

Constructing Joseph Fredericks: Competing narratives of a child sex murderer

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Abstract

Joseph Fredericks— one of Canada's most notorious sex offenders— was defined through the institutions that dealt with him from his infancy to his death to the inquest held after his death. In this paper, we locate in historical context and compare the different narratives that were constructed of his life in each of these institutional settings from unwanted child to 'mental defective' to psychiatric offender to criminal recidivist to victim to iconic sexual predator. We show that each of these narratives claimed to capture the essence of Fredericks in terms of what were his core characteristics and what remedies were necessary for the problems he posed only to be superseded by new narratives based on different assumptions. Finally, we show how one of these conceptions of Frederick's essence influenced a shift in Canadian public policy for sex offenders toward the greater emphasis on community protection characteristic of public policy in the United States.

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1. [Introduction](#)

The late Joseph Roger Fredericks was one of Canada's most notorious sex offenders. As well as the event that triggered Fredericks' notoriety (his abduction, brutal sexual assault and murder of an 11-year-old boy named Christopher Stephenson in Brampton, Ontario, Canada in June 1988) the societal response to Christopher's murder was also significant. Christopher's parents, Jim and Anna Stephenson, undertook a prolonged campaign, including a law suit against government officials, to determine how and why Fredericks was in a position to abduct their son in a public place (a shopping centre), to rape him several times, and to murder him. The result of the Stepbensons' campaign was a highly publicized Coroner's Inquest (September 8, 1992 to January 22, 1993) into the circumstances of the boy's death and the failure of the criminal justice and mental health systems to protect the community against someone like Fredericks with a life-long history of sexual violence.

The attention given the Fredericks case is particularly interesting because a similarly brutal assault and murder of a teen-aged native girl in foster care named Trina Campbell by a sex offender named Doug Worth, in the same city and during the same year, received only a modicum of attention (**Byrne, 1990; R. v Worth, 1988** [[Byrne, 1990](#), [R. v Worth, 1988](#)]). This suggests that the status characteristics (class and race) and perceived moral worth of the victims, and the presence or absence of concerned advocates played a major role in the mobilization of public concern. Contrary to the concerted efforts of the Stephenson family and their sympathizers, no one speaking on behalf of Trina Campbell (not even her foster parents) was there to raise questions at the inquest into her death and both she and her murderer were soon forgotten. In the words of a lawyer from The Ontario Coroner's Office who was involved in the Stephenson Inquest, "Christopher was everybody's child, Trina was nobody's child."

The Fredericks case, given the public and professional attention devoted to it, is a remarkable one in terms of its significance with regard to criminal justice and mental health policy toward sexually violent offenders. For scholars, the case is also a significant one because of the large number of documents that it generated interpreting Fredericks and the events of his life in terms of competing, sometimes overlapping, professional and popular narratives or discourses. Depending on the documents selected, and the period of Fredericks' life in question, Fredericks was constructed as follows: a difficult and unwanted child; a "moron" (mentally retarded); mad (mentally disordered); bad (a wilful criminal offender); monstrous (an evil inhuman being who profaned the sacred innocence of childhood); sad (a tragic product of a highly dysfunctional family and flawed

social control systems who was as much a victim as the boy he assaulted and murdered); or as some combination of the above. In addition, some commentators on the Fredericks case have used it to direct attention to social injustice and failures of state institutions of social control.

This article is an exploratory analysis of the Fredericks case inspired loosely by [Michel Foucault's \(1982\)](#) classic study of the case of Pierre Rivière, as well as several more recent narrative analyses of violent offenders (**Athens & Starr, 2003; Boerner, 1992; Butterfield, 1995; Craze & Moynihan, 1994; Glaser, 1994; Guarnieri, 1993; Lafond, 1992; Starr, 2002; Yeager, 2000, 2003** [[Athens & Starr, 2003](#), [Boerner, 1992](#), [Butterfield, 1995](#), [Craze & Moynihan, 1994](#), [Glaser, 1994](#), [Guarnieri, 1993](#), [Lafond, 1992](#), [Starr, 2002](#), [Yeager, 2000](#), [Yeager, 2003](#)]). The question that guides our analysis is “who was Joseph Fredericks”? We examine answers given to this question by both professionals and members of the public. The texts that we use in our analysis are the following: notes compiled by Weisman during the course of an earlier study of the psychiatric facility (Penetanguishene) where Fredericks was a long-time resident ([Weisman, 1995](#)), government documents (**Government of Ontario, 2000; Solicitor General of Ontario, 2000** [[Government of Ontario, 2000](#), [Solicitor General of Ontario, 2000](#)]); court records (**McGuigan, 1989; Supreme Court of Ontario, 1989** [[McGuigan, 1989](#), [Supreme Court of Ontario, 1989](#)]); the report of the Ontario Coroner's Inquest into the murder of Christopher Stephenson by Joseph Fredericks ([Ministry of the Solicitor General of Ontario, 1993](#), 2000; [Cairns, 1993](#)); conversations with and materials provided by lawyers, mental health and correctional professionals and community volunteers familiar with Fredericks; media reports; [Fredericks' \(1991\)](#) incomplete autobiography; and his prison correspondence with the late Ruth Morris and her husband Ray Morris ([Ray Morris, 1989–1991](#)).

Our requests for access to the records of Fredericks at the Children's Aid Society of Ottawa and the Rideau Regional Rehabilitation Centre were both denied. We were also denied access to Fredericks' file at the Penetanguishene maximum-security psychiatric hospital. Whatever “gaps” there might be in our sources on the life and times of Joseph Fredericks, however, we concluded that what we had was sufficient for our purposes. In looking at the various materials on Fredericks' life, we found little dispute about the “basic facts” of his life and we do not make claims as to the relative veracity of various accounts. What is of primary interest to us is how the putative facts of Fredericks' life take on a different significance in terms of the different discourses that are used to make sense of these “facts”.

Our analytic perspective is derived from American interpretive sociology, an amalgam of Chicago/California symbolic interactionism ([Petrunik, 1980](#)); ethnomethodology (**Peyrot, 1995; Weinberg, 1997** [[Peyrot, 1995](#), [Weinberg, 1997](#)]); and social constructionism (**Best, 1990, 2000; Gusfield, 1989; Holstein & Miller, 1990, 1997** [[Best, 1990](#), [Best, 2000](#), [Gusfield, 1989](#), [Holstein & Miller, 1990](#), [Holstein & Miller, 1997](#)]). Using the perspective of “social problems work”

as the forms of interpretive activity, rhetoric, and interactional practices used to constitute social problems, types of problem persons (e.g., perpetrators and victims) and putative solutions (**Holstein & Miller, 1990, 1997; Miller & Holstein, 1989; Presser, 2004** [[Holstein & Miller, 1990](#), [Holstein & Miller, 1997](#), [Miller & Holstein, 1989](#), [Presser, 2004](#)]), we focus on the following: systems of discourse and specific categories or labels within these systems ([Raskin & Lewandoski, 2000](#)) that have been used to typify Fredericks, the accounts that have been constructed of his behaviour and its underlying “motivation”, the socio-historical context in which these accounts were constructed; and the various social and political implications that have been drawn from the Fredericks case, particularly with regard to the respective roles of state and community in social control and what kinds of social policy are most appropriate.

