s home, so he needs to be extremely careful of all pornography.

When asked about his history of masturbation, Mr. Chapman initially stated that it began as a pre-teen, but he couldn’t say for sure, and that it probably was not often. He indicated that it did quickly accelerate. Upon inquiry, he stated that he first began masturbating around seven to eight years old, and then added that he perhaps had done it before, such as in his crib when he was exploring his own body. When asked about it quickly accelerating, he stated that by ages eight to 12, he was engaging in the behavior two to three times a day. When asked what he would think or fantasize about during masturbation, he stated that it was some girls, boys, and adult women. He stated that he was “controlled by pornography” at that time, and that through “therapeutic discipline,” this behavior has declined. He added that it has been a lot of hard work via “therapeutic and Biblical discipline.” He then added that he had a strong desire to leave that behavior in the past and realizes that masturbation is a “danger sign on my cycle,” adding “that and porn.”

Upon further inquiry, Mr. Chapman acknowledged that his frequency of masturbating two to three times a day continued into adulthood, until he began therapy and involvement in the church. Upon further questioning, he indicated that it continued into his late teens and early 20s. He stated that when he came to the Treatment Center, he realized it was a “no-no” and was determined to work on stopping it. He indicated that when he was involved in individual therapy with Beverly Hubler, which would have been in the early 80s, he shared catalogs that he received with her, and added that pornography was still coming into the Treatment Center at that time. I asked him further about the catalogs, and he indicated that he would receive Sears and J.C.Penney’s catalogs that he would use, in part, to fantasize about sex with women, his wife, but “admittedly mostly boys.” He reported that at that point in time he gave these catalogs to the therapist and was firm in his belief at that time that it was a behavior that he needed to stop and that this was the beginning of his “discipline to change my thinking and my behavior.”

### **History of Sexual Offending:**

As detailed in the 2015 CAB Annual Review/Section 9 Report,

1975 Governing Offense: Lawrence, Massachusetts (charged in 1977)

Mr. Chapman's governing offense is described in the Lawrence Police Dept. Arrest Report, dated August 16, 1975. The officer interviewed the 2 victims, [REDACTED] age 10 and [REDACTED] age 11. The boys reported Mr. Chapman approached them and asked for help finding his "poodle." He led them into a wooded area and [REDACTED] provided the first statement:

Once [in the wooded area] the man made [REDACTED] and [REDACTED] undress and place their clothes by him. [REDACTED] then said the man then took [REDACTED] pvt. and put it in his mouth. When he was finished he did the same to [REDACTED]. He then told them to get dressed and he returned with them along rt. 114.... They said that in the wooded area while the act was being performed each was afraid to run fearing the remaining one would be slain by the man....

The police then interviewed [REDACTED] who provided this version:

The man made [REDACTED] and I undress and then he undressed too. He placed his penis against my rear end and then shoved it in. He then done the same to [REDACTED]. When he was finished he then took [REDACTED] penis and put it in his mouth and he also done the same to [REDACTED]. He then made the boys perform fellacito [sic] on him. Once [REDACTED] finished his story [REDACTED] agreed that it was the true version but he was embarrassed [sic] and crying and both boys were very frightened as the man told them when they left him not to tell anyone [sic] as he had their names and addresses and would get them if they did.

[REDACTED] testified during the Commonwealth vs. Chapman Probable Cause hearing in 1976, stating, "when we got up the hill, then we were going down, then we were going to leave, then he grabbed us [each boy by the arm]."

In September 1976, Mr. Chapman was arrested for another offense and identified as the perpetrator in these 1975 offenses. He was convicted of two counts of Rape of a Child on September 27, 1977.

Additional Sex Offenses:

1967: Pennsylvania

According to Dr. Pierce's 2005 QE Report, Mr. Chapman was convicted of his first sex offense in Pennsylvania on August 14, 1967. The victim was 12 years old. Dr. Pierce wrote:

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.

Mr. Chapman was living in New York at the time. He was convicted of Assault and Battery and Corrupting the Morals of a Minor.

1971: Pennsylvania

On December 6, 1971, Mr. Chapman was convicted of Indecent Assault and Battery and Corrupting the Morals of a Minor. The offense involved a 10-year-old boy, [REDACTED] According to the Admission Summary (12.77):

This offense occurred in Smithport, Pa. in which Mr. Chapman took a boy about 10 years old to a wooded area. Took nude pictures of the boy and performed sodomy on him. Mr. Chapman pled guilty and was placed on indefinite parole from which he has been released.

Dartmouth, MA: 1974 (charged in 1976)

The 2014 CAB AR summarizes Mr. Chapman's offense against nine-year-old [REDACTED] in July 1974:

A Dartmouth, MA police report dated July 22, 1974 noted that [REDACTED] a nine-year-old boy reported that Mr. Chapman walked up to him and two of his friends. Mr. Chapman told them he was looking for his lost dog. Two of the boys went home to ask if they could help. [REDACTED] stayed to help find the dog. [REDACTED] said that Mr. Chapman held him by the arm and told him that his name was Jim. Mr. Chapman told him that he had two children and that he worked in a bookstore where they sold Playboy magazine. They walked into the woods with Mr. Chapman whistling. When they stopped, Mr. Chapman told [REDACTED] to take off his clothes.

The police report continues:

...the suspect pushed [the victim] to the ground and took off [REDACTED] clothes. First his shirt, pants, shoes and under wear [sic]. Once this was done the suspect played with [REDACTED] private parts, while he held on to him and then the suspect placed [REDACTED] penis in his mouth making an upward and downward motion. When the suspect stopped he took a small camera out of his shirt pocket and told [REDACTED] he was going to take his picture and put it in playboy magazine ([REDACTED] wasn't sure if he took his picture). The suspect then told [REDACTED] to get dressed and he did.

Dr. Pierce's report added the following information:

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 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 had 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.

1974 - 1976 various towns in Massachusetts

On September 9, 1976, officers from the Massachusetts State Police interviewed Mr. Chapman in Waterloo, New York, regarding his sexual assault of 2 young boys, ages 9 and 11, in **Worcester, MA** from that summer. Mr. Chapman admitted to luring the boys into a secluded area with the request they help him find his dog. He stated:

I tried to unzip their pants ... unbutton their pants to see their bodies and ... uh ... managed to play with them a little bit but he kept pulling his pants up and I couldn't force them. I find it hard for me to use forced ... use too much force ... so I knew the boys were ... you know ... unintelligible ... to walk back to the main path and pointed them down the track the wrong way ... they could get home but the wrong way and a longer way and they were alright when I left them... I walked back out to the ... unintelligible my van and took off.

In the same interview, Mr. Chapman was asked about a "statement to New York State Police, you were in the **Webster, Mass.** area, and you picked up a boy and you think his last name was [REDACTED] and he was about ten (10) years of age...." Mr. Chapman affirmed this and stated:

Again, out for a ride ... you know. Again, I don't believe I started out looking for this or I might have ... you know ... I might have used force ... I never have ... I never have gone and prepared anything besides what I normally carry with me except maybe a camera which, you know, I keep in the camper anyways.

Mr. Chapman told police he walked with the boy "quite a ways under some railroad tracks into a wooded area," and was about to take pictures when other people came by. The officers inquired as to details regarding the offense and Mr. Chapman replied:

WC: Yeah [we did have physical contact], at this time we did ... you know ... and I was asking him to take his pants down...? [sic]

WC: Yeah playing with him at first, then penetrating....

WC: Sticking my dick into his ass

Lt. J.: Into his... between his buttocks?

WC: Yes....

WC: We walked out and ... getting dressed and you know ... 'I'll send you a check in a couple of weeks,' and 'What's your name and address?'... and then I walked out as he started talking to other friends....

In this statement, Mr. Chapman admitted to returning to **Western MA** and picking up another boy, but did not molest him because he (Mr. Chapman) "felt that [the boy] knew [Mr. Chapman was] with [REDACTED] three months earlier so [Mr. Chapman] let him go."

The officers then asked Mr. Chapman about a statement he made regarding his 1974 sexual assault of "two brothers about eight (8) or (9) years of age" in **Concord, MA**. One of the boys mentioned his father was a policeman in Concord and Mr. Chapman admitted he became frightened and left the boys. Mr. Chapman did not recall the details.

Regarding an earlier assault in Massachusetts, three years before – he estimated 1974 – near the time Mr. Chapman moved to Rhode Island, Mr. Chapman told police he met 2 boys from **Fall River, MA** and took them into the woods. He stated:

WC: I ... unintelligible ... one boy liked it and the other didn't....

Lt. J: And when you say you penetrated ...

WC.: In each one of them, yeah....

WC: Well, I must have helped them or they did it on their own, taking their clothes off. Then I put my private in their ... bums and ...

Mr. Chapman reported the boys "ran off" and he was never apprehended for this assault.

Mr. Chapman discussed another assault with these officers, in which the victims were two 11-year-old boys in the **Brockton, MA** area. Mr. Chapman stated:

... I don't remember for sure and saw two (2) boys getting soda on their bikes across the street.... I remember having them lay down, their bikes were a short ways away ... and again I'm sure I must have had them scared before I

pulled their pants down...

I don't know if I went any further than just having them or helping them undress and playing with their privates. I don't think I took any pictures of them.

Later in the interview, Mr. Chapman estimates the boys' ages to be "eight, nine." Attached to that interview are excerpts from an audiotape Mr. Chapman made a few years before, he expresses in graphic terms (words and noises) his sexual attraction to prepubescent boys and for anal rape in particular.

