

NON-PRECEDENTIAL DECISION - SEE SUPERIOR COURT O.P. 65.37

IN THE INTEREST OF: P.M.H, A
MINOR

: IN THE SUPERIOR COURT OF
: PENNSYLVANIA

APPEAL OF: P.M.H.

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: No. 1493 EDA 2026

Appeal from the Order Entered April 28, 2026
In the Court of Common Pleas of Bucks County Criminal Division at
No(s): CP-09-JV-0061744-2007

BEFORE: LAZARUS, P.J., PANELLA, P.J.E., and STEVENS, P.J.E.*

MEMORANDUM BY PANELLA, P.J.E.:

FILED OCTOBER 9, 2026

P.M.H.¹ appeals from the order entered April 28, 2026, finding her in continuing need of involuntary inpatient treatment pursuant to 42 Pa.C.S.A. § 6403(d) and involuntarily committing her to Torrance State Hospital for one year. P.M.H. argues the evidence was insufficient to support her continuing inpatient commitment. After careful review, we affirm.

The trial court set forth the relevant factual and procedural history:

On January 4, 2008, [P.M.H.], who was thirteen (13) years old at the time, was adjudicated delinquent of the charge of indecent assault. [The trial court], by order dated August 13, 2014, found *prima facie* evidence that [P.M.H.] was a child in need of involuntary treatment pursuant to 42 Pa.C.S.[A. § 6403(d)], and

* Former Justice specially assigned to the Superior Court.

¹ As the trial court has explained, P.M.H.'s preferred pronouns are she/her and we will therefore refer to P.M.H. as she/her throughout this memorandum. **See** Trial Court Opinion, 7/14/26, at 1 fn1.

directed the County Solicitor or its designee to file a petition to initiate proceedings under Act 21. On September 26, 2014, the Commonwealth filed a petition for involuntary treatment.

On April 1, 2015, [the trial court] conducted a hearing in accordance with 42 Pa.C.S.[A.] § 6403(c), and at the conclusion of the hearing, found by clear and convincing evidence that [P.M.H.] was in need of involuntary treatment due to a mental abnormality or a personality disorder which results in serious difficulty in controlling sexually violent behavior and that made [her] likely to engage in an act of sexual violence. [P.M.H.] was then committed for involuntary inpatient treatment at Torrance State Hospital. [The trial court] has reviewed [her] civil commitment on a yearly basis.

Pursuant to [the trial court's] annual review of [P.M.H.'s] inpatient commitment as required by 42 Pa.C.S.[A.] § 6404(b), on January 2, 2026, [the trial court] received an updated assessment from the Sexual Offenders Assessment Board ("SOAB"). The January 2, 2026 annual assessment from the SOAB set forth the opinion that [P.M.H.] presently does not meet the full criteria for civil commitment under Act 21. A review hearing pursuant to [4]2 Pa.C.S.[A.] § 6403(c) was held before [the trial court] on April 27, 2026.

Following the hearing, [the trial court] entered an order on April 28, 2026 finding by clear and convincing evidence that [P.M.H.] continues to be in need of involuntary treatment due to a mental abnormality or personality disorder, specifically pedophilia and/or antisocial personality disorder, which results in serious difficulty controlling sexually violent behavior and makes her likely to engage in an act of sexual violence. As such, the order of April 28, 2026 directed that [P.M.H.] shall continue to be involuntarily committed at Torrance State Hospital for a period of one (1) year pursuant to 42 Pa.C.S.A. § 6403(d).

[P.M.H.] filed a notice of appeal as to the April 28, 2026 order on May 27, 2026. On May 28, 2026, [the trial court] issued an order pursuant to Pa.R.A.P. 1925(b) directing [P.M.H.] to file[] a statement of errors complained of on appeal within twenty-one

(21) days. [P.M.H.] filed a ... statement of errors complained of on appeal on June 9, 2026.^[2]

Trial Court Opinion, 7/14/26, at 1-2 (unnecessary capitalization omitted).

The trial court authored its opinion on July 14, 2026. **See** Pa.R.A.P. 1925(a). This matter is now ripe for our review.

P.M.H. raises one issue:

Was the evidence ... insufficient as a matter of law to support the juvenile court's order of commitment, where the Commonwealth failed to prove by clear and convincing evidence that P.M.H. has serious difficulty controlling sexually violent behavior in an inpatient setting as a result of a mental abnormality or personality disorder making P.M.H. likely to engage in acts of sexual violence?

Appellant's Brief, at 4.

