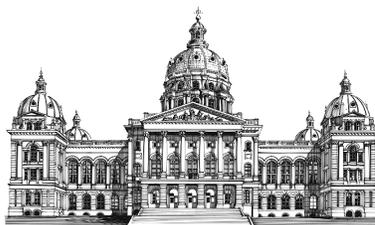

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Des Moines, IA 50319
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Sex Offender Correctional Programming

ISSUE

This *Issue Review* is a description of the Sex Offender Programming provided by the Department of Corrections and the Community-Based Corrections District Departments.

AFFECTED AGENCIES

Department of Corrections
Community-Based Corrections District Departments

CODE AUTHORITY

Chapters 904 and 905, Code of Iowa deal with the Department of Corrections (DOC) and Community-Based Corrections (CBCs). Chapters 692A, 702, 709, 713, 725, 726, and 903B also deal with sex offenses and offenders.

BACKGROUND

The Department of Corrections and Community-Based Corrections District Departments provide supervision and treatment for sex offenders. The Sex Offender Treatment Program provides both supervision and treatment with the goal of eliminating the deviant and criminal sexual behavior. The Department and the CBC District Departments use a variety of assessment and treatment tools. The DOC and CBC Sex Offender Treatment Programs do not treat sexually violent predators.

In 1998, SF 2398, (Sexually Violent Predator Act) made two major changes affecting treatment of sex offenders. These two changes lead to two distinct programs administered by two different State agencies. First, the Act provided for sexually violent predators, who have been determined through a civil commitment procedure to pose a serious threat to the community, to be committed to a Department of Human Services (DHS) mental health treatment program at the end of their criminal sentences.¹ The DOC evaluates sex offenders approaching the end of their sentences and recommends to the Attorney General which individuals are eligible for civil commitment. The Office of the Attorney General reviews the recommendations and proceeds on those cases deemed appropriate. Upon the decision of

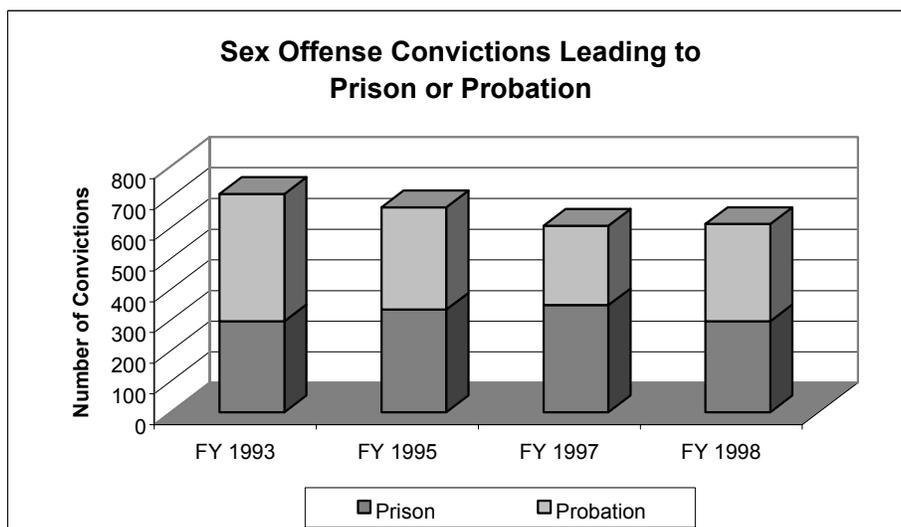
¹ A separate *Issue Review*, entitled "Sexually Violent Predator Commitment Program" is available from the LFB. The report examines the DHS treatment for sexually violent predators.

the Courts, sexually violent predators are committed to the care of the DHS for treatment. The DHS has contracted with the DOC for housing and security for sexually violent predators at the Oakdale facility. Since these are civil rather than criminal procedures, sexually violent predators are the responsibility of the DHS, not the DOC.