In addressing the question “who was Joseph Fredericks?” our concern is not with questions of etiology or the forces of nature and nurture that objectively shaped Fredericks' life. Instead, we look at Fredericks (that is the putative facts about his life) as a slate on which various social actors inscribed portraits that are reflections of him as seen through different personal, professional and ideological lenses. We are just as interested in those doing the labeling as in those being labeled. Thus, in the interactions between Fredericks and his labelers we can find the trajectory of clearly identifiable phases of a “moral career”, a sequence of stages in the life course, each of which is defined in particular evaluative categories applied to a social status or identity. ([Goffman, 1961](#)). Fredericks' moral career can be divided into the following sequence of categories: unwanted child, retarded person, mentally ill person, criminal, predatory monster and, in several senses, tragic victim. Significantly, one particular category, that of psychopath, which was initially assigned by psychiatrists, followed Fredericks throughout the latter stages of his moral career. In analyzing these “moral” constructions ([J. Douglas, 1970](#)), we point to a debate with regard to who (or what) Fredericks “really” was in essence: mad, bad, sad (a victim), or monstrous. We will also briefly suggest how different essentializing constructions, as forms of social problems work, reflect competing approaches to social and political analysis and social policy.

2. Constructing Joseph Fredericks

2.1. From problem child to psychopath

The various accounts of Fredericks' early life by social problems workers such as child welfare and education officials and mental health specialists concur that he began his life as a problem child from a problem family. Indeed, Ottawa Children's Aid Society officials described Fredericks' family as one of the worst in the Ottawa District during the 1940s. With a mother considered to be “morally lax” and of “borderline” intelligence, a father and grandfather who were “criminals”, several siblings labeled as “mentally retarded” and several others in trouble with the law, Fredericks was almost immediately constructed as a

problem person; he became a ward of the Children's Aid Society (CAS) of Ottawa at the age of 9 months. Fredericks spent the first 11 years of his life in a series of foster homes staying no longer than 1 year in any one place. He also stayed in an orphanage for 10 months. [Fredericks' \(1991\)](#) own autobiography describes this period of his life as one where he experienced great loneliness and sadness, a lack of affection, several incidents of physical and sexual abuse by both female and male caretakers, and many instances of sex play with both boys and girls. Note that, in the context of this study, Fredericks' own account of his life is just as much a form of social problems work as are the accounts of officials.

Records of Fredericks' early life suggest that his frequent moves were either intended to prevent undue attachment to particular foster parents (apparently a "normal" practice at that time) or were the result of behaviour problems, including stealing, setting fires, truancy, precocious sexual activity, aggressive behaviour and running away. At the age of 10, when he was in grade 3, Fredericks was designated a "hard to serve student" who could not be accommodated in the regular school system. By the age of 11, he was considered to be unmanageable under CAS-sponsored foster care (**Ministry of the Solicitor General of Ontario, 1993: 4; Sarick, Jan. 23, 1993** [[Ministry of the Solicitor General of Ontario and Office of the Chief Coroner, 1993, Sarick, 1993](#)] : D1). As a result of his family background of intellectual deficiency, his poor academic achievement and his incorrigible behaviour problems, Fredericks was considered to be mentally deficient and in need of institutional care to manage his problem behaviour.

From May 1954 to April 1959, Fredericks, now labeled a "moron" who would benefit from an opportunity to get "practical training", was confined to the Rideau Regional Centre (RRC) for the "mentally retarded" in Smith's Falls, Ontario where four of his sisters resided. An I.Q. test administered to Fredericks at the time showed a score of 73. The test, however, was administered to him in English, not French, his mother tongue. This may explain his low score at this time as well as the dramatic increase when he was tested later in life ([Sarick, Jan. 23, 1993](#) : D1).

In his autobiography, [Fredericks \(1991\)](#) reported that, only a few days after his arrival at the RRC, he was raped three times by a 6-ft 230-lb patient whom he referred to as "Benny Tits".

Fredericks also described how he engaged in a great deal of sexual activity with other residents, much of it clearly non-consensual. "'The male children I would screw up the rectum and the females I would only screw them between the legs and do them no harm... They did all kinds of things to make me stop... but all to no avail"."

According to a psychologist who was Fredericks' therapist at Correctional Service Canada's Sex Offender Treatment Unit (SOTU) at Kingston Penitentiary over two

decades later, having so many vulnerable (mentally challenged) potential victims at the RRC was, for Fredericks, like being a fox in a hen house.

Had the interpretive scheme of the DSM been available and Fredericks been clinically assessed, his behavioural problems (truancy, running away, fire-setting, aggressive behaviour, theft, etc.) would likely have led him to be diagnosed as having a conduct disorder ([Black, 1999](#) : 36–37). Given the time period, however, and a context where Fredericks' family's history of intellectual deficiency was salient, the source of Fredericks' poor academic achievement and behavioural problems was seen to be psycho-biological and he was labeled a moron. When Fredericks' I.Q. was re-assessed when he was an inmate at the SOTU in Kingston, the conclusion was reached that his intelligence was in the “normal” range. By this time, English was Fredericks' primary language and he had learned to read and write sufficiently well that when he subsequently took an academic upgrading course he was considered to be at a grade 10 level.

While at the RRC, Fredericks had a record of serious misbehaviour including the following: sexual misdemeanours with younger children, several escapes; and theft of a shotgun and a steak knife which were used to coerce others (in one instance, a 9-year-old boy) to engage in various sexual acts. None of these incidents resulted in criminal charges. At the age of 16, during one of his escapes, Fredericks sexually assaulted an 11-year-old girl (Solicitor General of Ontario, 1993: 4). He was apprehended and detained at the maximum-security psychiatric facility in Penetanguishene. Charges were laid but not pursued and Fredericks was deemed, under the Ontario Mental Health Act, to be mentally disordered and such an imminent danger to the safety of others that he required confinement in a high security setting.

From April 1959 to October 1983, Fredericks was involuntarily confined in various Ontario psychiatric hospitals, spending most of his time at the Oak Ridge maximum security wing of the Penetanguishene Mental Health Centre. His primary diagnoses were now several forms of paraphilia and psychopathy. For the rest of Fredericks' life, the diagnostic label of ‘psychopath’ was a virtual master status for Fredericks, not only serving as one of the primary grounds for his continued involuntary commitment but also playing a role in subsequent criminal trials and his portrayal by the media. Indeed, so central is the notion of psychopathy to an understanding of Fredericks' entire life and his relationship to both the “troubled persons professions” ([Gusfield, 1989](#) : 430–432) and the larger community, that it constitutes a master organizing narrative (**Maruna, 2001: 168; Presser, 2004** [[Maruna, 2001](#), [Presser, 2004](#)]) and merits a detailed explication.

The notion of psychopathy has been one of the most problematic constructs in the history of psychiatry because inherent within it is a strong tension between two very different kinds of understanding: the moral and the medical. Indeed, the

British psychiatrist John [Gunn \(1998\)](#) calls psychopathy an “elusive concept with moral overtones”.

In their historical review of the concept of psychopathy, [Arrigo and Shipley \(2001\)](#) note that, with the exception of Pinel's notion of “*manie sans délire*” in 1801, every major discussion of psychopathy in the literature from Benjamin Rush in 1812 to Cleckley and Hare in the 20th century has combined the notion of a profound disorder afflicting certain persons with a notion of moral judgment of such persons. Indeed, the term “moral” was often explicitly used in the diagnostic label applied, for example Rush's (1812) “moral alienation of the mind”, Prichard's (1835) “moral insanity”, Maudsley's (1897) “moral imbecility”, and Kraft-Ebbing's (1904) “morally depraved” ([Arrigo & Shipley, 2001](#) : 329).

