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**CERTIFIED SEX OFFENDER TREATMENT**  
**PROVIDER, #FC02.**

Dec. 9, 1993

Dr. Fran Ferder, Ph.D.  
TARA  
1037 S. 102ND  
Seattle, Wa. 98168

RE: MARIO CIMMARRUSTI

Dear Dr. Ferder,

This report summarizes my impressions of Fr. Mario Cimmarrusti a Franciscan Priest referred to TARA for sexual deviancy evaluation following the disclosure that he has molested minor males and has been acting out in a sexually addictive and dangerous manner with adults.

This report is intended to supplement your testing and clinical observations of Fr. Cimmarrusti and is not intended to be a complete deviancy evaluation by itself. This report was not written with the intention of this client having unsupervised access to the data or opinions expressed. Emotional damage could be caused to this client by the improper use of this report. I recommend that Fr. Cimmarrusti only have access to this report under conditions of professional supervision.

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CIMMARRUSTI, P.2

In preparing this report I have reviewed the information made available by the Board of Inquiry in Santa Barbara and \_\_\_\_\_, Provincial Minister. I have interviewed Fr. Cimmarrusti at the TARA offices Nov.3 and Nov.4, 1993. I have reviewed the polygraph report from Norman Matzke administered on Nov. 3. Fr. Chimarrusti has also completed the Clarke Sex History Questionnaire and the Offense Questionnaire as part of his evaluation and I have reviewed his answers to these assessment instruments. During my interviews I completed the Hare Psychopathy Checklist regarding Fr. Cimmarrusti's history and presentation.

The primary questions focused upon in this study are:

- 1.What is the nature and extent of this man's sexually deviant history?
- 2.What risk does he present to the community in terms of sexual reoffense?
- 3.What treatment setting and treatment plan is recommended to attempt to reduce the likelihood of reoffense?

Fr. Cimmarrusti appeared competent to understand the questions during our interviews. He was nervous and anxious but able to respond appropriately to the subject matter being discussed. He appeared very cooperative in terms of trying to complete the assessment to the best of his ability. It was obvious that he had not been questioned at this length or depth before so much of what was asked of him was new material, nevertheless he seemed to try to answer all questions to the best of his ability.

## DEVIANT SEXUAL HISTORY

This section will attempt to summarize the extent of deviant sexual history reported by Fr. Cimmarrusti or by others who believe they were victimized by him.

CIMMARRUSTI, P.3

Care should be taken to not put too much credence in the details of this type of history for it is based primarily on self report and there are clear limitations to self report of sexual history, particularly deviant sexual history. Prior to our interviews I questioned Fr. Cimmarrusti regarding his knowledge of mandatory reporting statutes regarding child sexual abuse. It was my opinion that he did not have an adequate understanding of these issues for optimum participation in a treatment program. He did not give me any new information that I felt required a mandatory report but there may be some victims within the California statute of limitations that will eventually be revealed in his therapy. This client should have the California laws regarding mandatory reporting fully described to him, perhaps at regular intervals so that he can make an informed decision about any disclosures that are necessary for continued growth in treatment.

This self report of deviant sexual history attempts to summarize this client's behavior from his earliest memories to the present day, thus we are attempting to make sense of 63 years of history. It is inevitable that some details may be reported in error, or the order of some events mixed up. The reader should attempt to see the broad view of this problem rather than each individual fact.

Fr. Cimmarrusti reports no deviant sexual behavior with women or girls since he has been an adult. He reports no rape, or sexual assault upon women or girls. He reports no deviant sexual activity with boys under the age of 12 as an adult. He does not report sexual offenses, or deviant sexual behavior when he was an adolescent or a teenager. He does report being molested when he was age 11 by a retarded man who lived near him. He reports this event however as if he, not the adult were the offender. The man had the boy, Mario, perform oral sex upon him. He also reports sexual contact with his nephew and a neighbor boy but these contacts may have been routine childhood exploratory behavior between children. His reporting these as offenses may be his way of trying to take

CIMMARRUSTI, P.4

responsibility for all sexual behavior which is a good sign, or there may have been some more aggressive actions which took place and his labeling the behavior could be the first step in dealing with it appropriately.