The police asked Mr. Chapman about his use of force with his victims. He denied using force, stating:

At the most, I would do ... and this didn't happen this often ... use a T-shirt of mine, wrap it around their mouth, not wadding it up or anything ... they could still breathe, still give a loud mumble ....

I guess I just need love and this is the way I go about it...

I... don't lose my temper ... that easily. Even now when I, you know, it's becoming more frequent that I do, but with the boys ... no....

In this context, Mr. Chapman reported tying a boy to a tree with his (Mr. Chapman's) T-shirt and leaving him in the woods after the boy bit his penis. He stated this happened ten years before (approximately 1966) in Pennsylvania. He admitted to grabbing boys' arm or shirt on occasion when they tried to run away. In this interview, Mr. Chapman volunteered to help the police find missing boys, admits there is a "possibility" he knows something about them, but does not "believe so" and denies ever having been "violent." According to a footnote in the 2014 CAB AR,

When Mr. Chapman was asked by Dr. Pierce in 2005 'about his telling Rhode Island authorities that he had killed boys, he responded that, regrettably, he believes he had made a 'dumb statement' that was taken out of context. He explained that he believes he said something such as if he had done something, that the potential was there that he could have harmed them or killed them.'

Dr. Pierce's QE Report includes these additional offenses:

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 and Battery charges that were filed without a change in plea. Details of these offenses were not clear from the available records.

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 record.

According to a 1977 Superior Court Probation Service report (3.16.77), Mr. Chapman admitted to "one, sexual incident with the 14-year-old boy [the son of his wife] while the family was living for a time in Florida." Mr. Chapman was married during 1970 and 1971. As noted, in other records Mr. Chapman stated the boy was 11 years old.

Additional information regarding Mr. Chapman's sex offenses:

In his interview with the New York State Police, Mr. Chapman then discussed his sexual assault of a 7-year-old boy with whom he worked in the 4-H club in **Rhode Island**. He denied anally raping him and said, "I don't think that happened. I think it was a matter of playing with him..." No date is given for this assault.

According to Warren State Hospital (Pennsylvania) records (August, 1967), Mr. Chapman indicated he was arrested four times in **Jamestown, N.Y.** as a youth for indecent acts with small boys including "disrobing a small boy and burning his clothes, showing the boy his genitals and disrobing together with the small boy and playing with his genitals."

A Waterloo, N.Y. police officer stopped Mr. Chapman in his motor vehicle and provided this information in a statement dated Sept. 5, 1976:

Upon approaching the CHAPMAN vehicle it was observed that several small caliber cartridges were on the front floor of the vehicle and also several snapshots of male youths exposing their genital areas were observed on the dashboard of said vehicle....

The search incidental to arrest resulted in securement of a large number of photographs, slides, two eight M.M. movie films and numerous picture magazines, the majority of which depicted male youths in various forms of nudity and homosexual acts.

In a statement made by Mr. Chapman to the Waterloo, N.Y. Police, dated September 8, 1976, he identified approximately twelve victims, between the ages of seven and twelve, whom he had lured to a secluded place or his apartment and sexually assaulted. He admitted to fondling the boys, committing anal and oral rape, and taking photographs of them naked. He stated he used the story of his lost dog, used an alias, and also posed as a police officer to lure the boys. He released one boy when he thought the boy knew about a previous victim. In Pennsylvania, Mr.

Chapman reported, he took an 11-year-old boy to a wooded area and when he had the boy fellate him, the boy bit him. He stated, "I got mad at him, and left him nude, gaged [sic] and tied to a tree." Mr. Chapman also stated, "I've only picked up young boys in the following out of the above [states listed]: N.Y., Penna., Va., Conn., R.I., Mass., Ill., Maine."

According to the Minutes of the Memorandum of Decision and Order on Probable Cause Hearing (10.31.05), "In the past, Mr. Chapman has claimed he victimized as many as 50 children, though he now disputes that number as an overestimation."

On September 13, 1976, Mr. Chapman was interviewed by officers from the Providence Police Department with regard to a missing boy. Mr. Chapman's responses are confused and he tells the police,

I remember the boy lying there, nude, face-down and I'd taken my private out of him... it was all bloody ... that ... you know ... he wasn't looking ... he wasn't moving ... that I just starred at the blood and then just jumped up and took off....

Two days later, on September 15, 1976, Mr. Chapman was interviewed again by officers of the Providence Police Department regarding a missing local boy. It is not clear whether it is the same boy. The officers showed a photo of the boy to Mr. Chapman who recognized the boy "as the boy I took in the woods behind the Melrose Cemetery." He confirmed that he had "committed an act of sodomy" on the boy. Mr. Chapman described driving from Providence to Brockton and then deciding to "look for a boy to have sex with." He picked up a boy estimated to be 8 or 9 years old and lured him to the cemetery. Mr. Chapman described the following:

I started to play with him...I... sucked him and asked him if he would suck me. I then went to penetrate him... and remember as I was through that... come out... and seeing the blood on my private ... just sitting there... just staring... you know... taking a T-shirt that he had been wearing and wiping my private ... and just jumping on my feet and running through the woods out ... got in my car and took off... remembering I was quite confused ... you know... pretty upset, more so than ever before....

Well, I got on my knees ... my hands and knees ... trying to keep as much weight off of him and... lining up my dick with the hole in his back and shoving it in ... all the way at first and then pulling out as he ... he said it hurt ... you know... I pulled out more and more but not taking it out entirely because I wanted ... I wanted to come....

After I discovered the blood, I noticed the boy wasn't moving ... whether unconscious, dead ... I don't know but he wasn't moving....

I actually left him that he was just unconscious maybe, but ... afterwards

fearing that ... maybe he was dead....

Yes, so I ... from that feeling that ... thought ... coming out of the woods thinking ... you know ... that maybe I had killed him ....

Attached to the September 9, 1976 interview regarding Mr. Chapman's sexual assault of 2 boys in Worcester, MA are excerpts from an audiotape he made a few years before in which he expresses in graphic terms (words and noises) his sexual attraction to prepubescent boys and for anal rape in particular.

The 1977 MTC Admission Summary indicated Mr. Chapman had the following cases "still pending against him:

9-16-76 Murder  
Sodomy  
Unnatural Acts  
Indecent Assault and Battery" in Plymouth County.

### History of Incarceration and Treatment:

As reported in this writer's 2015 Qualified Examiner report,

Dr. Quinones summarized Mr. Chapman's incarceration and treatment history as follows. Updated information ensues:

#### **INCARCERATION AND COMMITMENT HISTORY:**

Records show disciplinary reports of breach of avocation trust when he gave contraband to another resident for use in the population that was a "large needle approximately six centimeters in length," which was considered "a weapon that could be used to inflict bodily harm (10.29.84)"; possession of contraband that included a glass mirror, an unknown pill, and a small amount of ground-up substance that looked like a pill (12.15.87); and possession of contraband that included a pocket knife, four bladed screwdriver, pair of scissors, razor blades, and one folder of children's pictures cut out of a catalog (08.25.88). A letter dated 08.25.88 indicates that another resident claimed ownership and possession of the female children's pictures which Mr. Chapman corroborated at this interview; out of place, misuse of pass system, and neglect of work duties because he was walking in the grass yard when he was signed out to work as sanitation in the corridor (08.10.89); and contraband due to possession of a fan with a defective plug (04.19.90).

Additionally, there is a more recent disciplinary report on 04.13.05 for possession of unauthorized items that included a pillow and two homemade pillow cases.

## TREATMENT HISTORY:

A Quarterly Treatment Note (02.79) states, "Fantasies with respect to young boys persist and are triggered by TV programs and advertisements etc." The Annual Treatment Review dated January 1987 notes that Mr. Chapman "has not specifically discussed his offense, although within the last six months, he has courageously charged with the group a particular aspect (pattern) which has been extremely valuable to his group members around further understanding of him." He was attending a psycho-dynamic therapy group. The report further documents that Mr. Chapman's attendance in the small group has decreased for the last three months from 100% to about 60% (estimate). The nature of these offenses are not yet understood. He does not readily attend the additional two hours per week of Community meetings. He may attend these meetings about 10% of the time and within the last three months, he has attended them zero%. The psychotherapy group continues to be psychodynamic in nature with a "systems" approach as well, and the focus is upon his self/object representations from the past into the present and future through the process of the transference within himself, towards the group membership and with the group therapist.... Overall, Mr. Chapman's alliance with myself and with the community-at-large appears quite poor. It does appear, however, to be slightly stronger with the small group-as-a-whole. Mr. Chapman is not currently involved in any other psychotherapeutic activity. I believe he has done what he could to become involved in the Behavior Therapies offered at the Treatment Center ... It is not yet understood if the desire on his part is a genuine attempt to receive treatment or a way of escaping the issues addressed directly to him in his small group. My tendency to think the latter. He does, I believe, attend a bible study group at the TC and he works as a cleaning person on the unit. The community has chronically complained about his unit job performance ... Mr. Chapman remains a rigidly defended man who remains intellectualized and avoidant. His denial appears to have lessened and he may be able to "sit with" a little anxiety when he is confronted by others...

Authorized Absences: Mr. Chapman requested authorized absences to visit "church families on a rotating basis" in 1987. The following year he requested absences to "better my knowledge of my church family, their individual characteristics and values, and to learn and sharpen my social skills and controls... Places we could meet are the homes of these men, museums, parks, shopping, centers and restaurants with appointed escorts..." In 1989 he again requested authorized absences for "the opportunity to socialize, handle currency, and return to the TC with my feelings and my experiences in such places as shopping centers, banks, restaurants, museums for three months."

