

Throughout the book, there is an emphasis on respect for the evaluatee.

In summary, the written report is essentially the work product of forensic psychiatric practitioners. In contrast to many other resources on report writing, this book provides historical and background information, as well as clear practical guidance on specific types of forensic mental health reports. Accordingly, it is hard to find fault with the book. The editors have achieved their goal of providing an informative and comprehensive guide to writing forensic reports. The book is recommended to forensic practitioners who want a single text to serve as a reference and a guide to their report writing.

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## Justice Perverted: Sex Offense Law, Psychology, and Public Policy

By Charles Patrick Ewing. New York: Oxford University Press, 2011. 238 pp. \$46.50.

Charles Patrick Ewing, a psychologist, attorney, and law school Distinguished Service Professor, tackles four controversial sex offender public policy topics in his latest book: civil commitment of sex offenders; sex offender registration, notification, and restriction laws; possession of child pornography; and internet sex offenders. Ewing reports that although sex crimes have dramatically decreased in number over the past couple of decades, there have been increasing consequences for convicted sex offenders, particularly when their victims are children. Ewing ascribes this to the heinousness of these acts, public pressure to respond, and politicians' desire to demonstrate action against perpetrators.

The most extensive revisions of sex offender laws in the United States target convicted sex offenders at the conclusion of their prison sentences. In 1990, the first sexual predator legislation was adopted. Offenders could be committed indefinitely to secure psychiatric facilities if they demonstrated a vaguely defined mental abnormality or personality disorder that could cause the individual to recidivate sexually. This

was an extreme departure from the usual mental illness and dangerousness criteria necessary for civil commitment. The new criteria were narrowly upheld by the United States Supreme Court in *Kansas v. Hendricks*.<sup>1</sup> The Court held that states have the right to segregate sexually violent predators according to their own definitions, which may deviate from the traditional mental illness criteria. The Court also determined that committing the offender did not violate *ex post facto* and double jeopardy constitutional provisions because the legislation was civil and remedial in nature, rather than criminal.

Sex offender laws resulted in the civil commitment of more than 4,000 offenders by 2007 and only 11 percent had been released from confinement. By 2010, 19 states and the federal government had adopted civil commitment procedures for sexually violent predators. Ewing is critical of the procedures and cites the limited ability of mental health professionals to predict sexual recidivism. He castigates fellow psychologists who use static, unalterable risk assessment checklists to determine future sexual behavior. He explores the problems associated with sex offender treatment under commitment and estimates that the cost of these programs will exceed a billion dollars in the near future. In response to these concerns, Ewing proposes repealing civil commitment statutes and instituting lengthier indeterminate prison sentences for repeat violent sex offenders.

As civil commitment for sex offenders became more prevalent, legislators also enacted sex offender registration, notification, and residency restrictions. The United States Supreme Court again ruled that these laws were civil and remedial and are not subject to the constitutional protections reserved for criminal cases. In 2006, Congress enacted the Adam Walsh Child Protection and Safety Act,<sup>2</sup> which mandated that all states accept its provisions or lose specific federal funding. All sex offenders must register with law enforcement annually for at least 15 years and the most serious offenders must register every 90 days for life. Also, residency restrictions prohibit sex offenders from living close to schools, daycare centers, parks, or other places where children gather. The author indicates that the ordinances can be so restrictive that living or working in some towns is essentially eliminated. The restrictions have led to ghettos of sex offenders living outside city limits. I am reminded of the medieval practice of driving

mentally ill individuals outside of cities to wander in the countryside.

Ewing presents and analyzes many studies to determine the efficacy of the registration, notification, and residency restrictions on the incidence of sexual recidivism. He concludes that these practices do not significantly change the prevalence of sex crimes. In fact, according to some studies, these procedures result in greater recidivism.

One area of increased offending and recidivism involves the manufacture and transmission of child pornography via the Internet. The federal government has begun an aggressive campaign against offenders involved in child pornography. Congress has passed legislation with lengthy prison sentences for the receipt or further distribution of each pornographic image. Generally speaking, offenders who commit physical sexual assaults on children receive lesser sentences than those who transmit child pornography. In some cases, offenders have received sentences of hundreds of years of incarceration. Although the federal government justifies this by indicating that those involved with child pornography go on to actual sexual assaults, studies do not support this contention. Ewing contends that state laws and those of other countries appear to take a more realistic view of this problem.

The book ends with Ewing's discussion of Internet sex offenders. Surveys suggest that this is a growing problem, with youths receiving messages with invitations to sexual activity. Law enforcement and vigilante groups, including popular media, have attempted to curb this activity by the use of decoys, engaging the perpetrators in Internet chat rooms, establishing in-person liaisons, and apprehending those involved in this illegal activity. Ewing describes the outcome of these efforts, the use of entrapment as a defense, and the nature of the offenders.

In describing the topic areas, Ewing gives a history of the subject; the current developments including pertinent excerpts of statutes and court decisions; professional studies where available; and a cost-benefit analysis of each of the current public policy solutions. The author has presented a lucid and concise exposition of these sex offender areas. He concludes each of the discussions with his thoughtful recommendations for evidence-based changes in what he regards as misbegotten, deeply flawed public policy attempts to address illegal sexual behavior. I highly recommend this book.

## References

1. *Kansas v. Hendricks*, 521 U.S. 346 (1997)
2. Adam Walsh Child Protection and Safety Act of 2006, Pub. L. No. 109-248, 2006

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## Preventing Boundary Violations in Clinical Practice

By Thomas G. Gutheil and Archie Brodsky. New York: Guilford Press, 2008. 340 pp. \$38.

Reviewing a book that has enthusiastic endorsements from luminaries such as Glen Gabbard and Ken Pope on the back cover is like commenting on work that God has blessed, which is an extra burden on the hapless reviewer. The job is not made any easier by the fact that the book was published five years ago and reprinted in 2011, raising the inevitable questions in the reader's mind: why another review and why now? What else can be said on this topic?

The book is divided into three sections, Foundations, Explorations, and Implications, and they do exactly what the titles suggest. The Foundation section sets the scene by describing the ethics-related principles and purposes of boundaries in clinical practice. In Explorations the authors use clinical scenarios to distinguish between boundary violations and what they describe as boundary crossings. The last section describes the implications for clinicians and trainers in relation to both prevention of violations and education.

The authors claim that boundary crossings are relatively benign transgressions that ostensibly do not cause any harm. I have never been a big fan of the concept of boundary crossings, as I think the distinction made by the authors between crossings and violations creates a false dichotomy. Based on what I have seen in clinical practice, I have come to believe that boundary crossings are boundary violations waiting to happen and that maintaining the distinction is problematic.

One problem with this distinction is that boundary crossings may be repeated and may develop into boundary-violating behaviors over time. Further, it is not clear who will decide whether a behavior may