

**Iowa Sex Offender Treatment and Supervision Task Force**

**Report to the Iowa General Assembly  
January 15, 2008**

Staff support to the Iowa Sex Offender Treatment  
and Supervision Task Force is provided by

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## Preface

Over the last several years, lawmakers have been responding to several highly publicized child abduction, assault, and murder cases. While such cases remain rare in Iowa, the public debates they have generated are having far-reaching effects. Policy makers are responsible for controlling the nature of such effects. Challenges they face stem from the need to avoid primarily politically-motivated responses and the desire to make informed decisions that recognize both the strengths and the limitations of the criminal justice system as a vehicle for promoting safe and healthy families and communities.

Consensus was reached by the Task Force at its first meeting that one of its standing goals is to provide nonpartisan guidance to help avoid or fix problematic sex offense policies and practices. Setting this goal was a response to the concern over what can result from elected officials' efforts to respond to the types of sex offender-related concerns that can easily become emotionally laden and politically charged due to the universally held abhorrence of sex crimes against children.

The meetings of the Task Force and the various work groups it has formed have included some spirited and perhaps emotionally charged discussions, despite the above-stated ground rule. However, as is described in the report, the Task Force's recommendations and plans for further study were approved through consensus. It is hoped that in upcoming legislative deliberations, it will be remembered that the non-legislative members of the Task Force all agreed on any recommendations contained in this report.

The topics discussed in this report from the Task Force are limited to the study issues specifically named in H.F. 619, the Task Force's enabling legislation. These include methods to update the Sex Offender Registry; researching and recommending best practices for sex offender treatment; studying risk assessment tools; evaluating the impact of electronic monitoring; and evaluating the impact of the imposition of special sentences.

An issue of perhaps the greatest interest to most Task Force members that was not a part of their charge was a belief in the benefit of viewing Iowa's efforts to protect children from sex crimes with as comprehensive a platform as possible. It has been suggested that much more can be done to prevent child-victim sex crimes than would be accomplished by only concentrating on what to do with offenders *after* a crime has occurred. To prevent child victimization, H.F. 619 policy provisions rely largely on incapacitation and future deterrent effects of increased penalties, more restrictive supervision practices, and greater public awareness of the risk presented by a segment of Iowa's known sex offenders. For some offenders, these policies will no doubt prevent future sex crimes against children, and the Task Force has begun long-term studies to look for the desired results and for ways to improve such results through better supervision tools and more effective offender treatment.

Unfortunately, many of the effects from the new policies may primarily influence persons who have already committed sex offenses against minors and who have already been caught doing so. Task Force members discussed the need for a range of preventive efforts and a need to think about sex crimes against children from other than just a "reaction-to-the-offender" perspective.

While this topic is not addressed in the report that follows, it was suggested that some of the Task Force's discussions could be briefly shared through these opening comments.

Along with incapacitation and deterrence, comprehensive approaches to the prevention of child-victim sex crimes would also involve making sure parents have the tools they need to detect signs of adults with sex behavior problems, to both help teach their children about warning signs and to find the support they need for healthy parenting. School, faith-based and other community organizations might benefit from stronger supports and better tools they can use to more effectively promote positive youth development and the learning of respect for others, respect for boundaries, and healthy relationships.

All of us who have children, or who live in communities where there are children, need to understand the limitations of our justice system and the importance of our own ability to play a role in preventing sexual abuse and protecting children from sex offenders, who are often the child's own family members. Over 1,000 incidents of child sexual abuse are confirmed or founded each year in Iowa, and most such acts take place in the child's home or the residence of the caretaker of the child. Efforts to prevent child sexual abuse and to provide for early interventions with children and families at risk could be strategically examined and strengthened.

The Sex Offender Treatment and Supervision Task Force was established to provide assistance to the General Assembly. It will respond to legislative direction to adjust its future plans as laid out in this report. Its plans could be modified to broaden or narrow its scope or to assign different priority levels of effort to its current areas of study. Also, further Task Force considerations of the recommendations it has already submitted could be called for. In the meantime, it is hoped that the information and recommendations submitted through this report prove helpful.

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## Introduction

Through the 2005 enactment of H.F. 619 (see *Appendix A – H.F. 619 Excerpt*), the Division of Criminal and Juvenile Justice Planning (CJJP) was required to establish a task force to study and make periodic recommendations for treating and supervising sex offenders in correctional institutions and in the community. H.F. 619 identified the following study issues to be addressed by this task force:

### **SEX OFFENDER TREATMENT AND SUPERVISION TASK FORCE STUDY ISSUES**

- **effectiveness of electronic monitoring**
- **updating addresses of persons on the sex offender registry**
- **risk assessment models created for sex offenders**
- **best treatment options available for sex offenders**
- **effects and costs associated with the new ten-year or lifetime extended supervision sentence**

H.F. 619 required that membership of the task force (see *Appendix B – Task Force Membership Roster*) was to include members of the General Assembly selected by the Legislative Council and one representative from each of the following:

- Department of Transportation
- Iowa Civil Liberties Union
- Department of Human Services
- Department of Public Safety
- Iowa State Sheriffs and Deputies Association
- Iowa County Attorneys Association
- Department of Corrections
- Board of Parole
- A Judicial District Department of Correctional Services
- Department of Justice
- State Public Defender
- Iowa Coalition Against Sexual Assault

The Iowa Sex Offender Treatment and Supervision Task Force was first convened on September 14, 2005 and has met through 2007. The Task Force established five work groups, one for each of the above listed study issues (see *Appendix C – List of Work Group Members*). Each work group provides input to CJJP as information about the issues is being collected and as recommendations and plans for ongoing Task Force activities are developed. Each section of this report was reviewed and approved by its respective work group for presentation to the Task Force.