The second change made by this Act was to create the Hormonal Intervention Program administered by the DOC. The Act provided that hormonal therapy may be required for first-time offenders and is required for second-time offenders who commit a serious sex offense. A serious sex offense can be a variety of sex offenses in which the victim is 12 years old or younger at the time of the offense. Hormonal treatment is intended to reduce sexual drive and aggressiveness. Administration of the drug is begun prior to release from prison and continued during community supervision.

CURRENT SITUATION

Trends: There are approximately 600 convictions annually for sex offenses that lead to incarceration or probation. Between FY 1993 and FY 1998, the convictions leading to prison or probation decreased by 98 (13.8%) offenders. The following chart shows the convictions since FY 1993, and the detail by offense is presented in **Attachment A**. (Data was collected and tabulated every other year until FY 1998.)



The following table provides a breakdown of sex offenders incarcerated and under community supervision at the end of FY 1999.

Sex Offenders Under Supervision by Type of Offense - June 1999

	<u>CBC</u>	<u>% CBC</u>	<u>Prison</u>	<u>% Prison</u>	<u>Total</u>	<u>% Total</u>
Sexual Assault/Abuse/Rape	126	16.6%	83	6.8%	209	10.5%
Indecent Contact with Child	85	11.2%	30	2.5%	115	5.8%
Lascivious Acts with Child/Minor	182	23.9%	193	15.8%	375	18.9%
Sexual Abuse - First Degree	0	0.0%	14	1.1%	14	0.7%
Sexual Abuse - Second Degree	41	5.4%	345	28.3%	386	19.5%
Sexual Abuse - Third Degree	149	19.6%	495	40.5%	644	32.5%
Indecent Exposure	64	8.4%	5	0.4%	69	3.5%
Incest	20	2.6%	10	0.8%	30	1.5%
Sexual Exploitation of a Minor	13	1.7%	21	1.7%	34	1.7%
Other Sex Offenses	81	10.6%	25	2.0%	106	5.3%
Total	<u>761</u>	<u>100.0%</u>	<u>1,221</u>	<u>100.0%</u>	<u>1,982</u>	<u>100.0%</u>

Note: Victimless crimes are not included.

Sex Offender Treatment Program: The DOC offers traditional sex offender treatment which includes the recently added hormonal treatment. The Program goal is “to provide a comprehensive, seamless treatment program at the Mt. Pleasant Correctional Facility and throughout Community-Based Corrections which addresses assessment, primary treatment, and aftercare needs.” The Sex Offender Treatment Program has two components – Assessment and Treatment.

Assessment is an evaluation that identifies the factors related to risk for repeat sexual offending (recidivism) and treatment issues. The major assessment areas are:

- Psychosexual Interview – an evaluation of the offender’s sexual history and family history related to the current problem.
- Social Competence – an assessment of social skills in employment, adult relationships, and social responsibilities. Factors such as IQ, reading ability, and other learned traits are examined, as are history of aggression and violence.
- Personality Assessment – factors of mental illness, thought or delusional disorders, and personality disorders are examined for their contribution to the aberrant behavior. Referrals are made to address psychiatric needs and receive psychotropic medications as appropriate. Criminal thinking and antisocial personality disorders are associated with recidivism.
- Risk Assessment – All offenders are assessed to determine the level of risk to the community for security and notification purposes.
- Polygraphy – Polygraph examinations are used to obtain information for risk management and treatment and to reduce the sex offender’s denial mechanisms.
 - The initial examination determines deceptiveness of the offender’s denial of guilt for the offense and to qualify and quantify specifics of the offender’s sexual history.

- Follow-up examinations are used for monitoring treatment violation issues and commission of additional sexual offenses.
- Plethysmography – These examinations provide a phallometric assessment with objective data on sexual arousal and sexual preference. They can promote self-disclosure and help reduce psychological minimization and denial of sexual offenses. They can also monitor deviant sexual arousal patterns to gauge the effectiveness of treatment.
- Biological Factors – Offenders are screened physiologically, particularly for endocrine system abnormalities and neuropsychological impairment since these factors can play a significant role in commission of sex offenses. The assessment is required prior to entering hormonal intervention therapy.

