

**Iowa Department of Corrections
Report to the Board of Corrections**

Sex Offenders

Third in a series of reports highlighting issues
contributing to corrections population growth

April 2006

Introduction

Twenty years ago, about 12% of Iowa's prison population was serving time for a sex offense as their most serious offense.¹ Little change has occurred in this percentage to date; as documented in these pages, sex offenders now make up about 13% of the prison population, as their most serious offense.

That stability is expected to change in the coming years, due to passage of legislation that increases time served in prison for certain sex offenders, and lengthens the period of community-based supervision. The Violent Crime Initiative (*Iowa Code* section 902.12) effective July 1, 1996 abolished parole and most of the earned time for Sexual Abuse-2nd degree (as well as several other offenses). Although changes have been enacted to permit parole consideration after 70% of the maximum terms are served, the first of these offenders will not be eligible for parole until 2015.² House File 619 provisions effective July 1, 2005 created a new Class A felony, provided for loss of earned time for refusing sex offender treatment, enhanced certain provisions related to lascivious acts with a child, and created an additional special sentence of parole.³ These and other legislative changes discussed in this report will substantially increase sex offender populations in Iowa's community-based corrections and prison systems in the long-term.

In addition to the expected increase in sex offender populations, legislation has also added new restrictions and requirements for sex offenders. For example, certain offenders whose crimes were against minors are now required to be supervised for a minimum of five years on electronic monitoring (EMS). As described in this report, the use of EMS for sex offenders has substantially increased as a result of this requirement. A Sex Offender Treatment and Supervision Task Force staffed by the Division of Criminal and Juvenile Justice Planning was established to study electronic monitoring and other issues, and their work to date is summarized in this report.

This report begins with the prevalence and projected growth of offenders convicted of sex crimes within Iowa's community-based corrections and prison populations, then describes how the Iowa Department of Corrections is addressing sex offenders' issues through the provision of treatment and management strategies. Except where noted, information was obtained from the Iowa Corrections Offender Network (ICON) with many of the reports obtained via the Iowa Justice Data Warehouse.

¹ Bureau of Management Information, Research and Statistics Section, *Report Series E-2* (Iowa Department of Human Services, June 30, 1985), 9. Information for institutions was adjusted to exclude work release counts, which used to be included in those totals.

² Division of Criminal and Juvenile Justice Planning, *Iowa Prison Population Forecast: FY2005-2015* (Iowa Department of Human Rights, 2005), 7. The report is published on the Internet at: http://www.state.ia.us/dhr/cjip/images/pdf/Forecast_2005-2015.pdf.

³ Fiscal Services Division, Legislative Services Agency (*HF 619 - Sex Offender Registry, Supervision, and Data Base Task Force* (LSB 2527 HV.3, May 11, 2005), 6. This fiscal note is published on the Internet at: http://www3.legis.state.ia.us/fiscalnotes/data/81_2527HVv3_FN.pdf. LSA Fiscal Note for HF 619, 5.

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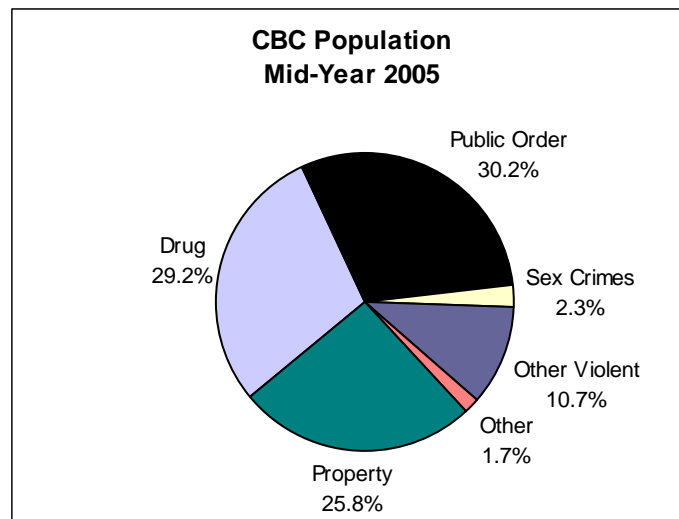
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Lettie Prell, Director of Research, wrote this report. Statistics and charts were compiled by Sondra Holck, Mangement Analyst, and Ms. Prell. Anne Brown, Executive Officer, provided input into the report's contents. Special thanks to Paul Stageberg and Phyllis Blood with the Division of Criminal & Juvenile Justice Planning, Iowa Department of Human Rights, for providing information and technical assistance regarding future growth of sex offender populations in the correctional system.

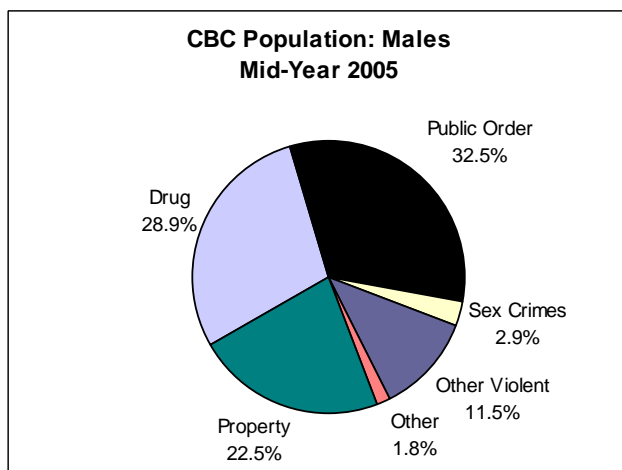
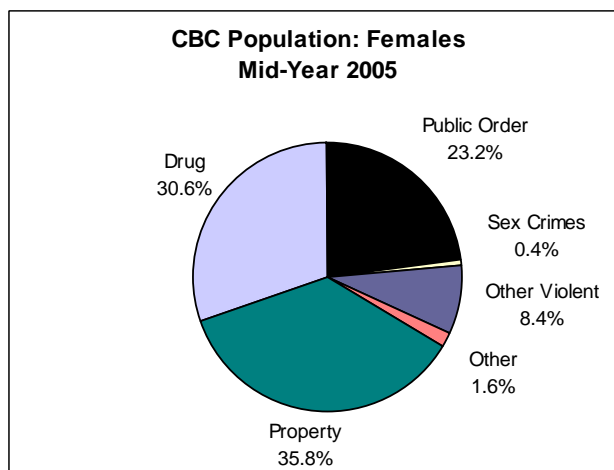
Sex Crimes