The recommendations and plans identified in this report were approved by all but the legislative members of the Task Force. The legislative members collectively chose not to approve or disapprove the content of this report because they wanted to have their colleagues in the General Assembly be assured that the input they receive from the Task Force is based on the knowledge, concerns, and experience of its members and not on partisan political positions or perspectives.

Included in this report are the Task Force's plans for ongoing studies which will help identify additional recommendations for periodic submission to the General Assembly. The Task Force

has begun its work on these plans to study sex offender risk assessments, evaluate the effect of electronic monitoring of sex offenders, and to assess the impact of Iowa's new special sentence for certain sex offenders. The outcome of this work and any resulting recommendations will be reported periodically in the months and years ahead.

**Iowa Sex Offender Treatment and Supervision Task Force  
January 15, 2008 Report to the Iowa General Assembly**

Through the 2005 enactment of H.F. 619, the Division of Criminal and Juvenile Justice Planning (CJJP) was required to establish a task force to study and make periodic recommendations for treating and supervising sex offenders in correctional institutions and in the community. The task force was also required to develop a plan for certain improvements to Iowa's sex offender registry process. This report contains the third submission to the Legislature of the activities of the Iowa Sex Offender Treatment and Supervision Task Force (Task Force). It contains task force recommendations, progress to date on some of the specific mandates to the Task Force, and a description of the planned, ongoing work of the Task Force.

**TASK FORCE RECOMMENDATIONS**

1. **The General Assembly should charge the Task Force with examining all Iowa sex offender sentencing policies (and not limit it to a study of the new special sentence), including the short- and long-term impacts resulting from other H.F. 619 sentencing changes** (i.e. a new Class A felony for offenders convicted of subsequent sex offenses and an increased penalty -- from Class D to Class C -- for some convictions under Chapter 709.8, Lascivious Acts with a Child).
2. **Because the Task Force has been charged with examining a number of sex-offense related issues within the State's juvenile justice system, the General Assembly should revise its requirements for the makeup of the Task Force so that its membership includes a representative from the Judicial Branch's Juvenile Court Services offices.** The Task Force also encourages the General Assembly to consider the benefits of having its membership include representatives from the prevention field, municipal law enforcement, sex crime victims or their parents, and reformed sex offenders.
3. **To achieve a more comprehensive, ongoing review of Iowa sex offense policies, the General Assembly should broaden its charge to the Task Force to encourage it to study and make recommendations on sex offender-related policies and practices other than just the five study issues listed in H.F. 619** (examples of such additional issues include: prevention of sex crimes; sex crimes' effects on victims; investigating sex crimes; computer/internet-related sex crimes; sex offender supervision case management best practices; new technologies for sex offender-related law enforcement, supervision and treatment; residency or safe zone restrictions; and the above Recommendation #1).

The Task Force makes the following recommendations for the treatment of sex offenders in Iowa. These recommendations were developed after studying the current practices in Iowa and comparing them to research and best practices established in other areas of the country.

1. **Both individual practitioners who provide sex offender treatment and sex offender treatment programs should either be licensed or certified by the State in order to participate in State-ordered or reimbursed sex offender treatment.** This is especially critical for juveniles, as no provisions currently exist.

2. **Certification/licensure requirements should be based upon research and the adoption of recognized best practices.** As the field of sex offender treatment continues to be evaluated and treatment options adapted in response to new research, standards would need to be continuously updated.
3. **All treatment programs should be regularly evaluated to determine outcomes for individuals treated.** A mechanism to ensure evaluation, tied in some respect to certification or licensure, should be established.
4. **Additional funding should be provided to expand the number of options for juveniles, both at the community and residential level.** This population is the most likely to benefit from age-appropriate treatment, which should be available in the most supportive environments possible.
5. **An adult inpatient program that is more intensive than residential but is not tied to the prison system should be established and funded.**
6. **All approaches to the intervention and treatment of sex offenders should be based upon sound methodologies that work together to protect the safety of victims and the community.** Current non-treatment interventions such as the youthful offender program, 2000 foot residential laws, co-habitation restrictions, and sex offender registration (especially for juveniles) can have a strong impact on the availability and success of treatment and rehabilitation efforts. These interventions should be evaluated and modified to eliminate any ineffective and counter-productive measures.

The complete findings of the Work Group on Sex Offender Treatment follow the main body of this report.

### **SEX OFFENDER REGISTRY UPDATE**

**Charge: Develop a plan to integrate state government databases for the purpose of updating addresses of persons on the sex offender registry.**

The Task Force recommended that two sets of activities be initiated to: 1) speed up the transmission of sex offender information from local law enforcement officials to the registry; and, 2) enhance the ability to assess the accuracy of the registry's offender address information.