An early Authorized Absence Program progress report pertaining to individual therapy indicates that Mr. Chapman's attendance and participation were "excellent. His motivation for psychotherapy treatment appears to be somewhat diluted because of his religious affiliations and beliefs..." The report discusses



"transferential issues," "sense of masculinity," and "ambivalent identification with his mother which plays itself out in terms of a wish to be like his mother." An Authorized Absence Program Progress Report pertaining to the Stress Management Group notes that Mr. Chapman "has taken the responsibility to meet all the requirements we had set.... Sarcasm, cynicism, argumentativeness, and demands for special attention appear to be common components of this patient's clinical picture...."

The 08.04.82 Authorized Absence Program Progress Report pertaining to individual therapy describes his participation and attendance as "excellent" and states that his progress in the area of motivation for treatment has steadily increased since his last community access application in January 1982. His religious beliefs and affiliations continue to intrude upon the hour as previously but less so, and are useful to Mr. Chapman in masking areas where he has difficulty treading and at times needing to distance himself from me.... With great difficulty he has discussed his pattern of behavior regarding animals being the target of his aggressive impulses as well as young boys. He describes an incident in this home where he appeared to be enraged destroying parts of the bathroom in which he had locked himself.... How he tortured cats, locking them in boxes and leaving them in the middle of the woods to starve. "It was my way of releasing anger. I had fantasies about some kid. Fondling him and then killing him, leaving him, so nobody would know."

The April 1983 Authorized Absence report indicates that

... Treatment was suspended with Mr. Chapman after a nine month struggle that had intensified from last July until March 20, the end of treatment. The resistance to treatment took the form of "Christian Therapy" vs. "Treatment Center Therapy." In actuality, Mr. Chapman refused to deal with the past and wished to only limit his thoughts to the present and future. This adamant train of thought deprived him of the opportunity to wonder and reflect about aspects of his life, and severely limited his capacity to engage in the process of psychotherapy.... Mr. Chapman began to immerse himself deeply in the struggle between "Christian therapy" v. "psychotherapy." It appeared that his primary goal was to remain locked in this struggle. This resistance overshadowed all previous efforts in treatment and all energy was channeled to maintain this struggle for defensive purposes....

The December 1983 report concludes "due to the current rigidity of Mr. Chapman's current (and everlasting) defensive structure, progress towards our treatment goal is minimal and prognosis looks very poor..." The September 1984 Treatment Update states that "Mr. Chapman has self-disclosed and/or 'worked' within this therapeutic framework very minimally" and the Annual Treatment Review dated February 1985 notes "... Almost nothing is known about his offenses (their nature and scope), as he has never discussed them in group to the group or group therapist.... His attendance and participation has been mixed

(where he attends nearly 100 percent of the time, yet only minimally participates)  
..."

Mr. Chapman was deemed to have met the requirements necessary for acceptance to the Maximum Privilege Level on 02.11.87. A note from Steven Hughes dated 04.05.87 notes that Mr. Chapman was given "a verbal warning about his attendance in group, which has markedly decreased as maximum status has begun.... When I gave him this warning and attempted to get him to look at it, he basically said he did not like the group because it was not Christian oriented (an old complaint) and he found it not that helpful." An Annual Clinical Progress Report dated July 1988 states the following:

... He is an active member of a contract group providing support to other members. He often discusses his relationship with the church members and attributes considerable credit for his changes to his ongoing relationship with them. He has been able to respond to group feedback about overemphasis on church to the exclusion of others and is less entitled and aloof than he was a few months ago. Within both groups his tendency toward inflexibility and passive aggressive behavior has diminished considerably. He talks in group of feeling different about children stating he is not longer compulsively fantasizing about sexual matters. ... Overall, Mr. Chapman appears to be genuinely motivated in his treatment settings and work actively to relate more openly to others....

The following May (05.04.89), Mr. Chapman was described as exhibiting significant difficulty with relationships. His interactions can be inappropriate to group process. He often has great difficulty dealing with strong affect and will make comments which serve to distance himself from his feelings or the feelings of others. He tends to be guarded in his interactions ...

A Termination Summary dated October 1989 states that Mr. Chapman terminated with his small tier group. The report notes

... Over the course of the past year the group has undergone a number of changes, most notably, that it is smaller and much more focused. The group members and I have been working to increase the emphasis on family issues, expression of feelings, and peer relationships.... Mr. Chapman has become an increasing source of resistance and dissonance. Group members have expressed their anger at his rigidity and tendency to distance himself emotionally. They express great resentment toward his religiosity and the separateness it creates. It became quite clear two weeks ago that an impasse had been reached and the feeling was that Mr. Chapman was not a viable member of the group....

A Memorandum dated 02.22.90 indicates that Mr. Chapman's Authorized Absence Program was terminated due to "inappropriate behavior, lack of

motivation regarding attending and active participation in your main facility group therapy, and your needing to work on expressing anger in an appropriate manner, as well as your most recent action of attending Release House after being cancelled..." A later Group Therapy Review dated 06.18.91 documents that Mr. Chapman attended 95% of groups developed to teach patients to understand and utilize Basic Behavioral Techniques... Mr. Chapman acknowledges committing his offenses in a general sense but has not gone into the details. He does not project blame on others. He readily admits the offenses were wrong but he demonstrates no observable guilt, remorse or desire for forgiveness. Mr. Chapman did state once that his victims "felt fear, curiosity, and possibly enjoyment" ... In group, Mr. Chapman often seems bored and unconnected. ... When he does assert himself he is a bit nasty, untactful, intellectualizing, and elevating. These behaviors are not overt, but they are noticeable. Other members of the group, feeling somewhat irritated, will question Mr. Chapman's insight and motivation to work for therapeutic change. Mr. Chapman typically will utilize his strong involvement as a Christian as the answer to all his needs, problems and therapeutic cure.... Mr. Chapman handles all this negative feedback and unacceptance by staying calm, forgiving everyone for their ignorance, and give no apology and doesn't back off....

The RIRB report dated 09.25.91 indicates that Mr. P. who has been providing group treatment to Mr. Chapman told the Board that

one doesn't see "very much of the real Wayne in group treatment." "He is always rageful underneath and always controlled on top." "Religion holds back the rage. He seems to set up confrontations within the group process." "He is comfortable having other members of the group confront him, then he can use religious to project [the rage] on everyone else.".... Mr. Chapman has shown recent progress particularly through behaviorally based interventions and in his individual treatment with an outside therapist. Mr. Chapman appears somewhat more able at this time to openly discuss his prior deviant fantasies, to expose his own abuse to the treatment process, to acknowledge his offenses against others, and to face his remaining treatment needs with the exception of facing his own rage directly in the treatment process.

A letter to the Parole Board from the Charis Counseling Center dated 04.08.94 states the following:

... Having worked with Mr. Chapman over the course of these past four years, I have observed progressive and consistent changes in several areas. These include insights ... He has maintained a strong awareness of the serious nature of his offenses ... genuine feelings of remorse... legitimate empathy towards his victims. Also, during our time together I have observed Mr. Chapman to work towards resolution with various family members who were amongst those who initially emotionally abused him.... Mr. Chapman has expressed what I believe to be an honest and realistic appraisal of his sexually

addictive arousal patterns. He is aware that such patterns may not have dissipated entirely...

The Goals Summary Form dated 10.15.94 shows achieved goals of admitting that he committed the instant offense and understands concept of deviant arousal.

Group Progress Notes from 1994 show participation ratings ranging from average to minimal, with most falling at the "fair" participation designation. His participation was rated on "good" on one occasion. The 10.25.94 Group Therapy Note refers to Mr. Chapman's comments about his governing offense. The note states that Mr. Chapman said, "His memory was 'spotty.' When pressed for information, he often said that he couldn't remember things – even when mentioned in the police report or in his file. Therapists raised the possibility that lack of memory could be due to either avoidance or inability to remember and or process. Therefore this would make it difficult for Wayne Chapman to benefit from treatment."

A 09.29.94 Contact Note states that Mr. Chapman "raised some religious concerns about being in treatment that was "secular." A memo dated 12.23.94 indicates

Please be informed that as a result of the Community Intervention, you are considered to be acting in the CON CODE. Until you are able to convince the members of our RECOVERY CODE Community of your sincerity for treatment, you are being considered a Treatment Stop Out. As Treatment Stop Out, you are not to attend groups or classes...

A Group Note dated 01.24.95 mentioned Mr. Chapman suffering from a recent heart attack. He resigned from the Relapse Prevention Unit for "health reasons" on 02.03.95 and a 02.06.95 Contact Note states that Mr. Chapman resigned "with the ... religious trait. Mr. Chapman has struggled with the ways on which his religiosity blocks his ability to take responsibility for his behavior and to commit to the treatment process."

Mr. Chapman passed the Facing the Shadow psycho-educational class on 01.23.95 with good attendance and fair participation. Comments note that that "participation in class – often limited to religious perspective – good workbook." A 10.12.04 Contact Note indicates that Mr. Chapman was asked to participate in the treatment program following his transfer to the Treatment Center and he declined.

Mr. Chapman related during this interview that following his discharge from the Treatment Center he was incarcerated at SECC and NCCI, Gardner where he did not participate in the sex offender treatment program, repeatedly citing that he was legally advised not to engage in such treatment or to discuss his

offenses. However, he stated that he participated in individual sessions with Dr. Sweitzer, but when questioned further admitted that this treatment consisted of telephone calls once a month or once every two months. Consequently, Mr. Chapman has not participated in sex offender treatment since his discharge in 1991. However, Mr. Chapman compiled a list of treatment in which he has been involved and this indicated participation in group therapy at SECC (year not specified). When questioned about these groups, he said, "I was working on cycles, and deviant cycles" led by Barbara Schwartz.

