

Aug 19/20 2002

Call:

Malibu:

Thurs Aug 1 3:20

I phoned: [REDACTED] - spoke with adm. assistant



Archdiocese of Los Angeles

Office of
Vicar for Clergy
(213) 637-7284

3424
Wilshire
Boulevard

Los Angeles
California
90010-2241

July 25, 2002

Confidential

[REDACTED]
Franciscan Province of St. Barbara
1500 - 34th Avenue
Oakland, CA 94601

Dear [REDACTED]

It is with sadness that I am writing to pass on to you a complaint of sexual misconduct lodged by that came into our hot line here at the Archdiocese alleging misconduct by Brother Sam Cabot, O.F.M.

The allegation concerns two individuals, [REDACTED] who were purportedly abused by Brother Cabot in Santa Barbara in the period from approximately 1981 through 1985.

This complaint came to us through our hot line established to receive complaints of sexual misconduct. The initial phone call came from [REDACTED] a friend of the family. Sister Sheila McNiff, SHCJ, in her capacity as our Coordinator for Assistance Ministry, followed up with [REDACTED] and [REDACTED]. Enclosed, please find a two-page summary of the results of Sister Sheila's conversations.

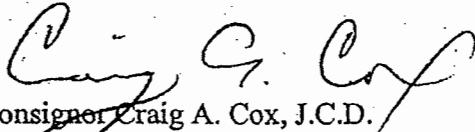
Please note that [REDACTED] has made a report to the police.

Since Brother Sam Cabot is a member of your community, I am forwarding this to you so that you can implement your own policy to investigate the matter and to initiate the appropriate pastoral outreach to [REDACTED] and others in the family.

I would appreciate it if you would confirm your receipt of this letter. Also, would you please be so kind as to inform me of the current status of Brother Cabot?

Please feel free to get in contact with me or with Sister Sheila if you, or the delegate you assign to handle this matter, have any questions. Thank you for your attention to this matter. May God bless you and the ministry of the Franciscans!

Yours in Christ,


Monsignor Craig A. Cox, J.C.D.
Vicar for Clergy

enclosure

cc: Sister Sheila McNiff

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Clergy Misconduct
Suspected Child Abuse

Victim-Survivor [REDACTED]

Initial call: [REDACTED]

7-17-02 message left on tape received 7-18-02
7-19-02 Contact made

Family:

Phoned [REDACTED] 7-19-02 left message to call.
No return call. Called again 7-25-02 made contact.
[REDACTED] confirmed their wish for the matter to be reported.
[REDACTED]

Perpetrator:

Brother Sam Cabot, OFM

Report to [REDACTED]

Made by [REDACTED] Detective contacted the victim(s)
Tuesday, July 24, 2002. [REDACTED]

The [REDACTED] has known of the abuse since about 1998 (4 ½ years). The relationship with the Franciscan Community prevented them from coming forward. [REDACTED] confronted Brother Sam around 1998. At the funeral of the [REDACTED] grandfather [REDACTED] shared with family friend, [REDACTED] that she had been abused by Brother Samuel Cabot, OFM. [REDACTED] especially are perceived to have strong ties with the Franciscans.

[REDACTED] She was adopted as a small baby with the help of Brother Sam. In 1981, when [REDACTED] was 4 years old, Brother Sam sexually abused her.

Brother Sam was a guest in the [REDACTED] home overnight approximately once a month. The abuse occurred in her family home in her bedroom around 5:00 a.m. in the morning. The abuse consisted of fondling, touching of genitals and digital penetration. This occurred over a 4 ½ year period from 1981 – 1985. Their home at the time was in Santa Barbara according to [REDACTED]

On May 8, 2001, [REDACTED], a friend of the [REDACTED] family reported to child Protective Services the Sexual Abuse of [REDACTED] and her cousin, [REDACTED] who is now married. Child Protective Services in Santa Barbara told [REDACTED] that it was not their jurisdiction so nothing could be done.

[REDACTED] is said to have the clearest memories of the abuse. She is chemically dependent and has suffered emotionally over the years. At age 13 she expressed her anger according to her [REDACTED] and her husband did not understand the source of

her anger. [REDACTED] said that when she found out a few years ago from [REDACTED] that she had been molested by Brother Sam she was "so hurt that she had not been able to protect her baby". [REDACTED] expressed great pain when I was able to reach her by phone in Nevada. She explained that [REDACTED] was so bonded with the Franciscans that no one felt they could do anything while he was alive. [REDACTED] had confided in family friend, [REDACTED], her abuse after the funeral of her grandfather. Grandfather denied earlier that anything could have happened to [REDACTED] by Brother Sam.

[REDACTED] confronted Brother Sam when she was in her early 20's, approximately 3 or 4 years ago. [REDACTED] asked Sam, "Why did you do this to me?" Sam replied, "I didn't do anything you didn't like". [REDACTED] said, "[REDACTED] was so afraid she stopped contact with him". The family has not been in contact with him since.

[REDACTED] the victim does not have a phone so contact [REDACTED]

II Victim - Survivor:


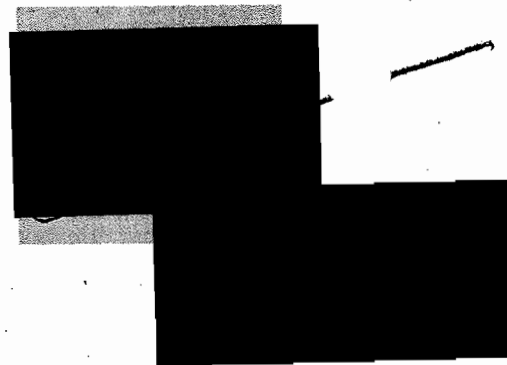
[REDACTED]
Ages 6-8 abused

Abuse:

Fondling, hugging, digital penetration
Denies oral copulation or intercourse.
Denies pornography



[REDACTED] is married and has at least one child. She is more concerned for her [REDACTED] to get help. I spoke to her at [REDACTED]

Sr. Sheila McNiff
Assistance Ministry Coordinator
July 25, 2002

Rough Draft of letter to Br. Sam Cabot

Dear Sam<

After our meeting I thought about all you  said and presented this to 
This is what we will be doing beginning October 1, 2001. It will be evaluated
by the two of us in six months,

From your work you receive monthly: 1200
The retreat house will give you a
salary for your week-end duty and work: [150 or 250]



You will continue to pay the House 300
You will also turn in what you receive
as stipend from the retreat house. [150 or 250]

The House will continue to pay 250
your health insurance.


You will take care of your car up-keep 225
Insurance and gas and repairs.

You will put aside 300 a month for 300
a purchase of a truck and for tools.

That will leave you 375 for your own living expenses.

I hope this is OK for you. I am sending copies of this to  and to 

Thanks for the visit.

*I'll be back
next week* 

McGovern & Associates
1225 N.W. Murray RD.
Suite 214
Portland, OR. 97229

December 2, 2002

Keith I. Linn, Psy. D.

Please be advised to give or share all test results and information gathered by you and McGovern & Associates to:

Father [REDACTED] and
Doctor Israel Rosales, Psy. # 12747 that pertains to
Samuel Charles Cabot.

Thank you for your kind help.

Samuel Cabot

Samuel CABOT



Province of St. Barbara

FRANCISCAN FRIARS

1500 34th Avenue Oakland California 94601 (510)536-3722 Fax (510)536-3970

Dr. Israel Rosales

1734 Fillmore St.

San Francisco, CA 94115

December 4th, 2002

I spoke with Brother Sam Cabot last night and he gave permission to send this report to you. Could you please check your calendar for dates you may have time open and I can ask Sam to come to SF and we can visit you. I would like to see Samuel under the auspices of the IRT before I leave office January 12th.

Sincerely,



Psychotherapist/Patient Privilege

SERRA RETREAT

3401 SERRA ROAD - P.O. BOX 127
Malibu, California, 90265

TEL 310-456-6631 FAX 310-456-6051

[warrenR480@aol.com]

TO:

FROM:

FR. WARREN ROUSE, O.F.M.

DATE:

23 December 2002

Cardinal Mahoney attended our regional deanery meeting and, after a few remarks, wanted a dialogue with the priests.

I asked him if a retreat center such as Serra could be used as an after-care center for friars involved in some degree of sexual misconduct.

His answer: he considers a retreat center to be a form of public ministry and therefore unacceptable for after-care.



Province of St. Barbara

FRANCISCAN FRIARS

1500 34th Avenue Oakland California 94601 (510)536-3722 Fax (510)536-3970

August 20, 2003

Msgr. Craig Cox, JCD
The Archdiocese of Los Angeles
3424 Wilshire Blvd.
Los Angeles, CA 90010

RE: Brother Samuel Cabot, OFM

Dear Monsignor Cox:

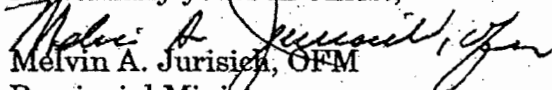
I wish to inform you about an allegation of sexual abuse of a minor involving one of our friars, Brother Samuel Cabot, OFM. The allegation came to the Province through the Archdiocese's hotline. Actually there are two victims: one alleging abuse 1977 and the other in 1981. Brother Sam admits only to the 1981 allegation.

As soon as the allegation surfaced, Bro. Sam was sent for evaluation at TARA (Sr. Fran Ferder and Fr. John Haegle). He was placed under the direction and supervision of our Independent Response Team. His therapist is Dr. Tim Burke. There is a former probation officer who checks with him and his superior every two weeks.

He is presently residing at Serra Retreat, Malibu. He is under the obedience of the Guardian of the fraternity. The Guardian as well as the Director of Serra Retreat are aware of his circumstances. He is not engaged in any pastoral ministry. He does have a job off the retreat property: he does maintenance work for a company. The company has its own policy that no employee be alone with children. He follows that policy and, we are presently evaluating whether he should continue in that position.

I am enclosing the guidelines that he is bound to follow and are used in his monitoring.

Fraternally yours in Christ,


Melvin A. Jurisich, OFM
Provincial Minister

Interview with Br. Sam Cabot, July 31, 2002

Josef Prochnow was present for the interview and will accompany him to the meeting with Dr. McGovern for the psycho-sexual exam.

1. Sam admitted to the allegations regarding [REDACTED]. He did not admit to those regarding [REDACTED].
2. When he returns home, he will resign from his week-end work at Serra Retreat.
3. An appointment has been for him to have a psycho-sexual examination with polygraph. (Dr. Kevin McGovern – Portland – August 19th and 20th).
4. Regarding his work during the week not connected with the Church, as there are many safe-guards present, he will stay working until we get the results of the exam of Dr. McGovern.
5. I will phone [REDACTED] tonight or tomorrow.
6. I will speak with Brian B., the attorney, regarding the case. — ✓

Client Privacy

[REDACTED]

Called [REDACTED]
2 weeks

Interview with Br. Sam Cabot, July 31, 2002

Josef Prochnow was present for the interview and will accompany him to the meeting with Dr. McGovern for the psycho-sexual exam. **REDACTED**

1. Sam admitted to the allegations regarding **REDACTED**. He did not admit to those regarding **REDACTED**.
2. When he returns home, he will resign from his week-end work at Serra Retreat.
3. An appointment has been for him to have a psycho-sexual examination with polygraph. (Dr. Kevin McGovern - Portland - August 19th and 20th).
4. Regarding his work during the week not connected with the Church, as there are many safe-guards present, he will stay working until we get the results of the exam of Dr. McGovern.
5. I will phone **REDACTED** in Las Vegas tonight or tomorrow.
6. I will speak with Brian B., the attorney, regarding the case. — ✓

REDACTED

Called
2 weeks

REDACTED

CONFIDENTIAL FAX

To Radhule Weininger PhD
From Tom West OFM
Re Victims of Sexual Abuse by Sam Cabot OFM
Date April 15, 2003

Dear Radhule,

I am getting back to you about the victim/survivors the IRT asked about. Attached is the report from the Archdiocese of Los Angeles. As it indicates [REDACTED] is the victim. She does not have a phone. Her Mother is [REDACTED]

[REDACTED] also reports abuse.

These are the only victim/survivors that have been identified.

Peace,

Tom West OFM

sent by mail

[REDACTED]

4/15/03

Spoke: [redacted]

4/20 spoke to [redacted]
"I'm not supposed to talk with you"
gave her IRT #
and my #

To: Tom West, OFM, Vic. Prov.
From: [redacted]
Allegation(s) regarding Sam Cabot
April, 2, 2003

IRT } call
or
vs [redacted]

Check the Sam Cabot file regarding the allegations of the [redacted]. One family, [redacted] spoke with me when we began working with Bro. Sam. I told them that we would inform them about what we were doing with Bro. Sam. The IRT had not finished his case so I did not get back with them. Could you do it.

Sam denies the other allegation and the polygraphs did not prove either yes or no. This involves another [redacted] is the mother of the other girl. I have not spoken with them - nor has the Archdiocese of LA. It might be good if someone (either you or someone from the IRT) gets the phone number and makes contact. IT's complicated because Samuel does not admit to this allegation.

Talk
To [redacted]

I'll be in Mexico until Saturday, the 12th.

Take care. [redacted]

IRT - contact
victim 5

INDEPENDENT RESPONSE TEAM
OFFICE OF EXTERNAL MONITOR
24 MORRILL COURT
OAKLAND, CALIFORNIA 94618
TEL/FAX: (510) 653-9313

MEMORANDUM

To: Brother Sam Cabot, O.F.M.
From: [REDACTED]
Re: Guidelines
Date: ~~August 18, 2004~~

December 2004

Dr. Israel Rosales instructed me to send each of the aftercare friars the present Guidelines that you are required to observe. I have already discussed the matter with you during one or more of our contacts, and I have also discussed it with Dr. Rosales. You may, of course, ask me or him for any further clarification.