1) The first recommendation was **that the Iowa Division of Criminal Investigation (DCI) establish a secure website for sheriffs to use to "post" sex offender information for the DCI to access and review.**

The DCI has procured the necessary software package to provide for a fully automated transmission capability. Therefore, this recommendation can be considered complete. The DCI should provide regular status reports to the Task Force on the effectiveness of this process.

2) **The Task Force recommended that selected state agencies regularly provide the DCI with information via batch file transfers. The recommended plan would provide the DCI with a limited amount of data about persons that are indicated as being on the registry.**

**The plan recommended that the Department of Corrections (DOC) pilot this data exchange activity with the DCI, and that data exchanges between DCI and the Department of Transportation also commence, but only after a review of “lessons learned” from the exchange of data between DOC and DCI.**

The State's Criminal Justice Information System (CJIS) Integration initiative has established the necessary hardware, software, and programming to provide for the real-time, electronic transmission of information within Iowa's justice community. During the “rollout” of CJIS exchanges in Iowa there will be ample opportunity to test and pilot the electronic exchange of information within and between members of the justice community. This makes it unnecessary to proceed with recommendation # 2 since it would be a duplication of effort and an inefficient use of resources. The CJIS Advisory Committee voted to make the exchange of sex offender address information between the DOC and the DCI a priority. This exchange is part of the second phase of the information exchange rollout plan which is scheduled to be complete by June of 2008.

The DCI has been analyzing the impact that the federal Adam Walsh Act will have on Iowa. This legislation contains a variety of requirements concerning sex offenders that states must comply with and contains specific deadlines that must be met in order to avoid federal sanctions. The DCI is preparing to take the necessary steps to meet the mandates of this law. Additionally, the staff at CJJP and the CJIS Advisory Committee are working closely with the DCI to understand how this legislation will impact future exchanges of sex offender information between other agencies and the DCI. The DCI will provide updates to the task force on the impact of this legislation and the staff of CJJP will update the task force on the effect that the legislation will have on CJIS.

## **ELECTRONIC MONITORING UPDATE**

**Charge: Study the effectiveness of electronic monitoring.**

Since the last meeting of the Sex Offender Task Force, it appears that the Department of Corrections (DOC) has expanded the electronic monitoring program. Data provided by DOC indicates that as of September 5, 2007, five different types of electronic monitoring were being conducted. A description of the various types of monitoring, and the cost for each, are as follows:

**VOICE VERIFICATION** - A voice print template is made of the offender who receives random or scheduled calls at the residence or offender could make calls from approved remote locations (work). No equipment is needed. Cost is \$1.85 per day offender is monitored.

**WATCH PATROL (RADIO FREQUENCY)** – A home monitoring receiver unit with the offender’s phone attached, a phone cord to the phone jack and plugged into power. The offender wears a waterproof transmitter on the ankle that does alert of a strap tamper. This unit monitors the offender’s arrivals and departures and the curfew hours. Cost is \$2.28 per day offender is monitored.

VICAP ALCOHOL TEST – This unit consists of a facial verification (Video Capture) of the offender with a handheld breath alcohol tester supervised by a monitoring operator. This unit is used on offenders with alcohol history testing up to twice daily at random or scheduled times according to their curfew. The cost is \$5.00 per day offender is monitored.

GLOBAL POSITIONING SYSTEM – ACTIVE - This unit uses cellular signal for real time reporting of the time and date of arrival and departure, the travel path and times, tampering of transmitter and the monitoring unit and violations of exclusion/inclusion zones. This unit is used mostly for high risk sex offenders, interstate compact offenders and also for some pre-trial release offenders. The offender also wears a Radio Frequency transmitter. The cost is \$7.88 per day offender is monitored.

GLOBAL POSITIONING SYSTEM – PASSIVE – This unit uses the landline phone to report time and date of arrival and departure, the travel path and times, tampering of transmitter and the monitoring unit and violations of exclusion/inclusion zones. The offender also wears a Radio Frequency transmitter. This unit will report in whenever the offender returns home and every six hours while at home. The cost is \$4.98 per day offender is monitored.

A summary of the number of offenders monitored by judicial district and type of offense is shown below in Table 1. As previously forecast, DOC has reached and surpassed the previously projected level of monitoring approximately 600 offenders.

**Table 1: Offenders on Electronic Monitoring: September 4, 2007  
All: By Most Serious Sentence and Judicial District**

Offense Type	Offense Subtype	Total	1JD	2JD	3JD	4JD	5JD	6JD	7JD	8JD
Drug	Other Drug	19	1		3	1	10	3		1
Drug	Possession	1						1		
Drug	Trafficking	24	1	5	11	2	4	1		
Other	Other Criminal	85	16	8	8	2	22	15	4	10
Other	Other Government	2	2							
Property	Arson	1			1					
Property	Burglary	7		1	2		2	1	1	
Property	Forgery	5			3	1	1			
Property	Forgery/Fraud	3			2		1			
Property	Theft	7			2		2	3		
Property	Vandalism	4		1			2			1
Public Order	Gambling	1						1		
Public Order	Other Public Order	12		11			1			
Public Order	OWI	38		5	2		16	14	1	
Public Order	Registry	11	4			1	4			2
Public Order	Traffic	3			1		1	1		
Public Order	Weapons	3					2		1	
Violent	Assault	16	2	1	3	2	5	1		2
Violent	Kidnap	16	6	4	1	1	1	2		1
Violent	Kidnapping	3		2						1
Violent	Murder/Manslaught	3				1	2			
Violent	Other Violent	3	1		1		1			
Violent	Robbery	3		1			1		1	
Violent	Sex	363	67	54	41	30	61	46	31	33

Total 633 100 93 81 41 139 89 39 51

\*Other/Other Criminal includes special sentence, habitual offender, etc.  
Public Order/Other Public Order includes sex offender registry violations, etc.