We begin with a brief description of the relevant statutes:

Act 21 governs situations where certain sexually violent persons may be involuntarily committed for treatment and applies under circumstances described in the Juvenile Act, 42 Pa.C.S.[A.] §§ 6301-6375. Specifically, Section 6352 of the Juvenile Act provides that a child who is adjudicated delinquent may be, *inter alia*, placed on probation "under conditions and limitations the court prescribed," 42 Pa.C.S.[A.] § 6352(a)(2), or committed to "an institution, youth development center, camp, or other facility for delinquent children operated under the direction or supervision of the court or other public authority and approved by the Department of Public Welfare (the Department)." 42 Pa.C.S.[A.] § 6352(a)(3). Pursuant to Section 6358 of the Juvenile Act, a child who has been found to be delinquent for certain acts of sexual violence, has been committed pursuant to Section 6352, and who remains committed upon reaching 20 years of age "shall be subject to an assessment by the [SOAB]," 42 Pa.C.S.[A.] § 6358(a), to determine "Whether or not the child is in need of

² On June 9, 2026, this Court ordered counsel to file a Rule 1925(b) statement because he had failed to do so pursuant to Pa.R.A.P. 1925(a)(2) concomitantly with the notice of appeal. Counsel timely complied.

commitment for involuntary treatment due to a mental abnormality or a personality disorder, either of which results in serious difficulty in controlling sexually violent behavior.” 42 Pa.C.S.[A.] § 6358(c).

When the [SOAB] finds a child is in need of continued involuntary treatment, the court shall conduct a dispositional review hearing no later than 180 days before the child’s 21st birthday, during which the court “shall consider the assessment, treatment information and any other relevant information regarding the delinquent child.” 42 Pa.C.S.[A.] § 6358(e). If “the court finds there is a *prima facie* case that the child is in need of involuntary treatment under the provisions of Chapter 64, the court shall direct that the county solicitor or a designee file a petition to initiate proceedings under the provisions of that chapter.” 42 Pa.C.S.[A.] 6358(f).

Pursuant to Section 6403 of Act 21, the petition “shall set forth the facts constituting reasonable grounds to believe the individual is within the criteria for court-order involuntary treatment as set forth in subsection (a).” 42 Pa.C.S.[A.] § 6403(b)(2). Subsection (a) provides that a person may be subject to court-ordered commitment for involuntary treatment if the person:

- (1) Has been adjudicated delinquent for an act of sexual violence which if committed by an adult would be a violation of 18 Pa.C.S.[A.] § ... 3126 (relating to indecent assault)
- (2) Has been committed to an institution or other facility pursuant to section 6352 (relating to disposition of delinquent child) and remains in any such institution or facility upon attaining 20 years of age as a result of having been adjudicated delinquent for the act of sexual violence.
- (3) Is in need of involuntary treatment due to a mental abnormality or personality disorder which result in serious difficulty in controlling sexually violent behavior that makes the person likely to engage in an act of sexual violence.

42 Pa.C.S.[A.] § 6403(a).

After the county solicitor or designee files a petition for involuntary treatment, the court must hold a public hearing. 42 Pa.C.S.[A.] § 6403(c). If, following the hearing, the court finds “by clear and convincing evidence that the person has a mental abnormality or personality disorder which results in serious difficulty in controlling sexually violent behavior that makes the person likely to engage in an act of sexual violence,” the court must enter an order “directing the immediate commitment of the person for involuntary inpatient treatment to a facility designated by the Department.” 42 Pa.C.S.[A.] § 6403(d). Initially, the person is committed for a one-year period, 42 Pa.C.S.[A.] § 6404(a), and, thereafter, he or she is subject to an annual review, during which the [SOAB] conducts another assessment and the court holds a review hearing. 42 Pa.C.S.[A.] § 6404(b). If, following the review hearing, “the court determines by clear and convincing evidence that the person continued to have serious difficulty controlling sexually violent behavior while committed for inpatient treatment due to a mental abnormality or personality disorder that makes the person likely to engage in an act of sexual violence,” the court must “order an additional period of involuntary inpatient treatment of one year.” 42 Pa.C.S.[A.] § 6404(b)(2).

In re H.R., 227 A.3d 316, 319-20 (Pa. 2020) (brackets, footnote, and ellipses omitted; some formatting altered).

Our standard of review has been described as follows:

[A]t the Act 21 hearing, it is the Commonwealth that bears the burden of showing by clear and convincing evidence that the person has a mental abnormality or personality disorder which results in serious difficulty in controlling sexually violent behavior that makes the person likely to engage in an act of sexual violence. ... Our Supreme Court has defined clear and convincing evidence as testimony that is so clear, direct, weighty, and convincing as to enable the trier of fact to come to a clear conviction, without hesitation, of the truth of the precise facts in issue. Thus, the clear and convincing evidence test has been described as an intermediate test, which is more exacting than a preponderance of the evidence test, but less exacting than proof beyond a reasonable doubt. Moreover, in conducting a sufficiency review, we must consider the evidence in the light most favorable to the Commonwealth, which prevailed upon the issue at trial. With regard to sexually violent predator assessments, the task of

the Superior Court is one of review, and not of weighing and assessing evidence in the first instance.