Since the 1940s the dominant interpretation of psychopathy in the United States and Canada has been derived from the clinical formulation of the psychiatrist Hervey Cleckley ([Cleckley, 1988](#)). Subsequently, Cleckley's formulation became the basis of the widely used diagnostic instrument, the Psychopathy Checklist (in its revised version now known as the PCL-R), developed by the Canadian psychologist Robert Hare (**Hare, 1998: 192–193, 1970, 1993** [[Hare, 1970](#), [Hare, 1993](#), [Hare, 1998](#)]). In Hare's schema, psychopathy is a syndrome with two axes: a constellation of personality traits and a constellation of behavioural patterns. The major “personality traits” (axis 1) considered are glibness/superficiality, egocentricity/grandiosity, lack of remorse or guilt, deceitfulness/manipulativeness, and shallow emotions; the major “behavioural patterns” (axis 2) considered are impulsivity (frequent impulsive acts), exercising poor behavioural controls, compulsive excitement-seeking, showing a lack of responsibility, an impersonal sex life, early behaviour problems (conduct disorder), and adult anti-social behaviour. In terms of Cleckley's criteria (and later Hare's standardization of them), the psychiatrists who assessed Fredericks at various points in his life had no trouble finding sufficient evidence of these personality and behavioural characteristics to label him a psychopath.

Prior to Hare's work, clinicians diagnosed psychopathy in individuals on the basis of general clinical impressions, using Cleckley's criteria, or the criteria of other clinicians, in a loose and subjective fashion. Hare's PCL-R, however, is a system designed to allow trained clinicians to rate individuals on a scale from 0 to 40, using a combination of records (criminal justice, mental health, etc.) and personal interviews to determine the extent to which individuals possess these constellations of traits and behaviours. The cut-off point for defining an individual as a psychopath is usually taken to be a score of at least 30 out of 40 ([Hare, 1993](#) : 33–34).

From our interpretive perspective, the question of the reality of psychopathy and psychopaths, and related categories such as anti-social personality disorder, is bracketed ([Horwitz, 2002](#)). For the purposes of our research, we are analytically indifferent to questions of the validity and reliability of diagnosis ([Peyrot, 1995](#) :

575). Instead, we look at “psychopathy” as a label that is applied to particular individuals in particular circumstances whether this involves the systematic application of a standardized check list, general clinical impressions, or popular stereotypes. The practices involved in such interpretive work (**Holstein & Miller, 1990; Peyrot, 1995; Weinberg, 1997** [[Holstein & Miller, 1990](#), [Peyrot, 1995](#), [Weinberg, 1997](#)]) serve to construct psychopaths as a type of problem person as well as to construct appropriate solutions for dealing with them.

The life of Joseph Fredericks was shaped by different understandings of psychopathy: from the late 1950s (when he was certified under the Ontario Mental Health Act as mentally disordered and dangerous) to the late 1980s (when he unsuccessfully plead insanity to the charge of murdering Christopher Stephenson). Between 1959 and 1983, a diagnosis of psychopathy (combined in his case with the paraphilias of pedophilia and sexual sadism) was an acceptable way for state agents to confine Fredericks and consequently shield him from being criminally charged for acts of sexual violence.

During the 1960s, there was a belief by some clinicians that psychopathy was an adaptive “mask” constructed by individuals in response to severe deficits of nurturing during childhood. The Social Therapy Unit (STU) at the Oak Ridge wing of Penetanguishene, where Fredericks resided during most of the period between 1959 and 1983, employed a controversial approach designed to penetrate the outer shell of the personality of severely disordered persons, particularly psychopaths, to get at a putatively healthy core (**Barker & Mason, 1968a,b,c; Barker, Billings, & McLoughlin, 1969; Barker, Mason & Williams, 1969; CBC Radio, 2002** [[Barker et al., 1969](#), [Barker & Mason, 1968a](#), [Barker & Mason, 1968b](#), [Barker & Mason, 1968c](#), [Barker et al., 1969](#), [CBC Radio, 2002](#)]). In this context, Fredericks, at least theoretically, was considered to be profoundly “mad” and in need of therapy in a mental health setting rather than “criminal” and hence requiring punishment in a penal setting.

With the shutting down of the STU and some controversial research suggesting that the Unit's treatment programs had back-fired in the case of psychopaths (**Harris, Rice, & Cormier, 1992, 1994** [[Harris et al., 1992](#), [Harris et al., 1994](#)]), the notion that psychopaths were best dealt with in the mental health system fell out of favour. In its place, a view developed that psychopaths were more “bad” than “mad” and hence were more appropriately dealt with in a penal setting than in a mental health one (**Cirali, 1978; Ogloff, Wong, & Greenwood, 1990** [[Cirali, 1978](#), [Ogloff et al., 1990](#)]). This was part of a larger social trend in social control across North America (**Hare, 1998; Makin, 2003: A9; Shipley & Arrigo, 2001; Zinger, 2002; Zinger & Forth, 1998** [[Hare, 1998](#), [Makin, 2003](#), [Shipley & Arrigo, 2001](#), [Zinger, 2002](#), [Zinger & Forth, 1998](#)]).

In the United States, much of the state legislation mandating the civil commitment of “sexual psychopaths” had been abolished and replaced by a justice model that took the stance that sex offenders should be held criminally

responsible for their actions and punished just like other offenders (**Petrunik, 1982, 1994, 2003** [[Petrunik, 1982](#), [Petrunik, 1994](#), [Petrunik, 2003](#)]). In the mental health system, a new concern with due process and the emergence of the deinstitutionalization movement made involuntary civil commitment more difficult (**Armat & Isaac, 1990; Lafond & Durham, 1992** [[Armat & Isaac, 1990](#), [Lafond & Durham, 1992](#)]). Mental hospitals came to be seen largely as places for the short-term confinement and pharmacological treatment of acutely ill psychotic persons who presented an imminent danger rather than the long-term confinement of disruptive persons (psychopaths) who were not even clearly mentally ill.

In Canada, the Criminal Sexual Psychopath Statute of 1948 was renamed in 1962 to make the object of its attention “dangerous sexual offenders”. In 1977, the more general Dangerous Offender (DO) statute replaced the Dangerous Sexual Offender Statute. Although DO legislation ostensibly targets a broad range of persons predisposed to commit serious personal injury offenses, over 90% of persons sentenced as dangerous offenders have committed one or more sex offenses considered to cause a serious personal injury ([Petrunik, 2002](#)). In 1981, the Supreme Court of Canada decision in the Kjeldsen case made impossible, or at least severely restricted, the ability of defense lawyers to use a diagnosis of psychopathy as the basis of an insanity defense ([R. v Kjeldsen, 1981](#)). Some psychiatrists took this ruling, along with the argument that psychopaths were more “bad” than “mad”, as further support for the notion that a diagnosis of psychopathy did not constitute grounds for involuntary commitment.

Now, the very characteristics that had made Fredericks a suitable candidate for the imposition of psychiatric controls were being interpreted in such a fashion that confinement in a prison setting was the preferred solution ([Coid, 1998](#)). Indeed, the diagnosis of psychopathy became an obstacle to exemption from criminal responsibility and certification under provincial mental health legislation (**Zinger, 2002; Zinger & Forth, 1998** [[Zinger, 2002](#), [Zinger & Forth, 1998](#)]).

2.2. From mental patient to convicted offender

Fredericks' adjustment to hospitalization seemed to embody all the contradictions reported by psychiatrists regarding diagnosed psychopaths. Not only had he not benefited from the treatment, both orthodox and unorthodox, offered him at the STU and other units in Penetanguishene, but also he was considered to be an extremely difficult patient. Fredericks' records indicated that his confrontational behaviour resulted in his frequently being assigned to a special disciplinary program known as MAP, which stood for motivation, attitude, and participation, all areas in which he was considered deficient. Furthermore, Fredericks had carried out serious acts of sexual violence that had not been prosecuted both while he was institutionalized and during several escapes. Hospital authorities now took the view that continued psychiatric confinement of Fredericks was futile. They considered his psychopathy to be untreatable and felt that he was an

incurably disruptive influence on patients and staff (**Sarick, September 11, 1992: A5; Hudson, September 11, 1992: A8** [[Hudson, 1992](#), [Sarick, 1992](#)]).