**Table 2: Offenders on Electronic Monitoring: September 4, 2007  
Sex Offenders Only\*: By Type of EMS and District)**

EMS Type	Total	1JD	2JD	3JD	4JD	5JD	6JD	7JD	8JD
EMS-GPS Active	488	93	83	50	35	89	63	36	39
EMS-Radio Freq	6	1	1			3			1
EMS-VICAP	2					2			
EMS-Voice Verif	16	5			1	2			8
<b>Totals</b>	<b>512</b>	<b>99</b>	<b>84</b>	<b>50</b>	<b>36</b>	<b>96</b>	<b>63</b>	<b>36</b>	<b>48</b>

\*Please note sex offenders may be identified by type of crime, by involvement in sex offender interventions, and/or via the Iowa Sex Offender Registry.

Table 2 above displays the method of monitoring only sex offenders by the type of monitoring and judicial district. GPS Active is clearly the most prevalent method, being utilized in over 95% of the sex offender monitoring cases within the state.

**Table 3: Offenders on Electronic Monitoring: September 4, 2007  
Sex Offenders Only: By Most Serious Sentence**

Offense Type	Offense Subtype	Total
Drug	Drug Trafficking	5
Drug	Other Drug	1
Other	Other Criminal	84
Other	Other Government	2
Property	Burglary	1
Property	Forgery	1
Property	Forgery/Fraud	1
Property	Vandalism	1
Public Order	OWI	1
Public Order	Sex Offender Registry	23
Violent	Assault	9
Violent	Kidnap	15
Violent	Kidnapping	2
Violent	Murder/Manslaughter	1
Violent	Other Violent	1
Violent	Robbery	1
Violent	Sex	363
<b>Total</b>		<b>512</b>

\*Other/Other Criminal consists largely of special sentence; most of these offenders are, however, still under supervision for the sex crime for which the special sentence will later apply.

Table 3 displays a summary of the most serious sentence of the sex offenders being electronically monitored. Special attention should be given to the notation at the bottom of the table concerning special sentences. While the underlying data are not displayed because of table size, analyses of those data appear to indicate that under the current law, as time progresses there will be a substantial increase in number of offenders to be monitored. Of these 512 sex offenders, 69, or 13.5%, are being supervised under the long term 10 year special sentence/parole, which did not exist until recently. Further, 41, or 8.0%, are being supervised pursuant to the special sentence lifetime sentence/parole. As the number of offenders sentenced under these long term supervision statutes increases, so will the number of offenders who will require electronic monitoring long into the future.

Future plans for the monitoring of the impact electronic monitoring of sex offenders on the justice system will include tracking revocations and recidivism statistics, comparing electronic-monitored offenders to offenders without electronic monitoring. It is hoped that data will be available to do both current (FY07-FY08) experience and a retrospective analysis.

## **RISK ASSESSMENT UPDATE**

**Charge: The task force shall study risk assessment models created for sex offenders.**

### **Validation Studies**

Progress is being made in the proposed validation of all three sex offender risk assessment instruments currently in use in Iowa.

#### *STATIC-99 and ISORRA-8 Risk Assessment*

Validation of the STATIC-99 and the ISORRA-8 is scheduled to begin late 2008 and continue through 2009. It would appear that a sufficient number of assessments have been gathered and DOC is currently waiting for time to elapse before proceeding with the validation. Both instruments will continue to be used until validation efforts have been completed and analyzed.

Sex offender risk assessment quality assurance standards and processes have been put in place for the STATIC-99 and the ISORRA-8 and an audit officer has been trained in every judicial district. Quality assurance audits include initial review of at least 10 offender assessments per certified staff person with periodic reviews every six months. The Sixth Judicial District is in the process of reviewing audits completed by the audit officers. A systematic approach to audit reviews is being discussed.

#### *JSORRAT-II Risk Assessment Validation*

A validation study of the JSORRAT-II risk assessment for juveniles is in process. Dr. Doug Epperson, developer of the instrument, is doing the validation using data from existing juvenile files. Estimated completion date for the validation study is May 2008. Females are not expected to be included in the validation due to low numbers of female offenders.

### **Ongoing Research**

A new meta-analysis by Karl Hansen was published in January 2007. Results confirm actuarial risk assessment scales as the best tools available to assess risk for recidivism. Dynamic factors continue to be a focus for researchers as a consideration when making decisions for treatment and supervision. Dynamic factors can be broken down into two groups: a) stable factors which might change over time; such as personality disorders, treatment, age effects, and b) acute factors which might change quickly, such as mood, intoxication, victim access. Dynamic factors are being tested with some success but not enough studies have been conducted to clearly identify which factors are the most predictive.