Community-Based Corrections

On June 30, 2005 there were 30,281 offenders under supervision by the district departments of correctional services. Of these, 699 were under supervision for sex offenses (as their most serious offense). **Additional offenders under supervision for other types of crimes may also be on the Iowa Sex Offender Registry, and receive specialized treatment and supervision along with other sex offenders.**



Only thirty sex offenders under supervision at midyear 2005 were women, compared to over 660 male offenders.

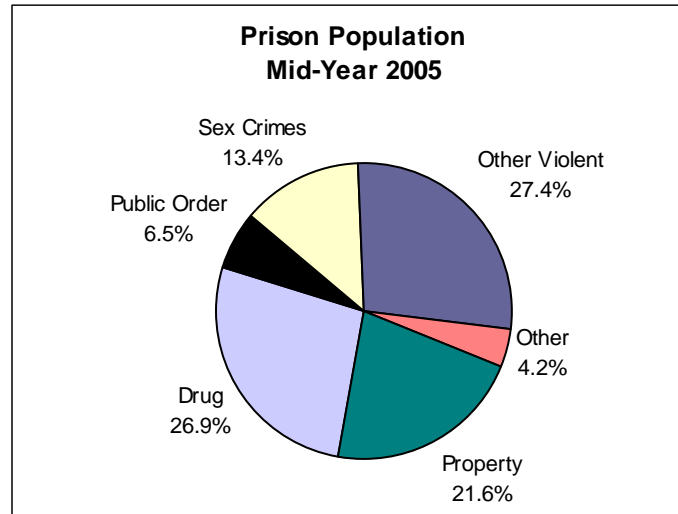


Total females: 7,476; Total males: 22,752. Missing sex identifiers: 53, which were excluded from sex-specific charts but included in CBC totals.

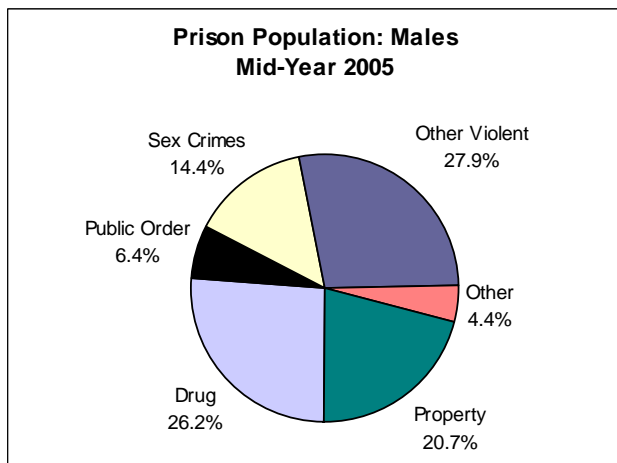
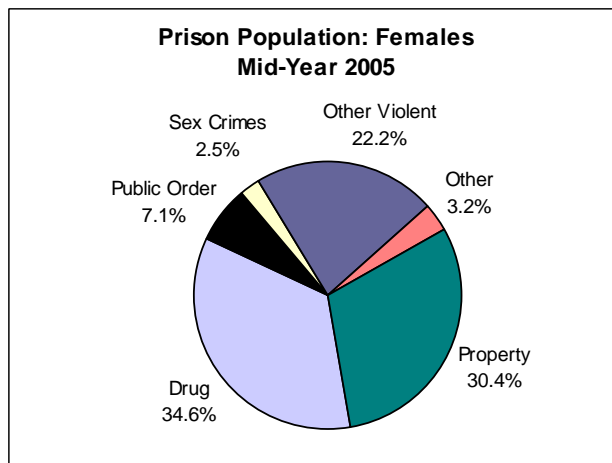
Sex Crimes

Prisons

On June 30, 2005 Iowa's prisons held 8,578 offenders. Of these, 1,115 were incarcerated for sex offenses (as their most serious offense). **Additional offenders are incarcerated whose most serious offense is not a sex offense, but receive sex offender treatment due to the nature of their crime, or past offenses.**



Just eighteen sex offenders incarcerated at midyear 2005 were women, compared to 1,097 men serving time for a sex crime as their most serious offense.