Fr. Cimmarrusti does report child molesting boys ages 13-18; voyeurism of teenage boys and adults (both sexes), exhibitionism to adult males and teenage boys, physical "discipline" of teenage boys coupled with sexual abuse; anonymous homosexual behavior with adult males and compulsive pornography usage.

I do not have an exact number of the boys that this man molested. All were accessed through his teaching or some phase of his ministry to the best of my knowledge. In this evaluation he listed 14-18 boys, another time he stated 250 boys age 13-15 with more when we include the 16-18 year old category (which encompassed many of the boys at the Seminary high school). On the polygraph he stated he could guess at 30-40 boys that he molested. It is safe to say that there is no exact number at this point in time, but that the number of victims is very disturbing. It is safe to say that all of the victims have not come forward at this time, and the disclosures may continue for years to come.

I do not have any confidence in this client's descriptions of what he has done in terms of the behaviors of molesting. He agrees with the student reports of "medical exams" of their private areas, putting on ointments to their genitals, etc. but he is a mass of contradictions regarding whether or not he has done anal rape, oral rape, etc. I believe it is too early in his treatment process to have confidence in his report.

One of the many disturbing aspects of his history is the students reports of his aggressiveness during this "exams", which were actually molests. He would embarrass, humiliate and physically punish students. Fr. Cimmarrusti denies doing anything physically abusive to the students except "spanking", but he failed the question on the polygraph regarding

CIMMARRUSTI, P. 5

concealing information about causing physical injury to a victim, he denied and was cited as deceptive.

In addition to this history of sexual deviancy, actual illegal sexual behaviors, there are also his behaviors with men to consider. Fr. Cimmarrusti acknowledges that his sexual behavior was clearly against his vows and what he wanted to do with his life, but he was unwilling, and at times unable to stop himself from engaging in sexual activity until about one year ago when he was sent to a new living facility and required to undergo treatment. He lists hundred of adult male sexual contacts, no long term relationships, but continuous sexual activity for several decades. Some of the behaviors were similar to what he did to the boys in the seminary, such as "treating" the genital areas of men in Central America when he was working there.

His reports of peeping include looking at men in public restrooms, and also peeping in windows of motels. This behavior has continued until very recently.

Pornography usage for gratification, escape and masturbation stimulation continues to the present day. Magazines and videos of homosexual pornography are both used by this client. This compulsive use of pornography and the lack of control exhibited over his sexual behavior with adults has led Fr. Cimmarrusti to call himself a "sex addict".

#### APPROPRIATE SEXUAL HISTORY

There is no history of appropriate sexual history to report. He has not established any sexual behavior, or even sexual feelings, within the context of a consenting, peer relationship. This includes his teen years before his entrance into the seminary.

His one sexual behavior that he believes could be appropriate within his lifestyle is masturbation. He has not however had any instruction on appropriate

CIMMARRUSTI, P. 6

masturbation fantasy construction, nor on the ways to keep masturbation from making his sexual compulsiveness worse.

#### ASSESSMENT

During my interviews with Fr. Cimmarrusti and the testing and consultations regarding him I formed the following opinions regarding critical areas of sexual deviancy.

**Cognition:** This client still employs many excuses, minimizations and distortions to shield himself from the reality of what he has done. He, for example, continued to talk about his "exams" of the boys rather than stating simply that he molested them. These thinking errors also can make it easier for an offender to set up and offend a new victim. He fails to take full responsibility for his sexual behavior and blames others, or circumstances rather than himself.

**Empathy:** Fr. Cimmarrusti did not show any observable emotional empathy for the harm he put his victims through. He did not show even the intellectual knowledge of the effects of sexual abuse.

