

**CORRECTIONAL INSTITUTION  
INSPECTION COMMITTEE REPORT:**

**SEX OFFENDER  
CLASSIFICATION AND TREATMENT  
IN  
OHIO PRISONS**

**PREPARED AND SUBMITTED  
BY CIIC STAFF**

**January 5, 2006**

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## **I. INTRODUCTION**

### **A. RELEVANCE OF SEX OFFENDER TREATMENT TO CIIC STATUTORY DUTIES**

The CIIC is statutorily required to inspect and evaluate Ohio prison operations and conditions, and to report on findings, as well as any programs proposed or developed to assist in bringing about needed improvements. Sex offender issues have been and continue to be at the forefront of news media coverage of crimes against victims, as well as community opposition to the presence of sex offenders. Clearly the management of sex offenders poses serious and critically important issues, which affect victims, offenders, and the communities to which offenders eventually return after incarceration. Sex offender management impacts the entire criminal justice system and each of its components: law enforcement, courts and corrections.

Throughout CIIC history, cumulative knowledge of evolving needs and issues related to sex offenders has been gained by listening to countless ODRC staff on and off site, including Wardens, Psychologists, other Mental Health Staff, and Sex Offender Program Staff. Communication has also been received from countless sex offenders in prison and after their release. Early in CIIC history, CIIC staff conducted an extensive review of research studies on sex offender treatment nationwide. Preparation of this report provided a welcomed opportunity to gather and review current information from ODRC and from other national resources on sex offender treatment in adult correctional institutions.

### **B. IN PRISON TREATMENT**

The provision of sex offender treatment in the prison system can be viewed as a public safety issue. Ohio recidivism studies have demonstrated that sex offender treatment can positively impact the recidivism rate of sex offenders. Therefore, provision of sex offender treatment in prison can prevent further victimization in the community after the offender's release.

The first sex offender treatment program in the Ohio prison system was developed at the Chillicothe Correctional Institution (CCI). For many years it was the only program in existence in the Ohio prisons. Because CCI is a medium security (level two) institution, sex offenders classified as close (level three) and maximum security (level four) wrote to the CIIC about the need for expanded sex offender programs accessible to inmates in all classifications. At one point, a petition was even sent to the CIIC from minimum and medium security sex offenders who were unable to be transferred to CCI, expressing the need for more sex offender programs at the other medium security prisons. Such pleas for assistance in gaining access to sex offender programs totally contradicted many experts' assertions that sex offenders are not motivated to receive treatment.

Subsequent to the CIIC staff recommendation of DRC expansion of sex offender treatment programs within the prison system to enable access to inmates of all classifications, then ODRC Director, George Wilson, established the first written ODRC

Policy on Sex Offender Treatment Programs in Ohio prisons. The policy did not require expansion, but served as an excellent step toward progress by authorizing institutions to develop such programs. Subsequent policy revisions established standardized program requirements to incorporate in applications from institutions to ODRC Central Office staff for the development and operation of a sex offender treatment program.

Unfortunately, built-in evaluation components have been absent in sex offender treatment programs in the Ohio prison system. It is hoped that with the renewed commitment to the standardization of sex offender program curriculum, record keeping methods have been included to determine program effectiveness. Reportedly, the current new program has been determined to be the “most effective”, though the basis of that determination is not known.

### **C. VOLUNTARY/MANDATORY PARTICIPATION**

Legislative Members of the CIIC expressed interest in sex offender treatment during CIIC meetings in 2005 that included discussion of the sex offender section of the CIIC Biennial Report of January 2005. The CIIC report includes a section on Sex Offender Programs, which up to that time have been voluntary, not mandatory. ODRC has since developed a mandatory program referred to as the “Denier’s Program.”

Since the first sex offender treatment program was established at the Chillicothe Correctional Institution, the voluntary aspect of enrollment has been explained primarily from the treatment point of view. That is, willingness of the offender to admit guilt to his/her offense of conviction, and willingness to write a truthful, detailed autobiography were cited as necessary components of the treatment process. It is not unlike the more widely known belief that alcoholics and drug addicts must admit that they have a problem and want help before recovery can occur. It was also relayed that since resources were insufficient to provide programming for all, programming slots were reserved for those who were fully motivated to participate.

### **D. REVISED POLICY**

ODRC is in the final stages of implementing a revised policy for sex offender programming and management. Reportedly, the new policy will increase continuity in programming provided to inmates in the institutions and to those released from prison to the community. Reportedly, due to the lack of standardized curriculum, staff at different institutions provided sex offender treatment models that reportedly competed in philosophy with one another. This reportedly made it difficult to determine the quality and effectiveness of the programming being provided. Reportedly, the new program policy will address these issues, which caused shortfalls in the previous programs’ effectiveness.

The new policy also makes the program mandatory for all inmates classified as sex offenders assessed as medium-high and high risk to sexually re-offend. The standardized programming format reportedly eliminates the need for licensed mental health

professionals who formerly administered or directly supervised the sex offender programs. Reportedly, this will enable the Department to maximize the program's potential for expansion to additional institutions so that programs will be more accessible to sex offenders in the future.

#### **E. ACCESS TO SEX OFFENDER TREATMENT PROGRAM**

According to ODRC staff, there was a time when the ODRC Bureau of Classification routinely transferred inmates to other institutions based on their request to enroll in a specific vocational or rehabilitative program, including a sex offender treatment program, which existed first at CCI, then expanded to several institutions. Existing programs had limited capacities and long waiting lists of two years or more. During prior CIIC inspections at the Chillicothe Correctional Institution, it was repeatedly relayed that there were over 300 sex offenders at CCI on the waiting list to get into the program. As the prison population in Ohio increased, the reportedly routine transfers for rehabilitative purposes ended due to the sheer number of security level changes, hardship requests, institutional separations, and protective control requests.

In subsequent years, the CIIC received extensive communication from sex offenders who were unable to be transferred to a prison with a sex offender treatment program. The communication indicated that there were insufficient programs in the system to accommodate the need. While such programs slowly expanded in the years following the first ODRC policy on Sex Offender Programs, scarce resources were reportedly being shifted to the seriously mentally ill as the result of the class action in Dunn. Sex offender program staff urged the CIIC staff to continue to monitor the availability of sex offender programs in the prisons. Where new programs had been developed, such as at Mansfield Correctional Institution and the Orient Correctional Institution, the programs were being closed. In some cases, the closures were reported to be due to failure to abide by the standardized requirements of the sex offender treatment program policy, or alleged lack of qualified staff running the program.

As recently as 2001, inmates contacted the CIIC seeking assistance in having a sex offender treatment program established or re-opened at their institution. In some cases, there were legitimate reasons as to why the inmates could not be transferred elsewhere to enable participation in a sex offender treatment program. For example, inmates assigned to the Frazier Health Center or 10 E Limited Duty Unit at the Orient Correctional Institution (now Pickaway Correctional Institution), explained that they could not transfer elsewhere due to their medical status and needs, yet needed sex offender treatment.

Though unwritten, a policy developed in which no inmate classified as a sex offender was paroled unless he/she completed a sex offender treatment program. Because there were not enough programs available to meet the need, many offenders were unable to be transferred to prisons with a sex offender program, and many were on waiting lists to enroll in such a program at their current facility. There were reported deficiencies in meeting the need to ensure that sex offenders were provided with the opportunity to receive the required programming prior to their Parole Board hearing.

## F. ELIGIBILITY CRITERIA

The criteria established by the Department in policy 67-MNH-12, Sex Offender Services states that eligibility for programming requires that the inmate:

- Is within three years of release or within three years of their next Full Parole Board Hearing
- Classified as Moderate-High or High Risk to re-offend, and
- Admits to the offense.