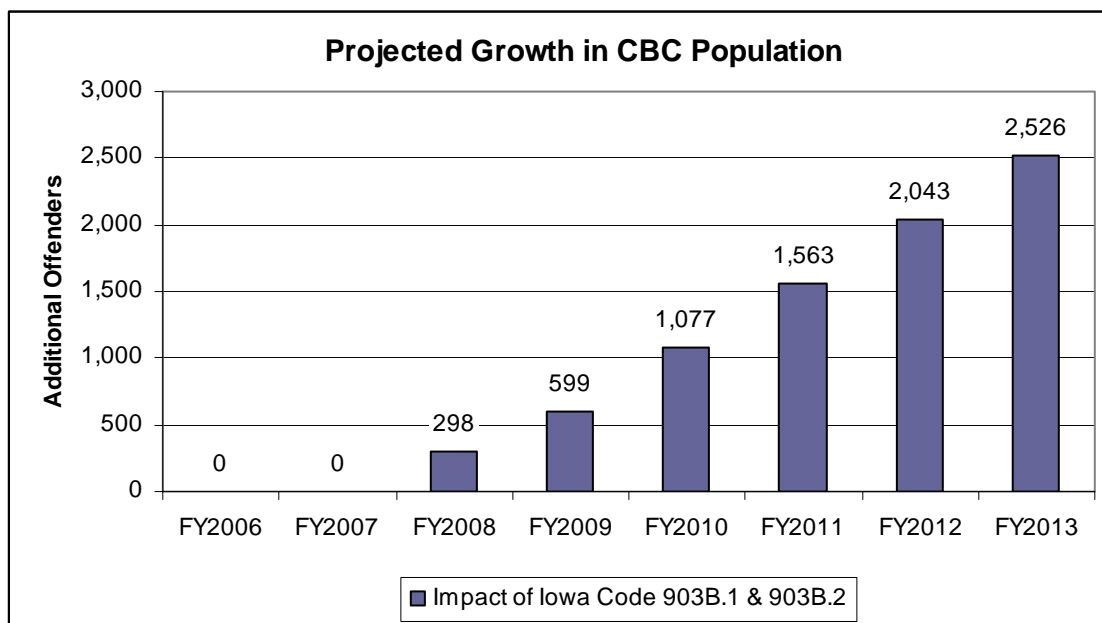


Sex Offenders: Projected Growth

Community-Based Corrections

Legislative changes effective July 1, 2005 are expected to have a substantial effect on the number of sex offenders under community-based corrections supervision. Certain sex offenders convicted of a Class C felony or greater offense will receive a special sentence to lifetime supervision, in addition to the regular penalty provided by law. Certain sex offenders convicted of a misdemeanor or Class D felony will receive a special sentence of ten years under supervision, in addition to the regular penalty provided by law.⁴

On June 30, 2005 there were 699 offenders under community-based corrections supervision for sex offenses (as their most serious offense). Over the next eight years, based on the special sentences alone, estimates project an additional 2,526 sex offenders under supervision.⁵



⁴ Iowa General Assembly, 2005 *Merged Iowa Code and Supplement* (State of Iowa 2005), §903B.1 and §903B.2. The *Iowa Code* is available on the Internet at: <http://www.legis.state.ia.us/IowaLaw.html>.

⁵ LSA Fiscal Note for HF 619, 5.

Sex Offenders: Projected Growth

Prisons

The Violent Crime Initiative (*Iowa Code* §902.12) effective July 1, 1996 abolished parole and most of the earned time for Sexual Abuse-2nd degree (as well as several other offenses). Although changes have been enacted to permit parole consideration after 70% of the maximum terms are served, the first of these offenders will not be eligible for parole until 2015.⁶ As of June 30, 2005, there were 137 offenders serving terms for Sexual Abuse-2nd degree subject to these provisions.

A Sexually Violent Predator Law (*Iowa Code* Chapter 901A) was also made effective July 1, 1996, which increased maximum penalties for certain repeat sex offenses and also abolished parole and most of the earned time for these offenders. As of June 30, 2005, there were 27 offenders serving terms for these offenses.

Legislative changes effective July 1, 2005 created a new Class A felony, provided for loss of earned time for refusing sex offender treatment, enhanced certain provisions related to lascivious acts with a child, and created an additional special sentence of parole (see previous section on projected growth in community-based corrections populations).⁷

On June 30, 2005 Iowa's prisons held 1,119 sex offenders (based on most serious offense). Over the next eight years, estimates project an additional 319 sex offenders due to the 2005 legislative changes alone.⁸ The Division of Criminal and Juvenile Justice Planning further estimates that as of June 30, 2015 there will be 404 sex offenders incarcerated under the 1996 legislative changes, taking out the previous sex offenders subject to these laws who will now become Class A felons per provisions enacted in 2005. **It is therefore reasonable to assume that the growth in sex offenders over the next ten years will about fill a 750-bed prison. Further impacts may be realized if proposed legislation currently being debated become law.**

⁶ CJPJ Forecast, 7.

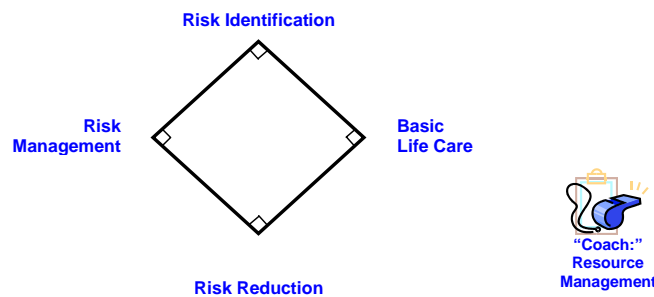
⁷ LSA Fiscal Note for HF 619, 6.

⁸ Ibid., 6.

Corrections Strategy: Assessment & Treatment

When admitted to CBC supervision or the prison system, offender risk and needs are assessed. Many needs are criminogenic, that is, they are issues that if left unaddressed, will contribute to an offender's likelihood to reoffend. In this way, risk and needs are closely related.

The corrections system does four fundamental things. The first three, basic life care for offenders, risk identification and risk management, cover the bases of managing offenders. However, only risk reduction "hits a home run" to significantly affect offender outcomes and community safety, and improve the state's return on investment in corrections spending.