As of this date, the Province requires that you:

1. Do not talk to or interact with anyone under age 21 years. Limited contact with minor family members is permitted if an adult is present, providing that adult is aware of your risk factors;
2. Avoid any location where primarily people under age 21 years congregate, e.g., malls, arcades, entertainment centers, etc.;
3. Do not attend any activity or event which is primarily attended by minors (e.g., concerts, movies, etc.) without prior permission of your guardian and the aftercare director;
4. Do not engage in any sexual behavior or in any behavior which could be perceived as sexual with any retreatant/parishioner, Provincial employee, or anyone with whom you are involved in an official capacity as a Franciscan friar;
5. Obtain prior permission from your guardian and the aftercare director whenever you leave your assigned position overnight;
6. Participate in regular scheduled activities which are a part of your assigned duties or which have been authorized beforehand by your guardian. You must advise your guardian or his delegate beforehand whenever you deviate from your assigned duties;
7. Obtain prior permission from your guardian and the aftercare director whenever you vacation regardless of its length. It is also required that you obtain prior permission for overnight or weekend leave;

8. Attend and participate in any therapeutic program approved by your Province and IRT;
9. Our understanding of your weekly activity schedule is that:
 - a. You reside at the Malibu Retreat Center;
 - b. You are employed as a stationary engineer, currently at the Jesuit Novitiate in Culver City, and your current schedule requires you to be there Monday, Tuesday, and Thursday from 7:30 a.m. to 5:00 p.m., but your hours do increase when the novices are on leave from the novitiate; you notify your guardian prior to any changes of your work schedule; your actual schedule is set by the needs of the minister/director of the novitiate;
 - c. On Wednesday, you attend mass at St. Monica Church in Malibu, spend the remaining morning hours reading, and participate in a community evening prayer service at the retreat house and a house meeting;
 - d. On Thursday, after work you meet with therapist, Dr. Burke, at his office for an hour and return to the retreat center at about 7:30 p.m.;
 - e. On Friday morning, you normally spend time reading after mass and breakfast and return to the retreat center by noon;
 - f. On Saturday, you normally do house work; and
 - g. On Sunday, you normally attend mass at St. Monica Church, have breakfast, read, and return to the retreat center by noon.

Read and agreed:

Date: 10 - 29 - 04

Date: 12 - 28 - 04

Date: 1/1/05

Samuel Cabot
Sam Cabot, O.F.M.

[Signature]
External Monitor

Tom West ofm
Aftercare Director

Bates Nos.148 was ordered removed by the trial court.

Province of St. Barbara
Franciscan Friars
1500 34th Ave.
Oakland, CA 94601
510-536-3722

March 29, 2007

CONFIDENTIAL WORK EVALUATION

The below captioned friar is assigned to work at the Jesuit Novitiate, Culver City and he is also subject to some activity restrictions necessitated by his inclusion in a program managed by the "Independent Response Team" that employs the undersigned as its "External Monitor." Father Tom West, O.F.M. is my manager and may be reached at the address and phone number given above. Periodically, the Province requests that I secure an employer evaluation on a friar who is independently employed. Thank you for your cooperation in this effort.

Please answer the following questions as specifically as possible. The information you provide is extremely helpful to the Province. Some questions may not be applicable to this particular friar or his employment with you. If so, please respond by noting "N/A."

Employee: Brother Sam Cabot, O.F.M.

Your Name: MICHAEL BREWITT, S.J.

Your Position: MINISTER, IGNATIUS HOUSE - JESUIT NOVITATE

1. List the employee's work duties. (Only respond during first evaluation.)

UPPLY + STOCK
MAINTENANCE
ROOMS +
EQUIPMENT

FURNITURE,
APPLIANCE
+ EQUIP
REPAIR

MAINTENANCE FOR ENTIRE PROPERTY.
LIAISON WITH OFF-PROPERTY REPAIRMEN.
RENOVATION OF PROPERTY;

- LIGHTING
- PLUMBING
- TILEWORK
- PAINTING
- CUP BOARD, ETC.
- WINDOWS
- DOORS
- FLOORING

SUPERVISE 1 PART-TIME STAFF IN MAINTENANCE CHORES

2. With what other staff does the employee work? (Please use descriptors such as "full/part-time, paid/volunteer, male/female, adults/minors, etc.)
MAINLY WITH SINESIO FLORES (OUR GARDENER - PART TIME, MALE, SPANISH-SPEAKING, FAMILY MAN, INDEPENDENT CONTRACTOR.)
SAM SUPERVISES SINESIO 1 DAY/WK IN MAINTENANCE CHORES, AND TEACHES SINESIO BASIC MAINTENANCE SKILLS.
3. With which clients or members of the community at large does the employee work? (Please use descriptors such as ethnicity, age range, academic/occupational status, special needs, etc.)
SAM VERY OCCASIONALLY OVERSEES OUR NOVICES WHEN THEY DO MANUAL WORK ON OUR PROPERTY.
(NOVICES: ANGLO, LATINO, ASIAN, 21-44, BA-PhD LEVELS)
THE NOVICES RESPECT SAM AND DEFER TO HIS VAST SKILL SET.
4. On a scale of 1 to 10, with 1 being least effective and 10 being most effective, how would you rate the employee's performance?
10
5. In what areas does the employee need improvement?
NA
6. List any complaint about the employee that a fellow staff member has verbalized to you.
NA

7. List any concern or problem you have regarding the employee's interaction with staff, clients, or the public.

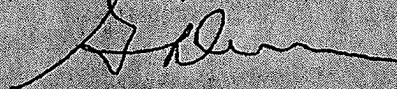
NA

8. State any additional comments about the employee.

SAM IS LOYAL, TRUSTWORTHY, DEPENDABLE,
HARD-WORKING, PATIENT, GOOD-NATURED,
SELF-STARTING, , ,

Thank you again for your time and consideration.

Sincerely,



Gerry Dunn

External Monitor

24 Morrill Ct.

Oakland, CA 94618

510-653-9313

Bates Nos.152-154 were ordered removed by the trial court.

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

Bates Nos.165 was ordered removed by the trial court.

Aftercare Friar Self Report
(for those currently in therapy)

Name Samuel Cabot Date May 14, 2006

Name of Therapist Dr. Timothy Burke MD

Date Therapy Began: Sept. 5, 2002

- 1) In the last three months what have you and your therapist been working on?
Dr. Burke continues to monitor my behavior with adults & if there is any sign in my conversations in therapy of some offending behavior about children.
- 2) During this time have you discussed any new aspects of your offending behavior or offense cycle? If so please describe:
No.
- 3) What are specific examples of progress you have made these past three months:
The question should be asked of Dr. Burke & Father Michael Weiler SJ, who is the Novice Director & a Psychologist.
- 4) Have you had any problems in therapy? If so please describe them and suggestions for improvement:
No.
- 5) Describe any difficulties you've had with the Aftercare Program during this period and suggestions for improvement:
No.

6) Other suggestions for enhancing your therapy or participation in the Aftercare Program?

I think my therapy program is working well for me

Samuel Cabat
signature of Aftercare Friar

QUARTERLY AFTERCARE FRIAR SELF-REPORT

(for those currently in therapy)

[please type or print your answers - form can be provided to you via disk or email]

1. Name of Aftercare Friar

Samuel Cabot

2. Name of treating therapist(s)

Dr. Timothy Burke

3. Date therapy began

9-5-02

4. In the last 3 months, what have you and your therapist worked on?

5. During this period, have you discussed any new aspects of your offending behavior or offense cycle with your therapist? If so, please describe.

6. What are some specific examples of progress you have in the last 3 months?

7. Have you had any difficulties with your therapy? If so, please describe them and set forth any ideas or suggestions for improvement.

8. What difficulties have you had with the Aftercare System during this period? Please describe them and set forth your ideas and suggestions for improvement.

9. What are your suggestions for enhancing your therapy and/or your participation in the Aftercare Program at this point?

Date: *5-14-06*

Samuel Cabot
Signature of Aftercare Friar
I thought Father Michael was my
After-Care Friar. I was not informed
[Printed/Typed Name of Aftercare Friar]
of a change.

Aftercare Friar Self Report
(for those currently in therapy)

Name Samuel Cabot Date May 14, 2006

Name of Therapist Dr. Timothy Burke MD

Date Therapy Began: Sept. 5, 2002

- 1) In the last three months what have you and your therapist been working on?
Dr. Burke continues to monitor my behavior with adults & if there is any sign in my conversations in therapy of some offending behavior about children.
- 2) During this time have you discussed any new aspects of your offending behavior or offense cycle? If so please describe:
No.
- 3) What are specific examples of progress you have made these past three months:
The question should be asked of Dr. Burke & Father Michael Weiler SJ, who is the Novice Director & a Psychologist.
- 4) Have you had any problems in therapy? If so please describe them and suggestions for improvement:
No.
- 5) Describe any difficulties you've had with the Aftercare Program during this period and suggestions for improvement:
No.

6) Other suggestions for enhancing your therapy or participation in the Aftercare Program?

I think my therapy program is working well for me.

Samuel Cabal
signature of Aftercare Friar

QUARTERLY AFTERCARE FRIAR SELF-REPORT

(for those currently in therapy)

[please type or print your answers -- form can be provided to you via disk or email]

1. Name of Aftercare Friar

Samuel Cabot

2. Name of treating therapist(s)

Dr. Timothy Burke

3. Date therapy began

9-5-02

4. In the last 3 months, what have you and your therapist worked on?

5. During this period, have you discussed any new aspects of your offending behavior or offense cycle with your therapist? If so, please describe.

6. What are some specific examples of progress you have in the last 3 months?

7. Have you had any difficulties with your therapy? If so, please describe them and set forth any ideas or suggestions for improvement.

8. What difficulties have you had with the Aftercare System during this period? Please describe them and set forth your ideas and suggestions for improvement.

9. What are your suggestions for enhancing your therapy and/or your participation in the Aftercare Program at this point?

Date: *5-14-06*

Samuel Cabot

Signature of Aftercare Friar

*I thought Father Michael was my
After-Care Friar. I was not informed
of a change.*

[Printed/Typed Name of Aftercare Friar]

Aftercare Friar Self Report

Name Samuel Cabot Date April 18, 2005

Name of Therapist Dr. Timothy Burke M.D.

Date Therapy Began: Sept. 5, 2002

- 1) In the last three months what have you and your therapist been working on? Pretty much the same therapy on my social behavior with groups of people. Dr. Burke & I have attended the same parties & he has observed my interaction with others.
- 2) During this time have you discussed any new aspects of your offending behavior or offense cycle? If so please describe:
Although Dr. Burke has brought up my offending behavior, there are no new aspects to this behavior.
- 3) What are specific examples of progress you have made these past three months: This question should be asked of Dr. Burke. The only thing that might be thought of as progress is, Dr. Burke has found no anti-social behavior in me, but then again, I have never been anti-social. The Franciscans would have never excepted me.

Bates Nos.173-174 were ordered removed by the trial court.

Tom West, OFM
1500 34th Avenue
Oakland, CA 94601

20 May 2005

Ignatius
House



10775 Deshore Place
P.O. Box 5166
Culver City, CA 90231-5166

Staff: (310) 815-0166
Novices: (310) 815-0185
FAX: (310) 815-0170

Dear Tom,

I'm writing in response to your request for an evaluation of Bro. Sam Cabot.

I can't tell you the number of times I hear something like "Thank God for Sam" from members of our staff. They are reacting to Sam's reliability, his resourcefulness, his impressive set of skills and his consistent good nature. Sam is always early to work. He is self-starting, responsive, and extremely dependable. However, he's not an obsessive over-worker: he takes regular breaks and paces himself reasonably. He eats lunch with the novices and staff, and attends daily Mass with us as well. He is very much an integral part of the life of our community.

This is a large property, comprising several buildings, all of them more than 50 years old. Sam is responsible for every aspect of our maintenance: plumbing, electrical, carpentry, painting, etc. When a problem requires outside assistance, Sam is on hand as our point man.


I've grown ever more reliant on Sam's competence. I originally hired Sam to work two days a week. Within months, I'd upped it to three days; now, Sam is working here four days a week.

On a personal note, I am exceedingly grateful for Sam's presence, since I wouldn't be able to work my outside job if I didn't have Sam covering the bases here at the novitiate.

Sam is a patient, humble and trustworthy guy, and I'm very happy to know him as a friend, not just as his supervisor.

If I can be of any further assistance, don't hesitate to contact me.

Best wishes,


Fr. Michael Breault, SJ
Minister

Ignatius House - Jesuit Novitiate

TIMOTHY R. BURKE, M.D., INC.

DIPLOMATIC AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

12401 Wilshire Blvd., Suite 304

Los Angeles, CA 90025-1015

Tel. (310) 207-8775 Fax (310) 207-8126

May 24th, 2005

1500 34th Ave.
Oakland, CA 94601

REDACTED

Re: Brother Sam Cabot, OSM

QUARTERLY THERAPIST PROGRESS REPORT

Name of Aftercare Friar you are treating:

Brother Sam Cabot, OFM (in residence at Serra Retreat House, Malibu, CA)

Date of first treatment:

August 29, 2002

Number of Sessions to date:

Brother Cabot comes for weekly psychotherapy; # of sessions to date: 117

Regularity of attendance since last report:

of scheduled appointments: 119

of kept appointments: 117

of cancelled appointments: 2. secondary to severe rain storms which closed the coast highway coming into town from Serra; patient missed work at the Novitiate on those days as well.

of excused absences: 2. cancelled and excused secondary to above.

of no-shows: 0

Treatment Plan:

1) Review: Regular review of the ways that Brother Cabot organizes his history of abuse. This

Brother Sam Cabot
May 24th, 2005
Clinical Treatment Summary

How do you think therapy is progressing?