Just as alcohol and drug addicted offenders are directed to immediately accessible substance abuse treatment programs including but not limited to Alcoholics Anonymous and Narcotics Anonymous in every Ohio prison, some have questioned why sex offender treatment is not similarly accessible, and on-going throughout the period of incarceration. The wisdom of limiting program eligibility to sex offenders classified in the above risk categories has also been questioned. If the program has been proven to be effective, it is reasonable to assume that it would be effective in treating all sex offenders.

The decision in Ankrom v Hageman was the result of a class action suit in which Plaintiffs of the class contended that their conviction, or guilty pleas involved lesser and fewer crimes than those in the indictments. However, their offense category assigned by the Parole Board did not correspond with the offense of conviction. The Parole Board decisions were determined by considering the total offense behavior, rather than the offense of conviction when categorizing an offender's offense category. Therefore, more time was assessed for crimes that the Plaintiffs were not found guilty of under APA guidelines, which were established independently of the sentences imposed by the court. When an offender reached the expiration of the minimum sentence imposed by the court, many did not come near the lower end of the guideline range assigned by the Parole Board, and were extended to or above the minimum of that guideline range, reportedly without a meaningful consideration being given to them for parole.

Reportedly, in the case of sex offenders, their continuance was often much longer than three years, making him/her ineligible to participate in sex offender programming. When the offender came within the three years to their next Parole Board hearing, they were then supposed to become eligible for programming. However, due to constraints on transfers, the waiting lists to get to institutions with sex offender programming, and the waiting lists at the institutions due to the limited number of spots available in the sex offender programs, many offenders were continued again for lack of program participation.

In February 2004, at an executive staff conference, the ODRC Director requested executive staff to identify issues of concern within the Department. The treatment and management of sex offenders was identified as such an issue, including the following subcategories:

- Sex offender registration
- Expanded institution based sex offender programming
- Housing for sex offenders
- Reentry of sex offenders into the community.

The ODRC Sex Offender Risk Reduction and Reentry Task Force was established to address each of these issues, and to determine a course of action to remedy the identified areas of concern. The Task Force developed 15 recommendations listed in Section V. of this report.

Progress is being made by ODRC in the management of inmates who commit sexual offenses while incarcerated, through the development and implementation of policies and procedures stemming from the Prison Rape Elimination Act of 2003. ODRC policy number 79-ISA-01, Inmate Sexual Assault and Misconduct, provides guidelines for the prevention, detection, response, investigation, and tracking of inmate sexual assaults, and sexual misconduct. All inmates, volunteers, independent contractors, and staff employed by the ODRC are subject to the provisions of the policy.

## **G. SEX OFFENDER PLACEMENT**

In the interests of public safety, there is a need for secure, structured, supervised housing for released sex offenders, who are for the most part excluded from halfway house placements due to legitimate community concerns. Other violent offenders and arsonists are also excluded from such placements. Yet, these “hard to place” offenders have the greatest need for such secure, structured, supervised placements on return to the community.

Although the ODRC staff have communicated with halfway house staff to urge their cooperation in accepting their high risk offenders, the halfway house staff know that their existence depends on the support of the community in which they live. While some halfway house staff would be willing to assist, they are not able to do so without jeopardizing the very existence of the halfway house in the community. This has been a long-term issue of concern that remains current.

## **II. PROFILE OF SEX OFENDERS IN OHIO PRISONS**

### **A. DEFINITION**

ODRC policy 67-MNH-12, Sex Offender Services, classifies an inmate as a sex offender if the inmate is sentenced to the Department for a sexually related offense, or has been convicted of a prior adult sexually oriented offense or a substantially equivalent former state law, within 15 years from his/her current date of commitment to the Department.

The STATIC-99, an instrument used by the ODRC to estimate the likelihood of a sexual offender to recidivate, defines a sexual offense to include:



- An offense that can be officially recorded sexual misbehavior or criminal behavior with sexual intent
- The behavior resulted in some form of criminal justice intervention or official sanction
- The charge is serious enough that individuals would have been charged with a sexual offense were they not already under legal sanctions. (Harris, Phenix, Hanson, & Thornton, 2003)

## 1. OFFENSE CATEGORIES

According to the Department's Ten Year Recidivism Follow-up of 1989 Sex Offender Releases, published in April of 2001, the four most common categories of sexual offenses committed by offenders sentenced to the Department, in order of frequency from highest to lowest, are:

1. **Gross Sexual Imposition (40%).** A person may be convicted of GSI if (1) he or she purposely compels the other person to submit by force or threat of force; (2) he or she substantially impairs the judgment of the other person by administering a drug, intoxicant, or other controlled substance, whether surreptitiously or by force or by threat of force, for the purpose of preventing resistance; (3) he or she knows that the judgment of the other person is substantially impaired due to a drug, intoxicant, or other substance, or due to medical or dental examination, treatment, or surgery; (4) the victim is under thirteen years of age, whether or not the offender is aware of that; (5) the victim's ability to consent or resist is substantially impaired due to a mental or physical condition, or to advanced age. (ORC 2907.02.)
2. **Rape (28%).** A person may be convicted of rape for sexual conduct with another person who is not a spouse if (1) he or she purposely compels the other person to submit by force or threat of force; (2) he or she substantially impairs the judgment of the other person by administering a drug, intoxicant, or other controlled substance, whether surreptitiously or by force or by threat of force, for the purpose of preventing resistance; (3) the victim is under thirteen years of age, whether or not the offender is aware of that; (4) the victim's ability to consent or resist is substantially impaired due to a mental or physical condition, or to advanced age. (ORC 2907.05.)
3. **Sexual Battery (23%).** A person may be convicted of sexual battery if he or she engages in sexual conduct and (1) knowingly coerces the other person by any means that would prevent resistance; (2) knows that the other person's ability to appraise his or her own conduct is substantially impaired; (3) knows that the other person submits because the other person is unaware that the act is being committed;

(4) knows that the other person submits because he or she mistakenly identifies the offender as the other person's spouse; (5) is the parent or guardian of the other person; (6) the other person is in custody of law or hospital or other institution and the offender has supervisory or disciplinary control over that person; (7) the other person is a minor and the offender is a teacher or has similar role in the minor's life; (8) is a mental health professional and induces the other person to submit by falsely representing that sexual conduct is necessary for mental health purposes. (ORC 2907.03.)

4. **Corruption of Minor (8%).** A person may be convicted of corruption of a minor he or she is eighteen years or older and engages in sexual conduct with a person who is between 13-16 years of age, or is reckless in that regard. (ORC 2907.04.)

As can be seen above, the definitions of the sexual offenses provide for a broad range of possibilities under each offense title. For example, a person can be convicted of sexual battery as a product of assault, incest, or professional misconduct. Although useful in terms of gaining an overall perspective of sex offenders, the ODRC study on Ten Year Recidivism notes that the offender's conviction is often the product of a plea bargain and does little to further understanding of the nature of the sex offense or anything about the victims.

## 2. AGE OF VICTIM

To obtain a different view of offender characteristics, the ODRC study, "Profile of ODRC Sex Offenders Assessed at the Sex Offender Risk Reduction Center," grouped sex offenders by age of victim and produced the following table:

**Table 1. Sex Offenders Grouped by Victim Age\***

<b>Offender Type</b>	<b>Frequency</b>	<b>Percent</b>
Child Molester (Victims under 13)	196	46%
Teen Molester (Victims 13 through 17)	99	23
Rapists (Victims 18 and over)	91	21
Multiple (Victims in 2 or more age categories)	41	10
<i>Child / Teen Molester (N = 33)</i>		
<i>Child Molester / Rapist (N = 6)</i>		
<i>Teen Molester / Rapist (N = 2)</i>		
Total	427	100%
Missing (Victim age unknown)	10	

\* Data based upon the 437 sex offenders who were assessed at SORCC during the first five months of calendar 1999.

Clearly, as determined by the study, the vast majority of **convicted** sex offenders within the state of Ohio are incarcerated due to offenses against persons under 18 years of age.