According to research conducted in Iowa by the Division of Criminal and Juvenile Justice Planning, offenders successfully completing sex offender treatment have lower rates of rearrest for sex offenses than other offenders, particularly those who receive no treatment, refused treatment, or were denied treatment.⁹ While these findings should be viewed with caution (offenders were followed for only about two years on average), appropriate treatment for sex offenders appears to be an important risk reduction strategy for this population.

Recidivism by Sex Offender Counseling/Treatment Category		
	Total in Sample	New Arrest for Sex Crime
Successful Completion	276	0.7%
Continuing Treatment	536	2.8%
Partial Completion	63	1.6%
Unsuccessful Termination	61	1.6%
No Treatment	63	3.2%
Refused/Denied Treatment	108	4.6%
Totals	1,107	2.3%
Source: Sex offender study data collection forms, Iowa Computerized Criminal History Records, Interstate Identification Index, compiled by Division of Criminal and Juvenile Justice Planning		

⁹ Division of Criminal and Juvenile Justice Planning, *Statistical Overview of Crime and Justice in Iowa* (Iowa Department of Human Rights, 2004) unnumbered e-report page, published on the Internet at: http://www.state.ia.us/dhr/cjip/images/pdf/plan_04/SexReg2.pdf.

Effective Sex Offender Treatment ¹⁰

Emerging practice embraces the importance of having these offenders involved in sex offender-specific treatment as a condition of their supervision. Characteristics of current sex offender-specific treatment methods are:

- Group Treatment
- Cognitive-Behavioral Therapy
- Psychopharmacology (use of medications)
- Specialized Sex Offender Assessment
- Psycho-physiological Assessments (i.e. Polygraph, Penile Plethysmograph, Abel Assessment of Sexual Interest)

The most widely accepted mode of treatment in use today with sex offenders is cognitive-behavioral (applied in a group setting)*. Cognitive-behavioral treatment addresses both cognitions – that is, the thoughts – and the behavior of offenders.

Although no one particular program or sex offender curriculum has been shown to be effective in reducing sex offender recidivism, several meta-analyses (Aos et. al, 2001; Hall, 1995; Hanson et al., 2002; and Redondo et al, 2002) have all demonstrated significant treatment effects using the cognitive-behavioral techniques. (The sex offender curricula selected for the Iowa Sex Offender Treatment Curriculum each utilize these techniques in various forms.) It should be noted that many researchers challenge the results of these meta-analyses due to the lack of controls in the studies these meta-analyses use. Currently there is significant debate about the effectiveness of treatment on reducing recidivism, with some support for long-term treatment (more than two years) and almost no support for short-term treatment.

Guidelines for sex offender treatment components for Iowa sex offender programs are as follows:

- Treatment responsibility
- Victim awareness/empathy enhancement
- Cognitive restructuring (challenging and changing thoughts that are supportive of abusive behavior)
- Managing deviant sexual arousal
- Relapse prevention
- Sexuality (identifying and addressing core beliefs that contributed to offending)
- Relationship and interpersonal skills
- Continuing care

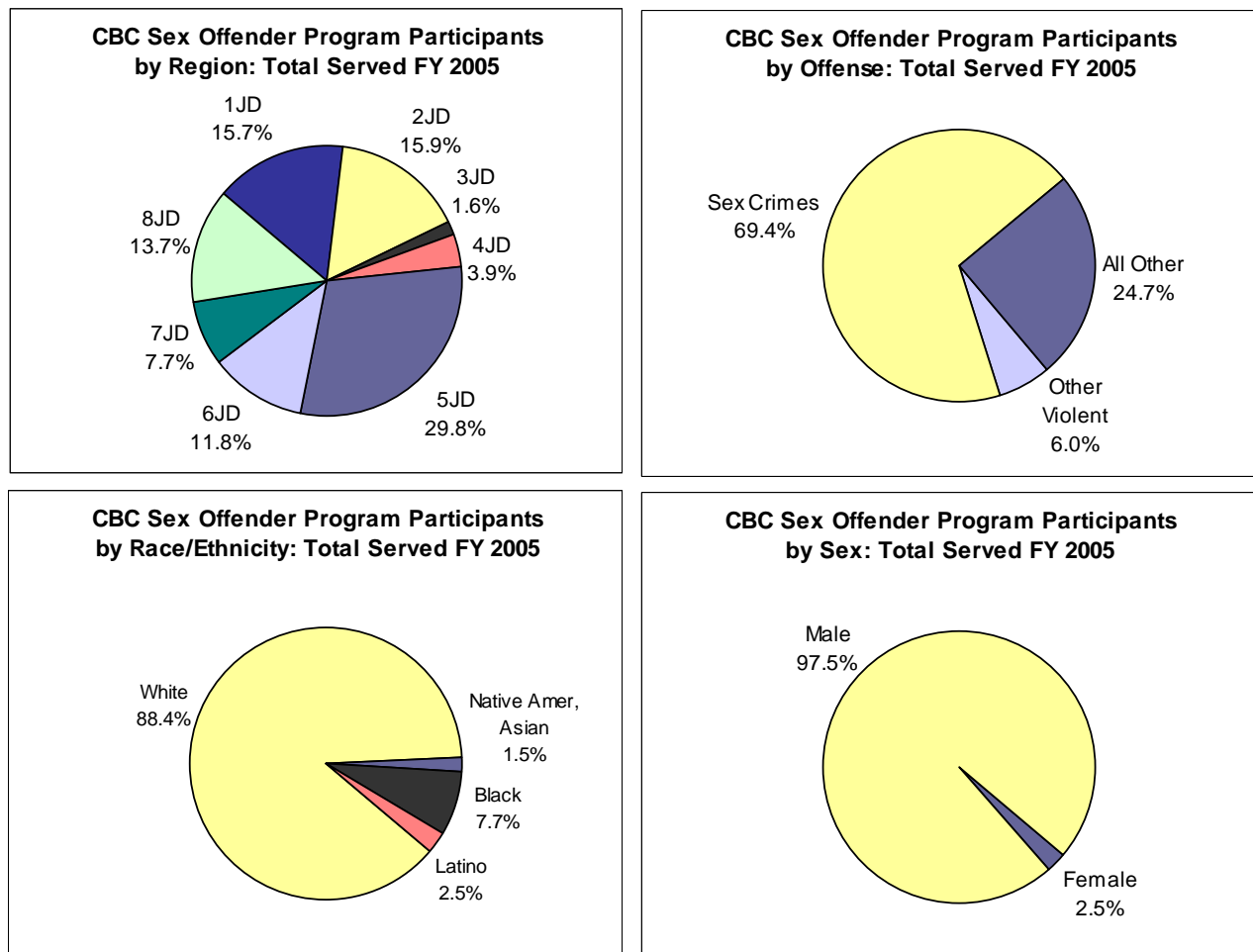
* Association for the Treatment of Sexual Abusers, 2005; Becker and Murphy, 1998, Laws, Ward and Hudson, 2003; Marshall, Anderson, and Fernandez, 1999 and Schwartz, 2003.