Since Mr. Chapman was civilly committed again on 4/17/07, he had not participated in treatment until 3/31/11. Given his health issues, Mr. Chapman was housed at MCI-Shirley from February 2008 until his return to the MTC on 9/8/10. His medical condition as of April 2009 was described in the 4/21/09 CAB Annual Review by Dr. Fiore:

This writer spoke with Linda Booth NP-C regarding Mr. Chapman's health and level of functioning. She reported that Mr. Chapman is diagnosed with the following medical conditions: Dementia (which she characterized as very mild), a movement disorder (which involves hand tremors and could be caused by either Parkinson's disease or side-effects from medications), high cholesterol, heart disease, enlarged prostate, and asthma. She stated that he is currently taking several medications to treat these illnesses including: Zocor (for high cholesterol), Hytrin (for enlarged prostate), Inderal (for movement disorder), Amantadine (for movement disorder), Enalapril (for high blood pressure), Prilosec (for heart burn), Primidone (for movement disorder), Ditropam (for urine incontinence), Asmanex (for asthma), baby aspirin, and a multivitamin. Additionally, she stated that he is prescribed psychiatric medication including Prolixin (antipsychotic), Doxepin (antidepressant), Trazodone (for sleep), and Cogentin (for side-effects). She reported that recent mental health notes indicate that he is not currently exhibiting symptoms of mental illness. She reported that, on the unit, she has not observed any symptoms indicative of mental illness.

With regard to Mr. Chapman's daily functioning, Ms. Booth reported that he has no significant functional deficits; he is able to care for his daily hygiene, feed himself, walk (although he does use a wheel chair for long distances), communicate his needs verbally, use his hands, and dress himself. She stated that he is no longer incontinent and does not fall, and she is unsure why he smeared feces and fell last year (leading to his admission to the infirmary). Ms. Booth stated that the medications that he is on can cause sexual dysfunction in some men, but Mr. Chapman has not reported that side effect. She also stated that he has not discussed his deviant arousal while in the Infirmary:

Dr. Weir's 2009 QE report provided the following information:

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 a 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.

A review of Mr. Chapman's medical record over the past few years revealed the following regarding his UMCH Problem List:

6/11/08 – Movement disorder; asthma; CAD s/p MI (1994); BPH; dyslipidemia; urine and fecal incontinence; dementia

12/28/09 – colonoscopy

7/9/10 – LSH (Lemuel Shattuck Hospital) admit rule out cardiac; + gallstones; elevated LFTs

8/20/10 – COPD; HTN; chronic headaches

9/8/10 – MDD, recurrent

1/7/11 – Dysthymia d/o

According to a 4/11/11 medical note, Mr. Chapman suffers from a "moderate degree of Parkinson's Disease." Mr. Chapman had cataract surgery in October 2011. An 11/23/11 medical entry from Mobile Medical Diagnostic Services revealed that Mr. Chapman has "No acute cardiopulmonary disease."

A 1/12/12 psychiatry note described Mr. Chapman as mildly depressed with impaired judgment and insight. At the time of this consult, Mr. Chapman was reporting dissatisfaction with his unit change and misses some longtime friends. Mr. Chapman meets with psychiatry every three months and is presently prescribed 50 mg of Trazodone (used for dysthymia and insomnia).

A 2/15/12 LSH Neurology report noted that Mr. Chapman complained of increased difficulty talking, swallowing food, and weakness in his voice. His gait has become more unsteady due to increasing back pain. "Impressions: Some cerebellar limb ataxia, no significant change since prior evaluation (November 2006).

A 3/12/12 mental health note by Paul Garrido reported, "No evidence of risk of pt. decompensating at present...orientation intact... no homicidal/suicidal ideation." Mr. Chapman is seen monthly by mental health and is compliant with his medications. According to Mr. Chapman's Mental Health Treatment Plan Review there was no present diagnosis of dementia as of 1/19/12. Mr. Chapman presently wears a diaper and uses a walker.

When asked about his current medical status during this interview, Mr. Chapman stated,

“I’m legally blind in my right eye. I can’t see or read small print. Some friends type in large print so I can read it. Cataract in my left eye was removed in October. I have to memorize, I can’t turn to records. I have a few friends I can trust to read reports to me...I hope to find a homeopathic doctor on the streets. I watch Dr. Oz on TV. He’s a heart surgeon and he discusses the benefits of natural herbs and medicines, less harmful in the long run...My migraines may be due to process meats in the dining hall so I eat lots of meals in my room from canteen. Until one month ago, I thought I had Parkinson’s, but the diagnosis was removed. I’m just a nervous person. I have high blood pressure and asthma.”

Mr. Chapman believes his medical situation has worsened since his last S.9.

As previously noted, Mr. Chapman started sex offender treatment on 3/31/11. The 2/22/12 Annual Treatment Review (ATR) summarized his progress in treatment as follows:

### **Clinical Formulation**

Mr. Chapman is a 64 year old, separated, Caucasian male. He is serving his second civil commitment as a Sexually Dangerous Person. He began participating in treatment in March of 2011, where he attends group consistently.

Mr. Chapman is currently participating in treatment on the Assessment Treatment Preparation Unit, where he will focus on engaging more meaningfully in the group process and within his community, as well as participating in a Comprehensive Assessment.

Mr. Chapman consistently attends his Motivation and Engagement group but he appears ambivalent in his desire to engage in treatment. There are times where Mr. Chapman will be willing to discuss topics that he would like to address but does not always appear interested in topics raised by his peers.

While in the group setting, Mr. Chapman appears comfortable discussing areas related to current day stressors, i.e., rooming concerns, medical issues, etc., but does not appear comfortable and/or willing to discuss elements relating to his behavioral patterns. He has 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 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's interactions with group members are variable. At times, Mr. Chapman has exhibited a brash reaction towards his peers by becoming antagonistic or deflecting feedback when he is constructively challenged. The anticipation for Mr. Chapman is that he will be more open to the feedback he receives from others and process the information appropriately within the group setting. Other times, Mr. Chapman can be cordial and pleasant with his peers by acknowledging a group member who has been helpful to him or sharing with others. Overall, it can be difficult to ascertain Mr. Chapman's emotional state in the moment due to his flat affect and he may benefit from further exploration of his emotional reactions to explore and possibly resolve any underlying issues.

Mr. Chapman is not often seen on the unit and appears to spend the majority of his time in his room. It is unclear if this isolation can be attributed to his hygiene issues that are discussed by his peers, although Mr. Chapman does not perceive this to be an issue. Although he regularly attends the Unit Community Meetings, he has yet to volunteer to participate in any of the activities that have been offered or suggested on the Unit. Mr. Chapman has not participated in any psycho-educational classes since returning to treatment, stating that the Treatment Team informed him there would be "paperless" classes available. It is unclear where Mr. Chapman has received this information, as both his designated Unit and Motivation and Engagement Group have been informed of the available classes for those who need additional assistance.

It is recommended that Mr. Chapman participate in a comprehensive assessment and collaborate in the development of an individualized treatment plan upon completion of the assessment process. Additionally, he is encouraged to further engage in the group process by processing areas of further growth, accepting feedback, and creating alternative strategies to reduce frustrations associated with current day concerns.

Mr. Chapman has not participated in a Comprehensive Assessment or a PPG. He informed his treatment team that he was not interested in taking a PPG due to "moral and biblical reasons."

The following excerpts come from this writer's 2013 CAB Annual Review,

Mr. Chapman's progress in treatment this review period is summarized in his most recent Annual Treatment Review (ATR) dated 3/11/13,

#### **Clinical Formulation**

...Mr. Chapman's level of participation (ATPU) and attendance varies within the group. He seems to remain ambivalent in his desire to engage in treatment based off of his participation and commitment to the treatment process. There are times when Mr. Chapman appears attentive and open to discussing information that he deems important; however, there have been times where he has not engaged in the group discussions and/or has openly

reported that he is not willing to discuss certain topics.

... It is unclear why Mr. Chapman does not participate and/or maintain healthy room standards, i.e., cleaning his own urine or feces, as he is mobile within the institution and attends off unit activities such as Protestant Services and Bible study.

Although he regularly attends the Unit Community Meetings, Mr. Chapman has yet to volunteer to participate in any of the activities that have been offered or suggested on the Unit or chair any of the Unit Community Meetings.

Mr. Chapman recently signed up to participate in a psycho-educational class, Healthy Interpersonal Relationships, offered for members of the Assessment Treatment Preparation Unit and successfully completed the Introduction to Pathways (ATPU).

It is recommended that Mr. Chapman increase his level of participation, motivation, and engagement within his treatment. As he has completed his participation in the Comprehensive Evaluation, he is asked to further explore the findings, results, and recommendations within his group. Additionally, he is encouraged to further engage in the group process by processing areas of further growth, increasing his ability to receive and provide feedback, and creating alternative strategies to reduce irritants.

During this review period, Mr. Chapman passed the psychoeducational class Intro to Pathways on 2/25/13. He also participated in a PPG on 4/20/12. As detailed in the ATR,

Mr. Chapman self-reported “some” arousal to six inappropriate scenes that involved the rape and molestation of both male and female children. These included scenes where the children were portrayed as compliant, two scenes involving the violent and coercive rape of male children, and one involving exhibitionism against an adult female victim. The summary of recorded arousal reported:

Mr. Chapman recorded significant physiological arousal in response to two inappropriate scenes. One of these scenes depicted the rape and molestation of a compliant male child whom Mr. Chapman identified as being “10 years old,” and the second portrayed exhibitionism involving an adult female who was identified as being “in her twenties” by Mr. Chapman.