Treatment is intended to eliminate recurring sexual assault, reduce the risk for the community and provide post-treatment management with relapse procedures. Treatment programs address the following issues:

- Cognitive Factors – Cognitive distortions that allow offenders to deny, minimize, justify, and rationalize their behavior need to be corrected to remove attitudes supportive of sexual assault and criminal behavior.
- Relationship Skills – Development of victim empathy provides a motivation for treatment and elimination of offending behavior.
- Relapse Prevention (RP) - Since sexual offending is not a mental illness, the behavior is not out of control of the offender. Relapse prevention trains offenders to reduce their exposure to risky situations, to develop prosocial responses to their needs, and provides social skills necessary to enact new alternatives.
- Hormonal Intervention Therapy – Offenders receive controlled levels of medroxyprogesterone acetate (MPA – Depo Provera) or similar pharmaceutical agents as a condition of their release. The anti-androgens enhance treatment and reduce risk to the community by reducing testosterone levels and sexual aggressiveness. The hormonal therapy can have side effects of high blood pressure, weight gain, headaches, leg cramps, gynecomastia (breast enlargement in males), and diabetes.
- Modification of Inappropriate Sexual Arousal – The treatment intervention is to establish self-control over deviant sexual arousal. The offender is taught control strategies for use in everyday life.

Treatment programs use group therapy and a variety of psycho/educational courses so offenders can understand their motivations and learn behavior control techniques for daily living. The Mt. Pleasant institution offers a three-phase program lasting 17 to 24 months. Phase I is orientation and deals with human sexuality, criminal thinking, self-examination, and educational materials. Phase II continues self-examination and adds victim empathy, power and control issues, relationships, and techniques to stop offending. Phase III is aftercare, including preparation programming, restitution, and release programming. In addition, the Department offers an 8- to 12-month program for offenders with two-year sentences and a self-paced program for special needs offenders.

The Community-Based Corrections (CBC) Sex Offender Treatment Programs vary by District. The Programs utilize residential facilities and street supervision, including intensive supervision.

Offenders participate in group counseling and after-care, utilizing treatment techniques similar to those in the prison program.

Community Hormonal Intervention Programs. The CBC District Departments' Hormonal Intervention Programs are in the development phase. The Districts generally report having difficulty recruiting local physicians to participate in the Program. Some have indicated the physicians have liability and ethical concerns about the Program.

The First CBC District reports having an operational program with seven voluntary participants. No offenders have been ordered by the court to participate. The CBC District has contracted with a forensic psychiatrist in Dubuque for physician services, with a clinic for medical oversight, and with two local health care agencies for weekly injections. The Fifth CBC District reports having a court-ordered participant and no volunteers. The CBC has not been able to contract with a local physician for services. The Eighth CBC District has two program participants. One is receiving medication through the Veteran's Hospital at no cost to the district, and the other is getting medication from the Oakdale Pharmacy with administration of the injection by a public health nurse.

Anecdotal information from the First CBC District suggests the hormonal intervention therapy may be beneficial. At least three offenders report reduced preoccupation with sexual thoughts. An evaluation of the program will be needed to determine effectiveness after it has been in operation a sufficient time.

Other Responsibilities. The DOC cooperates with other State agencies in dealing with sex offenders. The DOC provides the Division of Criminal Investigation (DCI) of the Department of Public Safety with an assessment for each sex offender to assist in determining the level of community notification through the Sex Offender Registry.

BUDGET IMPACT

Sex offender treatment costs approximately \$1.6 million annually to serve approximately 2,000 offenders in prison and under CBC supervision. The Mt. Pleasant prison budgeted \$555,000 for sex offender treatment in FY 1999. The CBC District Departments reported expenditures of \$1.0 million. The following table shows the sex offender treatment costs for the CBC District Departments since FY 1995. (The Mt. Pleasant prison allocates program costs for budgetary and accounting purposes. It does not track program costs separately, so historical costs are not available.)