The study also notes that, in comparison with a study published in 1992, offender frequencies have remained the same over time, with a slight increase in the number of **teen molesters**.

## **B. APPROXIMATE NUMBER OF SEX OFFENDERS CURRENTLY INCARCERATED AND ON PAROLE SUPERVISION**

Per information provided by ODRC, as of July 1, 2005, there were approximately 9,282 inmates identified as sex offenders currently incarcerated in the State of Ohio. The inmate population includes inmates convicted under the “old law,” who were sentenced to indeterminate periods of incarceration; and inmates convicted under the “new law,” who were sentenced to determinate periods of incarceration under Senate Bill Two. As of January 2005, there were approximately 4,930 Senate Bill Two inmates incarcerated for a felony sex offense.

The Adult Parole Authority reported an increase of 27.5 percent in the number of supervised sex offenders in September 2004 compared with September 2003. There were 5,674 sex offenders on some degree of community supervision in September 2004, compared to 4,450 sex offenders in September 2003 on community supervision. All regions of the APA reported increases in the number of sex offenders under community supervision from 2003 to 2004. (ODRC Report of the Sex Offender Risk Reduction Reentry Task Force. February, 2005)

**Table 2. Sex Offenders Under APA Supervision  
In September 2003 and September 2004 with Percentage Increase**

<b>Region</b>	<b>September 2003</b>	<b>September 2004</b>	<b>Percentage Increase</b>
Other	76	205	+169.7
Cleveland	706	975	+38.1
Cincinnati	782	987	+26.2
Chillicothe	485	608	+ 25.4
Lima	599	750	+25.2
Mansfield	572	710	+24.1
Akron	752	906	+20.5
Columbus	478	533	+11.5
<b>TOTAL</b>	<b>4,450</b>	<b>5,674</b>	<b>+27.5</b>

**Table 3. Number of Sex Offenders on Supervision by Region in September 2004**

<b>REGION</b>	<b>SEPTEMBER 2004</b>
Cincinnati	987
Cleveland	975
Akron	906
Lima	750
Mansfield	710
Chillicothe	608
Columbus	533
Other	205
<b>TOTAL</b>	<b>5,674</b>

**C. INSTITUTIONS AND NUMBER OF SEX OFFENDERS INCARCERATED**

As shown below in Table 4. Number of Sex Offenders by Security Level as of January 2005, the majority of sex offenders are classified as level two (medium) security, comprising nearly 57 percent of the sex offenders in Ohio prisons. There are 5,211 sex offenders classified as level two (medium).

The second largest classification level of the sex offender population is level three (Close) Security, with 2,612 sex offenders, comprising nearly 29 percent of the sex offenders in Ohio prisons.

Sex offenders classified as level four or five (maximum/high maximum) total 231 comprising 2.52 percent of the sex offender population. Level four inmates are housed at either the Southern Ohio Correctional Facility or Ohio State Penitentiary. Level five inmates are housed exclusively at the Ohio State Penitentiary. No sex offender treatment programs exist at either facility.

**Table 4. Number of Sex Offenders by Security Level as of January 2005**

<b>Security Level Listed from Level One through Level Five</b>	<b>Number of Sex Offenders in Each Security Level</b>	<b>Percent of Sex Offenders in Each Security Level</b>
Level One (Minimum)	1,112	12.13%
Level Two (Medium)	5,211	56.85
Level Three (Close)	2,612	28.50
Level Four (Maximum)	189	2.06
Level Five (High Maximum)	42	.46
<b>TOTAL</b>	<b>9,166</b>	<b>100%</b>
<b>Security Level Listed by Number of Sex Offenders</b>	<b>Number of Sex Offenders</b>	<b>Percent</b>
Level Two (Medium)	5,211	56.85%
Level Three (Close)	2,612	28.50
Level One (Minimum)	1,112	12.13
Level Four (Maximum)	189	2.06
Level Five (High Maximum)	42	.46
<b>TOTAL</b>	<b>9,166</b>	<b>100%</b>

In Table 5, Number and Percentage of Sex Offenders at Each Institution, with Security Level and Total Population as of January 2005, the highlighted institutions currently have some type of program oriented towards sexual offenders. When the new programming is established, there will be additional programs implemented at the Richland Correctional Institution and the Belmont Correctional Institution. (ODRC Report of the Sex Offender Risk Reduction Reentry Task Force. February, 2005)

**Table 5. Number and Percentage of Sex Offenders at Each Institution, with Security Level and Total Population as of January 2005**

<b>Institution</b>	<b>Security Level</b>	<b>No. of Sex Offenders On 12/6/2004</b>	<b>Institution Population January 1, 2005</b>	<b>Percentage of Institution Population That are Sex Offenders</b>
<b>Chillicothe Corr Inst</b>	1,2	1,022	2,695	38%
<b>North Central Corr Inst</b>	1,2	912	2,281	40
<b>Madison Corr Inst</b>	1,2,3	905	1,945	47
Mansfield Corr Inst	3	547	2,374	23
<b>Lebanon Corr Inst</b>	3	453	1,938	23
Richland Corr Inst*	1,2	446	2,316	19
Belmont Corr Inst*	1,2	440	2,160	20
Ross Corr Inst	1,3	431	2,269	19
Grafton Corr Inst	1,2	424	1,416	30
Marion Corr Inst	1,2	405	1,846	22
Allen Corr Inst*	1,2	330	1,301	25
London Corr Inst	1,2	321	2,078	15
Warren Corr Inst	3	273	1,042	26
<b>Southeastern CI *</b>	1,2	265	1,534	17
<b>Hocking Corr Fac</b>	1,2	259	465	55
Trumbull Corr Inst	1,3	241	1,098	22
Pickaway Corr Inst	1,2	233	2,084	11
Noble Corr Inst	1,2	229	2,095	11
Corr Reception Center	3	192	1,649	12
Southern Ohio Corr Fac	4	189	959	11
Lorain Corr Inst	3	164	1,454	11
Lake Erie CI	1,2	138	1,382	10
Toledo Corr Inst	1,3	126	792	16
<b>Ohio Ref for Women</b>	1-5	97	1,954	5
Ohio State Pen	1,4,5	42	455	1
Corr Medical Center	All	21	123	17
Oakwood Corr Fac	All	19	130	15
North East Pre- Release Center	1,2	18	531	3
Franklin Pre-Release Center	1,2	12	472	3
Dayton Corr Inst	1,2	9	418	2
Montgomery Education Pre-Release Center	1,2	0	339	0
North Coast Corr Treatment Facility	1	NR	547	0
<b>TOTAL</b>		<b>9163</b>	<b>44,142</b>	<b>100%</b>

\*According to information received on September 26, 2005, one of the revisions proposed in the draft of the revised Sex Offender Program policy, is that the program at Southeastern Correctional Institution is removed and BECI, RICCI and ACI are added. The program at ACI is only for the Sugarcreek Developmental Unit for MR sex offenders. It does not provide programming for the general population .