Mr. Chapman did not record an arousal response that met the clinical threshold identified as significant physiological arousal in response to any appropriate scenes. It should also be noted that Mr. Chapman did, on average, record greater arousal to non-violent inappropriate scenes

involving children than to appropriate scenes involving a consenting adult, thus meeting the pedophile index.

On 2/25/13, Mr. Chapman completed the psychoeducational class Intro to Pathways. On 5/20/13, he completed Healthy Interpersonal Relationships. On 5/20/14, Mr. Chapman passed Effective Interpersonal Communication.

According to the 2014 CAB Annual Review,

“...According to Mr. Chapman’s most recent Annual Treatment Review (March 7, 2014), he has been assigned to a Motivation and Engagement treatment group on the Assessment and Treatment Preparation Unit for the past year. Although he attends, Mr. Chapman is viewed as a passive and guarded member of his group whose participation is minimal. He has had several unexcused absences from group. When Mr. Chapman does speak, he focuses primarily on legal concerns. He brings up emotional issues rarely but will say that he is concerned that others will discuss the reports about his prior sexual offenses. He reports that he dislikes seeing sexual material on television on moral grounds. He states that he avoids watching television programs that depict children, near nudity, or sexualized themes. He also reports that he does not want to discuss the ‘person of interest topic,’ meaning reports that he has been investigated for other sexual offenses. When asked to discuss his sexual convictions, Mr. Chapman has replied ‘I’m no longer serving time for my governing offenses.’ He reports that he has few sexual thoughts, and that these consist of ‘mostly flashbacks.’”

The 2014 ATR provided the following recommendations,

“It is recommended that Mr. Chapman increase his level of participation, motivation, and engagement within his treatment. As he has completed his participation in the Comprehensive Evaluation, he is asked to further explore the findings, results, and recommendations within his group. Additionally, he is encouraged to further engage in the group process by processing areas of further growth, increasing his ability to receive and provide feedback, and creating alternative strategies to reduce stress.”

According to the March 2015 CAB Annual Review,

Mr. Chapman’s treatment team authored an Annual Treatment Review (ATR) dated 2/10/15, at which time it was reported that Mr. Chapman was participating in treatment on the A1 Assessment and Treatment Preparation Unit (ATPU) since his last Annual Treatment Review (ATR) dated March 7, 2014. It was noted that he began residing on the A2 ATPU in August 2014 in order to have access to a handicapped cell and shower, and so he satellites to primary group on A1 in any sex offender treatment offered to him. He received two Observation of Behavior Reports during this review period, one of which occurred on 1/11/15 for

interfering with count. He was then placed outside the institution for 30 days, from 1/12/15 to 2/12/15 for medical care.

Regarding Mr. Chapman's participation in treatment, his treatment team noted the following:

Mr. Chapman generally demonstrated some level of participation in each group meeting, though his contribution was frequently related to his knowledge of community resources or his medical concerns. In the last six months, Mr. Chapman has been primarily focused on his medical concerns, specifically discussing his concerns about his memory problems and difficulty breathing. However, he did discuss his offending at times throughout the year. On at least two occasions when discussing his offending and his views of children, it has been unclear if Mr. Chapman was experiencing some level of arousal. In both instances, Mr. Chapman was observed to be smiling and appeared elated when describing children as "vulnerable...innocent...and easy to hurt," and also when reporting that one of his victims "aggressively came at [him]" and appeared "eager to participate" in the offending behaviors. In both cases, his observable presentation was incongruent with his reported emotional experience of "shame."

The Board met with treatment team member Ariane Werboff on 3/19/15. She reported that Mr. Chapman expresses difficulty talking about his sexual arousal towards pre-pubescent males because he does not have an attraction towards them. She said that he has not discussed his motivation or the influences on his offending behavior. Ms. Werboff told the CAB that any comments he makes of his sexual offending involve his assertion about how much shame he feels. She said that he will become more animated at those times, such as smiling and sitting upright. She reported that Mr. Chapman will discuss legal matters and community resources with peers or engage in religious readings. When asked about his cognitive functioning, Ms. Werboff reported that Mr. Chapman appears alert and his verbal production is appropriate to content being discussed. With regards to physical functioning, Ms. Werboff reported that Mr. Chapman has a walker that he uses to sit on. She said that he lost 60 pounds when out of the institution for a month, which improved his walking ability and breathing. She stated that he does not use a wheelchair. Ms. Werboff reported that Mr. Chapman complains that he does not receive the medical care he requires, and he appears to exaggerate his physical limitations. She noted that Mr. Chapman reports his intention to drive a car when he is released from the MTC, but he does not express a clear plan about where he would go if discharged. Ms. Werboff reported that Mr. Chapman has not acknowledged that his failure to discuss sexual offense issues is a barrier to discharge.

According to the September 2015 ATR,

Mr. Chapman is currently housed at MCI-Shirley-Medium due to medical issues. He was participating in treatment on the A1 Assessment and Treatment Preparation Unit (ATPU) from his last Annual Review (February 20, 2015) until his transfer out of institution on March 26, 2015. It is recommended that Mr. Chapman continue to participate in treatment on the ATPU upon his return to the institution.

**REVIEW OF TREATMENT PARTICIPATION AND PROGRESS:**

During this review period, Mr. Chapman attended three groups in the time frame between his last Annual Review and his transfer out of the institution. During one of these sessions, Mr. Chapman discussed the development of his sexual preoccupation. He discussed his first exposure to pornography, citing when he was "6, 7 or 8" he found his father's magazines and hid them in his tent in the yard. He reported that he invited two peer aged neighbors, one male and one female, to join him in viewing the magazines. He reported that the three did not engage in sexual activity as "[he] was too young to have such thoughts." Mr. Chapman cited that at age 16, he drove to Pennsylvania, New York, and Toronto and molested young boys though he reported that "[he] [didn't] remember the quantity," and spent time in child pornography shops in Canada.

**Disciplinary Reports:**

On 10/5/13, Mr. Chapman was found with 10 stamps in his front pocket following an HSU pat search. He received 21 days loss of visits.

On 11/26/13, Mr. Chapman received an OBR for "Conduct which Disrupts" and "Use of Threatening Language." When his diaper order had been rescinded by medical staff "due to hoarding," Mr. Chapman stated the following, "If you're going to take my diapers then I'm going to be dropping feces all over the corridors." He received 3 days of room restriction for the conduct and a warning for the language.

In May 2014, Mr. Chapman received an OBR for unauthorized use of mail resulting in 5 days loss of library. According to the OBR,

"...interviewed SDP Chapman based on the information that he requested religious pamphlets from an outside source while subsequently identifying Chaplin Ronald Ricketts as the mail recipient. Be advised SDP Chapman admitted to the offense when questioned. In addition Chapman had another SDP transcribe the letter and informed him to identify Ricketts as the party to receive the pamphlets."

On 1/11/15, Mr. Chapman received an OBR for Refusing a Direct Order and Interfering with Count.

**Mental Health:**

Psychiatrically, on 7/13/14, Mr. Chapman was diagnosed with Persistent Depressive Disorder and Generalized Personality Disorder. On 3/14/15, he was diagnosed with Unspecified Personality Disorder. On 7/13/15, he was diagnosed with “Dysthymia, Unspecified Personality Disorder, and Pedophilia.” On 5/19/15, Dr. Rosenthal documented, “No current evidence of mood disorder despite numerous medical comorbidities. Trazadone increased from 50 to 100mg due to c/o (complaints) of poor sleep.”

According to a 9/24/15 psychiatry note by Dr. Rosenthal,

“...Pt. appears driven to discuss his status as a sex offender “skin beef” and I ? (question) if the discussion causes him arousal...Pt. conversational, consistently in each evaluation manages to bring up his status/crime as a sex offender despite my not asking him about his crime/sentence structure, etc. ? (question) if pt. finds it titillating to discuss...”

**Medical:**

In 2013, Mr. Chapman underwent a cholecystectomy (gall bladder removal). According to a 12/4/14 radiology report, “Conclusion: Modest Cardiomegaly (enlarged heart) with mild congestive heart failure, the findings are new since 8/19/14.”

On 1/12/15, Mr. Chapman was admitted to Lemuel Shattuck Hospital and diagnosed with “CHF exacerbation.” He was discharged to SBCC infirmary on 1/22/15 and returned to the MTC on 2/12/15. On 1/23/15, Mr. Chapman was diagnosed with Type-II Diabetes. On 3/26/15, Mr. Chapman was transferred to MCI-Shirley where he remains housed on the HSU at the time of this report. On 4/27/15, Mr. Chapman was diagnosed with mild obstructive sleep apnea. On 5/26/15, Mr. Chapman was noted to be suffering from rectal bleeding.

According to a 10/28/15 LSH Cardiology Consult Report by Dr. Cadigan,

“...On his new medical regime, he is feeling much improved. He says his breathing is much improved. He has less dyspnea [shortness of breath] on exertion. He has no chest discomfort. He denies syncope [fainting/passing out], near syncope, or racing heartbeat...Current the pt. is doing well and well compensated. He continues to have GI complaints.”