Brother Cabot approaches therapy with a sincere heart and mind. He initially came to therapy in August, '02 of his own accord and volition. He has retained throughout his therapy the following consistent interests: To review the conscious and unconscious narrative of his life; to review and internalize the insights into those psychological dynamics that led to the sexual abuse of a minor in the first place; and to submit himself for ongoing therapy and monitoring in order to avoid the possibility of a repeat offense. His work is also to continue processing the ramifications of his actions as they relate to the past and present day status of the victim in question. To date, Brother Cabot remains open and interested in being fully available to her should she express the slightest interest in meeting with him, and his contrition appears to this psychiatrist to be sincere, unequivocal, and complete.

What is the current state of your working relationship with your client and have any noticeable changes occurred since your last report?

My relationship with Brother Cabot has been unchanged from the beginning. The most notable developments observed regarding Brother Cabot are the following: a) A clearer sense of contrition for his actions as he has come to more fully understand not only the dynamics that led to the sexual abuse, but also the significant and deleterious consequences of his actions on the victim; b) He has been sincerely compliant with my/the IRT's interest in securing an altogether different work environment that would not pose the possibility for the temptation of, or repetition of, the abuse. This has involved his resigning from his former employment (a residential apartment house) where he functioned as a handyman, which allowed for him, at times, to be in the proximity of minors. In place of this job, he now works in the all male-adult environment of the Jesuit Novitiate in Culver City, still working as a handyman; and c) (related to "b"): He has had the valued occasion of finding a type of "second home" at the Novitiate. Having heard from those on staff at the Novitiate, and having witnessed Brother Cabot at a social gathering at the Novitiate, it is clear that he has forged some rich and meaningful relationships with a few of the men at the Novitiate; and, he appears to have an amicable relationship with all of them. As evidence of his ever-increasing involvement with the Jesuit Novitiate (he with them; they with him), the frequency of his work at the Novitiate has steadily increased from 2 days/week to 3 days/week, then shortly after that to 4 days/week, and then shortly after that to 5 days/week. These daily work interactions - which have provided him a keen sense of inclusion and belonging - have very nicely complimented those other relationships he has with his fellow Franciscans with whom he lives at Serra Retreat.

It would be this psychiatrist's perspective that these new relationships have been very timely therapeutic for Brother Cabot as they have enhanced his psychological and emotional maturity. The early loss of both of his parents (before age 5), his subsequent adoption (by relatives), his childhood upbringing and general religious formation (which did not involve much maturation of his emotional and psychosexual life) have historically led Brother Cabot to socially withdrawn within the privacy of his own internal emotional life. Yet, in the context of improving relations with the Friars at Serra, and his work peers at the Jesuit Novitiate, Brother Cabot has gradually become much more sociable; for example, he has very enthusiastically embraced any and all solicitations on the part of the Jesuits to partake in mass, a social gathering, holiday celebration, or meal, etc. And, within his "family" at Serra, he has made efforts to be more present at meals, and to participate in their weekly Wednesday afternoon get-togethers for sharing the news of their week, etc.

What has been the target of your work with your client since your last report, and to what degree has your client engaged in work in the target area(s)?

My work with Brother Cabot continues to work along those goals outlined above. In general, it is to help him move towards greater integration of self, and to submit himself to the support and

Brother Sam Cabot
May 24th, 2005
Clinical Treatment Summary

accountability of a rich social network, as well as the recommendations of the IRT.

What have been the obstacles to treatment progress during this period?

The only "obstacles" that Brother Cabot seems to evidence contending with in his therapy have to do with his medical well-being - vs. those concerns more directly related to the abuse of minors. As his superiors know, he is status-post a sextuple cardiac bypass from ten years ago, and most likely in need of closer evaluation for the progression of this particular disease process; he is also being treated for hypertension and diabetes, and he's recently been diagnosed as having an aortic aneurysm, an enlarged prostate, and urinary retention (for which he's been catheterized during the last two weeks). While he deserves some credit for attending to these physical ailments to some degree, there also appears to be some procrastination on his part. We have discussed his procrastination of medical self-care in the context of the our work regarding minor abuse: We've stressed the importance of his living life as consciously as possible; of taking responsibility for himself; and relating to others and self from a place of respect and regard. He does not present as depressed, nor does he show self-disregard in other areas of his life. His work ethic dominates his week, and we are discussing this in terms of stress reduction and achieving overall balance.

Specifically describe the progress your client has made since your last report, giving examples in terms of improved functioning and skills. Describe any positive behavioral changes during this period.

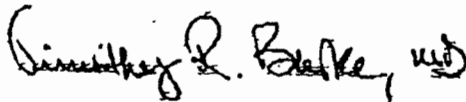
Brother Cabot is noted for making the following steps as he progresses along in therapy:

- > A fuller understanding of the dynamics that led to the child abuse.
- > A fuller sense of empathy for the deleterious consequences of his actions upon the victim.
- > A full participation in the treatment recommendations of the IRT.
- > The avoidance of situations that involve his being in the proximity of minors.
- > Steady employment and the development of healthy relationships with age-appropriate peers.
- > Improving sense of balance in life, stress-reduction, and practices of self-care.
- > Improving relationships with other friars at Serra Retreat.
- > Readiness for an apology session with the victim should she request one.

Do you have any suggestions at this point for enhancing therapy or otherwise promoting your client's rehabilitation?

I believe the IRT has established a very thorough "system" within which Brother Cabot is not only growing and thriving, but also submitting to various levels of accountability and follow-up. My sole recommendation for Brother Cabot is to "stay the course."

Respectfully submitted,



Timothy R. Burke, M.D.

cc:file

Bates Nos.179-181 were ordered removed by the trial court.

Timothy R. Burke, M.D.
Diplomate: American Board of Psychiatry & Neurology
12401 Wilshire Blvd., Ste. 304
Los Angeles, CA 90025-1015
Tel: 310-207-8775
Fax: 310-207-8126

May, 2006

REDACTED

1500 34th Ave.
Oakland, CA 94601

E-mail:

Re: Brother Sam Cabot, OSM

Therapist Clinical Treatment Summary

Name of Aftercare Friar you are treating:

Brother Sam Cabot, OFM (in residence at Serra Retreat House, Malibu, CA)

Date of first treatment:

August 29, 2002

Number of Sessions to date:

Brother Cabot comes for weekly psychotherapy; no medication management.
of sessions to date: ~ 163 (since August, >02).

Regularity of attendance since last report:

of cancelled, and excused appointments:

One: Secondary to illness.

of no-shows:

None.

Treatment Plan:

1) Ongoing Review:

Continued regular review of the ways that Brother Cabot organizes his history of abuse. This includes regular monitoring of feelings and associations having to do with emotions of anger, guilt, confusion, depression, shame, and/or denial (and/or increased defensiveness), as these feelings relate to his organization of the abuse.

Since this most recent period of treatment involved a legal settlement that was reached between the Franciscans and those victims of abuse, Br. Cabot has recently been reviewing his feelings of remorse, and beginning to feel some degree of hope that this legal settlement might a) help to validate the wrongfulness of the abuse for the person he abused, and b) help her to begin to find some feelings of resolution, which would in turn help him to entertain the possibility of some type of resolution for himself. Throughout Br. Cabot's work, he has struggled with being able to forgive himself for violating this young girl's dignity, and betraying the trust that she so innocently and readily placed in him. At the time of our last report, Br. Cabot was open to the possibility of an apology session with the abused victim. While this did not come to pass, Br. Cabot has remained throughout treatment willing to meet with her if she would ever indicate a desire to do so.

2) Behavioral & Cognitive Restructuring:

Regular monitoring of cognitive patterns that could be suggestive of red flags for Br. Cabot. This includes reviewing Br. Cabot's predilections for the possibility of repeat abuse, as well as his willingness to comply with the recommended restrictions by the IRT.

To date, Br. Cabot remains fully compliant with the recommendations of the IRT & most importantly, to conduct his life so as to avoid any situation that would allow for the possibility of repeat abuse. Towards this end, his day-by-day life involves his being in residence at Serra Retreat (where he lives, sleeps, and eats amongst a community of four men), and working at the Jesuit Novitiate (where he works 4-5 days/week amongst, again, a community of men); on weekends, he will occasionally attend mass at St. Monica's Church.

3) Relationality and Accountability:

There continues to be the emphasis in Bro. Cabot's work to build out and sustain a healthy and supportive social system, including his relationships with the Friars with whom he lives at Serra Retreat, and the Jesuits with whom he works at the Jesuit Novitiate in Culver City. Particular attention is given to the transparency with which he conducts himself in these relationships, and the way that he lends himself within these relationships to approximate the levels of accountability that he receives in psychotherapy.

How do you think therapy is progressing?

Brother Cabot approaches therapy with a sincere heart and mind. As previously noted, and to his credit, Brother Cabot initially came to therapy in August, 2002 of his own accord and volition. He has retained throughout his therapy the following consistent interests: To review the conscious and unconscious narrative of his life; to review and internalize the insights into those psychological dynamics that led to the sexual abuse of a minor in the first place; and to submit himself for ongoing therapy and monitoring in order to avoid the possibility of a repeat offense. His work is also to continue processing the ramifications of his actions as they relate to the past and present day psychological and emotional status of the victim in question.

What is the current state of your working relationship with your client and have any noticeable changes occurred since your last report?

Br. Cabot gives evidence in therapy of ongoing growth and development; He is growing in self-confidence; his self-esteem is slowly healing; and, he is moving towards a sense of peace with respect to his life as a Franciscan brother, as it is juxtaposed against his history of abuse. Encouragingly, he articulates a fairly good degree of confidence in God=s forgiveness for his actions. Yet, interpersonally, he struggles with a deep sense of shame, as he is not fully confident that others can or do forgive him ... or, at least, not as much as his faith tells him God can and does. With the financial settlement that came to pass during recent months, he shares the remorse that he was part of the problem that brought psychological trauma to a young girl=s life, and brought a financially onerous situation upon his religious order.

This sense of shame, or being less than, manifests itself for Bro. Cabot in two significant ways: a) He notes he is commonly overly concerned with others= opinions of him, and b) he feels a fairly strong degree of intimidation with figures of authority, as he feels that his transgressions account for the sum total of his self-worth, with little else to recommend him. Consequently, it is as if he is held hostage within a perpetual state of probation, having to defer to others wishes and expectations as a way of apology. It is by conducting himself in this way that he hopes to redeem for himself some semblance of self-worth. Yet, while the accountability angle of this helps to forward his continuing recovery and abstinence, he feels he lives somewhat hostage to living his life through other=s eyes.

Relational Work:

It would be this psychiatrist=s perspective that the new relationships Br. Cabot has found in his work at the Jesuit Novitiate have been very timely and therapeutic for Brother Cabot as they provide for him a constant source of affirmation and sense of belonging. The Jesuits have been very solicitous of his time, employing him pretty much full-time, and inviting him repeatedly to numerous spiritual and social functions at their facility.

As noted in earlier reports, the early loss of both of Br. Cabot=s parents before he was 5yo left Br. Cabot formatively very emotionally and relationally disabled; I have little doubt that this was a very significant underpinning for the abuse he was to later cause Fortunately, his Franciscan religious formation and community have helped him over the years make up for some of this early deprivation through the various relationships he=s formed within the Franciscans. Yet, he appears to this psychiatrist to be now coming powerfully into his own, through therapy, and through his relationships at work. Because the Jesuits relate to him with esteem and gratefulness for the work he provides them, he has clearly lent himself all the more to these new relationships. It would appear that he finds a strong degree of solace amongst these new Jesuit relationships because he experiences them as a) admiring him for the contribution he=s able to bring to the Novitiate (which aligns with the self-confidence he already has in himself as a handyman), and b) he feels less self-

REDACTED

conscious and ashamed amongst these Jesuit relationships, as he doesn't feel he's caused them the same degree of financial damage and embarrassment that he's identified himself as causing his fellow Franciscans.

With respect to his Franciscan relationships at Serra Retreat, though, Br. Cabot is also enjoying some important growth. An earlier psychological evaluation questioned the degree to which Br. Cabot was schizoid. Yet, the reasons for his historical social isolation would appear to be multifactorial, and artifactual; his social disposition, as evidenced at the Novitiate, is to jump at any opportunity to spend time with others: e.g., he accepts any and all social invitations from the Jesuits to attend a meal, attend mass, or participate in a social celebration; he consistently exclaims enjoying these get-togethers with great enthusiasm. So, it would seem important to include these insights into an understanding of Br. Cabot, as well as the inferences for his life amongst his Franciscan brothers.

Fortunately, with respect to his brother Franciscans, he has made and continues to make steady strides and concerted efforts to be present at as many meals with his Franciscan brothers as his work schedule will allow, and to participate in their weekly Wednesday afternoon/evening community meetings.

What has been the target of your work with your client since your last report, and to what degree has your client engaged in work in the target area(s)?

My work with Brother Cabot continues to work along those goals outlined above. In general, it is to help him move towards greater integration of self through self-forgiveness, the healing of his self-esteem, the assuaging of his shame, and submitting himself to fuller and richer relationships amongst his Franciscan and Jesuit brethren who so readily extend their embrace of forgiveness to him.

What have been the obstacles to treatment progress during this period?

As mentioned in earlier reports, Brother Cabot has shown himself without any obvious obstacles to the psychological work we are doing. In contrast, and relatedly, his physical well-being remains an strong area of concern, as he can too easily collude with a managed healthcare system whereby his medical needs fall through the cracks. We have discussed this at length as it relates to his tendency to minimize the importance of his own needs, and sense of deservedness for actually taking concrete steps of self-care. It is this psychiatrist's impression that he is coming along on this front, and he appears likely to engage in more effective medical intervention during these summer months of 2006.