¹⁰ The first three paragraphs on this page are excerpted verbatim from Iowa Board for the Treatment of Sexual Abusers, *Sex Offender Treatment Curriculum Guideline* (2006), 2. Guideline sex offender treatment components in the last paragraph are summarized from pp. 4-16 of the report.

Sex Offender Program Community-Based Corrections

As used in this report, “total served” refers to offenders in an intervention program at the beginning of the year, plus new admissions into the intervention. During FY2005, a total of 1,018 offenders participated in sex offender programs (this is “total served”).

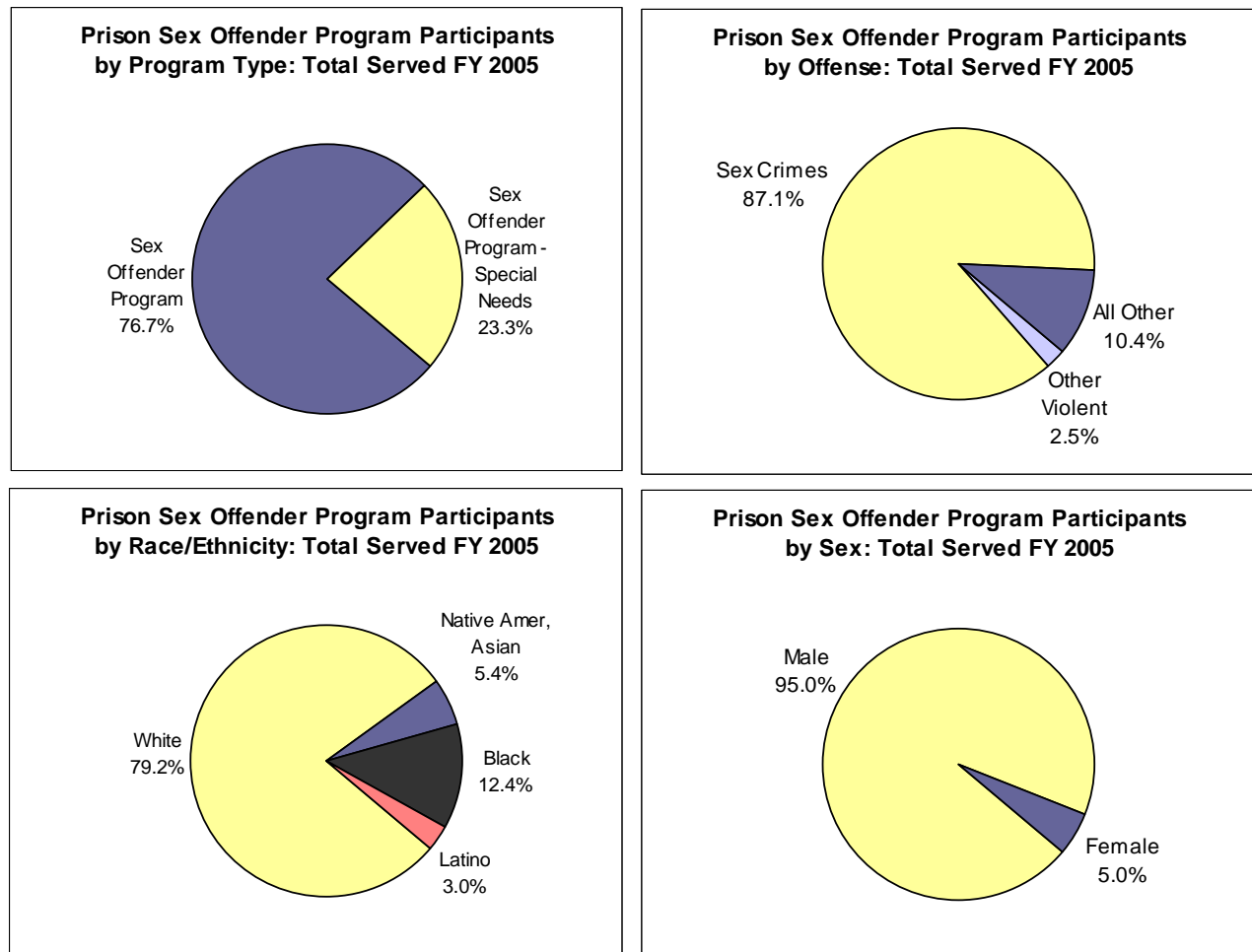
The majority of offenders served in sex offender programs during FY2005 had a sex offense as their most serious offense. Most were male Caucasians.