At this time, despite the concerns of Fredericks' psychiatrists about his psychopathy, pedophilia and sadistic tendencies and his high potential for serious violence, Fredericks' lawyer argued that there was an absence of evidence of recent overt violence suggesting Fredericks posed an imminent danger, that his release via an appeal to the provincial Psychiatric Review Board was likely inevitable, and that his caretakers would be wise to ready him for release. Given this situation, along with years of frustration in dealing with Fredericks, psychiatric officials took measures to gradually prepare Fredericks for release into the community by allowing him greater liberty in a less secure facility (**Pearson, 1991; Bergin, 1994: 60** [[Bergin, 1994](#), [Pearson, 1991](#)]).

For psychiatric officials to allow Fredericks greater liberty, however, had to be a case of playing dice with God. In the past, each time Fredericks was transferred from the Oak Ridge maximum-security facility to a less-secure unit in Penetanguishene or to lower security facilities in London and in St. Thomas, he responded by committing serious offenses ([Makin, Dec. 5, 1989](#) : A13). These offenses included sexual assault of a 6-year-old girl at knife point, anal rape of a 15-year-old boy whom he threatened with a gun, and forcing a mentally handicapped adult female to have sex. Fredericks told one of his psychiatrists that he wished he had "killed the little girl" ([Solicitor General of Ontario, 1993](#) : 5).

Despite the seriousness of these offenses and numerous other aggressive incidents, Fredericks was never charged and prosecuted under the Criminal Code but rather transferred back to the Oak Ridge maximum-security facility. Although he was now heavily medicated (up to 50 mg of Haldol a day) to reduce his sexually aggressive impulses ([Hudson, September 16, 1992](#) : A6), psychiatrists at Oak Ridge still regarded Fredericks to be at a high risk for serious violence. Nonetheless, following his lawyer's urging, and their own sense of pessimism about being able to help Fredericks, mental health officials at Oak Ridge again transferred Fredericks to a lower security psychiatric facility, this time in Kingston ([Sarick, September 11, 1992](#) : A5).

Shortly after taking up residence at the medium-security Kingston Psychiatric Hospital during the summer of 1983, Fredericks left the hospital grounds and sexually assaulted a 10-year-old boy and a 15-year-old girl, the latter at knife-point ([Solicitor General of Ontario, 1993](#) : 5). Police contacted Dr. Siert Houtman, at the time Fredericks' psychiatrist at the hospital, but Dr. Houtman refused to give information on Fredericks' psychiatric history saying it was against Ontario health care records legislation to release such information without the patient's consent. It later became known that even Dr. Houtman was unaware of some of the serious incidents of violence in Fredericks' past because

his complete file had not been transferred from Oak Ridge ([Hudson, September 18, 1992](#) : A8).

Although Fredericks was not charged with sexual assault of the 15-year-old girl apparently because she was unavailable to testify, he was charged with sexual assault of the 10-year-old boy. This time a decision was made not to return him to Oak Ridge. For the first time, Fredericks came under the jurisdiction of the criminal justice system and was formally labeled as a criminal offender. Despite his previous history of diagnosis as mentally disordered and more than two decades of civil confinement, Fredericks was charged and found guilty of the sexual assault of the 10-year-old boy and was sentenced to 22 months and 2 years probation. A dangerous offender application under the Criminal Code was not considered, however, because records of Fredericks' violence while a psychiatric patient were not, under Ontario's Healthcare privacy legislation, automatically available to the Crown prosecutor and the latter, perhaps unaware of their potential significance, did not seek a subpoena to gain access to them. Furthermore, police incident reports were either not considered as a source of evidence or not available. Consequently, the Crown was unaware of the pattern of violence Fredericks had demonstrated as a psychiatric patient and earlier as a ward of the province with the CAS and the RRC ([Sarick, October 15, 1992](#) : A21).

Fredericks began his sentence at the minimum-security correctional institute in Brampton, Ontario in October 1983, but was transferred to the maximum-security facility at Millbrook because of his aggressive, disruptive behaviour. In September 1984, Fredericks was released on day parole to Riverside House in Ottawa. The Ottawa parole officer who prepared Fredericks' pre-parole report was unaware of Fredericks' extensive history of violence and child molestation, his escapes from custody, and his diagnosis as a sadistic psychopathic pedophile because existing law made access to his mental health and child welfare system records difficult, if not impossible ([Bergin, 1994](#) : 58).

Within 2 weeks of receiving day parole, Fredericks left Riverside house with a German shepherd guard dog and abducted an 11-year-old boy in a park adjacent to Hogs Back Falls on the Rideau River, not far from the halfway house. After forcing the boy to receive and give fellatio, Fredericks then stuffed the boy's underwear into his mouth and anally raped him, threatening to turn the dog on him and kill him if he did not co-operate. In a police statement signed by Fredericks on September 17, 1984, Fredericks said: ""I was going to kill him at that stage after everything was over with. Then I just told him to stay there and count to 100 and left and went back home to the house. When I was committing the act I wanted to tell him I just wanted to be loved and I didn't think he would understand. I wanted to tell him I was sorry after I finished but I didn't think he would understand.""

Shortly after, Fredericks was arrested and placed on psychiatric remand. He was assessed for 20 days at the Royal Ottawa Hospital Sexual Behaviours Clinic. His examiner, Dr. John Bradford, reported to the court that the combination in Fredericks of pedophilia, sexual sadism, aggression and psychopathy made him a “very high risk” to re-offend. Dr. Bradford stated that Fredericks ranked among the top 30–40 persons, of the approximately 1200 sexually violent offenders he had assessed, in terms of arousal by violence, and that he was six times more aroused by violent sexual acts against children than by non-violent acts against children. Dr. Bradford requested that he be consulted before Fredericks was released on parole and he recommended that Fredericks be required to undergo chemical castration as a condition of his release (**Bergin, 1994: 62; Hudson, October 1, 1992: A9; Page, 1997; Makin, Dec. 5, 1989: A13** [[Bergin, 1994](#), [Hudson, 1992](#), [Makin, 1989](#), [Page, 1997](#)]).

Andrejs Berzins, the Ottawa district crown attorney (who later reported having a bad feeling about the Fredericks case and regret for not more actively pursuing it), assigned the Fredericks case to Edward Gulliver, his assistant crown attorney. Gulliver considered, but did not pursue, a Dangerous Offender application because the victim was unavailable to testify when his father, a Swedish diplomat, returned his family to their home country. In addition, Gulliver was unable to get Fredericks' earlier victims to testify and thus demonstrate a pattern of violence indicating dangerousness. To ensure a conviction, Gulliver agreed to a plea bargain, suggested by Fredericks' lawyer, whereby Fredericks would plead guilty to one count of sexual assault ([Sarick, September 24, 1992](#) : A4).

Following his plea bargain, Fredericks was sentenced to 5 years at Warkworth Penitentiary. In 1986, Fredericks was transferred for a 5-month period to the Sex Offender Treatment Unit at Kingston Penitentiary where he was assessed and treated by the chief psychologist Sharon Williams. It was at this time that Williams tested Fredericks' intelligence and found him to be in the normal range. While finding Fredericks to be a difficult, manipulative patient, Williams found no indication of the strong tendency to sexual sadism that Dr. John Bradford had found in 1984. Williams, however, disagreed with the methodology used by Bradford and tested Fredericks using tapes based on scenarios of fantasies that he himself provided. It is Bradford's opinion, however, that it was actually Williams' methodology that was problematic.