Specifically describe the progress your client has made since your last report, giving examples in terms of improved functioning and skills. Describe any positive behavioral changes during this period.

Brother Cabot is noted for making the following steps as he progresses along in therapy:

Brother Sam Cabot
May, 2006
Clinical Treatment Summary

- >) A fuller, and *ongoing*, understanding of the dynamics that led to the child abuse in the first place.
- >) A fuller sense of empathy for the deleterious consequences of his actions upon the victim.
- >) A fuller sense of self-forgiveness.
- >) Cognitive and behavioral compliance with the recommendations of the IRT, especially for his avoidance of those situations that could involve the possibility for a repeat offense.
- >) Steady employment, as this promote Br. Cabot's self-esteem, and sense of utility.
- >) Ongoing development of healthy relationships with age-appropriate peers.
- >) Improving sense of balance in life: Stress-reduction, good diet, and other practices of self-care.
- >) Continually improving his relationships with those other Friars with whom he lives at Serra Retreat.
- >) Readiness for an apology session with the victim should she request one.

Do you have any suggestions at this point for enhancing therapy or otherwise promoting your client's rehabilitation?

My sole focus at this time, along with the aforementioned goals, is to help Br. Cabot continue his own healing, through improved self-confidence and self-esteem; and lending himself to the richness of relationships he finds within his living and work communities.

Respectfully submitted,

Timothy R. Burke, M.D.

cc:file

TIMOTHY R. BURKE, M.D., INC.

DIPLOMAT, AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

12401 Wilshire Blvd., Suite 304

Los Angeles, CA 90025-1015

Tel. (310) 207-8775 Fax (310) 207-8126

May 24th, 2005

1500 34th Ave.
Oakland, CA 94601

REDACTED

Re: Brother Sam Cabot, OSM

QUARTERLY THERAPIST PROGRESS REPORT

Name of Aftercare Friar you are treating:

Brother Sam Cabot, OFM (in residence at Serra Retreat House, Malibu, CA)

Date of first treatment:

August 29, 2002

Number of Sessions to date:

Brother Cabot comes for weekly psychotherapy; # of sessions to date: 117

Regularity of attendance since last report:

of scheduled appointments: 119

of kept appointments: 117

of cancelled appointments: 2

of excused absences: 2

of no-shows: 0

Treatment Plan:

1) Review: Regular review of the ways that Brother Cabot organizes his history of abuse. This includes monitoring feelings of anger, guilt, confusion, depression, shame, and/or denial (any increased defensiveness) as these feelings relate to the abuse. Moreover, a review of Brother Cabot's empathy for the victim is to be periodically addressed, as well as evaluating and promoting

How do you think therapy is progressing?

Brother Cabot approaches therapy with a sincere heart and mind. He initially came to therapy in August, '02 of his own accord and volition. He has retained throughout his therapy the following consistent interests: To review the conscious and unconscious narrative of his life; to review and internalize the insights into those psychological dynamics that led to the sexual abuse of a minor in the first place; and to submit himself for ongoing therapy and monitoring in order to avoid the possibility of a repeat offense. His work is also to continue processing the ramifications of his actions as they relate to the past and present day status of the victim in question. To date, Brother Cabot remains open and interested in being fully available to her should she express the slightest interest in meeting with him, and his contrition appears to this psychiatrist to be sincere, unequivocal, and complete.

What is the current state of your working relationship with your client and have any noticeable changes occurred since your last report?

My relationship with Brother Cabot has been unchanged from the beginning. The most notable developments observed regarding Brother Cabot are the following: a) A clearer sense of contrition for his actions as he has come to more fully understand not only the dynamics that led to the sexual abuse, but also the significant and deleterious consequences of his actions on the victim; b) He has been sincerely compliant with my/the IRT's interest in securing an altogether different work environment that would not pose the possibility for the temptation of, or repetition of, the abuse. This has involved his resigning from his former employment (a residential apartment house) where he functioned as a handyman, which allowed for him, at times, to be in the proximity of minors. In place of this job, he now works in the all male-adult environment of the Jesuit Novitiate in Culver City, still working as a handyman; and c) (related to "b"): He has had the valued occasion of finding a type of "second home" at the Novitiate. Having heard from those on staff at the Novitiate, and having witnessed Brother Cabot at a social gathering at the Novitiate, it is clear that he has forged some rich and meaningful relationships with a few of the men at the Novitiate; and, he appears to have an amicable relationship with all of them. As evidence of his ever-increasing involvement with the Jesuit Novitiate (he with them; they with him), the frequency of his work at the Novitiate has steadily increased from 2 days/week to 3 days/week, then shortly after that to 4 days/week, and then shortly after that to 5 days/week. These daily work interactions – which have provided him a keen sense of inclusion and belonging – have very nicely complimented those other relationships he has with his fellow Franciscans with whom he lives at Serra Retreat.

It would be this psychiatrist's perspective that these new relationships have been very timely therapeutic for Brother Cabot as they have enhanced his psychological and emotional maturity. The early loss of both of his parents (before age 5), his subsequent adoption (by relatives), his childhood upbringing and general religious formation (which did not involve much maturation of his emotional and psychosexual life) have historically led Brother Cabot to socially withdraw within the privacy of his own internal emotional life. Yet, in the context of improving relations with the Friars at Serra, and his work peers at the Jesuit Novitiate, Brother Cabot has gradually become much more sociable; for example, he has very enthusiastically embraced any and all solicitations on the part of the Jesuits to partake in mass, a social gathering, holiday celebration, or meal, etc. And, within his "family" at Serra, he has made efforts to be more present at meals, and to participate in their weekly Wednesday afternoon get-togethers for sharing the news of their week, etc.

What has been the target of your work with your client since your last report, and to what degree has your client engaged in work in the target area(s)?

My work with Brother Cabot continues to work along those goals outlined above. In general, it is to help him move towards greater integration of self, and to submit himself to the support and

Brother Sam Cabot
May 24th, 2005
Clinical Treatment Summary

accountability of a rich social network, as well as the recommendations of the IRT.

What have been the obstacles to treatment progress during this period?

The only "obstacles" that Brother Cabot seems to evidence contending with in his therapy have to do with his medical well-being – vs. those concerns more directly related to the abuse of minors. As his superiors know, he is status-post a sextuple cardiac bypass from ten years ago, and most likely in need of closer evaluation for the progression of this particular disease process; he is also being treated for hypertension and diabetes, and he's recently been diagnosed as having an aortic aneurysm, an enlarged prostate, and urinary retention (for which he's been catheterized during the last two weeks). While he deserves some credit for attending to these physical ailments to some degree, there also appears to be some procrastination on his part. We have discussed his procrastination of medical self-care in the context of the our work regarding minor abuse: We've stressed the importance of his living life as consciously as possible; of taking responsibility for himself; and relating to others and self from a place of respect and regard. He does not present as depressed, nor does he show self-disregard in other areas of his life. His work ethic dominates his week, and we are discussing this in terms of stress reduction and achieving over all balance.

Specifically describe the progress your client has made since your last report, giving examples in terms of improved functioning and skills. Describe any positive behavioral changes during this period.

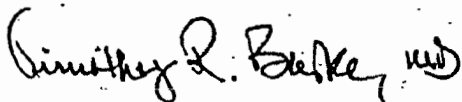
Brother Cabot is noted for making the following steps as he progresses along in therapy:

- >) A fuller understanding of the dynamics that led to the child abuse.
- >) A fuller sense of empathy for the deleterious consequences of his actions upon the victim.
- >) A full participation in the treatment recommendations of the IRT.
- >) The avoidance of situations that involve his being in the proximity of minors.
- >) Steady employment and the development of healthy relationships with age-appropriate peers.
- >) Improving sense of balance in life, stress-reduction, and practices of self-care.
- >) Improving relationships with other friars at Serra Retreat.
- >) Readiness for an apology session with the victim should she request one.

Do you have any suggestions at this point for enhancing therapy or otherwise promoting your client's rehabilitation?

I believe the IRT has established a very thorough "system" within which Brother Cabot is not only growing and thriving, but also submitting to various levels of accountability and follow-up. My sole recommendation for Brother Cabot is to "stay the course."

Respectfully submitted,



Timothy R. Burke, M.D.

cc:file

McGOVERN AND ASSOCIATES

1225 N.W. Murray Rd., Suite 214; Portland, Oregon 97229
Telephone: (503) 644-6600 Fax: (503) 643-3798

Kevin B. McGovern, Ph.D.
Clinical Psychologist
Thomas J. Brewer, Psy.D.
Oregon Psychology Resident
Keith L. Linn, Psy.D.
Licensed Psychologist
Oregon & Pennsylvania

TO:
RE: Samuel Charles Cabot
DOB: August 12, 1935
Date of Evaluation: August 20 and November 4, 2002
Evaluation Conducted by: Kevin B. McGovern, Ph.D. and Keith L. Linn, Psy. D.

PSYCHOSEXUAL EVALUATION

REDACTED

Reason for Referral

Brother Cabot was referred to McGovern and Associates to complete a psychosexual evaluation. The purpose of this clinical assessment was to determine Brother Cabot's level of risk in conjunction with his multiple roles as a Franciscan Brother. The referral source was also interested in determining Brother Cabot's current level of psychological functioning and what, if any, psychological services may be needed in the future.

Collateral Data

Supportive documentation was not available at the time of this report. Kenneth L. Simmons provided polygraphy results on August 20, 2002 and November 5, 2002.

Brother Cabot's Account of Current Allegations

Brother Cabot indicates that he had been accused of "sexual misconduct with a child." He indicated that in the early 1980's, he touched the vagina of a . The inappropriate touching occurred over a three or four year period and took place on approximately twelve different occasions. Brother Cabot denies that his finger penetrated the girl's vagina. In addition, Brother Cabot also revealed that he never exposed his penis or placed his mouth on the vagina of the alleged victim. Brother Cabot indicated that the sexual touching ended years ago when asked him to stop giving her back rubs. Brother Cabot also acknowledged that cousin, I , has accused him of touching her sexually on one occasion.

REDACTED

REDACTED

Brother Cabot believes that he failed his polygraph with Ken Simmons due to uncertainty over his role in sexually touching. The examinee denies any conscious memories of ever touching genitals. Brother Cabot vigilantly denies that he has ever been sexual with any other child nor made attempts to engage in inappropriate sexual contact since 1985.

Current Living Situation

Brother Cabot currently resides with four other adult males at a retreat house located in Malibu, California.

Developmental History

REDACTED

Brother Cabot was born in El Paso, Texas, in 1935. He is the older of two boys. He has a brother, named , sixty-two years old. Brother Cabot's childhood was marked by the murder of his biological mother and abandonment by his biological father. Brother Cabot was primarily raised by adopted parents outside of his family. Brother Cabot denied a history of physical abuse, neglect or sexual abuse. He did not witness domestic violence in his adopted family. He described his upbringing as "comfortable." Brother Cabot described his childhood after age five as "pretty normal" and "happy."

Academic History

Brother Cabot did not graduate from high school. After the tenth grade, Brother Cabot decided to pursue work. He has reportedly never earned a GED. Prior to discontinuing his education, he had described a positive adjustment in high school. He denied any suspensions, expulsions, conflicted relations with teachers or fighting with peers. He described himself as an average student. Brother Cabot has pursued secondary education classes at the Los Angeles Trade Technology College over the last ten years.

Employment History

Brother Cabot is currently employed as a maintenance and repair specialist. He has been a member of the Order of Franciscan Friars for the past forty-six years. Brother Cabot denies any long-term unemployment, conflicted relations with supervisors, or employment theft. Brother Cabot indicated that he enjoys his work and would like to continue his association with the Order of Friars until his retirement.

Military History

Brother Cabot has never served in the United States Armed Forces.

Health History

Brother Cabot described his current physical health as fair. He indicated that he had bypass surgery in 1995. He revealed a solid recovery since his heart surgery. He did not report a history of head injury or chronic pain. Brother Cabot is currently prescribed three medications related to his high cholesterol level, high sugar level and high blood pressure. Until recently, Brother Cabot denies that he has ever pursued mental health counseling or ever been institutionalized for a psychiatric disorder. However, the examinee reported that he has been seeing a Los Angeles area psychiatrist over the past several months to help him with issues related to his past inappropriate sexual behavior.

Brother Cabot filled-out a release of information for our practice to discuss his treatment progress with Timothy R. Burke, M.D. Dr. Burke had been contacted twice by Dr. Linn, but was unavailable for consultation at the time of this report. While Brother Cabot denies any history of attempted suicide, he acknowledged that he has become passive in his health care. He attributes this lack indifference as a passive means of punishing himself. Brother Cabot denied any current suicidal ideation.

Substance Use History

Brother Cabot denied any history of alcoholism. He described himself as an occasional consumer of wine. He did not report any alcohol abuse. He denied any drug use or experimentation. Brother Cabot also denied pursuing substance abuse treatment or being charged with traffic infractions due to alcohol use.

Social History

In his free time, Brother Cabot enjoys fishing and hunting. He described a limited social support network. Brother Cabot identified one adult as his sole confidante. He socializes with other adults approximately twice per month. He is a member of the Refrigeration Service Engineers Society. Brother Cabot also is an ongoing participant in Mass, meditation and other spiritual activities connected with his church.

Marital/Dating History

Prior to joining the Friars, Brother Cabot engaged in dating at age fifteen. Brother Cabot has never been married nor divorced. Brother Cabot also denies having any children.