Community-Based Corrections Sex Offender Programming Costs

<u>District</u>	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>
First CBC	\$ 64,881	\$ 85,646	\$ 246,349	\$ 244,564	\$ 244,940
Second CBC	124,054	128,208	140,943	68,142	99,686
Third CBC	NA	NA	46,049	50,907	45,423
Fourth CBC	100,551	78,108	109,688	116,213	90,664
Fifth CBC	92,294	109,241	154,156	184,303	188,090
Sixth CBC	95,890	123,697	134,260	190,215	251,582
Seventh CBC	10,157	7,586	6,958	4,246	3,120
Eighth CBC	<u>56,826</u>	<u>41,750</u>	<u>71,645</u>	<u>78,453</u>	<u>104,245</u>
Total	<u>\$ 544,653</u>	<u>\$ 574,236</u>	<u>\$ 910,048</u>	<u>\$ 937,043</u>	<u>\$ 1,027,750</u>

Notes: The Third CBC does not maintain historical records beyond the required three years. The Seventh CBC contracts for sex offender services; the contractor collects and retains fees from the clients as reimbursement for services.

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Convictions of Sexual Offenses Leading to Prison or Probation

Class	Offense	FY 1993		FY 1995		FY 1997		FY 1998	
		Prison	Probab.	Prison	Probab.	Prison	Probab.	Prison	Probab.
Felony A									
	Sexual Abuse - 1st Degree	1		1		1			
Felony B									
	Sexual Abuse - 2nd Degree	54	2	49	3	29	1	31	5
Felony C									
	Sexual Abuse - 3rd Degree	99	35	110	44	113	41	120	43
	Sexual Exploitation of Children	4	6	0	1		3	4	1
Total Felony C		<u>103</u>	<u>41</u>	<u>110</u>	<u>45</u>	<u>113</u>	<u>44</u>	<u>124</u>	<u>44</u>
Felony D									
	Assault to Sexual Abuse with Injury	14	2	13	3	1		1	.
	Incest	1	5	5	0	4	1	5	10
	Lascivious Acts with a Child	66	120	57	69	66	81	71	62
	Sexual Exploitation of Children			0	3	4		1	4
	Other			0	1			2	1
Total Felony D		<u>81</u>	<u>127</u>	<u>75</u>	<u>76</u>	<u>75</u>	<u>82</u>	<u>80</u>	<u>77</u>
Other Sexual Offenses									
	Assault During a Felony							1	
	Sexually Predatory Offense							4	
	Assault with No Intent of Injury								4
	Assault, Violation of Individual Rights								1
	Assault with Intent of Sexual Abuse					22	52	30	44
Total Other		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>22</u>	<u>52</u>	<u>35</u>	<u>49</u>
Aggravated Misdemeanor									
	Assault with Intent of Injury							2	4
	Assault to Sexual Abuse with No Injury	21	62	28	62	5	17	3	8
	Conspiracy								1
	Indecent Contact with a Child	27	76	13	67	11	71	16	55
	Sexual Exploitation by a Counselor or Therapist						1	1	4
	Sexual Misconduct with an Offender - Officer						3		
Total Aggravated Misdemeanor		<u>48</u>	<u>138</u>	<u>41</u>	<u>129</u>	<u>16</u>	<u>92</u>	<u>22</u>	<u>72</u>
Serious Misdemeanor									
	Indecent Exposure	3	97	4	70	2	71	2	59
	Lascivious Conduct with a Minor	6	9	1	9		6	2	10
	Other Serious Misdemeanor Sex Crimes			0	1				
Total Serious Misdemeanor		<u>9</u>	<u>106</u>	<u>5</u>	<u>80</u>	<u>2</u>	<u>77</u>	<u>4</u>	<u>69</u>
Total Offenses		<u>296</u>	<u>414</u>	<u>281</u>	<u>333</u>	<u>258</u>	<u>348</u>	<u>296</u>	<u>316</u>

Note: The breakdown by offense type was available every other year between FY 1993 and FY 1997. Victimless crimes are not included.

Source: Criminal and Juvenile Justice Planning Division, Department of Human Rights