Overview of Sex Offender Treatment (SOTP) at the Kansas Department of Corrections for the Joint Committee on Corrections and Juvenile Justice (November 3, 2015)

- In FY 2015, 292 sex offenders were enrolled in sex offender treatment (at Lansing, Hutchinson and Topeka correctional facilities), with 272 (93%) successfully completing. That was an increase from 257 enrolled in FY 2014, and 219 enrolled in FY 2013.
- In addition, there are 715 sex offenders enrolled in sex offender treatment in the community, under parole supervision.
- In FY 2013, 59% released needing treatment had received it; in FY 2014 69%, and in FY 2015 75%.
- Treatment consists of 5-8 months of groups 2-3 times per week (depending on risk level to sexually reoffend, which indicates the amount of treatment needed). Treatment is conducted using a robust curriculum that is based on social learning and teaches offenders core skills, relapse prevention and maintenance to avoid sexually offending in the future. Skills include,
 - o cognitive behavioral skills, identifying attitudes/thoughts driving sexual misbehavior, and replacement thoughts, with repeat practice, which addresses,
 - deviant sexual arousal, interests or preferences
 - sexual preoccupation
 - anger and hostility
 - emotional management difficulties
 - self-regulation difficulties and/or impulsivity
 - antisocial attitude orientation (criminal thinking)
 - cognitive distortions that support sexually abusive behaviors
 - intimacy deficits and conflicts in intimate relationships
 - o emotional regulation, self-regulation, reducing impulsivity
 - o social skills
 - o problem solving skills
- Also during treatment sex offenders *complete a detailed sex history* (including things for which they were caught/convicted, or not); *and a polygraph* is done to ensure full information is disclosed. This provides baseline information to understand risk areas and triggers.
- In the community continued skills practice is done, and maintenance or probable cause polygraphs are completed. Sex offenders continue in weekly-monthly treatment until risk is low enough to reduce their rate of participation.
- Sex offenders are assessed using the Level of Services Inventory Revised (LSIR) (general criminal risk), and the Static99R, Acute and Stable (sex offending actuarial risk assessments). These assessments identify specific areas of risk, which are used to complete individual treatment plans, and to direct the work with the sex offender during group work.
- Sex offenders have a 36-month recidivism rate of 36.8% (compared to 35.08% for the whole population), but only 11.65% is for new sentences (75 total for those released in CY 2011), with the rest being parole revocations. Of the 75 new crimes committed by sex offenders released in CY 2011, 13 (2% of the 644 sex offenders released) were new sex offenses. The rest were failure to register (17), drug offenses (14), other person (12), property (11) and other (8).
- KDOC's role in the administration of the Sexually Violent Predator law:
 - O Sex offenders are screened as they near release by a multi-discipline team; the team assesses risk based on information from a detailed Clinical Services Report (CSR), and forwards high risk offenders to the Attorney General's office.
 - o The risk rating is based on whether the CSR identifies a mental defect that renders the sex offender unable to control his/her behavior and likely to commit further violent sexual offenses in the future, coupled with a detailed review of the history of behavior of the offender (offenses, charged and uncharged, review of prosecutor's affidavits from the offenses, disciplinary violations in the facility, details of sexual behavior from an interview with the offender, etc.).