Sexual History

Brother Cabot learned about human sexuality at school and on the playground. He denies that sexuality was discussed openly in his childhood home. Brother Cabot became sexual at age nineteen with a similar aged heterosexual co-worker. He indicated that this encounter was overall "pleasant." The examinee denied engaging in paraphilic sexual activity such as exhibitionism, voyeurism, bestiality, or sado-masochism. Brother Cabot considers his sexual orientation to be heterosexual. He acknowledged limited exposure to adult pornography such as Playboy or adult videos. He denied any excessive or compulsive use of masturbation.

Adult Legal History

Brother Cabot has never been arrested, charged or convicted of a crime as an adult.

Psychological Testing

Brother Cabot was administered a standard battery of psychological tests and questionnaires including the Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

Psychotherapist/Patient Privilege

and the Symptom Check List 90-Revised, (SCL-90-R). It should be noted that the purpose of psychological testing battery is to provide collateral, supporting data to the interview and other available information. These results, when combined with historical data and information obtained from clinical interviews, may also be used to establish the existence of a major psychological disorder.

Brother Cabot's approach to the MMPI-2 was suggests that the examinee believes that he is in adequate emotional and physical health. His profile did not suggest clinical depression, anxiety, or the presence of a thought disorder. However, Brother's Cabot's scores indicated mild physical symptoms of depression and moderate social avoidance.

On the SCL-90-R, Brother Cabot indicated symptomology, which may correlate to a major depressive episode. The examinee revealed evidence of self-deprecation, feelings of inferiority, and a sense of inadequacy and self-doubt. In addition, there was evidence of an extremely high level of anxiety in Brother Cabot's protocol. His scores are also suggestive of pronounced sleep disturbance.

Polygraphy

REDACTED

On August 20, 2002, Brother Cabot was administered a specific issue polygraph by Kenneth L. Simmons, polygraph examiner. During the pre-test interview, Brother Cabot acknowledged engaging in sexual relations with _____. Reportedly, Brother Cabot told Brother Simmons that he had not had any sexual contact with _____. According to Brother Simmons, "Brother Cabot told me that _____ was the only juvenile that he had ever touched sexually, and he denies that he has ever wanted to have sexual contact with any other juvenile." Brother Cabot was asked the following relevant questions:

REDACTED

"Is there any juvenile that you have had sexual contact with since you were twenty-one, that you are deliberately not telling me about?" Ans: No.

"Are you deliberately trying to conceal any incident since you were twenty-one.

Psychotherapist/Patient Privilege

REDACTED

Brother Cabot was re-tested on November 4, 2002 by Ken Simmons. In preparation for this examination, Brother Cabot expressed uncertainty as to whether or not may have been a victim. Brother Cabot was asked the following relevant questions:

In the past 15 years have you had any deliberate sexual contact with any juvenile?

Answer: No

In the past 15 years have you deliberately felt the genitals of any juvenile?

Answer: No

Mr. Simmons concluded that the physiological responses on the polygraph charts were too inconsistent to make a determination of truth or deception.

Amenability for Treatment

Brother Cabot represents a strong candidate for outpatient sex offender specific treatment. This individual appears willing to take responsibility for his sexual behavior with In the time since the instant offense, Brother Cabot has been able to develop age appropriate social relations. This individual appears concerned about his past behavior and has initiated individual psychotherapy prior to its being mandated. The examinee also does not evidence attitudes, which are permissive of pedophilic relations. Furthermore, Brother Cabot's line of work with the church does not appear to put him in positions of trust or counsel with potentially vulnerable individuals.

Clinical Impressions

Samuel Charles Cabot is a sixty-six-year-old, Latino, single male who has been accused of inappropriate sexual touching from the early 1980's. Brother Cabot acknowledged that he engaged in touching the genitals of a six or seven year old female over a three or four year period. He denies that his finger ever penetrated the vagina of this girl. While there appears to be uncertainty whether he may have engaged the cousin of the current complainant, Brother Cabot categorically denies any other sexual contact with minors.

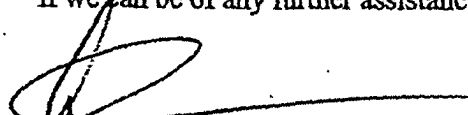
Psychotherapist/Patient Privilege

Psychological testing did not indicate high correlation to sociopathy or major psychopathology. While Brother Cabot's MMPI-2 scores indicate a guarded approach to testing. On this instrument, he acknowledge mild physical malfunctioning related to depression and moderate social avoidance. The MMPI-2 did not reflect moderate or major mental disturbance. On the SCL-90R, Brother Cabot expressed symptomatology suggestive of a major depression.

Brother Cabot should pursue sex offender specific treatment to help him gain greater insight into his past transgressions as well as to help him develop a relapse prevention program plan, which will allow him to continue his work as a maintenance specialist within the church. Brother Cabot's relapse prevention program could be enhanced through greater efforts for him to become social with other adults. Brother Cabot should not have any unsupervised contact with children. In our clinical experience, individuals with similar vocations have been able to successfully create relapse prevention plans, which allow them to continue to do maintenance type work.

Brother Cabot would benefit from offender specific treatment completed with a cognitive behavioral therapist who has treated these types of problems. Efforts should be made to include another friar or supervisor in Brother Cabot's offender specific treatment. Sex offender specific treatment coupled with compliance polygraphy on a quarterly basis may serve to enhance his future safety.

If we can be of any further assistance, please feel free to contact us.



Kevin B. McGovern, Ph.D.

Licensed Psychologist

Certified Sex Offender Treatment Provider, Washington State

Associate Clinical Professor of Psychiatry

Oregon Health Sciences University

Psychotherapist/Patient Privilege

Psychotherapist/Patient Privilege

LARRY J. WORNIAN, Ph.D.

LICENSE # PSY11591

OFFICE LOCATED AT CROSSROADS PSYCHOTHERAPY INSTITUTE

3496 BUSKIRK AVENUE

SUITE 102

PLEASANT HILL, CA 94523

(925) 942-0733

Provincial Minister
Santa Barbara Province
1500 34th Avenue
Oakland, CA 94601

REDACTED

Re: Samuel Charles Cabot

June 12, 2003

Dear Father

This psychological evaluation of the above named client is being sent to you given your request that I examine him. In addition to developing a detailed psychological profile, you have asked that particular attention be devoted to offering an account of his sexual interests and proclivities given concerns around possible pedophilic tendencies. There are also specific questions – given the time span involved – as to whether he might return to the ministry in some capacity.

Brother Cabot is a 67 year old Hispanic male who admits to having been engaged in repeated acts of fondling a child over the course of roughly three to four years. The last of these contacts occurred more than 15 years ago.

EVALUATION PROCEDURES

1) A review of the following materials was undertaken: a report of Clergy Misconduct prepared by Sr. McNiff, dated July 25, 2002; the report of a psychosexual evaluation prepared by Drs. McGovern and Linn, having met with Brother Cabot during August and November, 2002; the raw data for the MMPI-2 and SCL-90 generated in that evaluation; and an undated note from , providing details on Brother Cabot's heart condition.

2) Brief discussions were had with Dr. Rosales and Dr. Burke, Brother Cabot's current therapist. The discussions had with Dr. Burke spanned roughly 45 minutes.

3) I met with Brother Cabot April 28, 2003 for 7 ½ hours. During this time, I spent roughly one hour in a face-to-face interview, obtaining relevant background information on Brother Cabot's developmental, familial, interpersonal, educational and vocational history. This was in addition to soliciting his account of the circumstances surrounding the charges that initially motivated his coming to the attention of the authorities. During our time

REDACTED

together, Brother Cabot was also administered several psychological tests including:

- a) The Wechsler Abbreviated Scale of Intelligence (WASI). This is a brief measure of a person's overall intellectual capacities that correlates quite highly with the Wechsler Adult Intelligence Scale, 3rd edition (WAIS-III). In addition, he was also administered one task from the WAIS-III – Picture Arrangement – this with the aim of providing additional information as to how Brother Cabot views the interpersonal world.
- b) The Millon Clinical Multiaxial Inventory – III (MCMI – III). This is an objective personality inventory whose results are offered in terms of those diagnoses found within the DSM-IV.
- c) The Rorschach. This is a perceptual-cognitive task in which ambiguous stimuli elicit a sample of behavior that speaks to personality structure and function. Analysis of Brother Cabot's responses was carried out in accord with Exner's Comprehensive System.
- d) The Abel Assessment for Sexual Interest. The Abel is a computer driven, noninvasive measure of sexual tastes and preferences. More specifically, it provides objective measures taken beyond a client's awareness; offers information regarding self-reported ratings of sexual arousal which are compared and contrasted to the objective measures; as well as a paper and pencil sexual interest questionnaire that serves to document a person's sexual habits and involvements.
- e) The Multiphasic Sex Inventory II (MSI – II). This paper and pencil questionnaire offers a psychosexual profile of various sexual problems. It is normed against an incarcerated population of convicted sex offenders.

PRESENT EXAMINATION: BEHAVIORAL OBSERVATIONS

Brother Cabot presented as a small, thin, bald, casually dressed male who conveyed the impression of being quite meek and passive. While he made use of glasses, no abnormalities in gaze were seen. His gait was unremarkable. Although his powers of auditory acuity were not directly assessed, there was nothing encountered to suggest that this was deficient. He is right handed and neither resting nor intention tremors were displayed. He proved to be well oriented to person, place and time and there was nothing that spoke to his ever having entertained either delusional or psychotic thought processes. The quality and range of his emotional expression was basically appropriate to the setting although it became quite clear that he was extraordinarily tense about these proceedings. He remained fairly anxious throughout the course of this assessment. There were points, for instance, in which he was found to endorse items on the Abel Questionnaire for Men that were inadvertently endorsed. Thus, when asked about his indicated that he had

engaged in acts of necrophilia, he was positively shocked and denied any such involvements. When it was pointed out that he answered yes to this question, he quickly changed his answer. Similarly, he was initially quite uncertain as to whether he wanted me to speak with Dr. Burke. He relented several days after our meeting and mailed a copy of the release to me with the following note on it:

Thank you for being kind and patient with me. I really don't know what the hell I'm doing.

He conveyed an explicit understanding as to why we were being asked to meet and the uses to which the resulting report would be put.

RELEVANT BACKGROUND INFORMATION

Family/Personal History: Brother Cabot was born in El Paso, Texas on August 12, 1935. He was told he was delivered perhaps two or three weeks early. He was unaware of any complications stemming from this early delivery. He has a half-brother, younger than him by five years. In speaking of his parents relationship, he noted that his biological father failed to tell his mother that he was already married. Mother discovered this and had her marriage to him annulled before Brother Cabot was born. Brother Cabot has never had any contact with his biological father.

Mother eventually remarried. His step-father worked at a drug store while his mother stayed at home caring for the children. There were other family members within the area, notably mother's sister. Around the time that he was five years old, his step-father – and not his uncle, as was reported in Dr. McGovern's report – killed his mother. He did not see this given

I was outside, I didn't hear or see anything... I told one of the neighbors and they broke the door down.... He shot her and then he killed himself. The gas was on because my mother was cooking at the time. (That's horrible!) Dr. Burke said it was very traumatic, but honestly, I don't remember stuff.... I didn't think it would be necessary to talk about this. (I understand, but for me to get as full an understanding of where you've come from, I do need to talk with you about this as painful as it is. Let me ask, did you ever see any kind of fighting or violence between your parents?) I can't recall anything. My aunt saved an article that said they argued but I don't remember that. My aunt said that he was very jealous.

Brother Cabot and his then-eight month old half brother were adopted by his aunt and her husband. (In passing, Brother Cabot has had occasional contact with his half-brother over the last 20 years.) Both she and her husband had left Mexico some time earlier because of the Mexican revolution. His aunt had been pregnant at the time but lost this child and could no longer conceive. Thus, Brother Cabot and his sibling remained as the only children

within the confines of their adoptive family. His adoptive father had worked as an account.

In speaking of his relationship to his adoptive parents, Brother Cabot made it clear that he thought well of his step-father.

He was pretty good, I liked him a lot.... He died at 69 in 1949 when I was 14 years old; something like that.... (What was it about him that led you to like him a lot?) His attitude would be, even with punishment, I would have to sit in front of him for like five minutes. (So discipline sounded as if it was fairly laid back?) My aunt was a little more strict. The only time I ever remember being struck was by my adoptive mother. The dog messed and she was upset so she kicked me. That's the only time. (How old were you when that happened?) Probably ten. (Did she talk with you after this happened?) I was pretty scared, maybe because it was one incident, it was very unusual.

His aunt never remarried following the death of her husband.

In speaking of other relevant dimensions of his early history, he denied having had any difficulties with bedwetting. He quipped "I'm starting to have that problem now." While there was a pet within the home — a dog — he denied ever having abused this or any other animal that came within his reach. There are no episodes of firestarting.

As to the character of his social relationships throughout the course of his early development, he recalled having had a number of friends who lived in the neighborhood although

...nothing sticks together. In high school, I had two friends, we would go out camping together.

Brother Cabot left home when he was perhaps 16 years old, this in order to start working in construction in the LA area.

Academic/Vocational History: Brother Cabot remained in school through the 10th grade. He left school

...that summer, I was making more money than my dad, I got a job in construction. (And your parents response when you didn't go back?) My father thought I would go back to school, but I didn't right away.... I went back and took college courses later on.

Over the course of the last 12 years, Brother Cabot had taken courses at a Los Angeles trade/technical school, focusing on such matters as heat, ventilation and air conditioning. He earned an AA degree in 1999.

Brother Cabot became involved with the Franciscans when he was 20 years old. He had never attended the seminary given that he had not finished high school. Asked what led to his joining the order, he said

I had thought of the Mary Knoll, I met some brothers who had just come back from Bolivia, they were working in construction....I thought this would be a good way to serve God and man. I spoke with my pastor, he referred me to a retreat and I liked them....I was with a building crew for about five years.