According to an 11/9/15 medical note, “Pt. ambulates around unit with use of walker and is continent and independent with occasional incontinence; shows no s/s [signs/symptoms] of distress at this time.” Mr. Chapman is reportedly awaiting a pacemaker. Recent progress notes indicated that Mr. Chapman is independent with his ADLs, but at times still incontinent. In other instances he was characterized as refusing to shower or clean himself.

Mr. Chapman's medical problem list includes: Asthma/COPD (Chronic Obstructive Pulmonary Disease); Migraines; Dyslipidemia; CAD s/p MI in '94, CHF; Diabetes; BPH; HTN; GERD; s/p Cholecystectomy '13; and Parkinson's Disease.

On 11/17/15, this writer had a telephone conversation with Dr. Angeles regarding her assessment of Mr. Chapman. She indicated that Mr. Chapman is "capable of performing most ADLs." She commented that although he has problems with his bowel movement and may soil himself, she felt that "he's independent and does not need a nurse's help." Dr. Angeles felt that sometimes his incontinence was goal directed as he would often refuse to clean himself, instead preferring to watch others clean his area. Dr. Angeles further indicated that despite his multiple medications and medical conditions, she believed that Mr. Chapman was still capable of sexual functioning.

Since this writer's October 2015 Qualified Examiner report, Mr. Chapman has remained housed at MCI-Shirley and uninvolved in sex offender treatment. As reported in Mr. Chapman's 4/2/18 Annual Treatment Review,

Mr. Chapman currently resides at MCI-Shirley Medium due to medical issues. He was transferred on March 26, 2015.

**REVIEW OF TREATMENT PARTICIPATION AND PROGRESS:**

Due to his medical issues, Mr. Chapman has not participated in sex offender treatment during the last review period. He is sent quarterly notices of the availability of treatment services; however has not responded to these notices during the review period. During this review period Mr. Chapman received an Observation of Behavior Report (No. 18-093) for the following:

On March 4, 2018 at approximately 6:15 a.m., Registered Nurse [name redacted] reported she found Wayne Chapman M88492 to be in bed with "no blankets, diaper ripped off and himself fully exposed." [Name redacted] reports Chapman had been educated on indecent exposure prior.

Though not sanctioned, via an OBR, several incidents reports were documented about Mr. Chapman regarding an assortment of concerning, sometimes inappropriate behaviors and medical issues.

- 4/21/16 – "...He was standing there with his pants down and his penis in the urinal voiding. Only the tip of his penis was in the urinal making the rest of his genitals visible. Upon my (female nurse) entering the room, he did not shy away or even attempt to pull the curtain...I responded to him that it is inappropriate behavior to be exhibiting in front of 4 other men that live in his room.... The other inmates in the room stated that they were very offended."

- 2/24/18 – receipt “that was of concern meant for civil commit Chapman, Wayne” for the purchase of a “boys wallet”

A review of Mr. Chapman’s medical record showed that he presently suffers from the following conditions: asthma; coronary artery disease, s/p MI, hypertension, BPH, high cholesterol, Parkinson’s Disease, chronic headaches, and Type II diabetes. He remains incontinent regarding his urine and feces. Mr. Chapman is presently prescribed the following medications: Aspirin 81; Lipitor; Caedura; Lasix; Diabeta; Lisinopril; Metformin; Lopressor; Prilosex; Ditropun.

According to 2/1/18 psychiatry note, Mr. Chapman had sustained a “number of recent falls.” He was described as having “involuntary movements of arms, hands, fingers, and head.” Mr. Chapman current psychiatric diagnoses are: Persistent Depressive Disorder; Pedophilic Disorder; Other Specified Personality Disorder. Psychiatrically he is treated with Trazadone (mood/insomnia). Mr. Chapman has also been described as having an increase in voice and mouth tremors. He is prescribed the following medications to treat his Parkinson’s Disorder: Amantadine and Primidone.

On 2/21/18, Mr. Chapman had a laser procedure (s/p cystoscopy green light laser TURP) performed on his prostate at St. Elizabeth Medical Center. He was described as suffering from benign prostatic hyperplasia with lower urinary tract symptoms.

### **Conversations with Medical Staff (2018):**

Dr. Angeles indicated that Mr. Chapman is now unable to live independently and would be best housed in a nursing home environment. Notwithstanding, she expressed concern about his potential access to children in such a setting. She described Mr. Chapman as having “bouts of incontinence and difficulty ambulating.” Dr. Angeles stated, “He’s not going to get better.” She characterized him physically and psychiatric as demonstrating a “slow, gradual decline.”

Ms. McQuaid, CNA, detailed Mr. Chapman’s history of having his “bottom frequently exposed.” She described Mr. Chapman as a person “having his own agenda, he chooses not to follow directions and chooses not to.” She further noted that his issues with incontinence at times appears volitional. Ms. McQuaid reported that Mr. Chapman requiring diapering has increased in frequency more recently. She felt that Mr. Chapman exaggerates the extent of his disabilities and shared Dr. Angeles’ concern about his potential access to children in a nursing home setting.

### **Additional Information from the Clinical Interview (2012):**

The following comes from this writer’s Qualified Examiner report.



Mr. Chapman reported that he returned to the MTC from MCI-Shirley on 9/8/10 “because the policies changed at the HSU at Shirley and I was sent back here.” Mr. Chapman commented that he talked to counselors at MCI-Shirley and MCI-Gardner regarding sex offender treatment. When asked if he needed sex offender treatment, he replied, “I prefer to deal with current or future sex offending issues...many years have passed and my crimes took place between (age) 18 and 28.”

When asked what he has learned from sex offender treatment, Mr. Chapman stated, “Remorse, the horrible crimes I did. I sent them home crying, destroyed their childhood/adulthood, destroyed their self-esteem. I don’t see kids on TV the same way I did...I was a child from 18-28 and didn’t grow into an adult until I came to the (Treatment) Center.”

When Mr. Chapman was asked if he believed he was a sex offender, he replied,

“In my eyes as a Christian, no. That does not mean the potential of things to return can, but it hasn’t happened and I don’t expect it to.” When asked to elaborate about being a Christian, he said, “Christianity or the Bible doesn’t encourage looking back, but instead looking forward relying on God. I know it’s different the therapies I’ve been given in the eyes of some that makes me wrong.”

When asked if he was sexually attracted to young boys, Mr. Chapman commented, “I was in my teens. I haven’t thought of young boys in years. I haven’t masturbated in years. It’s very rare to wake up to an erection.” When asked about the last time he had an erection, he stated, “I never kept track because I don’t want it to be fresh in my mind. I don’t want to think about these things. I just don’t think and react as I did years ago...30 years ago.”

When asked about the last time he had a sexual thought about boys, he replied, “It goes so far back, it’s hard to put a date...at least a decade.” When asked what has changed, he stated, “Mental, physical discipline. If I find myself thinking along those lines I change my thoughts. I listen to AM radio or Christian programming...I attend church more.”

When asked about his current progress in treatment, Mr. Chapman reported, “I attend group once a week for an hour. I can’t read or write so I’ve been told a special case will be created for me...I don’t want to return here to rely on professionals to guide me.” Mr. Chapman indicated that he “signed up this morning to take a PPG.”

When asked about his release plans, he stated,

“I had 3 friends, one in Michigan, one in New Bedford, one in Maine offered me housing. The one in Cumberland, Maine sounds the best.”

There's a halfway house in Worcester called Greenhouse (19 King St.), but I've had no communication with the facility. This halfway house has access to clinic and there's a staff psychologist and the director is Christian."

When asked to elaborate about his Cumberland plan, he stated,

"I'd share the house with a friend and he has transportation to take me to medical care. My friend is self-employed with a farm. I don't have all the details but I'm sure there's medical care there. The Seven-Day Adventists have psychologists there. I'm on the waitlist for an assistant-care apartment. The halfway house has no school or playgrounds nearby."

When asked about his plans for community sex offender treatment, he replied, "I don't have anyone at this time." Mr. Chapman reiterated several times that a psychologist would be available at the halfway house in Worcester. He reported that he would be receiving SSDI and has MassHealth for insurance. Mr. Chapman reported that his wife lives in [REDACTED] and they still talk on the phone, as recently as 3 days ago. He added, "She wants nothing to do with men...once my wife passes away, I'd pursue romantic relationships. I'm more confident now."

When asked if he were capable of pursuing a sexual relationship, Mr. Chapman stated, "I acknowledge having sexual fantasies with women when it gets to sex, I turn it off because I'm to remain loyal to my wife." When asked why they have not divorced, he stated, "We're both Christian and Bible discourages divorce."

Mr. Chapman described his sex offending history as,

"I had 7 victims, 4 in Rhode island, 3 in Massachusetts. I selfishly saw them as sexual objects sodomized and fellated all of them. I can't remember the cases in Rhode Island beyond that. In Massachusetts I met a boy in a shopping center and escorted the boy into the woods behind Zayre's and told him to put down his bike, drop his clothes and I sodomized and fellated him. I got back in my car and took off immediately. I think I had a camera with me and took pictures."

When asked about the offense in Lawrence, he replied,

I convinced 2 boys to walk with me in a wooded area. I convinced them to drop their pants. I didn't use any physical force. I again fellated and sodomized them. I remember being attracted to one boy more than the other...I'm trying to recall details for the benefits of these interviews...

When I was 16/17 I was introduced to the act of sodomy by a cab driver. I had found it repulsive. He asked if he could fellate me and I said yes. From these experiences I used that on the boys.

When asked what he found attractive about his victims, Mr. Chapman replied, "Youth, innocence, trusting, non-threatening...[physically] Their size and psychological and emotional make up was an attraction, blond, blue eyes." When asked how he chose his victims, he said, "Walking near shopping areas. Would spot boys, I'd approach them and asked if they would help me find a dog."