Despite the violent nature of the crimes for which Fredericks was convicted, and despite Dr. Bradford's warning, Fredericks made a sufficiently positive impression on members of the parole board that a decision was made to release him on day parole. In November 1987, Fredericks moved to Toronto where he stayed at Exodus Link, a small 10-bed halfway house. A discussion of some important changes in social climate and criminal justice policy is useful in understanding how Fredericks achieved iconic status as a sexual predator.

2.3. [From ex-inmate to predator icon](#)

2.3.1. [Socio-political context](#)

During the early 1980s, a shift occurred, in both public attitudes and criminal justice policy, toward a greater concern with community protection and victims' rights. This shift was spurred to a large degree by public response to media discussions of the findings of the [Committee on Sexual Offenses Against Children and Youth \(1984\)](#) and by public anger over the case of the notorious serial murderer Clifford Olson. Of more immediate significance were the murders committed by two sex offenders (Paul Kocurek and Duane Taylor) who had been released (as required by Canadian law) on mandatory supervision after serving 2/3 of their sentences. In response to the sexually motivated murders committed by Kocurek and Taylor, the National Parole Board began the practice of "gating". This involved authorizing the release of an inmate on mandatory supervision and then immediately issuing a warrant of apprehension (at the prison gate so to speak) that suspended mandatory supervision on the grounds that the inmate's risk of seriously re-offending was so high that he needed to be returned to custody. After 11 cases of "gating", in 1983 the Supreme Court of Canada ruled against the practice on the grounds that without specific legislation enabling detention of an inmate to his sentence expiry date, any suspension of mandatory supervision had to be based on post-release conduct ([Petrunik, 1994](#) : 91–92).

In 1984, the sexual assault and murder of Celia Ruygrok, an employee with an Ottawa half-way house, by Alan Sweeney, a sex offender on parole, led to the introduction of legislation allowing detention of individuals beyond their mandatory release date if there were reasonable grounds to conclude they were likely to commit (before their sentence expiry date) an offence causing death or serious harm. This legislation came into effect in 1986 ([Petrunik, 1994](#) : 92).

It is in this context of heightened public and political concern over violent sexual offenders and their victims that Fredericks ran into difficulty in late 1987 with the conditions of his parole release plan while staying at Exodus Link. After the public outcry over the murder of a young woman named Tema Conter by Melvin Stanton, a sex offender who resided at another half-way house in the Toronto area, federal Solicitor-General James Kelleher ordered half-way houses not to provide accommodations to sex offenders until further notice. This left Fredericks without an appropriate residence and supervision. In addition, plans for Fredericks to participate in a therapy program, including chemical castration, under the supervision of Dr. Ronald Langevin at the Clarke Psychiatric Institute fell through. CSC had cut back the program's funding and Langevin, who was consequently restricted in his ability to take new cases, asked the director of Exodus Link to refer Fredericks to another therapist. Dr. Ruth Bray, the psychologist who subsequently became Fredericks' therapist, did not demand that he undergo chemical castration. Her apparent reasoning was that the drug had unpleasant side effects, that such treatment would be difficult to enforce, and

that Fredericks, after decades of unsuccessful psychiatric treatment, “needed... to be weaned from the world of psychiatry” (Pearson, 1991: 70–71; Hudson, October 16, 1992: A26 [[Hudson, 1992](#), [Pearson, 1991](#)]).

Correctional officials, concerned about continuing Fredericks' conditional release without chemical castration and without supervision in a half-way house and mindful about the potential political fall-out should Fredericks re-offend, treated the situation as sufficient grounds for revoking Fredericks' parole. As a consequence, he was returned to Warkworth to serve out the 24 remaining days before his mandatory supervision release date. Fredericks expressed anger, in an interview with the Toronto Star ([Breil, February 14, 1988](#) : 4) at losing his freedom, although he felt he had not violated his parole conditions, and he refused any form of treatment during the remainder of his stay in prison ([Supreme Court of Ontario, 1989](#)).

2.3.2. From prison to community: Fredericks, Ruth Morris and the John Howard Society of Toronto

In March 1988, Fredericks was released on mandatory supervision with the following conditions: that he not associate with children under the age of 16 in the absence of proper adult supervision; that he not frequent areas where unsupervised young persons might be present; and that he accept counselling at the direction of his parole officer. One possibility not invoked was detention of Fredericks to warrant expiry (end of custodial sentence) as a high-risk offender under legislation passed in 1986. However, an application under this statute would have required 6 months notice and this had not been done. The case managers justified their decision on the grounds that court records, including the testimony of the victim's father, had suggested that there had not been “any lasting physical or psychological damage” to the victim of his last offense. Another consideration was that detaining Fredericks until warrant expiry would have involved release into the community without any provisions whatsoever for correctional supervision (Sarick, October 6, 1992: A16; Sarick, October 15, 1992: A21; Hudson, October 6, 1992: A9 [[Hudson, 1992](#), [Sarick, 1992](#), [Sarick, 1992](#)]).

On his release from Warkworth on mandatory supervision on March 11, 1988, Fredericks moved to Malton (a suburb of Toronto). He was apparently no longer willing to undergo chemical castration and psychological therapy and there is no indication that his parole supervisor had actually given him specific directions with regard to undergoing counselling as outlined in the conditions of his release. Instead, Fredericks followed up on contacts he had made in prison with various local branches of the John Howard Society (JHS), an agency that helps ex-prisoners to re-integrate into society and does advocacy work on their behalf. The most significant of these contacts was Ruth Morris, the recently hired executive director of the metropolitan Toronto branch of the JHS.

Morris, who had a PhD in sociology and social work (University of Michigan, 1962), was a devout Quaker and a dedicated prisoners' rights and social justice advocate and prison abolitionist (**Morris, 1987, 1993, 1994, 1994 (July), 1999, 2000; West & Morris, 2000; Houston, February 11, 2002** [[Houston, 2002](#), [Morris, 1987](#), [Morris, 1993](#), [Morris, 1994](#), [Morris, 1994](#), [Morris, 1999](#), [Morris, 2000](#), [West & Morris, 2000](#)]). When Fredericks expressed a strong interest in joining the JHS's Advocacy and Reform Committee and becoming a volunteer who could speak to youth about the prevention of sexual abuse based on his own experience as a victim and an offender, Morris was willing to give him a chance. However, neither Morris nor other members of the Toronto JHS knew much about Fredericks' past other than what he had told them. Indeed, they were even more in the dark than were correctional officials about the full extent and seriousness of Fredericks' record of sexual violence against children and his diagnosis as a sadistic, psychopathic pedophile at high risk to re-offend. In addition, the JHS did not have the mandate to supervise Fredericks and there is no indication that the Society was in contact with Fredericks' parole officer who did have such a mandate. The JHS's mandate involved helping ex-inmates to re-integrate into society and advocating social reforms on their behalf and it saw its role as one of care rather than control. Consequently, it took the stance that it was not up to them to seek out information on offenders who came to them for assistance.

Responding on the basis of her social justice principles and Christian beliefs, Ruth Morris viewed Fredericks as someone who had something of value to offer others on the basis of lessons learned from his own life struggles. In fact, in an article written after Frederick's death, she acknowledged that she was quite impressed by Frederick's apparent frankness: "'Joe was different. He startled me on our first meeting by saying that he was a life-long child molester and victim of child molestation who was trying to overcome his past. He wanted to do this by going into schools and talking to groups of children about his experiences. He wanted to tell them of the need to help children like he had been, and of the dangers for them to avoid in people like he had become.' "...Joe's amazing openness struck me as courageous and healthy. His desire to make amends, and to use his very weakness as a resource in his and society's healing, seemed consistent with the empowerment-community development philosophy I used." "...Joe was refreshingly aware that in common advocacy was strength for all". ([Morris, 1993](#) : 13)."