**Social Skills:** Observed social skills did not appear to be adequate to relate to a peer in appropriate intimate ways. He appeared immature and poorly educated in this area. Relating to a teenager in an emotional sense would be very easy for this client to do in my opinion, relating to an adult would be more difficult.

**Victimization Recovery:** The effects of his past victimization are still untreated, as would be expected at this early stage of treatment. They continue to serve as one of the foundations of his motivational complex to act out sexually. I do not believe that we have heard the full extent of this client's childhood history relative to sexual and physical abuse.

**Substance Abuse:** Fr. Cimmarrusti has been diagnosed as

CIMMARRUSTI, P.7

alcoholic. He has had two inpatient treatment opportunities. His last reported drinking was 10 months ago when the disclosures of his offending became public. I do not have any knowledge that he is now being monitored for drinking, nor is he in any substance abuse therapy.

Lifestyle/Structure/Accountability: He reports living in an adults only setting. He travels to Los Angeles for therapy twice weekly, each round trip takes up an entire day. He reports no immediate access to minor males but there is no monitoring that I am aware of and this client has not learned to do adequate planning to help insure accountability.

Support System: He reports that his fellow brothers in his living environment are supportive. He also sees other priests in a support/self help group in Los Angeles for sexual compulsives and gains support from them. I did not hear that any of his support was organized into a relapse prevention plan/philosophy.

Impulsivity/Compulsivity: Both reported as high by this client in the sexual area. I would not rule out at this time a more generalized impulsive disorder.

Psychopathy: This client exhibits 11 of 20 habits or traits in common with those men whom we label as psychopathic. Some of these traits are clearly targeted in sexual deviancy treatment and should be reduced in the future.

Deviant Sexual Arousal: A plethysmograph was not attempted given this man's age, his level of nervousness and the information already available about his arousal. He clearly relates that he is aroused to both adult males and to teenage boys. His arousal is fragmented to focus on body parts; penis and particular parts of the penis are primary. He does not believe that he is aroused to pre-pubescent boys due to the presence of secondary sexual characteristics in his fantasies.

Ability to Learn: Appears good. He progressed well

CIMMARRUSTI, P.8

during his one week of assessment and his followup homework. Gains were noted in: accepting responsibility for offending, accuracy of labeling offenses, insight into offending pattern, willingness to disclose and intellectual understanding of empathy.

**CONCLUSIONS AND RECOMMENDATIONS:**

In order to protect community safety and to attempt to assist Fr. Mario Cimmarrusti the following recommendations and conclusions are respectfully submitted for your consideration.

1. Fr. Cimmarrusti is at risk to reoffend against minor males if he is in a position of contact with them. A position of authority/control over minors would be very high risk. He is at risk to act out in a sexually compulsive and perhaps dangerous way with adult males on a daily basis. Voyeurism continues as high risk.

2. He appears to be treatable, although long term prognosis can only be rated as fair given his long term history and his current age. A return to the stressful life of ministry with its inevitable access to minors seems very unlikely for this individual.

3. He should be living much closer to his therapy program and should establish local support where his therapy is located.

4. He should be required to do additional work in specialized sexual deviancy treatment. A confrontive group would be the most productive addition to his therapy regime. This group should impose immediate restrictions on his lifestyle and behavior such as prohibiting pornography, avoiding high risk areas etc.

5. He should be monitored by someone who is trained in these issues and who is objective and committed to community safety. Monitoring procedures such as relapse prevention plans, polygraphs and urinalysis should be instituted or community safety cannot be predicted.



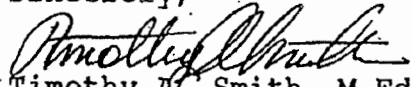
CIMMARRUSTI, P.9

6. Medical review for anti-depressant, anti-compulsive medication. It may be possible to help this client achieve some relief from these tendencies through medication.

7. If these additions are not possible I would recommend inpatient therapy for sexual deviancy treatment.

Should you have any questions regarding this report feel free to contact me,

Sincerely,



Timothy W. Smith, M.Ed.

Certified Sex Offender Treatment Provider, FC02.