Iowa's Sixth Judicial District continues to be involved in a dynamic study with prominent researcher, Dr. Karl Hansen, who developed Stable and Acute scales in addition to the STATIC-99. Preliminary data indicate predictive accuracy and inter-rater reliability on these scales to be good. The Department of Corrections has recommended use of these instruments for day-to-day monitoring and treatment in community based corrections programs.

Research for female sex offenders continues to be lacking. Researchers Doren and Epperson suggested using a guided clinical assessment approach for females with the assumption that they are at low risk for recidivism.

Research on juveniles continues at a slow pace but interest has been shown in identifying factors specific to juveniles when assessing risk. Confirmation of the usefulness of the JSORRAT-II was received by researchers Doren and Hansen.

### **Community Communication and Education**

The Division of Criminal Investigation has revised the Iowa Sex Offender Registry website to include language addressing the issue of risk assessments for clarification to the general public. The paragraph below is prominently displayed when viewing individuals on the site.

“This information is being provided to the public pursuant to Chapter 692.13A(3), Code of Iowa, to protect members of the public from potential harm.

Under Iowa Law, risk assessment results are posted on this site **ONLY** for persons registered as sex offenders for the first time on or after July 1, 2005, **AND** whose offenses were against minors.

The assignment of a specific risk level or the fact that no risk assessment was conducted should not be considered a definitive indicator of whether a registrant will or will not commit another offense. **No risk assessment tool can predict human behavior with certainty.**

Registrants are required by law to inform their local county sheriff of their current address. Be advised that the registrant has provided the address listed above. Registrants often move and fail to inform the proper authorities of their whereabouts.”

### **Next Steps**

The sex offender risk assessment workgroup will continue to

- Document and monitor the validation efforts currently in place;
- Track other risk assessments for data relevant to Iowa;
- Participate in relevant conferences/seminars and dialogue with researchers;
- Contact and engage in discussions with DPS, DOC and DHS regarding risk assessments;
- Review collection and analysis of sex offender case processing data by CJJP.

### **SPECIAL SENTENCE UPDATE**

**Charge: Study the potential effects and costs associated with the special sentence.**

As of 6/30/07, 177 offenders had been committed to prison (either by direct court commitment or probation revocation) who were covered by the “special sentence” provisions of the 2005 Code. Most of these inmates (147) were direct commitments to prison (29 were probation revocations and one was in prison on probation violator status). One hundred thirty-three of these are subject to lifetime supervision. During FY07, of 233 new sex offender commitments to prison, 150 were subject to the special sentence (with 109 under lifetime supervision). The percentage covered by the special sentence will rise as time passes and more offenders are sentenced whose offense occurred on or after July 1, 2005. During the fourth quarter of FY07, 79% of the new sex offender admissions were subject to the special sentence.

The special sentence involves either 10-year or lifetime supervision (which may be shortened by the Board of Parole) and takes effect at the expiration of the original sentence. Because it is being treated in the same manner as parole, the 10-year special sentence accrues “earned time” and will expire in a little less than five years. Nonetheless, the eventual impact of the special sentence on caseloads in the community will be considerable. Based on the population of prisoners (only) at the end of FY07, CJPJ estimates that by the end of FY17 there will be 500 individuals serving ten-year special sentences and another 900 serving lifetime special sentences. This estimate is consistent with recent release patterns, as in FY07 262 sex offenders were released from prison; eventually **all** sex offender prison releases will be covered by the special sentence. Given that about two-thirds of these will be released to lifetime supervision, CJPJ expects the addition of about 150-180 lifetime special sentences per year. The population of ten-year special sentences should stabilize during the first ten years (at around 500), but the caseload of offenders under lifetime supervision will continue to increase until the number of offenders dying or otherwise leaving supervision equals each year’s additions.

The sex offender probationer population presents a somewhat different picture, as about 70% of that group will be subject to ten-year supervision. Based upon FY07 admissions to probation, CJPJ estimates that by the end of FY2017 the caseload of sex offenders from probation will be stable at about 774. The lifetime supervision caseload from probation is expected to be about 253 by the end of FY2017.

Combining the prisoner and probationer caseloads, by the end of FY2017 CJPJ estimates that there will be 1,274 individuals serving 10-year special sentences and another 1,153 on lifetime supervision, yielding a total caseload of 2,427.

The impact of the special sentence on the prison population is more difficult to predict, as there have been few returns to prison due to the special sentence as of this writing. Using the caseload figures above and combining them with historic sex offender rates of return to prison, CJPJ estimates that by the end of FY17 there will be 87 offenders in prison due to revocations of the special sentence, assuming a length-of-stay similar to aggravated misdemeanants serving sex crime sentences. Actual length of stay is likely to be longer due to the provision of a five-year maximum for second and subsequent violations of the special sentence.

### **ONGOING WORKPLANS OF THE TASK FORCE**

- 1) Monitor and report on the extent to which other sources are used to update the sex offender registry,
- 2) Monitor and make recommendations pertaining to the implementation of sex offender treatment in Iowa,
- 3) Encourage either the expansion of the Task Force’s original charge or provide the latitude to undertake new initiatives based upon emerging sex offender issues, and
- 4) Continue to monitor the impact of the special sentence, risk assessment, and electronic monitoring.