Sex Offender Program Prisons

Sex offender treatment in institutions is offered at the Mt. Pleasant Correctional Facility, for both male and female offenders. In addition to the regular program, a “special needs” program serves low-functioning individuals.

During FY2005, a total of 202 offenders participated in Mt. Pleasant’s sex offender programs. The majority of offenders served in sex offender programs during FY2005 had a sex offense as their most serious offense. Most were male Caucasians.

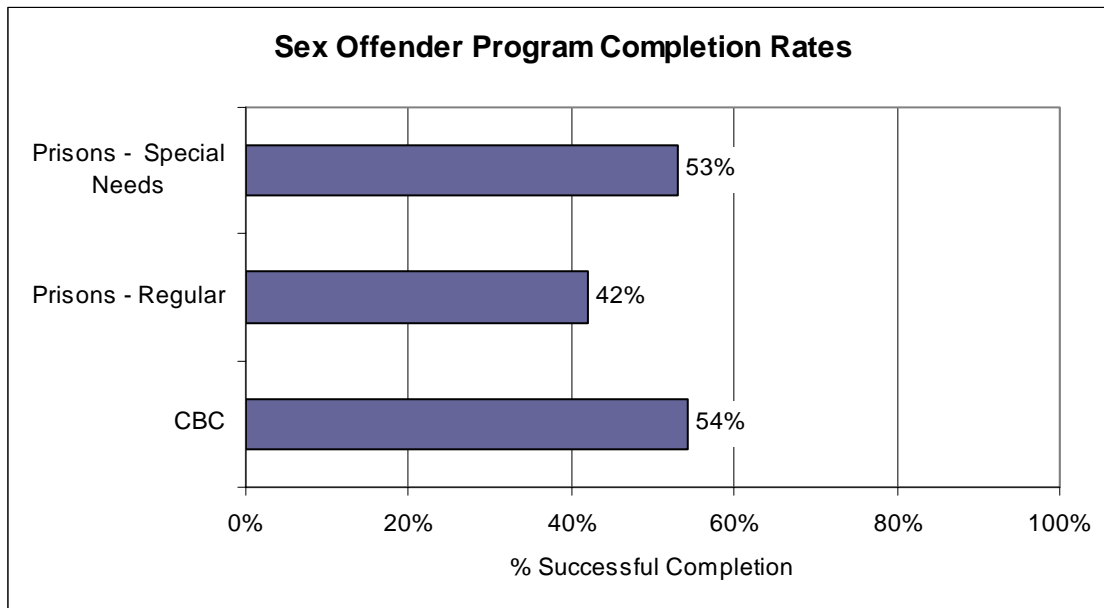


House File 619 enacted provisions effective July 1, 2005 that specify an inmate required to participate in sex offender treatment shall not be eligible for earned time unless they participate in and complete the treatment. In response, the Iowa Department of Corrections has established a “deniers unit” at the Mt. Pleasant Correctional Facility for offenders not yet willing to participate in required sex offender treatment.

Outcomes: Program Completion Rates

Sex offender treatment providers endeavor to ensure the success of offender participants, including keeping participants in the program wherever possible. Rates of successful completion are one way to assess how well programs are performing their mission. However, lower completion rates may be an indicator that a higher risk offender is being served by a particular program, compared with others. Because offender risk may vary from program to program, outcome evaluations are an important way to assess whether a particular program is effective.

Rates of successful completion of sex offender treatment observed in the chart below appear to reflect the challenges of working with this population.



NOTE: Data for community-based corrections (CBC) is for FY2005. Prison data is for July through March, FY2006 because methods for data entry were changed beginning this year.

Sex Offender Civil Commitment

Although sex offender civil commitment is an Iowa Department of Human Services responsibility, the process begins with involvement of the Iowa Department of Corrections, and is worthy of mention in this report as an important component of the state's response to address sex offending behavior.

According to the Iowa Department of Human Services, there are currently 57 patients in the Civil Commitment Unit for Sex Offenders (CCUSO).

Pursuant to *Iowa Code* Chapter 229A, all sex offenders committed to the custody of the Department of Corrections are screened and evaluated for the purpose of determining if they meet the criteria for sexually violent predator. The Director's Review Committee (DRC) refers offenders who appear to meet the criteria to the Multidisciplinary Team (MDT) for further assessment prior to a referral to the Attorney General's office to determine whether civil commitment proceedings will be pursued.

Criteria for considering whether to refer an offender to the MDT are:

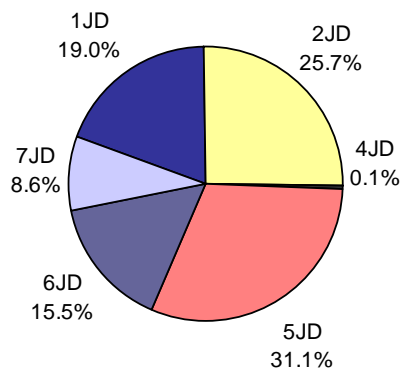
- The offender is currently serving a sentence for a sexually violent offense as defined in Chapter 229A.
- The offender has any Axis I or II diagnosis or diagnostic impression with particular emphasis on, but not limited to the following: antisocial personality disorder, pedophilia, a sexual paraphilia, sexual masochism, exhibitionism, sexual sadism, or any psychotic mental disorder,
- The offender presents a history of random sexual aggression or has reoffended by committing a new sex offense following intervention, supporting the conclusion that the offender is sexually violent.
- The offender has been uncooperative about completing sex offender treatment.
- The offender has received a discipline report for sexual misconduct and has a prior conviction for an offense defined as sexually violent in Chapter 229A.