**Table 6. Number and Percentage of Sex Offenders  
by Institution with Security Level**

INSTITUTION	SECURITY LEVEL	NUMBER OF SEX OFFENDERS ON 12/6/04	PERCENTAGE OF SEX OFFENDERS OF TOTAL IN SYSTEM
Chillicothe CI	1,2	1,022	11.15%
North Central CI	1,2	912	9.95
Madison CI	1,2,3	905	9.88
<b>Mansfield CI</b>	<b>3</b>	<b>547</b>	<b>5.97</b>
<b>Lebanon CI</b>	<b>3</b>	<b>453</b>	<b>4.94</b>
Richland CI	1,2	446	4.87
Belmont CI	1,2	440	4.80
<b>Ross CI</b>	<b>1,3</b>	<b>431</b>	<b>4.70</b>
Grafton CI	1,2	424	4.63
Marion CI	1,2	405	4.42
Allen CI	1,2	330	3.60
London CI	1,2	321	3.50
<b>Warren CI</b>	<b>3</b>	<b>273</b>	<b>2.98</b>
Southeastern CI	1,2	265	2.89
Hocking CF	1,2	259	2.83
<b>Trumbull CI</b>	<b>1,3</b>	<b>241</b>	<b>2.63</b>
Pickaway CI	1,2	233	2.54
Noble CI	1,2	229	2.50
Corr Reception C	3	192	2.95
<b>Southern Ohio CF</b>	<b>4</b>	<b>189</b>	<b>2.06</b>
Lorain CI	3	164	1.79
Lake Erie CI	1,2	138	1.51
Toledo CI	1,3	126	1.38
Ohio Ref for Women	1-5	97	1.06
<b>Ohio State Pen</b>	<b>1,4,5</b>	<b>42</b>	<b>.46</b>
Corr Medical C	1-5	21	.23
Oakwood CF	1-5	19	.21
Northeast Pre Rel C	1,2	18	.20
Franklin Pre Rel C	1,2	12	.13
Dayton CI	1,2	9	.10
Montgomery EPRC	1,2	0	0
North Coast CTF	1	NR	
<b>TOTAL</b>		<b>9,163</b>	<b>100%</b>

#### D. REPORTED RECIDIVISM RATES FOR SEX OFFENDERS IN OHIO

The Ohio Department of Rehabilitation and Correction examined data from 14,261 offenders released from custody in 1989. There were 879 sex offenders released from Ohio prisons in 1989, or six percent of those released. Results of the study are contained in the Ten-Year Recidivism Follow-Up Of 1989 Sex Offender Releases, prepared by the ODRC Bureau of Planning and Research.

The 879 sex offenders included in the study were convicted of the following:

OFFENSE	FREQUENCY	PERCENT
Gross Sexual Imposition	352	40.0%
Rape	247	28.1
Sexual Battery	202	23.0
Corruption of Minor	71	8.1
Other Sex Offense*	7	.8
TOTAL	879	100%

\* Other Sex Offenses include: disseminating material harmful to juveniles, sexual imposition, sodomy, pandering, illegal use of minor in nudity oriented material, and pandering sexual material to a minor.

The study defined the recidivism of sex offenders as the rate at which offenders return to prison for any new offense including technical parole violations. The researchers note that it would be unlikely for an offender with a prior sexual offense not to be re-incarcerated for a new offense. (Ten-Year Recidivism Follow-Up, 2001.)

According to the Executive Summary, the baseline **recidivism rate of sex offenders followed-up for ten years after release from prison was 34 percent.** The rate was comprised of the following:

<b><u>Recommitment for a New Crime</u></b>	<b>23%</b>
Sex Offense	8.0%
Non-Sex Offense	14.3%
<b><u>Recommitment for a Technical Violation</u></b>	<b>11.7%</b>
Sex Offense	1.3%
Sex Lapse	1.7%
Non-sex Related	8.7%

**The total sex-related recidivism rate, including technical violation of supervision conditions, was 11.0 percent.**

Sex Offenders who returned for a new sex related offense did so within a few years of release. Of all the sex offenders who came back to an Ohio prison for a new sex offense, one half did so within two years, and two-thirds did so within three years.



For comparison purposes, a U.S. Department of Justice Bureau of Justice Statistics report, published in 2002, examined the recidivism rates of various offenders who were released in 1994 over the subsequent three years. The study examined the data from 15 states: Arizona, California, Delaware, Florida, Illinois, Maryland, Michigan, Minnesota, New Jersey, New York, North Carolina, Ohio, Oregon, Texas, and Virginia. From this data, the study concluded that of all the released prisoners from those states in 1994, those for whom **Rape** was the most serious conviction offense recidivated at a rate of **43.5 percent** based on a return to prison with or without a new sentence (including technical violations), and **12.6 percent** were re-incarcerated with a new sentence (not necessarily a sex offense).

Offenders whose most serious sexual conviction was a **sexual assault other than Rape** recidivated at a rate of **36.0 percent**, with or without a new sentence, and **10.5 percent** with a new sentence. (Langan and Levin, 2002.)

According to the ODRC Ten-Year Recidivism study, the recidivism rates of Ohio offenders differed considerably based on a victim typology:

**Table 7. General and Sexual Recidivism By Victim Typology**

<b>Sex Offender Type</b>	<b>General Recidivism</b>		<b>Sexual Recidivism</b>	
	<b>N</b>	<b>Percent</b>	<b>N</b>	<b>Percent</b>
Rapist (adult victims)	129	56.6	40	17.5
Child Molester-extra familial	138	29.2	41	8.7
Child Molester-incest	18	13.2	10	7.4
<b>Offender/Victim Relationship</b>				
Stranger	91	59.9%	30	19.7%
Acquaintance	164	31.1	51	9.7
Relative	20	13.9	10	6.9
<b>Victim Age</b>				
Child (under age 18)	155	25.7%	51	8.5%
Adult	129	56.6	40	17.5
Both child and adult victims	7	38.9	5	16.1
<b>Victim Gender/Age</b>				
Adult Female	121	57.1%	40	18.9%
Adult Male*	5	71.4	0	0
Female child—extrafamilial	121	30.8	33	8.4
Male child—extrafamilial	14	22.2	7	11.1
Female child—incest	18	13.4	8	6.0
Male child—incest *	0	0	0	0

\*Of the sample studied in the report, no released offenders whose prior victim had been an adult male were reincarcerated for a new sex offense, or whose prior conviction had been incest of a male child for any offense, within the ten years of study. However, the sample sizes were extremely small—only seven released offenders had a prior conviction of an offense against an adult male; only four had a prior conviction of incest of a male child.

According to the study, recidivism also depended on the number of prior prison incarcerations. Although the sample is smaller for offenders with two or more prior incarcerations, the study validates the stereotype of "churners," or those persons who continue to commit offenses in society and spend their life moving in and out of the corrections system.

**Table 8. General Recidivism by Number of Prior Prison Incarcerations**

Number of prior prison incarcerations (Ohio)	NO RECIDIVISM		RECIDIVISM	
	None	514	69.2%	229
One	53	49.5	54	50.5
Two	11	45.8	13	54.2
Three	2	40.0	3	60.0

Paroled Sex offenders completing basic sex offender programming (Level 1) while incarcerated appeared to have a somewhat lower recidivism rate than those who did not have programming. This was true both for recidivism of any type (33.9 percent with programming recidivated compared to 55.3 percent without programming) and sex-related recidivism (7.1 percent with programming recidivated compared with 16.5 percent without programming).

### **III. SEX OFFENDER RISK REDUCTION CENTER (SORRC)**

DRC policy 67-MNH-12 states that, upon commitment to the Department of Rehabilitation and Correction, all inmates are given a Reception Center Sex Offender Screening, which is the process by which inmates are identified as sex offenders at reception. Males receive this screening at either the Corrections Reception Center, or the Lorain Correctional Institution, and female offenders receive the screening at the Ohio Reformatory for Women (ORW). Per the definition of a sex offender, an inmate is classified as a sex offender if he/she is sentenced to the Ohio Department of Rehabilitation and Correction for a sexually oriented offense or has been convicted of a prior adult sexually oriented offense in the past 15 years, or falls under Megan's law. Male sex offenders are transferred to the Sex Offender Risk Reduction Center at the Madison Correctional Institution, and females remain at ORW as part of the reception process.

The 2001 DRC study of sex offenders assessed at SORRC profiled the reason for admission to SORRC—whether due to past or present conviction—as well as the amount of time the offender spent in SORRC. A sex offender may be sent to SORRC for a prior felony conviction of a sexual offense within 15 years from the date of his commitment.