## **SEX OFFENDER TREATMENT, FULL REPORT**

This report is submitted to the Iowa Legislature in partial fulfillment of the request to the Sex Offender Task Force, as passed in H.F. 619, 2005. That request was for the Task Force to **“review this state’s efforts, and the efforts of other states to implement treatment programs and make recommendations as to the best treatment options available for sex offenders.”**

The Task Force established a work group to respond to the above mandate. The work group is composed of individuals from community-based corrections, institutional corrections, juvenile court, treatment providers, parole, and the Legislature. (Please see Attachment #1 for a complete roster of members of the work group.) The group has met for the past 1 ½ years and submitted its report to the Task Force. Following is the total content of that report.

**This report was originally submitted as a part of the Sex Offender Treatment and Supervision Task Force report to the Legislature in January 2007. There have been no changes in the scope of this report; the findings and recommendations are still valid, and therefore are being submitted to the Legislature again.**

### **Section 1 - Background**

Society is rightly concerned with the appropriate apprehension and punishment of sex offenders. All states and the federal government have enacted specific legislation over the years dealing with sex offenses, offenders, and the punishment and treatment of these offenders.

It has been recognized that treatment is one approach to dealing with sex offenders to reduce recidivism. Studies have demonstrated that treatment is especially efficacious for juvenile sex offenders. In Iowa, there have been several laws passed addressing various approaches to the treatment of sex offenders. Although treatment had existed in some form or another, treatment became a codified and more “professional” option in the 1990s. In 1984, the sex offender treatment unit at the Mt. Pleasant Correctional facility was formally instituted for incarcerated sex offenders. In 1998, the Legislature authorized the civil commitment of sexually violent predators, and, under certain conditions, the provision of hormonal therapy.

In 2005 the Legislature mandated that incarcerated sex offenders receive and complete treatment in order to be eligible for “good time” reductions in sentences. In practice, however, the Iowa Board of Parole has been reluctant to grant early release to prisoners who had refused treatment. This practice led to situations where offenders expired their sentences and were released without both treatment and supervision in the community. The law did not require sex offender treatment for those offenders who receive probation, although the Department of Corrections does provide sex offender treatment for offenders who receive probation or suspended sentences. Based upon recent experience, about 45% of sex offenders receive probation or jail sentences, while the remainder is sentenced to prison.

The Code sections dealing with sexual offenders and their treatment generally apply only to those offenders convicted in adult court. Although some provisions of the sex offender statutes do apply to juveniles (such as registration on the Sex Offender Registry and residence

restrictions upon turning 18 regardless of secondary school enrollment), the code does not directly address treatment and rehabilitation of juvenile offenders.

In 1991 the Iowa Board for the Treatment of Sex Abusers (IBTSA) was established as a non-profit corporation to provide the following:

- (1) To develop open communication among professionals about the treatment of sex abusers;
- (2) To enhance the quality of treatment by establishing standards for the treatment of sex abusers;
- (3) To administer the certification process for sex offender treatment professionals in the State of Iowa, establishing minimum basic education and experience;
- (4) To encourage individual professional development through provision and approval of educational and training programs and continuing education providers.

While IBTSA is not a state agency, and there are no Code provisions establishing authority for certification, the Iowa Department of Corrections has adopted IBTSA's standards through policy.

### **Sex Offenders in Iowa**

During FY05 (July, 2004 through June, 2005), there were 524 adult offenders convicted of sex offenses and 120 juveniles adjudicated for sex offenses; during FY06 there were 494 adult offenders convicted of sex offenses, and 121 juveniles. In FY2007 there were 526 adult offenders convicted and 133 juveniles adjudicated. There has not been a discernable trend over the years. The number of sex offenders has remained fairly stable annually, with small changes between given years.

At the present time there are 6,109 individuals on the Sex Offender Registry (as of June 2006). It is not known how many of these individuals have completed sex offender treatment.

At the end of FY06 there were 1,211 offenders in Iowa prisons whose lead offense was a sex offense. In the community-based corrections system, at the end of the same time period, there were 472 offenders with a specialty status for sex offenses.

During FY06, 261 offenders entered prison with a lead sex offense. Of these, 229 (87.7%) had a relationship with their victims prior to the offense, while only 6 (2%) had victims who were strangers. In the remaining cases, the relationship to the victim is unknown or not recorded.

The fact that most abuse occurred within established relationships is supported by national findings as well. The Association for the Treatment of Sex Abusers (ATSA), a national organization dedicated to research, treatment and community safety, has stated in press releases that the vast majority of sexually abused children (80-90%) are abused by family members, close friends, or acquaintances.

### **Methodology**

The Sex Offender Treatment Workgroup used the following processes in the development of this report.

- 1) The members conducted a literature review, focusing on research for both juvenile and adult sex offenders. Recent research, defined as being published since 2000, was the priority. A partial bibliography is attached to this report as Attachment #2.
- 2) Standards were gathered from national or state experts for the comparison to Iowa practices. The workgroup chose to use the standards developed by the Association for the Treatment of Sex Abusers for adults and the standards used by the State of Colorado for juveniles. There were no specific standards identified for the treatment of female sex offenders.
- 3) A questionnaire was sent to all known sex offender treatment providers to collect information on current practices in Iowa. The list was composed of the providers known to provide treatment to individuals who are in the correctional system, both adult and juvenile. Thirty-four questionnaires were mailed; the response rate was 50%.
- 4) Information was gathered on the known practices of other states, particularly in the area of provider licensure or certification.