Community Based Corrections Management Strategies

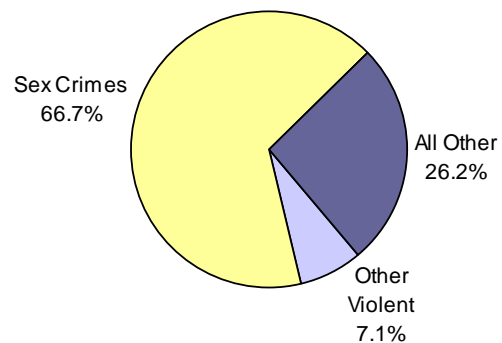
Intensive Sex Offender Supervision

During FY2005, 898 offenders were managed for at least part of the year in an intensive sex offender supervision program for sex offenders. **Please note that other sex offenders may have been in other intensive supervision programs not specific to sex offenders.** As with sex offenders in general, the majority of offenders had a sex offense as their most serious offense, and most were male Caucasians.

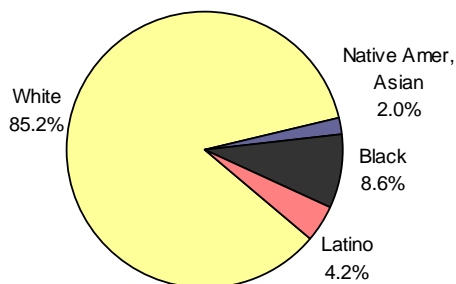
**Intensive Sex Offender Supervision
by Region: Total Served FY 2005**



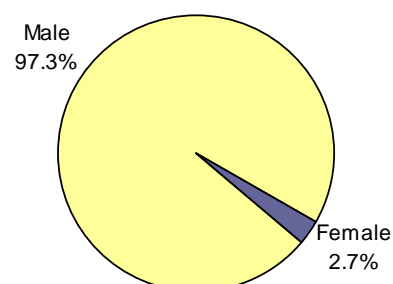
**Intensive Sex Offender Supervision
by Offense: Total Served FY 2005**



**Intensive Sex Offender Supervision
by Race/Ethnicity: Total Served FY 2005**



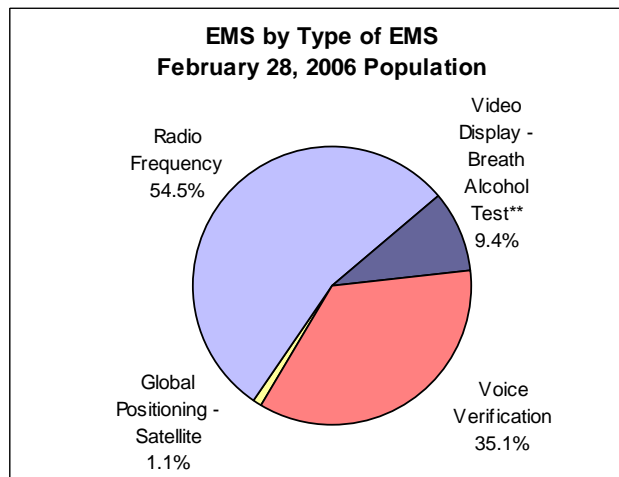
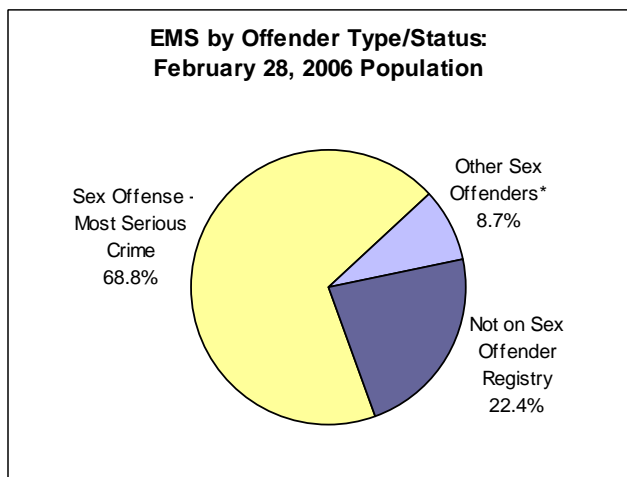
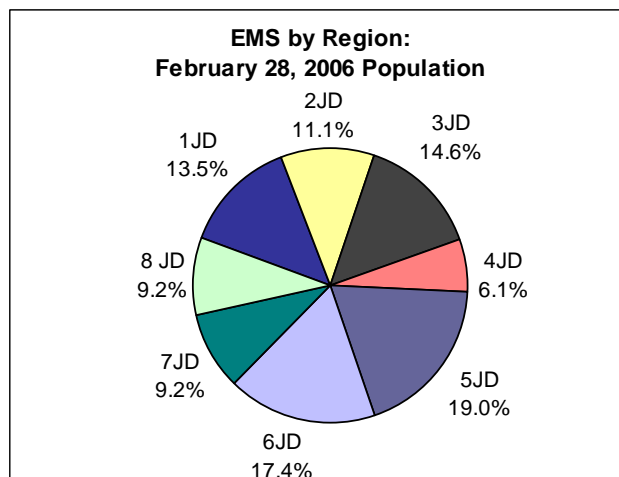
**Intensive Sex Offender Supervision
by Sex: Total Served FY 2005**



Community Based Corrections Management Strategies

Electronic Monitoring

Legislative changes effective July 1, 2005 mandated a minimum of five years on electronic monitoring (EMS) for certain offenders committing crimes against minors.¹¹ On December 30, 2004 there were 28 offenders on EMS statewide whose most serious offense was a sex offense. This number has grown by more than tenfold. As of February 28, 2006, there were 316 offenders on EMS whose most serious offense was a sex offense, and 40 other sex offenders who were on the Iowa Sex Offender Registry and/or received sex offender treatment while under correctional supervision. This results in a total of 356 sex offenders on EMS as of February 28, 2006.