**Table 9. Reason for Admission to SORRC and Amount of Time Spent in SORRC.**

	<b>Frequency</b>	<b>Percent</b>
<b>Reason for Admission to SORRC</b>		
Current Sexual Conviction	390	89%
Prior Sexual Conviction	47	11
<b>Amount of Time Spent in SORRC</b>		
1 month or less	19	4
2-3 months	180	41
3 months or more	238	55*

\*According to ODRC staff, when the 2000 study was done, 55% of the inmates spent three months or more in SORRC. Since that time, the ODRC took steps to change that, so that inmates are there for a maximum of three months.

As determined by the study, the majority of those assessed were admitted to SORRC based on a current sexual conviction (89 percent). The average length of time spent in SORRC was 2.4 months. There was no apparent difference in the amount of time spent in SORRC between sex offender types.

According to information provided by ODRC staff, the SORRC mission statement is to “provide assessment and basic sex offender education services to all inmates who are designated as sex offenders for the purpose of risk assessment, education and the harm of their actions on their victims, and program prioritization.” Each inmate classified as a sex offender is evaluated by SORRC staff and is given basic sex offender education.

A risk assessment is completed by the SORRC Director on all sex offenders at SORRC and at ORW by the Sex Offender Program Director, to determine their level of risk to re-offend (High, Moderate-High, Moderate-Low, Low). The assessment by a Psychology Assistant can be conducted without the offender present.

Departmental policy states that inmates assigned a risk level of Low are placed in Basic Education, which is completed prior to their transfer to their parent institution. Inmates who are assigned a risk level of Moderate-Low are reviewed by the program’s Clinical Director to determine whether they are placed in and complete Basic Education and then are transferred to their parent institution, or whether they are given a Comprehensive Assessment, complete Basic Education, and then are transferred to their parent institution.

Per 67-MNH-12, a Comprehensive Assessment is a sex offender-specific assessment that involves a detailed examination of patterns of offending and personality functioning and includes recommended treatment goals and objectives. The Comprehensive Assessment involves a review of the Risk Assessment, Pre-Sentence Investigation and collateral background information; sex offender-specific testing; a structured interview with the inmate; and completion of written assessment report and Personal Accountability Goal Summary.

Inmates assigned a risk level of High or Moderate-High are referred by the SORRC Director, are scheduled for Comprehensive Programming, and the development of Personal Accountability Goal Summaries. They are given a Comprehensive Assessment, placed in and complete Basic Education, and then are transferred to their parent institution.

#### **IV. SORRC RISK LEVEL ASSESSMENT**

According to DRC policy 67-MNH-12, a risk assessment is defined as, "A process that examines specific factors in an offender's life for the purpose of determining the offenders risk to sexually re-offend. A risk assessment is completed on all sex offenders at SORRC to identify low, moderate, or high-risk to re-offend." The assessment and the tool used to make the assessment, is extremely important because it determines what level of sex offender treatment an inmate receives.

In a DRC research study entitled, "Development of a Sex Offender Risk Assessment Instrument," DRC analysts studied 5,045 sex offenders who were released from Ohio institutions between January 1, 1989 and December 31, 1993. Based on the findings, the DRC report concluded that the following eight variables were significantly related with Ohio sex offenders' return to prison:

1. **Prior adult sex-related arrests.** The total number of arrests the offender has ever had as an adult for sexually oriented crimes prior to the most recent sex conviction. Arrests were counted even if the charge was later dismissed or nolleed or if the disposition was unknown.
2. **Prior sex-related felony convictions.** The total number of felony convictions received as an adult prior to the most recent sex offense.
3. **Any evidence of sexual offending without arrest.** This was measured as any indication the offender had been accused by family or friends of sexually acting out, but no formal charges were ever filed.
4. **Was offender on drugs or alcohol at time of most recent sex offense?** Considering the most recent sexual conviction only, any indication the offender was on drugs or alcohol at the time the offending behavior occurred was measured.
5. **Victim sex of all adult sex crime convictions.** Coded the sex of all victims including adult felony/misdemeanor sex-related convictions.
6. **Was there any victim under the age of 13?** Recorded the age of the victim(s) at the onset of victimization, including adult felony/misdemeanor sex-related convictions.

7. **Total number of victims of all adult sex crime convictions.** This is the total number of all adult felony and misdemeanor convictions received by the offender.
8. **Was any weapon used or implied during a sex crime?** Recorded whether a weapon was used or implied during any sexual assault for which the offender was convicted. Implied means the victim said the offender had a weapon or the offender indicated that he had a weapon, but a weapon was not seen by the victim.

The above questions aid in the development of an ODRC assessment tool using calculated recidivism rates specific to Ohio offenders. A tool specific to Ohio offenders, or that includes data from surrounding states, may be more accurate than a tool developed based on data from other countries. The current tool used, the STATIC-99, is based on data from Canada and the United Kingdom. (Data from Washington, Wisconsin and California was reportedly included, according to follow-up communication from ODRC staff.)

In the ODRC study of Ten Year Recidivism, ODRC researchers plugged known data into the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) tool and compared the predicted recidivism rate against the known recidivism rate. The RRASOR was developed by the same individual as the STATIC-99 and uses four factors to determine risk. Ohio offenders' known recidivism rates did not correspond to two of the four factors. Overall, the study concluded that the predictive accuracy of the RRASOR on the particular sample of released offenders studied was "slightly better than chance."

Although ODRC does not use the RRASOR in its assessments, the STATIC-99 is based on similar data. Given the vast amount of data at the ODRC's disposal from its own records as well as surrounding states, it is not understood why ODRC does not produce its own risk assessment tool that may provide greater accuracy.

#### **A. ASSESSMENT TOOL: STATIC-99**

STATIC-99 is the primary tool utilized by the SORRC program staff to develop a clearer picture of the offender, and the level of risk they pose to the community. According to the STATIC-99 Coding Rules:

The STATIC-99 is a tool to assess the approximate risk level a sex offender has to re-offend once released to the community. It uses only static (unchangeable) factors that have been seen in literature to correlate with sexual reconviction in adult males. The estimates of sexual and violent recidivism produced by the STATIC-99 can be thought of as a baseline of risk for violent and sexual reconviction. From this baseline, long-term risk assessment, treatment, and supervision strategies can be put into place to reduce the risk of sexual recidivism.

This risk assessment instrument was developed by Hanson and Thornton (1999) based on follow-up studies from Canada and the United Kingdom

with a total sample size of 1,301 sexual offenders. (According to follow-up communication from ODRC staff, the original article that produced the STATIC 99 was published in 1998 by Hanson and Bussiere and was a meta-analysis of 69 studies that included over 20,000 offenders, and that the STATIC 99 is reportedly based on a study of approximately 24,000 sex offenders.) The STATIC-99 consists of 10 items and produces estimates of future risk based upon the number of risk factors present in any one individual.

The strengths of the STATIC-99 are that it uses risk factors that have been empirically shown to be associated with sexual recidivism and the STATIC-99 gives explicit rules for combining these factors into a total risk score. This instrument provides explicit probability estimates of sexual reconviction, is easily scored, and has been shown to be robustly predictive across several settings using a variety of samples. The weaknesses of the STATIC-99 are that it demonstrates only moderate predictive accuracy and that it does not include all the factors that might be included in a wide-ranging risk assessment. (Harris, Phenix, Hanson, & Thornton. p. 3.)

Three basic types of information are gathered for the STATIC-99 to make an assessment<sup>1</sup>:

- **Demographic Information** includes the age of the offender, and whether or not the offender has lived with an intimate partner for more than two years.
- **Official Criminal Record** includes any convictions of the following: Index non-sexual violence, prior non-sexual violence, prior sex offenses, prior sentencing dates, and non-contact sex offenses.
- **Victim information** includes unrelated victims, stranger victims, and male victims. The evaluator must have information on the pre-offense relationship between the victim and offender.