These four sources were used to develop the comparisons provided in the next section of the report, as well as the recommendations provided in the final section of this report.

## **Section 2 – Findings**

### **Legal or Policy Requirements**

Although Iowa Code requires adult sex offenders in prison to receive treatment in order to be eligible for “good time” reductions of sentence, the Code does not have any language that speaks to standards or requirements of treatment practitioners or treatment content. Ten states have formal certification of sex offender treatment practitioners. In Iowa, certification of sex offender treatment practitioners is available through a private, non-profit corporation, the Iowa Board for the Treatment of Sexual Abusers, but there is no State-authorized licensure or certification of practitioners or programs.

There are no Code requirements for the treatment of juvenile sex offenders, although they are required to register and are subject to residency restrictions once they turn 18 years of age. Research has demonstrated that this group of offenders is the most likely to benefit from treatment.

The Iowa Department of Corrections has a policy on sex offender treatment that covers both institutionalized and community-based offenders. This policy requires that all sex offender treatment providers meet the standards adopted by the Iowa Board for the Treatment of Sexual Abusers (IBTSA). There is no State requirement for licensing or certifying sex offender treatment programs, or an “official” mechanism to evaluate program effectiveness. IBTSA does not currently perform on-site reviews of programs or offer certification of programs, although it has provided this service in the past.

With the exception of the State Training School in Eldora, sex offender treatment for juvenile offenders is provided through private providers with purchase-of-service contracts with the Department of Human Services. There are no written policies governing the selection of providers for juvenile offenders, and no specific requirements for sex offender treatment providers to meet. Juvenile court officers select treatment providers from the list of approved providers. The State Training School also does not have specific requirements for staff to provide sex offender treatment that differ from other treatment providers within the institution. As with adults, there is no mechanism to certify, license, or evaluate sex offender treatment programs other than the requirements for any other treatment program.

Below is a chart that briefly outlines the standards as adopted by ATSA and the State of Colorado, and those that exist in Iowa. Significantly more detail is provided in the official documents of these entities. The Iowa standards for adult male treatment are those of the Iowa Board for the Treatment of Sexual Abusers, which have been adopted by the Department of Corrections by policy. Iowa has no standards for juveniles, so that column remains blank. This is not to imply that the treatment provided by providers to juveniles is of less quality; this simply demonstrates that Iowa has no formal mechanism to evaluate the training and education of practitioners, or the content of the treatment program.

<b>ATSA-Adult Male</b>	<b>Iowa Adult Male</b>	<b>Colorado-Juvenile</b>	<b>Iowa Juvenile</b>
<b>Professional standards</b>		<b>Professional standards</b>	
Does not replace professional licensure according to any state's requirements	Silent on any requirement for professional licensure for counseling professions	Licensure as a recognized therapeutic professional	Licensure as a recognized therapeutic professional is implied in DHS contracting requirements
Clinical member-Graduate degree	SOTP II-graduate degree or additional experience	1000 hours of supervised clinical experience	
Any secondary level must be supervised	SOTP I – bachelor degree	80 hours of training, with a significant number of hours on juvenile-specific treatment issues	
2000 hours supervised clinical contact	SOTP II-1000 hours, combination training and experience	Continuing clinical experience	
Specific education, training and experience	SOTP I – 150 hours training and experience		
Continuing education	Continuing education	Continuing education	
Specific ethical standards	Specific ethical standards	Specific ethical standards	

Program Requirements (treatment)		Program Requirements (treatment)	
ATSA-Adult Male	Iowa Adult Male	Colorado-Juvenile	Iowa Juvenile
<i>Assessment requires use of multiple tools, including some of the following:</i>	<i>Assessment requires use of multiple tools, including some of the following:</i>	<i>Assessment requires use of multiple tools, including some of the following:</i>	
Sexual history	Sexual history	Cognitive functioning	
Psychometric testing	Social competence	Personality & mental health	
Risk assessment	Risk assessment	Social & developmental history	
Physiological evaluation	Physiological evaluation	Developmental competence	
Substance use	Personality assessment	Current functioning/self & family	
Medical & mental health	Biological factors	Sexual functioning	
Criminal history		Delinquency & conduct problems	
		Risk assessment	
		Amenability to treatment	
<i>Treatment includes the following components:</i>	<i>Treatment includes the following components:</i>	<i>Treatment includes the following components:</i>	
Relapse prevention	Relapse prevention	Relapse prevention	
Cognitive restructuring	Cognitive restructuring	Cognitive restructuring	
Victim Empathy enhancement	Victim Empathy enhancement	Victim Empathy enhancement	
Interpersonal skills	Interpersonal skills	Interpersonal skills	
Emotional management	Treatment readiness	Emotional management	
Sexual arousal control	Sexual arousal control	Sexual arousal control	
Family and social support networks	Sexuality	Family and social support networks	
Generalization		Sexuality	
Continuing Care	Continuing Care	Continuing care	