* (Above) Other Sex Offenders were identified based on whether they were on the Iowa sex offender registry, and/or receiving specialized sex offender supervision or treatment.

** (Left) Some of these offenders receive Radio Frequency monitoring in addition to this type of EMS.

¹¹ 2005 Merged Iowa Code and Supplement, § 692A.4A.

Types of Electronic Monitoring

The following types of electronic monitoring are currently in use by the Iowa Department of Corrections (DOC):

Radio Frequency. A monitoring receiver unit in the home is attached to the offender's phone and plugged into the phone jack as well as an electrical outlet. The offender wears a waterproof transmitter on the ankle that detects and alerts for tampering (for example, if the strap is opened or cut, or if the transmitter is not against the skin). This unit monitors the offender's arrivals and departures and is useful in assessing curfew compliance.

Global Positioning Satellite (GPS). The offender wears the Radio Frequency transmitter described above. Additionally, this system reports: a) time and date of arrival and departure from home; b) the travel path and times while out of the home; c) any removal or tampering of the transmitter or monitoring unit; and d) any violations of exclusion zone criteria (designated area(s) the offender is restricted from entering, such as a victim's home). This unit will report in as soon as the offender arrives home. A cell phone can be added to provide capability for immediate reporting.

Video Display/Breath Alcohol Test. A video display telephone in the home allows for visual verification of the offender's presence as well as confirmation of offender identity during the breath alcohol content test. This system is primarily used to assess compliance with alcohol consumption restrictions as well as curfew. In some cases a Radio Frequency transmitter is added to enhance monitoring of the offender's arrivals and departures.

Voice Verification. A voice print template is made of the offender's voice. The offender receives random or scheduled calls at home, and/or the offender calls in as required from approved locations (such as work). No special equipment is needed by the offender to receive or make calls. The system is used to verify the offender is meeting curfew requirements, and/or is where they are supposed to be at a given time.

As shown on the previous page, there is little use of GPS systems in the state of Iowa to date. Electronic monitoring and other issues related to sex offender supervision and treatment are being studied by a statewide task force. The following section describes the work of the task force and summarizes recommendations to date.

Iowa Sex Offender Treatment & Supervision Task Force¹²

House File 619 effective July 1, 2005, required the Division of Criminal and Juvenile Justice Planning 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 study issues to be addressed by this task force are:

- 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

Among the recommendations made to date, the following have particular pertinence to the Iowa Department of Corrections:

- **Electronic Monitoring (EMS).** The task force recommended a change in current requirements, with one alternative being to permit probation and parole officers to determine which sex offenders should be on EMS based on risk assessment and other pertinent information according to guidelines to be established by the Iowa Department of Corrections and district departments of correctional services.

The task force also recommended that prior to any blanket requirement for the use of GPS EM (satellite-based offender tracking) for purposes of monitoring offender compliance with exclusionary zone policies, the use of GPS EM for such purposes should first be studied as a pilot project. Such a pilot project's implementation should include an evaluation of the effectiveness of such a practice and an assessment of the viability of its being expanded.

- **Sex Offender Registry.** The task force recommended a pilot data exchange activity to share address information between the Iowa Sex Offender Registry and the Iowa Corrections Offender Network (ICON). Iowa Department of Corrections analysis of persons on the Iowa Sex Offender Registry compared with ICON information reveal that 1,444 or about 23.6% of the 6,107 registered sex offenders are under community-based corrections field supervision, in community-based residential facilities (including work release and OWI facilities) or in prison as of February 28, 2006, based on the match criteria used.

The Iowa Department of Corrections is also completing two sex offender risk assessments (Static-99 and ISORA8) on all sex offenders under supervision in preparation for a validation study to determine the predictive value of each.

¹² Much of the information on this page is summarized from Division of Criminal and Juvenile Justice Planning, *Iowa Sex Offender Treatment and Supervision Task Force: Report to the Iowa General Assembly* (Iowa Department of Human Rights, 2006). This report is published on the Internet at: <http://www.state.ia.us/dhr/cjip/images/pdf/SOTF%201-15-06%20Final%20Report.pdf>.

Commitment to Evidence-Based Practices

The information showing lower recidivism rates for Iowa sex offenders who complete treatment reported by the Division of Criminal and Juvenile Justice Planning, Iowa Department of Human Rights (see p. 7) suggests that sex offender treatment works. However, more study needs to be done. The Iowa Department of Corrections is committed to further studies of our intervention programs to examine **what works best** for offenders, with a goal of reducing recidivism.

Iowa Justice Data Warehouse development is underway to provide programming which will readily track offenders following program completion, to study the outcome of their supervision, and beyond. Already, a link between ICON and ICIS (Iowa State Court Information System data) is able to match well over 90% of offenders between the two systems. We are working to make outcome information available **by intervention** to describe new charges and convictions occurring in the Iowa District Court following program completion. Additionally, reports will be readily available to describe, for offenders who are revoked from supervision, the most serious violations incurred leading to the revocation.

The Iowa Department of Corrections is also currently working with a number of research partners to study intervention programs in general.

All of these efforts have one goal in mind: to determine which programs work best so they may be replicated or expanded. Programs that work less well will be examined to see how they might be made more effective – or replaced. Ineffective programs will be discontinued and resources redirected to what does work. In this way, the Iowa Department of Corrections intends to transform the way we do business, and achieve a better return on investment – in terms of increased public safety – for each corrections dollar spent.