Brother Cabot has worked in construction throughout his life "...until I was 65 when they retired me." He has long been at Serra Retreat.

Sexual History: Brother Cabot was presented with perhaps a half dozen scenarios that involved some form of inappropriate sexual activities/encounters as a child. He denied all such incidents and more broadly denied ever having been sexually molested or abused as a child.

He estimates that he discovered, through his own exploration, the capacity for masturbation as an eight or nine year old. The first time he ejaculated – this as perhaps a 12 year old – he became quite frightened and was taken to the family doctor, who explained this was a normal male response. When asked who he approached that resulted in his being taken to see a doctor, he said

I don't know, I must have said something because it frightened me, I don't know.

It was put to Brother Cabot that with the discovery of their sexual capacities, most adolescents go through a period of exploration. How, then, did he come to explore his sexual interests?

Mostly my hand....I don't think I knew what was going on until my early 20's until I became aware of things like getting tied up....My testicles would hurt, I would push my penis through my legs, and they'd become sore during that process.

Asked if he'd ever made use of any pornographic materials, either during the course of his growth or later in his life, he said

I probably saw some pictures, I'm guessing, me being curious and all that, yeah.

A broad range of sexual activities were mentioned – including sexual contact with animals, compulsive masturbation, autoerotic asphyxiation, contacts with prostitutes, as well as a number of fetish like activities – both Brother Cabot denied any and all involvement in such behaviors. He views himself as being strictly heterosexual and denied any homosexual encounters at any point in his life.

Socially, Brother Cabot had dated only a few times during the course of his adolescence. He denied having become sexually active with any of the young women he was involved with at that time. Brother Cabot became sexually intimate with a woman for the first time when he was "...probably 45, 50, I'm not sure." That relationship -- which was mutually consensual -- was with a woman of perhaps 35. This woman was married although there is information to the effect that she had been involved in a troubled relationship. Their affair lasted for roughly two years although he offered that they were not intimate that often. No one in the order was aware of that relationship. There have been no other sexual involvements with women since that time. Again, he denied any homosexual contacts.

Until he had his first sexual encounter, Brother Cabot dealt with his sexual interests solely through masturbation. Asked about the content of his masturbatory reveries, he said

Fantasies, islands, away some place....It was always some kind of a fantasy. (Well, what kind of fantasies... what kind of woman?) I prefer Asian ladies. They tend to be small breasted, long black hair, nice shape. (And how often would you have such fantasies and masturbate?) Probably a couple of times a week. I would go to confession and confess that all over again.

Drugs and Alcohol: As Brother Cabot has no knowledge of his biological father, he was unsure as to whether there was any family history of alcoholism. He denied any such difficulties with respect to his adoptive family, although he did note that his adoptive father did have "a little" problem with gambling. As for himself, he denied any significant or enduring involvement with either illicit drugs or alcohol.

Medical/Psychiatric History: Although he has never actually suffered from a heart attack, Brother Cabot had a cardiac arrhythmia and occasional bouts of angina. This was corrected with bypass surgery during 1995. He also reports that he is a type II diabetic, but this is controlled orally. Finally, he reports having had difficulties with elevated cholesterol levels.

Brother Cabot has never been involved in any counseling until he voluntarily sought out Dr. Burke during July 2002. This contact was initiated after the current charges came to light. He has been meeting with Dr. Burke on a weekly basis since then. Over the last few months, Brother Cabot has been struggling with the recent death of a very good friend, Brother [REDACTED]. He expressed gratitude in having had Dr. Burke's support in dealing with this loss.

REDACTED

Defendant's Statement Regarding Present Offense: Although two sets of allegations of sexual misbehavior with minors have been raised against Brother Cabot, he admitted to having been involved with only one child. In terms of the child that he denied having any

recall of any inappropriate contact with, he said

She said that this was supposed to have happened when she was six years old....That would have been '77 or '78, something like that. I didn't even know the family that well at the time.

As to the child with whom he did have contact, he said

REDACTED

That was . it started 1981, maybe she was about six years old. (And your involvement with her lasted for...?) Probably three years at the most. She said the same thing, the time period was about the same, that I would touch her.

In explaining his involvement with her, he said that he had been living in Santa Barbara and then moved to Los Angeles.

I was working at the county jail, I was the chaplain, teaching bible studies at the time, and once a month, I had it free, so I would go up to visit....Her parents had adopted her, she's Mexican and they wanted her to have contact with her own culture.

During his visits,

The whole family would be there, they'd ask me to rub her back, from time to time, she would ask me to rub her genital. (And the whole family would be there?) No, I would come up from Santa Barbara and I would sleep on the couch, and the rest of the family would be sleeping, she would ask me to rub her genital. (She was asking you to rub her? How'd she put this to you?) She would say lower, lower, lower, she said sideways....The man that gave me the polygraph said we remember our sexual activity but I can't remember that. I remember parts of that, but she never said anything sexual. I don't think it was sexual for her, either, I don't know if she enjoyed it, she would fall asleep. (So even though you were rubbing her vaginal area, it wasn't sexual at all?) Oh no, I felt no sexual desires for that, she was very special, always, she and her sister, . I would never cause her any injury, she brought this up like 15, 16 years later and I had no idea, there was apparently something going on all that time. (When she asked you to rub her, was this above or under her panties?) Under her panties. (And you placed your finger into her vagina?) Yes. (Why?) I don't know why...I wasn't aware, up to that time, it was a strong odor, I found it repulsive, that was my own doing, she just kept saying lower, lower. (Did you ever recall yourself becoming aroused by this?) I was curious, but never aroused. (How long do you think you had your finger in her?) It had to be brief. (Did she seem uncomfortable when you did that?) I don't remember any reaction at the time. (After you rubbed her in this way, did you ever find yourself masturbating, thinking about what happened between you?) Never. (Did you ever

REDACTED

tell her 'Don't tell anybody about this'?) No, never.

Over the course of time, he recalls that

I may have had a sense that I was involved in something that wasn't right, but I continued to go to see her and the family. (Why?) My own stupidity.

When confronted with his the reports of his behavior, he fully accepted responsibility for his actions because "I did it." Asked about the information contained in the report prepared by Drs. McGovern and Linn regarding his denial of ever having penetrated [redacted] vagina, he was at a loss as to how to explain the discrepancy, saying once again "I did it." When asked about his having failed the polygraph that had been administered during August, 2002, he said he had been thinking of [redacted], the other child who laid claim to having been molested by him. [REDACTED]

I don't know why [he failed]. Maybe there's something about my physiology and my arrhythmia.

COLLATERAL INFORMATION/INTERVIEW

The materials generated by Drs. McGovern and Linn found that Brother Cabot's performance was marked by some degree of defensiveness/suspiciousness, at least in terms of his performance of formal psychometrically based measures. The degree of his guardedness did not invalidate any of those measures that were employed during that assessment.

The SCL-90 identified the presence symptoms that were consistent with a major depressive episode in which especially pronounced and significant levels of anxiety were also present. Additionally, the pattern in which he responded to questions that were put to him suggest issues around inadequacy, self-doubt and inferiority. The MMPI - 2, in contrast (which, in passing, offers a much more comprehensive data set given that it draws on 567 questions as opposed to the 90 of the SCL-90) resulted in a somewhat less clinically pronounced profile. No significant elevations were displayed on the scale gauging depression, although one of the subscales for this dimension - psychomotor retardation - proved to be just at the point where clinical concerns could be identified (T = 65; anything at or above a T of 65 is viewed to be a more prominent feature). Moreover, there proved to be a mild elevation on Social Introversion (Si with T = 67) which speaks to a reluctance to engage with others. One of the subscales comprising this measure - Si2 (social avoidance) - proved to be most elevated (T = 71), while the other components of this measure (Si1, or shyness with T = 59; Si3, or alienation, self and others, with T = 41) being quite unelevated. No significant psychopathy was identified in either tool that was brought to bear.

Drs. McGovern and Linn concluded that

REDACTED

Brother Cabot represents a strong candidate for outpatient sex offender specific treatment. This individual appears willing to take responsibility for his sexual behavior with I.. In the time since the instant offense, Brother Cabot has been able to develop age appropriate social relations. This individual appears concerned about his past behavior and has initiated individual psychotherapy prior to its being mandated. The examinee does not evidence attitudes, which are permissive of pedophilic relations. Furthermore, Brother Cabot's line of work with the church does not appear to put him in positions of trust of counsel with potentially vulnerable individuals.

REDACTED

Dr. Burke indicated that over the course of the time that he has worked with Brother Cabot, his role has been more along the lines of offering supportive treatment. Brother Cabot had, he said, come in solely of his own volition in order to address his inappropriate contacts with Brother Cabot has, he said, consistently displayed a good deal of shame and is enormously guilty over his actions. While he was aware that there have been other accusations, he presently believes and accepts his account that there had been several inappropriate contacts with one child.

Brother Cabot was characterized as being a fairly private man, he has had some close social ties to others, and he suggested that Brother Cabot derived a great deal of satisfaction and meaning from his positive work engagements. Brother Cabot has, however, more recently suffered a loss, this in the death Brother , a very close friend, roughly two months ago. All told, Dr. Burke now sees Brother Cabot as being mildly to moderately depressed. No medications have been prescribed at this time although this has been an explicit topic of discussion.

REDACTED

As to his being a private person, some consideration was given over to his broader social ties, particularly in terms of his confrere's at Serra Retreat. Despite being characterized as fairly private, Dr. Burke did not at all view Brother Cabot as being at all schizoid. Dr. Burke noted that there have recently been some changes in the hierarchy and a fairly demanding superior had been replaced with another person who seems to be concerned with cultivating the grounds for a more authentic and robust involvement with others. According to Brother Cabot's view, the overall atmosphere of Serra Center has improved as have the quality of his social ties. Additionally, the depression stemming from the real sense of loss encountered through Brother death seems to be lessening.

Some very brief discussion was also given over to considering the influence of Brother Cabot's early developmental history on his growth and psychological structure, particularly his defense mechanisms. Given the character of his losses, he has created a style of life that appears to entail a degree of cautiousness in developing interpersonal ties, but he has still developed them to a varying degrees, although this is set against the

backdrop of continual shame and guilt.

Some explicit discussion was given over to a consideration of Brother Cabot's sense of his own sexuality. Dr. Burke was clear in that he did not see Brother Cabot as having an explicit interest in youngsters and felt that he was hiding nothing from him in this regard. Moreover, he offered evidence gathered during the course of their work that spoke to Brother Cabot's having a sex drive and that he is able to acknowledge an attraction to women. Along these lines, Dr. Burke noted that Brother Cabot had discussed with him several involvements with women, the affair mentioned above included. For all this, Dr. Burke suggested that there was a dissociative element to Brother Cabot's sense of his sexuality and sexual interests. By way of illustration, he made reference to one episode that occurred when Brother Cabot was 32 and in the Philippines: He had been speaking with a nun while the two were sitting on a beach and their discussion apparently became so intimate and so intense that Brother Cabot simply ejaculated. Brother Cabot was reportedly put off and puzzled by this response and promptly washed himself off in the ocean.

As to the molestation itself, Dr. Burke indicated that Brother Cabot recounted that there had been seven illicit contacts between himself and his victim, including an act of digital penetration. (The report prepared by Drs. McGovern and Linn specifically noted that there were roughly 12 such episodes.) So far as he can discern, Dr. Burke identified a dissociative component to these actions, saying that Brother Cabot basically took the stance that 'I did it for her, believing that she had asked for such contacts. In the course of their work, Brother Cabot claims to have found that these were not especially pleasant contacts for him, and he denied that he had ever been sexually aroused at any point. Again, Dr. Burke stressed that Brother Cabot saw himself as complying with requests to be touched. Brother Cabot has come to wonder whether he might not have been looking for a way to connect with others in a deeper, more enduring manner.

There were, as stated, no further contacts between Brother Cabot and any other children. Since the molestation came to light, Brother Cabot has apparently been enormously sensitized to his surroundings and circumstances and will not place himself in any situation where any form of perceived misbehavior might even be suspected. Toward this end, he cited the fact that in the course of his work duties, he had walked into several different apartments, and if no adult is on the premises, he will simply walk out and ask that an adult be present before his work proceeds. This has occurred on four separate occasions and given both his anxiety and need to reassure himself and others, has taken notes on such incidents. Again, Dr. Burke stressed that so far as he could discern, there exists no fixed predisposition toward children.

The findings gathered during the course of this assessment were briefly discussed with Dr. Burke and a number of these results surprised him. Again, Dr. Burke cited the results of the clinical work that had been undertaken to this point, noting that Brother

Cabot tends neither to minimize nor overstate the nature of his sexual interests. Dr. Burke underscored the point that Brother Cabot does, in fact, admit to entertaining such interests in adult females, although he has not acted on such interests in some time. As to the elevated interests in male, Dr. Burke wondered if this might not be derivative of a more deep seated longing for male contact – vis-à-vis his father – that simply could not be met. Taken together, Dr. Burke presently sees the risks for a recurrence of inappropriate sexual behavior as being quite low. He stressed that he did not see Brother Cabot as fitting the broader, general profile of other priests and friars who have become involved in more enduring forms of sexual misbehavior. In detailing the moderating factors that serve to lower the risks attendant to his patient's case, he said that he has found great satisfactions in his work and that while he does have a viable network of peers and friends, it "...has been fairly thin over the years." Still, his interpersonal connections and satisfactions are improving, particularly given the leadership changes at Serra Retreat, whereby more routine meetings are to be had. Here, Dr. Burke acknowledged the need for Brother Cabot's needing a consistent support system. As part of their continuing work, Dr. Burke was very open and supportive of the prospect of Brother Sam becoming involved in a sex offender treatment group. Dr. Burke also expressed a good deal of interest in being able to review this report in detail, and I indicated that I fully expected that a copy of it would be made available to him through the IRT.