Nevertheless, although Morris did not mention it, there is evidence that, during this period, Fredericks violated, on several occasions, without repercussions, the conditions of his mandatory supervision. In one instance, Fredericks took the young daughter of a John Howard Society staff worker out for ice cream. In a second incident, a staff worker learned that Fredericks had met her 15-year-old son on the agency premises, taken him out to a restaurant, bought him three beers, and offered to take him to a baseball game or rock concert. In a third instance (unrelated to his involvement with the John Howard Society), Fredericks

volunteered to be a coach, and was assigned a team, with the Malton Peewee Softball League, after falsely claiming that he had 18 years of experience coaching baseball and hockey in five different cities. No incident resulted but Fredericks quickly resigned in mid-May when various individuals involved with the league found his behaviour suspicious ([Supreme Court of Ontario, 1989](#)).

2.3.3. The murder of Christopher Stephenson and the trial of Joseph Fredericks

After living in Malton for a short time, Fredericks moved to Mississauga, a city neighbouring Toronto. On June 4, 1988, Fredericks again moved, this time to the nearby city of Brampton (**Bergin, 1994: 61; Newark & Sullivan, 1995: 17** [[Bergin, 1994](#), [Newark & Sullivan, 1995](#)]). Although he was supposed to be under mandatory intensive supervision, there were some delays and mix-ups in the transfer of responsibility from his former parole officer in the Toronto area to his new parole officer in Brampton. Fredericks did speak with both his former and current parole officers on the phone, but he never did meet with his current officer during his brief stay in Brampton. Consequently, the police had no address for Fredericks and were unaware of his presence in Brampton when they received the news of Christopher Stephenson's abduction on June 17, 1988 ([Supreme Court of Ontario, 1989](#)). By the time Fredericks was considered a suspect, he had already murdered Christopher Stephenson. A press report described what happened as follows: "[Fredericks]...led the boy to a field and raped him, then took him to a rented room and kept him drugged, bound and naked overnight. He again sodomized the boy the next day before walking him 6 km to a wooded area near his home, choking him unconscious and stabbing him to death. The boy apparently bled to death slowly, his hands tied behind his back". ([Peirol & Hogben, 1992](#) : 1)."

The subsequent trial of Fredericks for the first-degree murder of Christopher Stephenson illustrates the shifts in understanding in psychiatry and law that had occurred in relation to persons diagnosed as psychopathic. In the trial, it was the Crown prosecutor Leo McGuigan who constructed his arguments using the notion of personality disorder (anti-social personality disorder and psychopathy). Relying on the testimony of Sharon Williams, a psychologist who had worked with Fredericks in Kingston Penitentiary, Dr. Angus MacDonald (a psychiatrist who interviewed Fredericks shortly after he was charged) and Dr. Andrew Malcolm, McGuigan downplayed the significance of uncontrolled pedophilic lust and sexual sadism as factors in Fredericks' act of murder. According to McGuigan, Fredericks was guilty on the basis that he was a cold-blooded psychopath who ruthlessly planned and carried out the abduction, assault and murder of Christopher Stephenson and took measures to avoid apprehension and prosecution ([McGuigan, 1989](#)).

On the other hand, Fredericks' defense lawyer, Timothy Lipson, while acknowledging that the notions of anti-social personality disorder and

psychopathy could accurately be applied to Fredericks, chose not to use the notion of psychopathy as a basis for exempting Fredericks from criminal responsibility. Instead, relying primarily on the expert opinion of Dr. John Bradford, Lipson argued that Fredericks' actions in murdering Christopher Stephenson were driven by an "irresistible impulse" fuelled by a cocktail of pedophilia, extreme sexual sadism and personality disorder which combined to render him insane at the time of the murder ([Makin, Dec. 5, 1989](#) : A13; [Supreme Court of Ontario, 1989](#)). Lipson made no effort to downplay the brutality of Fredericks' crime. Indeed, he stated that he took pains to emphasize the horrible details of what had happened in order to portray Fredericks as utterly unable to control his actions when he was in the obsessive grip of lust for a young child.

Fredericks was found guilty of first-degree murder and sentenced to life without possibility of parole for 25 years. While in prison awaiting the outcome of an appeal of his conviction, Fredericks was murdered on January 3, 1992 by Daniel Poulin, a fellow inmate ([Appleby, January 4, 1992](#) : A1). So loathed was Fredericks by prison staff and inmates that a story, perhaps apocryphal, circulated that some guards at the prison where the murder took place rewarded Poulin by giving him a cigar.

2.3.4. The Stephenson inquest and the media: The making of a monster

Media coverage of Fredericks' murder trial and his conviction in 1988 and the detailed look at his life that came out of the Stephenson Inquest in 1992 resulted in another shift in Fredericks' moral career. There was a production of narratives in which Fredericks was regarded as having transcended ordinary badness and madness. Fredericks the psychopath became an evil monster ([Simon, 1998](#)), someone whom journalist Patricia Pearson referred to as "Frankenstein's orphan" (1991). This was achieved in large part by the striking contrast between accounts of the sacred innocence of Fredericks' young victim and accounts of the callous, cold-blooded way Fredericks carried out his profane acts of rape and murder and the quality of his emotional response to what he had done.

In describing Christopher, The Ontario Coroner's Inquest Report ([Ministry of the Solicitor General of Ontario, 1993](#)) provided a picture of him as the quintessential normal Canadian boy: "Christopher was an active, healthy 11-year-old boy who was involved in baseball, hockey and other sports. He was a good student, well liked by his peers."

The report (1993: 7) also included a poem Christopher had written for his parents a few months before his death.

The Fire

Warm and Cozie,

Glow of light,
Warmth and Heat throughout the Night
Family Talk,
Crackling, pop,
Staring at the mantel piece
With the shiny white geese
But as the fire goes out
I have no doubt of the warmth and love
Throughout our house

The image presented of Fredericks, however, was the diametric opposite to the image presented of Christopher as a warm and loving child. Reports of Fredericks' behaviour presented him not only as brutal but also as inhumanly cold and callous. What made Fredericks particularly dangerous for some observers was that he was capable at times of presenting a surface veneer of charm. A correctional official who had dealt with Fredericks described him as someone who "could charm the gold teeth out of an old lady."

Intermixed with accounts of Fredericks' description to police officers of how he had abducted, assaulted and killed Christopher Stephenson, were his reported comments about the poor performance of the pitchers on the Toronto Blue Jays baseball team. Reading these comments in terms of the master narrative of psychopathy suggests that Christopher's death was no more significant to Fredericks than his concern, as a sports fan, about his team. Particularly chilling was a press report describing Fredericks' testimony to the police. This report noted that, shortly after strangling Christopher Stephenson, cutting his throat and leaving him to slowly bleed to death, Fredericks returned to his home, drank a glass of milk, went to bed and fell asleep in about 20 min ([Peirol & Hogben, 1992](#) : 1).

Even mental health professionals such as Dr. John Bradford, who stated that Fredericks was so disturbed that he must have had a brain disorder, found it difficult to keep a dispassionate medical/scientific frame when speaking of Fredericks. Said Dr. Bradford: "[I]f I take myself out of the professional sphere for a moment, he was the epitome of evil. There's just no question". ([Page, 1997](#) : B2)."