The STATIC-99 Coding Rules Manual states that the instrument is designed for use with adult males. The instrument is NOT recommended for females, young offenders (those having an age of less than 18 years at the time of release) or for offenders who have only been convicted of prostitution-related offenses, pimping, sex in public locations, or possession of pornography/indecent materials.

Despite the manual's clear language stating the unreliability of the instrument in certain circumstances, STATIC-99 is the primary instrument used by DRC for all sex offenders, which may include the above offenses. Clearly, either a different instrument is needed for those offenses that the manual states will not provide accuracy, or greater research is

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<sup>1</sup> For an annotated list of STATIC-99 questions, see Appendix A.

needed to ensure that the STATIC-99 instrument is a valid risk assessment for those offenders. A new risk assessment should be done for any offenders who were assessed by the STATIC-99 and have only been convicted of prostitution-related offenses, pimping, sex in public locations, or possession of pornography/indecent materials.

DRC classifies anyone as a sex offender if he/she is sentenced for a sexually oriented offense or has been convicted of a prior adult sexually oriented offense in the past 15 years. This length of time exceeds what is recommended by the STATIC-99, which states that it is best applied to those offenders who have had between two to 10 years in the community without a new sexually related offense. It is not applicable to offenders with more than 10 years in the community without a sexually related offense, currently serving a new sentence for a new technical, or other minor non-violent offense.

It is not currently known how the STATIC-99 came to be the preferred actuarial test for the DRC. In a meta-analysis of 95 sex offender recidivism studies, prepared by Public Safety and Emergency Preparedness Canada and published in 2004, it was reported that all actuarial risk scales used were far better predictors of sexual recidivism than unstructured clinical assessments. DRC's move toward a stable, research-based risk assessment model is thus positive and encouraged.

According to the study, the average predictive accuracy of all individual risk scales ranged from moderate to high. According to ODRC staff, the STATIC-99 is considered to be the "gold standard in the field." It was further relayed that as all risk assessments, the STATIC-99 has its weaknesses, but it is reportedly considered to be on the upper end of predictive capability. Currently, as the STATIC-99 is not an accurate predictor for females, the Minnesota Sex Offender Assessment Tool is used for women. However, there is no data available regarding the differences in accuracy for Ohio offenders, or why the Minnesota test is not used for all offenders. According to ODRC staff, the Minnesota Sex Offender Assessment Tool is not used to produce a risk level, but to serve as a framework for organizing information and data on female sex offenders.

In fact, the study notes that there was significant variability in the predictive accuracy of the STATIC-99 across studies, which could not be attributed to any single exceptional study. Specific reasons were not given for the variability in the test. Considering the heavy weight that is given to the risk assessment determined by STATIC-99, including whether or not the inmate is even provided treatment within the institution, an intra-Departmental study should be conducted to determine the accuracy of the STATIC-99 in predicting sexual recidivism.

## **B. RISK LEVELS**

Coding on the STATIC-99 is based on a scoring system on a scale of zero to 12<sup>2</sup>. The scores are grouped together with corresponding risk categories that label the level of risk the offender poses to re-offend upon release. Research has shown that the higher the

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<sup>2</sup> A replication of the STATIC-99 scoring sheet may be found under **Appendix B**

offender scores on the STATIC-99, the more the offender poses a potential risk to re-offend.

**Table 10. STATIC-99 Risk Score and Label for Risk Category**

<b>Risk Score</b>	<b>Label for Risk Category</b>
0-1	Low
2-3	Moderate-Low
4-5	Moderate-High
6 plus	High

It is extremely important to recognize that certain factors may influence the Risk Level beyond the initial evaluation and/or the static variables. The STATIC-99 manual states that institutional conduct reports for sexual misbehaviors that would likely result in a charge were the offender not already in custody would count as charges on the STATIC-99 scoring sheet. However, extreme caution in judgment is needed on the part of the evaluator. For example, as stated in the manual:

In a prison environment it is important to distinguish between targeted activity and non-targeted activity. Institutional disciplinary reports that result from an offender who specifically chooses a female officer and masturbates in front of her, where she is the obvious and intended target of the act, would count as a “charge” and hence, could stand as an Index offense. The alternative situation is where an offender who is masturbating in his cell is discovered by a female officer and she is not an obvious and intended target. In some jurisdictions, this would lead to a Disciplinary Report...[but does] not count as a “charge” and could not stand as an Index offense.

This factor is crucial to the use and evaluation of the STATIC-99 assessment because it implies that numerous offenders within the corrections system could exist who, due to their actions within the institution, should be assigned higher Risk Levels. As the differences in the consequences of being labeled a Low Risk versus a High Risk offender are quite substantial, staff must be vigilant in documenting sexual misconduct. A DRC inmate writes regarding masturbation in front of female officers,

It's a game to these inmates. Some women will let you keep doing it by standing there watching. Some will just keep walking by...Inmates take showers while the women [officers] sit there watching. The men would come out of the shower stall and stand there, jacking off. I asked [an officer] don't it bother her. She said, "Boys will be boys."

The potential discrepancy between an erroneous Risk Level assessment and later re-offense behavior may also skew the findings of any evaluation performed on the accuracy of the STATIC-99.



There have been at least two studies conducted within the ODRC to determine the approximate number of inmates categorized as sex offenders, and their assigned categories. A breakdown of all sex offenders per risk category is currently being developed by ODRC. Prior to the development of SORRC, the risk assessment tool was not used. The Sex Offender Risk Reduction Task Force reported a study of 430 randomly sampled incarcerated sex offenders that showed 59.5% were determined to fall within the Low to Moderate-Low risk to re-offend category. The remaining 40.5% of the incarcerated sex offenders were identified as Moderate-High to High Risk to re-offend. According to the report, these offenders are eligible, based on meeting the criteria, to participate in the ODRC sex offender treatment programs.

A study of another group of 2,200-2,300 incarcerated sex offenders had also been conducted by the ODRC, the findings of which were presented in the Sex Offender Risk Reduction Task Force Report. This study tracked the inmates from their movement from SORCC to their parent institutions over a time period of 21 months, and revealed that 43% fell into the Moderate-High to High-risk categories. Of those inmates tracked in the study, 218 sex offenders were transferred to Belmont Correctional Institution, and 247 sex offenders were transferred to the Richland Correctional Institution. Of the 218 transferred to BeCI, 87 or 40% were categorized as High Risk. Of the 247 sex offenders transferred to RiCI, 120 or 49% were categorized as High Risk. Neither of these institutions have a sex offender program. However, per the implementation of the new standardized sex offender treatment programs, both the Comprehensive and Denier's programs will be established at these two facilities.

### **C. RECIDIVISM BY RISK LEVEL**

The STATIC-99 Coding Rules manual provides information regarding the recidivism risk estimates for both sexual and violent recidivism. The following tables, STATIC-99 Sexual Recidivism Percentages by Risk Level and STATIC-99 Violent Recidivism Percentages by Risk Level predict the percentage of released sex offenders who will recidivate over 5, 10, or 15 years.

As stated in the Coding Rules manual, the recidivism estimates provided by the STATIC-99 are group estimates based upon reconvictions and were derived from groups of individuals with these characteristics. As such, these estimates do not directly correspond to the recidivism risk of an individual offender. The offender's risk may be higher or lower than the probabilities estimated in the STATIC-99 depending on other risk factors not measured by this instrument.

The following data is based on a total sample size of 1,086 sex offenders. The Tables state the number of offenders, out of the total sample size, who were assessed a STATIC-99 Risk Level and the corresponding percentage who were reconvicted of a sexual offense. For example, if an offender scored a "4" on the STATIC-99 we would read across the table and find that this estimate is based upon a sample size of 190 offenders, which comprised 18% of the original sample. Reading further, an offender with a score of "4" on the STATIC-99 is estimated as having a 26% chance of sexual reconviction in

the first 5 years of liberty, a 31% chance of sexual reconviction over 10 years, and a 36% chance of sexual reconviction over 15 years.