ATSA-Adult Male	Iowa Adult Male	Colorado-Juvenile	Iowa Juvenile
Emphasis on safety for victims	Emphasis on safety for victims	Family dysfunction, including abuse	
		Restitution	
Individual counseling	Individual counseling	Individual counseling	
Group counseling	Group counseling	Group counseling	

In reviewing the results of the survey, several issues were identified:

- There is no uniform policy for specific training or supervised clinical experience for juveniles.
- There are very limited opportunities for community-based treatment for juvenile offenders except in a couple of larger communities.
- Adults in the correctional system have no intensive treatment options except through incarceration. There are no in-patient treatment programs for sex offenders.
- Evaluation of programs or providers that is based upon review of protocols and client outcomes is not a routine part of sex offender treatment.

### Section 3 – Recommendations

1. **Both individual practitioners that provide sex offender treatment and sex offender treatment programs should either be licensed or certified by the State in order to participate in State-ordered or reimbursed sex offender treatment.** This is especially critical for juveniles as no provisions currently exist.
2. **Certification/licensure requirements should be based upon research and the adoption of recognized best practices.** As the field of sex offender treatment continues to be evaluated and treatment options adapted in response to new research, standards would need to be continuously updated.
3. **All treatment programs should be regularly evaluated to determine outcomes for individuals treated.** A mechanism to ensure evaluation, tied in some respect to certification or licensure, should be established.
4. **Additional funding should be provided to expand the number of options for juveniles, both at the community and residential level.** This population is the most likely to benefit from age-appropriate treatment, which should be available in the most supportive environments possible.

**5. An adult inpatient program that is more intensive than residential but is not tied to the prison system should be established and funded.**

**6. All approaches to the intervention and treatment of sex offenders should be based upon sound methodologies that work together to protect the safety of victims and the community.** Current non-treatment interventions such as the youthful offender program, 2000 foot residential laws, co-habitation restrictions, and sex offender registration (especially for juveniles) can have a strong impact on the availability and success of treatment and rehabilitation efforts. These interventions should be evaluated and modified to eliminate any ineffective and counter-productive measures.

## APPENDIX 1

### Treatment Work Group Participants

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Gail Huckins (DOC/CBC)

Patty Smilanich (DOC/CBC)

Mia Gehringer (JCO)

Martin Apelt (JCO)

Beth Barnhill, ICASA

Randall Wilson (ACLU of Iowa)

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## APPENDIX 2

### Partial Bibliography

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Appendix A – Iowa Sex Offender Treatment and Supervision Task Force Enabling Legislation

Appendix B – Iowa Sex Offender Treatment and Supervision Task Force Members

Appendix C – Iowa Sex Offender Treatment and Supervision Task Force Work Group Members



## Appendix B

### Iowa Sex Offender Treatment and Supervision Task Force Members

Senator Jeff Angelo	Iowa Senate
Senator Keith Kreiman	Iowa Senate
Vacant	Iowa House of Representatives
Representative Kurt Swaim	Iowa House of Representatives
Tina Hargis	Iowa Department of Transportation
Ben Stone	Iowa Civil Liberties Union
Jason Smith	Iowa Department of Human Services
Steven Conlon	Iowa Department of Public Safety
Vacant	Iowa State Sheriffs and Deputies Association
Tom Ferguson	Iowa County Attorneys Association
Jeanette Bucklew	Iowa Department of Corrections
Karen Muelhaupt	Iowa Board of Parole
Cindy Engler	6 <sup>th</sup> Judicial District Department of Correctional Services
Thomas H. Miller	Iowa Department of Justice
Mark Smith	Iowa State Public Defender
Beth Barnhill	Iowa Coalition Against Sexual Assault

Note: Marilyn Lantz, Chief Juvenile Court Officer for the Fifth Judicial District, was an invited participant in Task Force meetings representing the Chief Juvenile Court Officers of the Iowa Judicial Branch.

# Appendix C

## Iowa Sex Offender Treatment and Supervision Task Force Study Issue Workgroup Participants

### **Electronic Monitoring**

Forrest Guddall, Department of Justice  
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Anne Brown, Department of Corrections  
Steve Naeve, Community-based Corrections  
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### **Registry Address Updating**

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### **Special Sentence**

Tom Ferguson, Black Hawk County Attorney  
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Brian Meyer, Department of Justice  
Laura Straight, Community-based Corrections  
Kurt Swaim, Iowa General Assembly  
Jeanette Bucklew, Department of Corrections  
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Beth Barnhill, Iowa Coalition Against Sexual Assault  
Marty Ryan, Iowa Civil Liberties Union

### **Sex Offender Treatment**

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### **Risk Assessments**

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Michelle Shepherd, Community-based Corrections  
Randall Wilson, Iowa Civil Liberties Union  
Lloyd Smith, Juvenile Court Services  
Tim Wilaby, Juvenile Court Services  
Steven Conlon, Department of Public Safety

Note: Each Task Force member has the option of participating on any of the above study issue workgroups and/or identifying other representatives of their organization to be participants. Participants from the Judicial Districts' Juvenile Court Services Offices were recommended by the state's Chief Juvenile Court Officers.