2.3.5. Joseph and Ruth: Fredericks as victim of an uncaring society

Ruth Morris, the Executive Director of the John Howard Society who took Fredericks on as a volunteer, wrote that she was deeply troubled by Fredericks' violation of Christopher Stephenson's innocence. She also wrote that she was troubled when Fredericks accepted a small publisher's advance for a book about his life and was concerned about the possibility that he would financially profit from his crimes). Nonetheless, Morris made it clear that her strong Christian beliefs compelled her to find in Fredericks a spiritual core that transcended both his awful deeds and the discourses of law, psychiatry, and popular culture that attempted to make sense of them (Ray [Morris, 1989–1991](#)).

For Fredericks (who earlier had inscribed the tattoo “I love Mom” on his arm and who unsuccessfully had tried to call therapist Sharon Williams, “Mom”), the Morrises became parental figures. Even though they did not accede to Fredericks' wish that they adopt him, the Morrises allowed Fredericks to refer to him as “Mom” and “Dad” in their correspondence with him and their occasional visits. For Ruth Morris, Fredericks was someone (“little Joe”) whose childhood was taken away from him shortly after birth. This child, unlike Christopher Stephenson (who had the benefit of a loving family for 11 years), never had a chance. The question that Morris asked is not what drove Joseph Fredericks to rape and murder Christopher Stephenson but rather “why did Christopher die?” While clinical explanations based on diagnoses of severe personality disorder or brain disorder assume that agency is absent or severely diminished, Morris's question re-frame the issue of the degree to which Fredericks had agency in murdering Christopher Stephenson. A close scrutiny of Morris's comments on Fredericks suggest that she viewed Fredericks primarily as a victim: not of some disorder that predisposed him to violence, but of an unjust society that produced the social circumstances that made him what he was. And, for Ruth Morris, that society needed to be profoundly transformed if there was going to be any hope of preventing violence against children.

In a pamphlet that was undoubtedly shaped by her experiences with Fredericks, [Morris \(1994\)](#) acknowledged the problem of the “dangerous few” that required sequestration in small treatment-oriented institutions. She insisted, however, that such individuals are “a symptom of the pathology of violence in our society”, that retributive justice is completely counterproductive, and that the ultimate answer is to build “a caring community which nurtures and includes all”.

[Yeager \(2004\)](#) argues, however, that Morris's writings and advocacy work suggest an entirely different perspective toward the Fredericks case than one based on notions of agency or societal response. For **Yeager (2000, 2003)** [[Yeager, 2000](#), [Yeager, 2003](#)], the issue is primarily a political one of how state-run institutions (child welfare systems, asylums, and prisons) serve as dumping grounds for undesirables such as Fredericks, thus diverting attention from the societal conditions which produce problem individuals in the first place. Referring to Fredericks as a “state-raised kid”, Yeager argues that representatives of such state-run institutions do not want to accept responsibility for their “sins” of

commission and omission. It is the failures of state officials that result not only in individuals such as Fredericks being misdiagnosed, brutalized and sexually assaulted but also in their assaults and brutalizations of others. For Yeager, the iconic status of Fredericks and others like him in media representations serves the political function of drawing attention from state malfeasance and neglect and toward individual evil or pathology. This allows representatives of the state to expand measures designed to punish and/or incapacitate offenders after the fact rather than carry out the kinds of transformative justice policies and programs advocated by Ruth Morris. From Yeager's critical criminological perspective, such transformations are not attempted precisely because they would threaten the interests of the most economically and politically powerful groups in society. This type of politicized interpretation, as [Miller and Holstein \(1989: 10\)](#) note, can be construed as a form of social problems work. "Social problems work is political discourse. It may take the form of rhetorics intended to persuade others to acquiesce to one's portrayal of 'candidate' social problems as 'real'. Such rhetorics are partly explanations and justifications for actions taken to eliminate putative conditions."

3. Implications and conclusions

Like the comparable cases of Earl Shriener and Westley Dodd in Washington ([Boerner, 1992](#); [Lafond, 1992](#) [[Boerner, 1992](#), [Lafond, 1992](#)]), Jesse Timmendaquas in New Jersey and Richard Davis in California ([Petrunik, 2002](#)), the image of Fredericks as ruthless predator took on iconic status and became the basis of the call, in the Stephenson Inquest recommendations, for a variety of "community protection" measures including a sex offender registry and a civil commitment statute for "sexually violent predators". These recommendations have played a significant role in changes in criminal justice policy over the past 12 years ([Petrunik, 2002, 2003](#) [[Petrunik, 2002](#), [Petrunik, 2003](#)]).

One of the chief implications of our question "who was Joseph Fredericks" is what kinds of policies (whether mental health, criminal justice, educational, or social welfare) are considered necessary to deal with sexual violence. Depending on what is one's view of the problem, the choice can be made to treat persons with mental disorder, to rehabilitate offenders, to denounce violence, to safeguard society against repeat predatory sexual violence, or to transform an unjust society.

In the clinical or mental health model, diagnoses of mental disorder and assessments of dangerousness are central. Individuals who are deemed to be mentally disordered and dangerous on the basis of a particular constellation of symptoms and of evidence suggesting a high risk of violence against self or others may be held involuntarily for an indeterminate period of time under the aegis of civil mental health statutes. Under civil mental health law, the confidentiality of medical records is protected. Consequently, acts that technically meet the *actus reus* criterion for a criminal offense, but have not

resulted in a criminal charge, will not normally be available for the purposes of a criminal proceeding. For almost two and a half decades, this was the situation of Joseph Fredericks. He was found to meet the criteria for mental disorder and dangerousness in the Ontario Mental Health Act, and although he was known to have committed numerous acts of sexual violence and other offences, he was never prosecuted for them.

In the classical criminal justice model, nearly all offenders are considered to be rational beings who must be held accountable for their violations of criminal law and punished through fixed penalties proportionate to the gravity of their crimes. Deterrence and just desserts are the primary objectives and incapacitation and rehabilitation are ancillary ones. Strictly speaking, the only exemptions are those persons whose mental disorder renders them not criminally responsible, so that they lack the quality of *mens rea*, or are incompetent, so that they are incapable of participating in criminal proceedings against them (Petrunik, 2002, 2003 [Petrunik, 2002, Petrunik, 2003]).

In the case of Fredericks, he only technically became a criminal at the age of 40. As a criminal, Fredericks was subject to a determinate sentencing scheme that provided for graduated release according to certain principles. Under the rules of Canadian criminal law, Fredericks was eligible for parole after serving one third of his sentence and was required to be released on mandatory supervision after serving two thirds of his sentence.

While there was a possibility, in principle, to sentence Fredericks under dangerous offender legislation (a form of legislation that incorporates some of the preventive, social defense features of civil mental health law), in practice there were a number of obstacles. The strict procedural requirements of this legislation, including the requirement to demonstrate a pattern of criminal offending and the narrow time frame for an application, made it difficult to apply to Fredericks. By 1988, Fredericks could have been detained to warrant expiry under recently passed legislation for high-risk offenders, but this placed correctional officials in a dilemma: to release him without supervision at the end of his sentence or to release him under supervision before the end of his sentence. Officials faced with a “damned if you do, damned if you don’t” situation chose the latter.

Also by 1988, when Fredericks pleaded not guilty by reason of insanity to the charge of murdering Christopher Stephenson, notions of mental disorder had changed. A person diagnosed as a psychopath was now considered more bad than mad. A diagnosis of psychopathy was no longer suitable for an insanity defense and, because psychopathy was considered to be virtually untreatable, civil mental health hospitals were no longer seen to be appropriate places to confine psychopaths. As a result, Leo McGuigan, the Crown prosecutor in Fredericks' trial, used descriptions of Fredericks as a psychopath to portray him as a cold, calculating killer who should be convicted of first-degree murder (

[McGuigan, 1989](#)). Fredericks' lawyer, Timothy Lipson, did not challenge the view that his client was a psychopath. He argued, however, that an impulsivity fed by sadistic pedophilic lust made Fredericks akin to a mad dog out of control ([Supreme Court of Ontario, 1989](#)). The jury, however, rejected this attempt to portray Fredericks as lacking the requisite *mens rea* due to profound madness and found Fredericks guilty of first-degree murder.