When asked if he ever threatened his victims, Mr. Chapman commented,

"One case there was a weapon. I don't think I was charged. I followed boys into the woods. They had camping equipment. I never touched them sexually, but I did follow them into the woods." When asked if he had other victims that went uncharged, he said, "2 boys, 10 and 12, I convinced them to go in the woods and regrettably sodomized and fellated them and left. It happened within this 10 year period. They were probably scared and intimidated by my size...One boy I approached, he was lonely, I brought him to a wooded isolated area, I sodomized and fellated him. I walked back to the area he lived and later took off."

Mr. Chapman further noted,

"Masturbation was big. I sometimes go to the woods and spread pornography around and hope kids would see it. I'd masturbate 3 to 4 times a day. I previously masturbated to my victims...I stopped masturbating altogether at least decade ago. I lost interest...In the 80's I turned over all my catalog photos to Beverly Hubler. I didn't want them anymore or be controlled by them."

Mr. Chapman denied physically harming any of his victims. He added, "but sodomy could be considered as such." Mr. Chapman declined to discuss allegations of his involvement with missing children or about his audio recordings. He denied ever abducting anyone.

A 1989 Qualified Examiner report by Dr. Brooks indicated that Mr. Chapman had offended against "at least 50 male children." A 1990 Psychological Assessment Report by Dr. Ober reported this number to be "from 50 to over 100 victims." During today's interview, Mr. Chapman stated, "I don't know the reason for these estimates but I find them to be high and inaccurate." Mr. Chapman later noted that he offended against two boys in Pennsylvania and reported that his sexual activities as a juvenile were all consensual.

**Additional Information from the Clinical Interview (2015):**

Mr. Chapman was pleasant and well-groomed for the interview. He was not malodorous and there was no visual or olfactory evidence of feces or urine. His clothes did not appear soiled. Mr. Chapman entered the interview room with the assistance of a walker. Throughout the interview, his hands and voice trembled; however, the trembling decrease considerably as the interview continued. Mr. Chapman attributed his tremors to being “nervous.” When asked about his walker, he replied, “The walker helps to steady me. I’d like to have laser treatment for my back. I have problems making my bed or putting away my canteen.”

Mr. Chapman reported that he is in consideration for a pacemaker. He reported that he is “restricted to the HSU, I can’t go to the chapel, can’t go to happy hour, the rules here changed from 2 to 3 years ago when I was here.”

When asked how he presently felt physically, he stated,

“The shaking is bad. It’s hard for me to shave or type or dial a phone. The workers help me with writing or canteen slips. My prostate is aging and really concerns me, incontinence, and back pain.. Generally speaking, I’m feeling ok. I would be able to live on my own. My fantasy would be able to drive. I don’t know if they’d give it to someone who shakes. I did it before, but I could do it again, but that could be a distortion.”

Regarding Release Plans, Mr. Chapman reported,

“I’m approved for MassHealth. I would go to Westfield State Hospital for medical care. My dream is to move to Maine with a friend who is a farmer. It’s 8 miles from Portland. Another friend offered me a ‘rent-free’ space in Augusta. I want to become involved with a church family. I’d like to get a cat if the landlord approves. It would help calm me and lower my blood pressure. Portland Hospital offers transportation to and from Amtrak in Maine. I’d go to senior’s group for entertainment. My focus is Portland for better health care.

[Financially?] SSI, Disability. I’ll have \$1,000 to \$1,100 monthly.

[Treatment?] I have lists of psychologists and therapists promoted by Psychology Today. Some are Christian on their website. I have friends who have researched this for me. I want a Christian therapist to discuss daily concerns that come up, experience my advice from scripture...[Would this address sex offender treatment?] I’ve had 40 years of sex offender treatment mostly at the TC... I’m not a big fan or eager of Rogers, Freud, Skinner. I don’t know much about Ellis. I don’t think they’re Christian. In scriptures it said people who engaged in sexual sins will go to Hell, but the Bible also says you can be forgiven and put it in the past.. I’m not sure what’s outside of the TC for sex offender treatment... on some level I have to guard against the past as a precaution.”

When asked if he was concerned about reoffending, he stated,

“No, I don’t think so. I wish I had had probation or parole to test my responses. I don’t believe I have any issues with sex, adult or child. I’m still married even though the county says we’re legally separated. She’s 19 years older and has [REDACTED]. We talk 2 to 3 times a month. On occasion I talk to my stepdaughter, [REDACTED] who takes care of my wife...My wife was a surrogate mother to me. I love her and will remain platonic until something happens to her.

If there was a temptation, I’d direct my thoughts to my wife or Jesus. I walk out of the room during love scenes. I’ve been mocked for leaving...[What’s wrong with watching something involving consenting adults?] Bible says fornication is wrong.

[What does the Bible say about desires for children?] It’s forbidden. It’s a sin. There are stories in the Bible of forbidden sexual activities.

[How long have you considered sexual thoughts to be a sin?] The last 20 to 30 years.”

When Mr. Chapman was asked if he believed he was a pedophile, he stated,

“Certainly I once was, but because I haven’t been around any temptation of late, I’d like to say no, but I once was...[Do you feel you have been forgiven by God?] Yes. About 20 years ago when I felt separated from the past and temptations...When I saw some women and children on TV, I’d fantasize and masturbate , but it’s been a couple of decades...[Thoughts?] Having sex with them.

I had a number of influences as a child. My dad took me to the bar at age 10. An orderly at the hospital fellated me at age 16. A second orderly at the hospital talked me into taking him and his friend to Toronto. He and his friend were fighting over who was going to sleep with me. A cab driver, when I was trying to bring my siblings away from my dad, gave me wine for the first time and he talked me into sodomizing him. I had never heard of fellatio and sodomy before that.

I wish I hadn’t met the orderly who taught me about fellatio and the cab driver teaching me about sodomy, these had big influences on me and when I moved to New England I started applying this to children.”

Mr. Chapman reported that he offended against “2 or 3 children in Pennsylvania, about the same in Rhode Island and Massachusetts, 2 from the governing offense in Lawrence, one in New Bedford. It’s very hard to look back on details to remember...I don’t know why I started to apply that sodomy to New England. I know I forgot a lot since then.”

Mr. Chapman indicated that he last masturbated “a couple of months ago to my wife...I awoke with an erection so I don’t know what I was dreaming about...[Did you ejaculate?] I think so, I believe so.” Mr. Chapman commented that he would not take medications such as Viagra. He stated, “I want to put all of that in the past at least until my wife died and I remarried...I don’t approve of gay marriage...At the time of my offending I didn’t care about these views. I wanted sex at the time. It was in the 60’s and 70’s.”

When asked about the audio recording, he replied,

“I was following behind a school bus and fantasizing about young boys that may be on the bus. I was addicted sexually to young boys. I think it was a power trip because they’re so vulnerable, ignorant to the dangers of having sex. They could have become pedophiles themselves or become male prostitutes, or pornography stars. I don’t know what specifically happened to my victims.

When those St. Jude commercials come on, these kids are hairless and I think about when I offended against them and I get upset. It would be nice to shed a tear. I can’t because of the medication side effect. I get moist eyes.

[What do you think about?] The oral sex, sodomy. It saddens me...[When is the last time you saw the commercial?] They come on every day, it’s brief. Everyday I’m reminded of this...I remember the harm I caused at the time. I never saw them as vulnerable at the time. I was concerned about the physical harm but now I realize how much they were harmed psychologically in the 60s and 70s. They were toys and objects...I like it here. There’s less sex talk, unlike at the Center. I didn’t enjoy hearing about it. It makes me feel guilty about what I did. My religious faith has taken over sex offender treatment.”

When asked about prior comments that he had 50 to 100 victims, Mr. Chapman commented, “I believe they were overestimates because of the shame and guilt I felt I exaggerated.” Mr. Chapman adamantly denied having any involvement in abducting young boys.

#### **Additional Information from the Clinical Interview (2018):**

Mr. Chapman entered the interview room in a walker and with the assistance of another inmate. Physically, he presented as considerably aged since this writer last interviewed him in October 2015. He also demonstrated mild hand tremors throughout the interview. Mr. Chapman started the interview by stating, “I may show some silence. I’m having trouble remembering things.” His speech pattern was notable for frequent, lengthy pauses in the midst of responding to a question. Mr. Chapman had difficulty directly answering most questions and his thought pattern was tangential. He had problems focusing on the questions asked of him.

When asked about his health, Mr. Chapman replied, "I'm thinking of getting me a wheelchair. I fall a lot. Walking is difficult. It's becoming more apparent that I need one." He did acknowledge that he is able to briefly walk unassisted without his walker. When asked if he would like to live independently, Mr. Chapman stated, "Not at this time. I think I have to be realistic. My health is horrid at this time."

When asked about reports of him exposing himself, he stated, "That's the nurses. I don't know how to answer that. If I put my hand behind my head, I've done that since childhood. It comes natural. I don't know why they complain... [Haven't you been told it's inappropriate?] Yes, but it comes so naturally (hand behind head)." Mr. Chapman then deferred any further inquiry about this topic to his lawyer." He stated, "I suggest you talk to Eric about this."

When asked if he is able to have an erection, Mr. Chapman commented, "No, I can't remember. It's been a long time. I can't ejaculate." He maintained that he is "attracted to nothing, I try not to be." Mr. Chapman denied having any sexual attraction to boys. He added, "I try to look the other way at anything that may be sexual...{Why?} Self-protection, self-prevention. We have a practice to not look at anyone sexually. That's what is in the scripture."