In discussing these preliminary findings with Dr. Rosales, mention was made of Dr. Burke's noting that Brother Cabot was acutely aware of his circumstances and that he kept himself out of work situations where no other adults were present. Dr. Rosales noted that this stance stemmed not so much from Brother Cabot's own efforts as he was simply following a more standard work policy where no work was to be done in any situation where he or his associates might be alone with either females or underage minors. This, he said, apparently stemmed from an incident some time ago in which some questions and concerns were raised about another worker being left alone with a woman.

TEST RESULTS

Brother Cabot's performance on a short form of the WASI served to place him solidly within the average range, having earned an estimated IQ of 103. (The 95% confidence interval – a statistically derived span in which Brother Cabot's "true" score is taken to exist – ranges from a low of 97 to a high of 109, both of which are well within the average range.) While there was nothing encountered on Vocabulary¹ which would speak to the presence of any form of psychotic or delusional thought process, Brother Cabot proved to be quite nervous and tense, and there were instances in which his anxiety positively colored his responses. For instance, the definition for the word haste was offered as "Overanxious."

¹ This is one of the key subtests on the WASI which, in passing, also taken to be one of the more pronounced measures of overall intellectual functioning.

As mentioned above, one supplementary measure from the WAIS - III was also administered, this being Picture Arrangement. This is a task which is taken to gauge one's capacity to track causal relationships in various social situations. A person is presented with a jumbled pile of cards depicting various social scenes. The individual is then asked to place the cards in order so the unfolding strip of interaction can be tracked in a step-by-step sequence. Once all the scenes have been presented, the cards are then re-presented in the order indicated by the person, and they are asked to describe what is happening. In this way, a crucial translation from non-verbal to a verbal modality is tapped, and any potentially unusual ways of viewing the interpersonal world can be assessed.

Brother Cabot earned a very solid and respectable age scaled score of 11 on this measure (ten is taken as the average or the mean of his reference group), and this suggests that he is, by and large, able to accurately track causal relations in social settings. However, when asked to provide a brief account of his arrangements, a curious gap was seen in that he often become confused and flustered, saying he wasn't quite sure what was happening. Consider one sequence in particular which is typical of his performance. This particular sequence stood as a piece with several others in which full credit was earned, but he was simply uncertain as to what was happening: the scene depicts an escaped male prisoner being chased by two guards. He eludes them and comes across a woman skinny dipping in a body of water. He exchanges his clothes for hers and runs off once again. The last card, however, shows that he is being chased once again, this time by female guards and a tracking dog. The woman was also an escaped convict! Brother Cabot's account runs:

The two woman officers, what is this? Two male officers started chasing him. (I'm not sure I follow your story here. What happens?) I don't know. You start with two men and end up with two female officers with a dog, I don't know.

This particular arrangement found Brother Cabot to be more uncertain about what actually occurred than others. Even when he did convey an understanding of what transpired, it was often couched in terms of "God only knows," speaking to a tentativeness and uncertainty about what was taking place.

What of those instances in which a flatly incorrect arrangement was offered? Was Brother Cabot able to realize that a mistake was, in fact, made? A more general - and important - point: For many people, the process of offering a spoken account entails subsuming perceptual processes under verbal control. Thus, in the case where a person has offered an arrangement that is askew, the process of generating a story to their sequence often finds that they'll realize something is not quite right. There will, for such persons, be a more explicit recognition of this as well as a statement along the lines of "Oh, I've made a mistake" and with or without permission, they'll proceed to rearrange the cards into a sequence that (hopefully) more closely resembles the correct ordering. While

no credit is offered for such modifications, the capacity to take a more reflective stance about the world is embedded in that capacity. Failures of this capacity speak to a number of issues, ranging from being particularly overly sensitive (and confused) about some concerns to simply being psychologically naïve and either unwilling or unable to re-order one's understanding of the interpersonal world. Of the four instances in which Brother Cabot failed to place the cards in the right order, he realized his mistake in only one instance. Thus, even though there was a constant thread of uncertainty about what was being described, it was as though he had largely simply settled on finding the world in a specifically ordered fashion and that he would have to work within those constraints. Further efforts to make sense of that world through rearranging it (which was certainly within his purview) was perhaps too much to expect. Again, it may be that there was a significant overlay of anxiety in blocking the realization that he could, in fact, change the sequence, although this was done in one instance. There exists, then, at least the possibility of his being able to take assume a stance in which he can come to see things in a different way, although this may well need to take into account his uncertainty and anxiety.

For all these concerns, it is worthwhile noting that Brother Cabot was reasonably attuned to many of the affective components to the arrangements. Thus, in a very real respect, Brother Cabot would seem to be sensitive to the affective overlay to most routine social interaction.

The constellation of responses generated by Brother Cabot to the blots on the Rorschach did not activate any of the special indices, such as DEPI, the depression index.

Brother Cabot tests as being a state of mild but chronic overload resulting from persistent difficulty in mustering adequate psychological resources to cope with the demands being imposed on him by internal and external events in his life. He is, then, likely to have difficulty dealing with the demands of everyday living without becoming unduly upset by such demands. He is consequently at risk for recurrent episodes of overt anxiety, tension, nervousness, and irritability. Because the level of his chronic overload is only mild, the usual extent of his subjectively felt distress is unlikely to result in any serious adjustment problems. In fairly structured situations in which he knows what is expected of him, he may even function in a reasonably untroubled fashion that seldom attracts the attention of others. At the same time, because he is experiencing some dissatisfaction with himself or his life, he is more likely than most people to feel a need to change and to be receptive to interventions designed to reduce his level of subjectively felt distress. The specific sources of stress in his life appear to involve ongoing concerns and issues rather than merely situational or transient problems and worries.

The degree of emotional stress and dissatisfaction he experiences makes him susceptible to becoming depressed. He tends to be cautious in interpersonal situations, and this is likely to contribute to a greater susceptibility to experiencing stress in social settings and limit close involvements with others. There is also reason to believe that

Brother Cabot is not paying sufficient attention to himself and may even be purposefully avoiding self-focusing. An inclination to ignore himself in this way likely derives from a low estimate of his personal worth. His tendency to judge himself unfavorably may additionally result in feelings of futility and contribute to episodes of depression. His emotional struggles were pointedly on display throughout the course of this assessment, and especially during the Rorschach. Thus, he made a number of self-disparaging remarks, only to come back and try to soothe himself. Thus, after offering a response to card IX, he said "I have a lousy imagination, no, I have a pretty good one."

Brother Cabot does not test as being either introspective or self-aware. Given his lack of self-awareness, he is at risk for difficulties involving inadequate understanding of himself and a somewhat limited appreciation of the impact he has on others. He may well be given to trying to deal with uncertainty about his image of himself and/or concerns about his self-value in an overly intellectualized manner that may distort or overlook realistic considerations.

Again, the character of his interpersonal relations tend to be limited. While he certainly does not want to avoid deeper emotional ties -- there is some reason to believe that he yearns for them -- his relationships will tend to be distant and detached, rather than close and intimate. Brother Cabot is an insecure man who lacks confidence in his capacities and judgment.

In attending to his experience, he tends to take in too little information and to examine his experience less thoroughly than most people would consider adequate. As a consequence, he is at risk for coming to conclusions hastily, after only cursory attention to relevant considerations; for working carelessly and feeling satisfied with final products that do not reflect the full measure of his ability; and for scanning situations in a cursory manner that takes insufficient account of considerations he should notice. This predilection for seeking out and being satisfied with only minimal amounts of information comprises a pattern of underincorporation that cultivates quick decision making but often at the expense of ill-considered conclusions. By taking inadequate account of information he could easily process, then, he is at risk for errors of oversight in what he chooses to think and do.

While Brother Cabot is about as capable as most people of recognizing conventional modes of response, this does not preclude the possibility of his distorting less obvious aspects of reality. Still, he displays a fairly good ability to form accurate impressions of himself, to interpret the actions and intentions of others without significant distortion. He is also capable of anticipating adequately the consequences of his own actions and of recognizing the boundaries of appropriate behavior in various kinds of situations. These indications of good reality testing and sound judgment identify a substantial personality strength that may not preclude his encountering adjustment difficulties, but that minimizes their likelihood of occurrence and improves his prospects for overcoming them should they arise. However, he tends to be less accurate in his perceptions when forming impressions of uncommon and unclear situations than when dealing with ordinary and obvious situations. His good grasp of reality is nevertheless

bolstered by his ability to recognize and endorse obvious clues to conventional modes of response.

Despite his own deep doubts, Brother Cabot also tests as being able to think in a flexible manner that facilitates his being able to contemplate alternative perspectives on his experience; to consider changing his point of view; and to keep his mind open to new information and previously unfamiliar ideas, no matter how long or firmly he has held his present opinions and beliefs.

The validity indicators on the MCMI - III were effectively within normal limits. As such, the resulting profile is taken to be an accurate description of the more prominent features of Brother Cabot's personality.

The pattern in which Brother Cabot endorsed questions on the MCMI - III suggest that he is given to be introversive, emotionally impoverished and expressively depressed. He also tests as entertaining some difficulties in thinking about others. Anger and discontent rarely become public, and he strives to blend into the background. He is quick to self-blame and is inclined to belittle himself.

Daily life tends to be experienced as largely uneventful, with extended periods of passive solitude interspersed with broader feelings of sadness and emptiness. He tries to be indifferent to his social surroundings and is sufficiently withdrawn so as to miss the subtleties of emotional life. He tests as entertaining few affectionate or erotic needs - or at least, he tends to shy away from acknowledging them. He is self-conscious and often functions within a dysthymic mood that is often punctuated by anxiety. He restricts his social and emotional involvements, which consequently perpetuates a life of relative isolation and sadness.

Diagnostically speaking, Brother Cabot fails to meet the criteria for any axis I disorders. Although there are no formal personality disorders identified along axis II, there are a number of prominent personality traits that have effectively served to compromise his overall social adaptation. The resulting personality profile, then, has identified schizoid traits, obsessive compulsive features as well as schizotypal personality features.

Finally, the Abel: the objective measures of Brother Cabot's performance on the Abel Assessment for Sexual Interest found that, beyond conscious awareness, he displayed a profile that spoke to bisexual interests. Although he was far and away most interested in adolescent and adult females, in that order, he also displayed an elevated interest in both adolescent and young males. The usual interpretive norms and practices entail making use of solely one ethnic group for a basic frame of reference. In this case, the greatest elevations in interest occurred in just that group. However, markedly elevated and unusual interests were also displayed with respect to the African-American models that were presented. Again, a pointedly bisexual profile was encountered, although in addition to adult and adolescent males and females, there was a markedly elevated

interest in young, young girls. Regardless of the point of reference, a critical finding in this portion of the assessment: **There was evidence encountered to recommend a broad interest in young children.** There was nothing displayed to suggest and interests in sexual aggression against either males or females.

To what degree is Brother Cabot aware of – or willing to – admit to such interests? His conscious ratings of those persons that were presented to him proved, on the whole, to be within a very narrow range. Each slide is rated against a seven point scale: one is sexually repulsive, four is neutral and seven is quite sexually interesting. Brother Cabot's highest rating (on his reference group) proved to be fairly guarded, averaging only 4.67. Interestingly enough, this rating was afforded only to the adult females. In contrast, his average rating for adolescent females was 4.33. All other categories were rated as being solidly neutral, with no exceptions – that is, 4.0. Taken together, it may also well prove to be the case that given the context of this evaluation, Brother Cabot was reluctant to openly acknowledge a more normal range of sexual interests; then again, there is also very good reason to believe that the character and range of his actual sexual interests are somewhat opaque to him. While these are not mutually exclusive possibilities, the latter prospect is clearly one that seems to fit quite well with those dynamics that have been detailed in other portions of this inquiry.

The anxiety displayed by Brother Cabot throughout this assessment appears to have been magnified on the Sexual Interest Questionnaire. Of the 21 areas of sexually deviant behavior assessed by this questionnaire, he inadvertently acknowledged having engaged in six forms of pointedly aberrant sexual acts, e.g., having sex with the dead. It was clear from a brief review that he had mistakenly endorsed these areas, particularly given that the details within each of these areas had not been answered. Brother Cabot was clearly shocked when this was brought to his attention. His responses to these questions were then corrected.

Brother Cabot's responses to the Sexual Interest Questionnaire proved, by and large, to be consistent with the information which was gathered during the course of the interview. Thus, of the 21 areas of sexually deviant behavior assessed by this measure, Brother Cabot admitted to only having engaged in one sexual affair. It is noteworthy, however, that given the facts of his case, that he starkly denied ever denied having become sexually aroused in touching a child. This was discussed briefly with him, but he denied ever having become sexually aroused by that act, nor that he'd ever touched a child for sexual gratification.

In terms of what he is willing to admit to, Brother Cabot clearly strove to present himself in an overly positive light. Specifically, his responses to those questions on the Social Desirability Scale – which are given to measuring a person's unwillingness to admit to any violation of social mores, such as impatience, feelings of anger, etc. – proved to be well within the problematic range. (This is not at all an unusual finding given the context of

this evaluation, and it is especially a more routine finding in persons with religious vocations.) Even with his efforts to present himself in an unduly positive light, his scores on the Cognitive Distortion Scale – which gauges potential justifications used by men who become sexually involved with children – are well within the problematic range. This means that Brother Cabot is given to thinking about children in a sexually inappropriate manner.