**Table 11. STATIC-99 Sexual Recidivism Percentages by Risk Level**

STATIC-99	Sample size	Sexual recidivism		
		5 years	10 years	15 years
<b>0</b>	107 (10%)	.05	.11	.13
<b>1</b>	150 (14%)	.06	.07	.07
<b>2</b>	204 (19%)	.09	.13	.16
<b>3</b>	206 (19%)	.12	.14	.19
<b>4</b>	190 (18%)	.26	.31	.36
<b>5</b>	100 (9%)	.33	.38	.40
<b>6+</b>	129 (12%)	.39	.45	.52
<b>Average</b>				
<b>3.2</b>	<b>1086 (100%)</b>	<b>.18</b>	<b>.22</b>	<b>.26</b>

**Table 12. STATIC-99 Violent Recidivism Percentages by Risk Level**

STATIC-99	Sample size	Violent recidivism		
		5 years	10 years	15 years
<b>0</b>	107 (10%)	.06	.12	.15
<b>1</b>	150 (14%)	.11	.17	.18
<b>2</b>	204 (19%)	.17	.25	.30
<b>3</b>	206 (19%)	.22	.27	.34
<b>4</b>	190 (18%)	.36	.44	.52
<b>5</b>	100 (9%)	.42	.48	.52
<b>6+</b>	129 (12%)	.44	.51	.59
<b>Average</b>				
<b>3.2</b>	<b>1086 (100%)</b>	<b>.25</b>	<b>.32</b>	<b>.37</b>

According to the Coding Rules manual, there were insufficient cases to provide reliable estimates for offenders with higher scores than 6 and, thus, insufficient evidence to conclude that offenders with scores greater than 6 are higher risk to re-offend than those who have a score of 6. However, as an offender's score increases, there is increased confidence that he is indeed a member of the high-risk group.

#### **D. ASSESSMENT TOOL: MINNESOTA SEX OFFENDER SCREENING TOOL-REVISED**

The sex offender risk assessment tool for women in the Ohio corrections system, the Minnesota Sex Offender Screening Tool (MnSOST-R), was developed to specifically predict sexual recidivism. However, according to ODRC staff, it is not used to produce a risk level, but rather to serve as a framework for organizing information and data on female sex offenders. According to a paper published by Epperson, et. al, the developer of the MnSOST-R, the assessment tool is based on the following 16 variables:

- **Dynamic Variables**
  - Discipline history while incarcerated
  - Sex offender treatment history while incarcerated
  - Chemical dependency treatment history while incarcerated
  - Age at release
- **Criminality/Chronicity Variables**
  - Adolescent antisocial behavior
  - Number of sex offense convictions
  - Number of different age groups victimized
  - Length of sex offending history
- **Offense-Related Variables**
  - Use of threat or force to achieve compliance in any sex offense
  - Any victim 13 to 15 years of age and 5-year age difference
  - Any sex offense committed in a public place
  - Any victim who was a stranger to the offender
  - Any offense involving multiple sex acts in a single event contact
  - Any sex offense committed while on supervision
- **Unstable Lifestyle Variables**
  - Substance abuse
  - Unstable employment history

As there is a much smaller pool of female sex offenders within the Ohio corrections system, this tool is utilized far less frequently. However, accuracy is just as important. Unfortunately, several studies cast doubt on the accuracy of the MnSOST-R. According to one study:

The MnSOST-R failed to meet conventional levels of statistical significance in the prediction of serious and sexual recidivism...Scoring the MnSOST-R requires reading of extensive manual material, a relatively large amount of training of the coders, and a high degree of diligence among the coders...we found the MnSOST-R to be the most difficult of the actuarial measures to code...

This study found that the MnSOST-R had fewer advantages than the other four actuarial measures. First, it was not successful in predicting important recidivism outcomes. Second, it was difficult and more expensive to code and score. Finally, it did not allow for the assessment of intrafamilial child molesters. (Barbaree, Seto, Langton, and Peacock, 2001.)

Another study states:

To date, few replication studies have been conducted regarding the MnSOST-R...Follow-up studies with the MnSOST-R have found less robust findings [than the MnSOST-R developers]. Epperson and colleagues used only rapists and extrafamilial child molesters in the development of the test. In addition, the recidivism base rate reported in the Epperson, Kaul, et.al. (1999) study was considerably higher than what is typically found in sex offender samples, therefore possibly lessening the instrument's generalizability.

Unlike the other instruments included in the study, the MnSOST-R failed to reach significant levels of validity when the whole sample of offenders was considered...Even when the sample was confined to [a group similar to that upon which the tool was developed], the MnSOST-R failed to establish predictive validity in terms of sexual or violent recidivism. (Bartosh, Garby, Lewis, Gray, 2003.)

As with the STATIC-99, research needs to be conducted and presented demonstrating the MnSOST-R's accuracy with Ohio sex offenders.

## **V. SEX OFFENDER TREATMENT PROGRAMS AND TREATMENT ISSUES: WHAT CURRENTLY EXISTS IN OHIO PRISONS**

All offenders determined to be sex offenders based on their conviction participate in Basic Education while at the SORRC centers. After completing Basic Education, offenders labeled Low risk to re-offend are not offered further treatment. Offenders labeled Moderate-Low reportedly may be offered treatment at the discretion of the Clinical Director. Offenders labeled High or High-Moderate continue to Comprehensive Education, unless they refuse further treatment.

Comprehensive Sex Offender Programs and Denier's Programs (for inmates who deny their crimes) will be expanded to additional institutions pending the implementation of the new sex offender program policy.

Previously, ODRC hoped that it would have a Denier's Program in late spring 2005 at each institution where a comprehensive program exists. Staff training must be completed before any such programming is implemented, which is expected to occur in October or November 2005.

## A. SORRC BASIC SEX OFFENDER EDUCATION

According to SORRC program literature, Basic Education is described as follows:

Basic Education is a regimen of psycho-education for all inmates classified as sex offenders. It is an educational intervention designed to provide information to the offender on victim awareness, the dynamics of sexual assault, and deviant behavior cycles. **Twenty hours** of basic Sex Offender Education will be provided to all sex offenders being assessed at SORRC. Approximately 1,300 offenders per year will receive Sex Offender Education. The **major purpose** of sex offender services is to **ensure that all sex offenders committed to DR&C are confronted with the effects of their offenses on their victims.**

The education curriculum consists of developing an understanding of: the wrongfulness of sexual assault; victim awareness; compulsive or addictive behaviors; and, how systems of denial work. The SORRC seeks to decrease the risk of an offender to re-offend in an effort to enhance public safety, by encouraging the offender to take responsibility for their actions.

The twenty hours of SORRC Basic Education are divided into ten classes involving the following topics:

- Introduction and Pre-Test
- HIV/STDs
- Changing the Way You Think
- Thinking Errors
- Sexual Assault Awareness
- Child Sexual Abuse
- Behavior Chains/Cycles
- Introduction to Treatment
- Community Supervision
- Post-Test

The class facilitator is given a binder with the lectures written verbatim, as well as specific instructions to the facilitator, including when to pause and what questions to ask the class. Class lectures include: statistical information, basic explanations of psychological theories, opportunities for class discussion, group work, and videos. The main portion of the program as it relates to understanding offense behavior and making an individual, positive change is included in the following classes:

- **Changing The Way You Think** introduces the "Stages of Change Model." The Stages of Change Model states that there are four stages in any change:
  - **Pre-contemplation Stage**, or the stage before an offender realizes or admits that he has a problem;
  - **Contemplation Stage**, or the point at which an offender realizes that he has a problem, but has not yet committed to change;
  - **Action Stage**, wherein the offender sets goals and takes action to begin change; and
  - **Maintenance Stage**, in which the change has happened and now needs to be maintained in daily living.
  