When Mr. Chapman was presented with a scenario involving a young boy sitting in his lap, he replied, "I would reject any attention for prevention. I wouldn't touch or have any intentions, young, old, male, or female. I've often left the room when someone describes an interest in anyone sexually."

When asked if he needs sex offender treatment, he replied, "No, because I'm not attracted to men, women, children in any shape or form...[When did that change?]  
Decision was made on my part when reading scripture. This goes back a few years."  
Mr. Chapman denied fantasizing or reminiscing about his sexual offending.

When asked about his sexual offending history, Mr. Chapman stated, "I'd appreciate if you talk to him [attorney] about it." When asked if he was worried about reoffending, Mr. Chapman commented, "On occasion, but rare. There's so much interest in society about females, even men sexually. Usually I just walk away."

When asked if he is a pedophile, Mr. Chapman responded, "Depends on who's definition. In my definition, no. Some people think once a pedophile, always a pedophile. I've worked hard not to think that way...being a danger to boys." When asked about television shows he watches, Mr. Chapman reported that he prefers "detective shows." He denied watching children's programming, "but sometimes I can't avoid it. I try not to watch."

When asked if he had any contact with family members, Mr. Chapman reported that his wife is [REDACTED] and that he used to receive letters from his brother in [REDACTED]. He further noted that he no longer wants to move to Maine. Mr. Chapman added,

“It’s more practical for me to live in a residential hospital, hopefully in Western Massachusetts.”

Mr. Chapman concluded the interview by again deferring to his attorney “to anything I didn’t adequately answer.”

**Actuarial Risk Assessment:**

**Static-99R:**

In viewing Mr. Chapman's risk from an actuarial perspective, the Static-99R, a commonly accepted actuarial tool, yields a score of 5. This places him in the “Above average” Risk Category for being charged or convicted of another sexual offense. In correctional routine samples with the same score, the 5-year sexual recidivism rate is 15.2%.

The Static-99R is an actuarial measure of relative risk for sexual offense recidivism. Given that Static-99R was found to fully incorporate the relationship between age at release and sexual recidivism, whereas the original Static-99 scale did not, the developers of Static-99 recommend that the revised version of the scale (Static-99R) replace Static-99 in all contexts where it is used. Static-99R has shown moderate accuracy in ranking offenders according to their relative risk for sexual recidivism. Furthermore, its accuracy in assessing relative risk has been consistent across a wide variety of samples, countries, and unique settings.

Risk Factor	Codes	Score
Age at release (70)	Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9 Aged 60 or older	1 0 -1 -3***
Ever Lived With	Ever lived with lover for at least two years? Yes No	0 1***
Index non-sexual violence - Any Convictions	No Yes	0*** 1
Prior non-sexual violence -	No Yes	0 1***
Prior Sex Offenses	Charges 0 1-2 3-5 6+	Convictions 0 1 2-3 4+ 0 1 2 3***
Prior sentencing dates	3 or less	0***



(excluding index)	4 or more	1
Any convictions for non-contact sex offenses	No	0***
	Yes	1
Any Unrelated Victims	No	0
	Yes	1***
Any Stranger Victims (boy at the mall)	No	0
	Yes	1***
Any Male Victims	No	0
	Yes	1***
<b>TOTAL SCORE</b>		<b>5</b>

Translating the Static-99R Scores into Risk Categories:

- Level I – Very low risk (Scores of -3 to -2)
- Level II – Below average risk (Scores of -1 to 0)
- Level III – Average risk (Scores of 1 to 3)
- Level IVa – Above average risk (Scores of 4 to 5)
- Level IVb – Well above average risk (Scores of 6+)

As recidivism estimates provided by the Static-99R are group estimates based upon reconvictions, 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. An offender’s risk may be higher or lower than the probabilities estimated in the Static-99R because this instrument does not include all factors that might be included in a “wide-ranging risk assessment,” such as dynamic risk factors. Notwithstanding, this instrument does provide a gross estimate of recidivism potential.

**Discussion:**

Based largely on Mr. Chapman’s declining physical condition and age, it is now my opinion that Mr. Chapman is not a Sexually Dangerous Person.

When looking at Mr. Chapman and applying the guidelines of Massachusetts General Laws, Chapter 123A, Section I, (i) and (iii), one sees that the first criterion has been met. Mr. Chapman has been convicted of enumerated sexual offenses in multiple states.

In my clinical opinion, the second criterion has also been met. Mr. Chapman has demonstrated a repetitive and compulsive pattern of deviant sexual arousal toward prepubescent boys between the ages of 8 and 12. In earlier reports, Mr. Chapman estimated that he sexually offended against 50 to 100 children. In subsequent

interviews, he has maintained that he exaggerated these estimates. Mr. Chapman's deviant sexual arousal to prepubescent boys is indicative of a Mental Abnormality best characterized as Pedophilic Disorder, Sexually Attracted to Males, Non-Exclusive.

Pedophilic Disorder is defined in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) as follows:

- A. Over a period of at least six months, recurrent, intense sexual arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger)
- B. The individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
- C. The individual is at least 16 years and at least 5 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

As specified in the DSM-5,

“Pedophilia per se appears to be a lifelong condition. Pedophilic Disorder, however, necessarily includes other elements that may change over time with or without treatment...the course of pedophilic disorder may fluctuate, increase, or decrease with age.”

While pedophilic interest might persist throughout the adult lifecycle, with treatment, pedophiles can learn how to manage and contain these deviant drives.

As noted in this writer's 2012 Qualified Examiner report,

Mr. Chapman engaged in a range of deviant sexual activity that included deceiving his victims by fabricating a story about looking for his missing dog, fondling his victims, forced fellatio (performing on the boys, having the boys perform on him), exposing himself, taking pictures of naked children, and anal

intercourse. Mr. Chapman acknowledged that he previously possessed child pornography. Though Mr. Chapman denied ever threatening his victims, he readily acknowledges that his size was most likely intimidating to his victims. Mr. Chapman continued to engage in this compulsive behavior despite prior arrests and incarcerations for prior sexual offending.

There are also some sadistic elements to Mr. Chapman's personality which included abusing and torturing cats as a child. He described this as a way for him to release his anger. Mr. Chapman reported in a 1982 therapy note that he had fantasies of fondling a boy and then killing him so no one would know. Furthermore, as noted in a 1977 interview,

Dr. Groth also noted "four disturbing but inconclusive issues" which arose during the interview: 1) Mr. Chapman reported buying a pair of professional-type handcuffs but offered no explanation; 2) He reported purchasing a gun that shot mace, which he justified for self-defense against muggers; 3) Mr. Chapman reported that he tied up one of his victims in the woods and abandoned him that way, and 4) Mr. Chapman stated, "I feel that if I hadn't started trying to treat myself in various ways that it could have led maybe one day to murder."

In reviewing the relevant issues to Mr. Chapman being likely to sexually reoffend, Mr. Chapman presents with the following empirically derived static and dynamic risk factors: multiple male, child victims; deviant sexual arousal to prepubescent boys; antisocial orientation (e.g., criminal history, prior sex offending; prior conviction for nonsexual violence); unrelated and stranger victims; age at the time of offending; never lived with a significant partner for two years; and failure to complete sex offender treatment.


Potential protective factors such as Mr. Chapman's age and physical health were also considered. In general, sex offenders tend to commit fewer offenses as they age. At age 70, Mr. Chapman is at an age where recidivism risk is generally lower and does serve as a protective risk factor.

Mr. Chapman's multiple medical conditions have reached a stage where his primary health care provider, Dr. Angeles, no longer believes that Mr. Chapman is able to live independently. As previously mentioned, she physically described Mr. Chapman as "not going to get better" and that his health is in a slow, gradual decline. Aside from his longstanding issues with mobility and incontinence, his Parkinson's Disease likely exacerbates his mobility issues and will continue to create additional problems for Mr. Chapman. Considering Parkinson's Disease is a neurodegenerative disorder primarily caused by a loss of dopamine neurons, this will result in a continued deterioration of Mr. Chapman's physical condition and his cognitive status. During the course of this interview, Mr. Chapman demonstrated impaired thinking, memory deficits, and tangential thinking. Furthermore, a loss of dopamine can also result in decreased libido. Lower testosterone levels are often seen in men with Parkinson's Disorder.

Albeit very rare, people with Parkinson's Disorder can sometimes experience a considerable increase in sexual arousal due to their Parkinson's medication being at too high of a dose. This does not appear to be the case with Mr. Chapman as there is no data in the medical record to support this notion. Additionally, Mr. Chapman has been diagnosed, in part, with Persistent Depressive Disorder which would seemingly contradict the possibility of having a significant increase in sexual arousal. Depression is a symptom that is more commonly aligned with Parkinson's Disorder.

I agree with the concerns that Dr. Angeles and Ms. McQuaid each raised about Mr. Chapman. Specifically, that Mr. Chapman absolutely cannot be in an environment with access to children and that he is likely exaggerating the extent of some of his physical and cognitive limitations. Notwithstanding, the combination of Mr. Chapman's age and his deteriorating physical condition resulting in him no longer being able to manage independently, has reached a threshold in which I can no longer opine that Mr. Chapman is likely to reoffend sexually if not confined to a secure facility. Therefore, it is my opinion that Mr. Chapman is no longer a sexually dangerous person.

Respectfully submitted,

DocuSigned by:  
  
BDD50093C77344...

Gregg A. Belle, Ph.D.  
Qualified Examiner

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