While efforts to portray Fredericks as a mentally ill person requiring treatment in a hospital were unsuccessful after 1983, media coverage following the murder of Christopher Stephenson, and later during the Stephenson Inquest, presented Fredericks as a monstrous being who transcended mere criminality. In addition to [Patricia Pearson's \(1991\)](#) reference to Fredericks as “Frankenstein's Orphan”, Thomas Epp, the Warden of Kingston Penitentiary where Fredericks was murdered, was quoted as describing Fredericks as “a vile instrument of evil” ([Appleby, January 4, 1992](#) : A4). Furthermore, Ottawa Citizen journalist Shelley [Page \(1997\)](#) applied the image of the monster to Fredericks in her interview with Dr. John Bradford, the psychiatrist who assessed Fredericks in 1984 and testified during his murder trial in 1989.

Clinical constructions (mentally deficient person, sadistic pedophile, psychopath) of a person driven by disorder, the legal notion of a rational offender accountable for his actions, and the popular primal notion of monstrous being all conceive of Fredericks as a problem person. In contrast, social justice advocate Ruth Morris and critical criminologist Matthew Yeager disavow conceptions of problem persons such as psychopaths and place most, if not all, of the blame for Fredericks' acts of violence squarely on society and the state. As social critics, they carry out a form of “social problems work” ([Holstein & Miller, 1990, 1997](#) [[Holstein & Miller, 1990](#), [Holstein & Miller, 1997](#)]) that constitutes Fredericks as a “victim” and agents of social control and the media as “victimizers” ([Morris, 2000](#)). They also call for social analysts, practitioners, the media and members of the public to open their minds to what is “really” going on and to take the necessary action to transform society.

Yet none of the categories that Morris, Yeager, Fredericks' psychiatrists, the media and various others used to attempt to explain Fredericks can entirely contain the complexities of his being in the world. The messy realities of a life in which he was both victim and victimizer, both cunning and impulsive, both mad and bad, simply spill over any single category that attempts to do so. Fredericks' early classification as retarded can, in hindsight, be seen more as the product of the inability of anglophone education professionals to deal with Canada's two official languages than a true measure of his cognitive capacity. More than 20 years of hospitalization, including a bout of radical treatment, did little to penetrate the mysteries behind his label of psychopath nor did they subdue his violent impulses. The threat of incarceration and loss of freedom did not have the deterrent effect it would have had on most rational actors. And Fredericks himself was arguably too unruly and defiant to accept the status of victim of society,

however, warranted such a designation might seem to be in terms of the circumstances of his life. Interestingly, during his final captivity, Fredericks wrote a poem in a letter to Ruth and Ray Morris (1989–1991), in which he suggested that no singular explanation could pin him down.

My spirit is wild and free

That is why no one can control me

Life is full of twists and turns

And at times there is no return.

The only time a man can be confined

Is if you control his mind

And when man imprison me

My spirit will still be free.

Perhaps Fredericks is best characterized, then, not in a singular fashion but as someone who can be variously constituted as mad, bad, sad, monstrous and a victim.

Whether or not it is possible to ever know who or what Joseph Fredericks was, he and others like him pose a troubling challenge for social policy. And, as [Athens \(1989: 98\)](#) notes, whatever policy solutions are put forth will need to vary in terms of the stage of an offender's career: "It makes far more sense to take steps to prevent someone from becoming a violent criminal and victimizing others than to ensure his harsh punishment or imprisonment after the fact. Similarly, it makes more sense to take steps to rehabilitate a nascent violent criminal before he becomes a dangerous violent criminal who commits heinous violent crimes upon people than it does later to ensure his lengthy imprisonment. Still further, it makes more sense to incapacitate a dangerous violent criminal for whom rehabilitative efforts are either inappropriate or have already proven to be a failure, than it does to take the chance of his seriously harming any more people."

While Ruth Morris's image of offenders as victims of society requiring policies of social and economic transformation and the reintegration of offenders into the community has failed to appeal to policy-makers, the iconic image of the sexual predator as monster has resulted in the emergence, in the United States and Canada ([Lieb, Quinsey, & Berliner, 1998](#); [Petrunik, 2002, 2003](#); [Simon, 1998](#) [[Lieb et al., 1998](#), [Petrunik, 2002](#), [Petrunik, 2003](#), [Simon, 1998](#)]), of a community protection approach to social policy. In this approach, repeat predatory extra-

familial sex offenders are viewed as requiring incarceration for life or at least lifetime intensive surveillance. In 1990, the sexual mutilation of a young boy by Earl Shriner a year earlier in Washington State was the impetus for that state's pioneering Community Protection Act. This legislation provided for a comprehensive set of controls for sex offenders including life-long registration, community notification, and indeterminate civil commitment to be applied on the basis of assessments of risk as well as the presence of "mental abnormality" or "personality disorder" (**Boerner, 1992; Simon, 1998** [[Boerner, 1992](#), [Simon, 1998](#)]).

Washington State's legislation was followed in rapid succession by a nationwide spate of laws based on a community protection model; many of them, including the Jacob Wetterling Law, Zachary's Law, and Megan's Law, named after the victims of child sexual predators. In Ontario, Canada, Christopher's Law, which created a sex offender registry, served to memorialize the life of Christopher Stephenson, Joseph Fredericks' 11-year-old victim (**Government of Ontario, 2000; Petrunik, 2002, 2003** [[Government of Ontario, 2000](#), [Petrunik, 2002](#), [Petrunik, 2003](#)]). In all cases, the sacred image of an innocent child victim stood in stark contrast to the profane image of the monstrous being who defiled that child's innocence.

The kind of "community protection" legislation that emerged in response to dangerous sexual offenders like Fredericks has been an easy sell all across North America (**Lieb et al., 1998; Petrunik, 2002, 2003; Simon, 1998** [[Lieb et al., 1998](#), [Petrunik, 2002](#), [Petrunik, 2003](#), [Simon, 1998](#)]). In contrast, Ruth Morris's depiction of Fredericks as a victim of an uncaring society and her call for a transformative justice approach have not had popular appeal. Whatever sympathy some people may have felt in response to Fredericks' troubled childhood and his years of institutionalization under the Ontario Mental Health Act and however appealing may be arguments on behalf of crime prevention and social transformation, for most people, other emotional factors tend to be more compelling. The revulsion and fear that is felt over the image of the sexual violation and murder of an "innocent" child such as Christopher Stephenson, the concern for the safety of other innocent children, and the desire to incapacitate the "dangerous few" take precedence ([Boerner, 1992](#)). In addition, there is a sense of disgust over the very nature of Fredericks' sexual violations: the brutal, humiliating rapes of young children that profaned their physical and psychic being.

Here, we are dealing with the human response not only to perceptions of danger but also to a powerfully numinous realm of primal values. This realm is reflected in such notions as the dichotomy between the categories of the sacred and the profane and the clean and the unclean, which scholars such as Emile [Durkheim \(1965\)](#) and Mary [Douglas \(1970\)](#) argue are culturally universal categories. Perhaps it is in the phenomenological realm of how people construct and experience categories of "purity and danger", and not in Fredericks himself, that

answers lie: not only to the question of “who was Joseph Fredericks?” but also to why he and others like him continue to provoke such a strong response among members of the public and professionals alike.

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