Insofar as the Abel is concerned, the Danger Registry – a scale which is designed to assess a client's attraction to, fantasies about and future interest in young girls and boys – found that Brother Cabot offered nothing that served to activate this specific scale. Literally, he is not assessed as entertaining sexual fantasies about children. Finally, how closely does Brother Cabot match those men who become inappropriately involved with children? There are a range of probability values generated considering inappropriate sexual activities with children (both males and females) inside and outside the family. The values derived for Brother Cabot are fairly high, particularly in terms girls outside the family. This means that Brother Cabot does share many of those features found in men who have histories of becoming sexually inappropriate in one way or another with children.

The manifest anxiety displayed by Brother Cabot throughout the course of this assessment was also encountered in several respects on the MSI – II. For one thing, although the overall profile is valid, he strove to present himself in an overly positive light (again, not at all an unusual finding for persons with religious vocations). However, this effort to present himself in such a positive light results in a more "submerged" profile in which the actual dimensions of his sexual interests on several scales may not be wholly representative of his actual proclivities. Thus, some degree of caution is warranted in dealing with the findings identified on this specific measure. This point is both underscored and emphasized by what appears to have been several errors in responding to questions that were encountered in the course of the test. For instance, some concerns were generated with respect to basic gender identity given that he indicated that he wished he had female genitals. Moreover, he replied true to a question that asked whether he'd had sex with females and males. Brother Cabot was asked about this – via telephone messages – and he faxed back the following:

The first question from the test you read over the phone asked:

- 1) Do you wish you had female genitalia?
No! I have definitely never wanted to be female.
- 2) Have you ever had sexual contact with a male?
Again no. I never have.

.....
I deliberately took my time in reading the questions twice and tried to answer them from my inner self. I can't believe I made such gross mistakes. Maybe I'm starting to crack up. I cannot blame all my mistakes on "Senior Moments."

With this caveat in place, Brother Cabot's profile indicates that he does **not** have an adequate knowledge of basic sexual anatomy and physiology. (Scores below 17 suggest a basic deficit in this area; Brother Cabot earned a score of 16.) While he presents himself as being heterosexual, he tends to lack age appropriate sexual interests. He indicates that he has lacked libido for a number of years given cardiac problems and medications. He denies entertaining any interests in fetish-like engagements. While he admits to having committed a sexual offense with a child, he denies ever having been sexually obsessed or compulsively driven. Although a child was involved in this matter, he claims to have known and appreciated that it is wrong both to force someone to have sex and to engage a minor in sex.

As stated throughout, Brother Cabot readily acknowledged having molested a child, although he scored in the Low Disclosing range on the Child Molest Scale. Within this realm, he denies ever having been sexually aroused by thoughts or fantasies involving a child. He further denies ever having undertaken an explicit pattern of grooming the child to become involved in those sexual encounters that did occur. Overall, when compared to other men who have molested children (this given a nationally standardized sample of adult male sex offenders), there exists a moderate similarity when compared to other adult men who have molested children.

Again, when one key validity index is considered – the Lie scale – Brother Cabot scores within the extremely elevated range (earning a score of 13 out of a possible 14). When considered in terms of sheer accountability, this suggests both that he minimizes his past deviance and is simply not aware of the planning that went into those sexual contacts that did occur. Similarly, this profile recommends that he was not aware of the feelings of excitement and pleasure that were derived as he anticipated further contacts with the child.

In spite of such concerns, Brother Cabot does not make excuses for his behavior, nor does he feel misunderstood or mistreated in general. These factors fall into the realm of suggesting that he is quite amenable for treatment.

OPINION AND RECOMMENDATIONS

Although Dr. Burke is fairly sanguine about Brother Cabot's prospects for becoming involved in additional inappropriate sexual involvements – seeing such prospects as being pointedly low – I find that in view of the available information, I am not so nearly reassured. It has, without question, been many, many years since there have been any inappropriate involvements, and this is certainly a noteworthy achievement given his past history of sexual improprieties. In terms of what constitutes such improprieties, Brother Cabot acknowledges that the information conveyed in those other materials pertaining to were accurate and despite the variability as to the details – no digital penetration vs. digital penetration, 12 versus seven episodes – he accepts full responsibility for his actions.

REDACTED

Samuel Charles Cabot

Page 19

However, in keeping with his prior stance regarding [REDACTED] he claims no recall of any such inappropriate behavior with her and he frankly doubts that anything had actually occurred between them. As to his other involvements, I find myself encountering some additional pause given the statement made by Drs. McGovern and Linn wherein "... Brother Cabot's line of work with the church does not appear to put him in positions of trust of counsel with potentially vulnerable individuals." While there was no mention of his extramarital liaison in that report, he had become sexually involved with a woman whose marriage was in trouble at the time. Was this woman not vulnerable at that time?

Again, it has been roughly 15 years since Brother Cabot has become involved in any form of sexual impropriety. While this is viewed as being a positive achievement, what has actually changed in that time? How has he managed to keep himself from any further difficulties? Has the warp and woof of his dynamics and character been changed in any substantial fashion since those encounters? Frankly, so far as I can determine, there have been no substantial modifications in his basic character structure. Despite Dr. Burke's very strong and clear pronouncements as to the quality of Brother Cabot's broader social relations — Dr. Burke does not at all see Brother Cabot as entertaining any schizoid tendencies — the data obtained over the course of this evaluation and the one undertaken by Drs. McGovern and Linn speaks quite clearly and consistently to schizoid tendencies in which a long standing dysthymic condition is likely to have been at play. This is a man fraught with anxious self-doubt, and while there does exist an apparently longstanding emotional neediness of which he has been only marginally aware, he does appear to have come to a very uneasy containment of his actual sexual interests, the substance of which seems to have largely escaped him. Literally, there does appear to be a fundamental disconnection between his internal life and his understanding of what actually entices him, sexually speaking. Dr. Burke makes mention of Brother Cabot's entertaining a more dissociative dynamic around the latter's description of his sexual encounters with [REDACTED]. On this specific point, I find some substantial agreement. By way of illustrating the pointed disconnection between Brother Cabot's behavior and his emotional response to such contacts, recall his admission regarding his having placed his hand

Under her panties. (And you placed your finger into her vagina?) Yes. (Why?) I don't know why... I wasn't aware, up to that time, it was a strong odor, I found it repulsive, that was my own doing, she just kept saying lower, lower. (Did you ever recall yourself becoming aroused by this?) I was curious, but never aroused. (How long do you think you had your finger in her?) It had to be brief. (Did she seem uncomfortable when you did that?) I don't remember any reaction at the time. (After you rubbed her in this way, did you ever find yourself masturbating, thinking about what happened between you?) Never.

In this respect, the findings on the MSI — II seem especially germane: the way in which Brother Cabot responded to the questions put to him resulted in a pattern in which he was simply unaware of the excitement and gratification that were attendant to those sexual

REDACTED

contacts with [REDACTED]

Keeping in mind the time spans that are involved in this matter, we come to a critical concern: How much of a risk is Brother Cabot for further inappropriate bouts of inappropriate sexual behavior? Frankly, the resulting protocol is not at all reassuring, for there is simply too much convergent data – from both the Abel Assessment and the MSI – II – that speaks to a more marked resemblance of other men who have become sexually involved with children. Each of these aforementioned measures also recommend that Brother Cabot has a view of children that tends to be sexually inappropriate. Even without taking into account those charges leveled at him by [REDACTED] when the information gathered during the course of this assessment is taken together, these findings strongly and consistently identify that **Brother Cabot does, in fact, entertain pedophilic interests.** A basic caveat here: **interests do not automatically translate into preference.** However, in weighing out the various strands of evidence, there is at least some good reason to believe that Brother Cabot is **not** fixated exclusively on children. To be sure, given the time frame that was involved as well as the repeated contacts, his unconscious interests and proclivities resulted in clearly egregious behavior in which centered about a child. There is also good reason, however, to claim that he also entertains sexual interests in adult females, this given both his affair and the report of his ejaculating during an intense discussion with the nun on the beach while in the Philippines. Brother Cabot's sexual interests, then, are gauged to be fairly broad and varied, although the nature of his interests are thoroughly opaque to him.

How much of a risk is Brother Cabot? Again, while Dr. Burke views him as being pointedly low, these findings, in and of themselves, recommend a moderate risk. However, given the time frame involved – it has been roughly 15 years – as well as the point that Brother Cabot is now, for the first time, involved in an ongoing therapeutic relationship in order to address his behavior, the risk factors are lowered somewhat, this to a level of low-moderate. Low, low-moderate, what does all actually mean? What are his prospects of actually becoming involved in additional forms of inappropriate sexual behavior? Short of referring to any of several actuarial measures – which are psychometrically flawed despite their increasingly widespread use² – had Brother Cabot's earlier problematic trajectory

² A brief but necessary digression: why not make use of such measures as the Static 99 or the SONAR? To be sure, these are both promising measures, but they have been normed on sizable British and Canadian samples of incarcerated men. All those researchers that have been involved in helping to shape these instruments have made clear that the use of these must be used cautiously, particularly given that the error rates remain uncertain for an American sample. This is to say that one must, of necessity, be able to calculate a variety of estimates, e.g., the false-positive, false-negative, true-positive and true-negative rates. Although there are concerns as to the use of such measures – for instance, some have questioned whether these instruments can presently meet the standards entailed in Daubert – they are still in fairly widespread use, particularly in facilities that more routinely

remained hidden, it seems more than likely that he would have remained quite vulnerable in becoming involved in other episodes of inappropriate sexual behavior, this despite the 15 years that have passed since his last sexual involvement. Again, ask: what has changed in terms of the overall configuration of his dynamics? However, that his transgressions have become public – at least within the relevant circles – and that he has undertaken a course of treatment in order to address his needs, the risks are diminished to a notable degree, although a good deal of work clearly remains. However, it need be understood and appreciated that Brother Cabot is, by all accounts, still relatively early on in treatment. Until further concrete progress is made in addressing his interests, due and appropriate cautions are clearly warranted in allowing him to return to ministry. While a return to such duties may be possible in a more limited and closely supervised capacity.

How to proceed from here? Clearly, there are some pointedly different views at play regarding the risks attendant to Brother Cabot given the valuable clinical work undertaken by Dr. Burke and the findings of this assessment. Consider, as some passing but notable points of reference: the strong statement offered by Dr. Burke to the effect that he did not see Brother Cabot as entertaining schizoid features, and the general sense in which Brother Cabot kept himself out of trouble at work by requesting the presence of a peer, when this was, in fact, the official policy of his work site. Is Dr. Burke, in some important respects, underestimating the dimensions of Brother Cabot's difficulties? Am I, perhaps, overestimating and inadvertently pathologizing Brother Cabot? In many respects, this question is a more minor consideration given that we both strongly concur that Brother Cabot is in need of therapy, that he is a good and appropriate candidate for such work and finally, that such efforts can fruitfully be supplemented through an involvement in a sex offender specific, cognitive-behavioral relapse prevention group. However, should Brother Cabot continue with Dr. Burke if it turns out that he is inadvertently underestimating the risks at play in this matter? While there does appear to be a very good and solid therapeutic relationship developing between the two, the character of the working alliance is such that Dr. Burke appears to be becoming an advocate for Brother Cabot. This is not to suggest, in any way, that this is an inappropriate stance, for any viable therapeutic relationship will take on the overtones of the therapist being fully

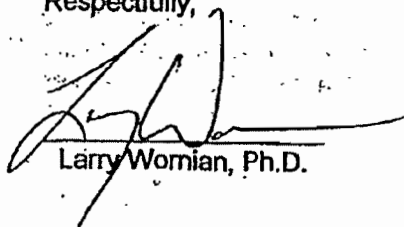
deal with sexually violent predators, such as Atascadero State Hospital. Although widespread use does not warrant that an instrument is psychometrically sound, the two measures in question do reflect a good deal of empirically based work and they each offer a range of dimensions that research more broadly recommends as being relevant features when considering the issue of risk. Thus, while the necessary caveats have been offered for consideration, their use seems inappropriate in the present case, particularly given Brother Cabot's Hispanic frame-of-reference.

available for the client. As such, the character of a genuine therapeutic engagement between therapist and client is such that the former does, in many ways, become an engaged and caring advocate for the latter. In any form of significant psychotherapeutic engagement, this becomes part and parcel of the working alliance, and again, there is, in the developing ties between Dr. Burke and Brother Cabot, the elements of what seems to be a very solid relationship. In considering how to proceed, keep in mind that it is not that Dr. Burke is unaware of the risks involved. For instance, Dr. Burke was fully aware of Brother Cabot's extramarital dalliance, and he also provided additional and very valuable information as to the episode of Brother Cabot's ejaculatory episode on the beach in the Philippines. There is much that seems worthwhile and substantial in that developing relationship, despite such concerns. In order to more fully weigh out an appropriate course of action in which a greater degree of coordination is available in productively addressing Brother Cabot's difficulties, it seems quite necessary to provide Dr. Burke with a copy of this report so that a more focused intervention can be brought to bear.

Finally, a point regarding Brother Cabot's pronounced anxiety. Despite his claims as to having carefully read and re-read each question, there proved to be repeated evidence of his having mislabeled many of his answers, at least on the written questionnaires. His great anxiety clearly and definitively needs to be addressed, this through a combination of medications and appropriate therapy. In view of his age; however, some concerns – relatively and decidedly minor at this point – are activated as to the presence of a possible dementing disorder. This seems rather unlikely at present, but a very general baseline of overall intellectual functioning is now available. Should there be any deterioration in the quality of his comportment that seems not to be attributable to more functional concerns – such as memory problems stemming from a burgeoning depression – a more detailed neuropsychological evaluation would be warranted. A continued involvement with Dr. Burke presently seems a fairly sound route in being able to monitor Brother Cabot's overall adaptation to the demands of everyday living, as well as any significant changes within this realm.

Thank you for this referral. If I can be of any further assistance in this matter, please let me know.

Respectfully,



Larry Wornian, Ph.D.

cc: I. Rosales, Ph.D.