"An offender's right to treatment ..."
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Rape is a violent criminal act, not necessarily a manifestation of mental illness. Yet Michael Kelley, a convicted rapist, was treated as though he was amenable to conventional therapy in a state mental health facility.

Since his original incarceration, state law has been changed to emphasize punishment, rather than therapy such as he received. But this shift should not exclude experimentation with other forms of treatment for violent sexual behavior as long as men like Kelley are in prison.

Kelley's early life primed him for adult criminal behavior. Abused by his father, he became a prostitute and drifter, then a rapist. He was not sent to the solely punitive state prison at Cedar Junction, but to the Center for the Treatment of the Sexually Dangerous in Bridgewater.

The Bridgewater center – set up in 1957, the year of Kelley's birth – is a hybrid prison and mental hospital. It has operated under a set of assumptions that are now widely regarded as false. Most mental health professionals no longer believe that sex offenders can be classified simply as mentally ill and treatable by individual or group therapy.

The Dukakis administration decided to close the center, but Kelley and 220 other inmates were grandfathered in. They would still be evaluated by a therapists' committee and a judge, and, if perceived as no longer sexually dangerous, they could be freed. Kelley went through the process, and was released from custody in October 1991. Eight months later he was behind bars for allegedly killing two Plymouth women.

It would be tempting merely to imprison the 200 remaining inmates to prevent a repetition of the Kelley case, but their rights under the Constitution need to be observed. However, judges reviewing inmates' cases must make sure that the safety of the public is safeguarded as well.

The Dukakis administration acted wisely when it decided to phase out the center. During this interim period, however, the Weld administration should provide it with adequate resources to deal with inmates who are still there and to properly screen those who are eligible for release.

After the Kelley case, many people want to abandon any pretense of therapy in favor of the throw-away-the-key approach for future offenders. But there appear to be other alternatives.

Rob Freeman-Longo of the Center for a Safer Society in Orwell, Vt., says that rapists are less likely to commit their crimes once they reach age 40. Perhaps a longer term would have stilled Kelley's violent impulses; a longer term would certainly have provided longer protection for the public.

Freeman-Longo says his program has had some success with new forms of treatment for sex offenders. These new approaches concentrate on conditioning the offender not to repeat acts of violence once he is released. The rapist is encouraged to admit that he has the urge to commit these crimes, and then through a variety of techniques, is trained to master them.

The treatment appears to be successful only with inmates who volunteer for the programs, but without treatment, recidivism rates approach 40 percent.

The state would do well to establish experimentally a voluntary treatment program. It could be housed in the Bridgewater center as space becomes available through the release or transfer of inmates. And the new treatments could be tried first on current inmates.

The seeds of Michael Kelley's violence lie deep in his childhood. Many specialists contend that early intervention is the best hope of preventing sexual violence later in life. The state's nationally renowned Department of Youth Services needs to be strengthened to allow it to focus on these youngsters when they first get into trouble.

Kelley's release was a terrible mistake, but it would be equally wrong to impose harsh punishments on sexually violent criminals without offering them treatment. With improved treatment programs, state government has a much better chance of preventing such crimes and protecting its residents once these offenders leave prison.