In re J.C., 232 A.3d 886, 894 (Pa. Super. 2020) (quotation marks, brackets, and citations omitted).

P.M.H. argues there was insufficient evidence that she has serious difficulty controlling sexually violent behavior that makes it likely she will engage in an act of sexual violence. **See** Appellant's Brief, at 21, 26-27. P.M.H. focuses upon Dr. John Siegler's testimony that she no longer meets the criteria for inpatient treatment. **See id.** at 21.

The Commonwealth asserts there was "ample evidence" to support the trial court's order. Appellee's Brief, at 16. The Commonwealth points to Torrance State Hospital psychologist's, Dr. Madison Marasco, testimony and the fact that Dr. Siegler "acknowledged that [P.M.H.] had demonstrated poor impulse control by 'groping a peer while walking down the steps' at the facility." **Id.** at 17 (citations omitted). Dr. Marasco completed a Ten-Month Comprehensive Review of P.M.H. after reviewing historical records, consulting with P.M.H.'s primary therapists and treatment providers, and talking with P.M.H. Based upon Dr. Marasco's diagnoses of pedophilic disorder and antisocial personality disorder and P.M.H.'s lack of exposure to the community, the Commonwealth submits there was sufficient evidence to support the trial court's order continuing P.M.H.'s continued inpatient treatment. **See id.** at 18. We agree with the Commonwealth.

The evidence presented, viewed in the light most favorable to the Commonwealth, establishes that P.M.H. possesses the diagnoses of pedophilic disorder and antisocial personality disorder. **See** N.T. Hearing, 4/27/26, at 51-52. During the most recent year at Torrance State Hospital, P.M.H. has groped a peer. **See id.** at 48.

The trial court explained the testimony regarding the program and P.M.H.'s progression as follows:

As described by Dr. Marasco, [P.M.H.] has not yet reached the level in the program where she has had any exposure to the community. There has been nothing presented to [the trial court] to suggest that she is now able to manage any arousal and refrain from sexually violent behavior such that the community would be safe if she were released from inpatient treatment. It appears that [P.M.H.], if she has not already at the time of the submission of this Opinion, will be moving to level 2-4 shortly, at which time she will start walks on the grounds to begin community reintegration. After level 2-4, at level 3-1, [P.M.H.] will create a safety plan with her individual therapist and will begin supervised trips into the community. The work to be done at the next levels of the program is vital to ensure [P.M.H.'s] ability to control her sexually violent behavior in the community, and vital to ensuring she does not reoffend.

Trial Court Opinion, 7/14/26, at 13. The record supports the trial court's findings.

The SOAB report admitted as Commonwealth Exhibit C-2, authored by Dr. Siegler, discusses P.M.H.'s behavior and finds that she "consistently reported daily sexual fantasies involving peers[,]" has a "lack of motivation to develop alternative means of emotional regulation[,]" and a "persistent difficulty forming appropriate, non-sexual emotional connections with peers."

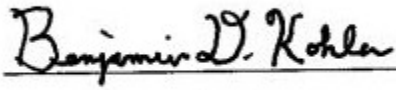
SOAB Annual Review, 1/2/26, at 5. While the report also notes her progress and “gradual improvement[,]” it does not dispute that P.M.H. needs continued treatment. ***See id.***

The Ten-Month Comprehensive Review, admitted as Commonwealth Exhibit C-3, found P.M.H.’s “core issues related to sexual preoccupation, attachment deficits, arousal regulation, emotional insight, and cognitive distortions remain unresolved.” Ten-Month Comprehensive Review, 12/26/25, at 1. Further, the review found P.M.H. “continued to minimize long-term risk by endorsing the belief that her offenses were no longer relevant[.] ... [These c]ognitive distortions regarding the permanence of the offense persisted, and reliance on behavioral compliance rather than internal change remained evident.” ***Id.*** at 3.

Based on the foregoing, the evidence presented established that P.M.H. has a mental abnormality and personality disorder in pedophilic disorder and antisocial personality disorder. The evidence further showed that P.M.H.’s disorders result in serious difficulty controlling sexually violent behavior that makes her likely to engage in an act of sexual violence, as she had groped a peer during the past year in Torrance State Hospital and had yet to progress through the treatment provided so that she could reintegrate safely into the community. We therefore affirm the trial court’s order committing P.M.H. to Torrance State Hospital for one year.

Order affirmed.

Judgment Entered.

A handwritten signature in black ink, reading "Benjamin D. Kohler", is written over a horizontal line.

Benjamin D. Kohler, Esq.
Prothonotary

Date: 10/9/2026