- **Thinking Errors** are ways or patterns of thinking that determine what a person will do. Thinking Errors are based on **Power** and **Control**, which are the basic building blocks of criminal and sexually abusive behavior. The eight Thinking Errors are:
  - **Pride;**
  - **Fear of a putdown;**
  - **Anger;**
  - **Victim stance thinking;**
  - **Ownership thinking**
  - **Failure to put oneself in another's position**
  - **Failure to consider injury to others**
  - **I CAN'T**

The class also instructs how to maintain an "open channel of communication," including disclosure, receptivity, and self-criticism, as well as how to effectively deal with the Thinking Errors.

- **Sexual Assault Awareness** covers all aspects of sexual assaults, including:
  - **Offender characteristics**, such as denial, secrecy, blaming, and manipulation;
  - **Definitions of sexual assault and sexual conduct offenses;**
  - An in-depth **examination of rape, coercion, and consent**, including the Six Point Redefinition of Rape and marital rape; and,
  - **Precipitating factors**, such as alcohol, drugs, and violent pornography.
  
- **Child Sexual Abuse** provides general information regarding child sexual abuse, including different types of sexual abuse toward children and the methodology of a child molester, which includes:
  - **Setup**, or the pattern of all behaviors that the child molester uses to create opportunities to molest children; and
  - **Grooming behaviors**, which make the victim less likely to resist or to make others unaware of what he is doing.

The class also addresses sex offenses on the Internet.

- **Destructive Behavior Cycles** requires an offender to examine the behavior patterns that lead to sex offenses. The behavior cycle is composed of the following chain:
  - Perception → Feelings → Thought → Behavior

The Basic Education class, outlined above, is the only exposure that offenders labeled Low and the majority of offenders labeled Moderate-Low have to “treatment.” The class requires only that the offender sit through it, not that he or she passes the Post-Test (see Appendix C). If the offender is motivated to change his or her own behavior, the class has useful data and some thought-provoking topics.

However, as the class consists mostly of lectures and handouts and could conceivably be conducted by someone with no psychological experience, reportedly, an offender who is not motivated to change or who has no previous success in a classroom setting may feel alienated by the class and may leave the Basic Education unaffected.

Some studies have purported that intensive programming for low-risk offenders may do more harm than good. However, no current research available has shown that this class has decreased recidivism. A comprehensive evaluation of the Basic Education class and its effects on recidivism are needed, either to justify it or to provide impetus for improvement.

## **B. COMPREHENSIVE TREATMENT PROGRAMMING AVAILABILITY**

Comprehensive Programming is for inmates assigned a risk level of Moderate-High, High risk to re-offend, and Low-Moderate as designated by the SORRC Program Director. Comprehensive Programs and Denier’s Programs (for inmates who deny their crimes) are or will be provided at the following institutions pending the implementation of the new sex offender program policy:

Chillicothe Correctional Institution	Lebanon Correctional Institution
North Central Correctional Institution	Madison Correctional Institution
Hocking Correctional Facility*	Richland Correctional Institution
Belmont Correctional Institution	Ohio Reformatory for Women

\*In follow-up communication from ODRC staff, it was relayed that under the new draft policy, ODRC does **not** have a sex offender program at Hocking Correctional Facility.

Specialized sex offender programming is provided for sex offenders with mental retardation at the Sugar Creek Developmental Center at the Allen Correctional Institution and geriatric sex offenders at the Hocking Correctional Facility. The Sugar Creek Developmental Center is in the process of being revamped with the direction and assistance of the Department of MRDD. Comparable specialized sex offender programming is provided for female sex offenders at the Ohio Reformatory for Women

The standard length of comprehensive programming is 18 to 24 months. Reportedly, the programs had a total capacity to treat 525 sex offenders at a time. The current number of

sex offenders enrolled, as of January 2005, was 450. The number of enrollees was not at capacity due to terminations from the programs and the restructuring of the programs. Waiting lists exist for entrance into the programs, i.e. North Central Correctional Institution had a waiting list of approximately 75 to 80 inmates. Reportedly, the average time to wait to enter a program is 12 to 18 months, due to the “class” format that is used in the programming. A class completes the segment of programming, and no one is added, even if inmates are terminated from the class. DRC plans to reduce the waiting time to enter a program by modifying the “class” format and integrating the processing of inmates needing Comprehensive Programming with the Department’s Reentry Management Process. No research is available regarding how this will affect treatment, or whether the addition of new inmates to a group may decrease the group members’ openness to treatment.

According to a recent seminar designed to instruct law enforcement and correctional professionals on the recent changes in Ohio’s sex offender programming, Ohio had 9,297 sex offenders in its institutions as of August 31, 2004. Of that number, reportedly 43% were assessed as High Risk to sexually re-offend, or 3998 inmates. Creating a best-case scenario for the DRC by using only the High Risk offenders (excluding the Moderate-High or Moderate-Low offenders who are also eligible for treatment), at maximum program capacity (525 inmates) for the minimum length of time (18 months), it would take approximately 137 months, or 11 ½ years, for those inmates currently within Ohio’s institutions to complete treatment.

According to a study published in the Ohio Corrections Research Compendium of 2004, the median expected length of stay for all offenders of sex-related crime entering the system during the study period was only 710 days (1.9 years). Those convicted of rape, the majority of whom could be expected to fall within the High Risk category, had a median expected length of stay that was the longest, six years (Shoaf 189).

Thus, it may be concluded that the majority of Ohio’s sex offenders within its institutions will not have 11 years to wait for a program to become available. The total inmate capacity of the sex offender treatment programs needs to be increased.

### **C. COMPREHENSIVE SEX OFFENDER PROGRAMMING**

Comprehensive Programming addresses all sex offender treatment goals and objectives, is long-term, and focuses on relapse prevention strategies. According to the Department’s policy, relapse prevention is a self-management model that equips sex offenders with coping strategies and interventions to stop and manage the internal process of personality functions, which lead to a sex offense. ODRC operates sex offender programs based on the premise that effective programming can reduce the risk of sexual re-offending when incarcerated sex offenders are released into the community. The Department’s programming philosophy views sexual offending as a behavioral disorder that cannot be “cured”. The programming is victim centered, and operates on the premise that sex offenders can choose to commit sexually aggressive acts or can choose to manage their thoughts, fantasies, and behaviors to the point that they do not commit more sex offenses.



The Comprehensive Program syllabus was not provided to CIIC staff, nor was research data regarding the effectiveness of the above program in reducing sex offender recidivism. ODRC staff have indicated that the finalized program manuals for the Deniers and Comprehensive Programs will be made available to CIIC staff. Based on available information, the following issues of concern have been identified:

- **Lack of psychological treatment.** The Comprehensive Program has no psychological treatment component. ODRC staff have relayed that the Comprehensive Program is nothing like Basic Education, and that the Comprehensive Program is a cognitive-behavioral program.
- **Lack of addressing precipitating factors that increase an offender's risk to re-offend, such as substance abuse.** According to one study, "research has demonstrated that substance abuse is one of the most salient issues associated with sexual offending...sexual offenders evidenced a distinct pattern of substance abuse in comparison to violent nonsexual offenders." (Abracen, et. al., 2004.) In addition, the ODRC profile of Ohio sex offenders identified substance abuse as a correlating factor to sexual offending. A sex offender's ability to utilize skills learned through programming to cognitively recognize, evaluate, and resist his own sexual proclivities may be significantly impaired if he is habitually under the influence once released to general society.
- **Lack of aftercare aspect.** Reportedly, once an offender has completed treatment, no follow-up treatment is provided within the institution.

#### **D. DENIER'S PROGRAM**

According to information provided to CIIC, the program agenda for the Denier's Program consists of the following:

- Orientation and Pre-Test;
- Introduction to Victim Empathy;
- Understanding Empathy;
- Effects of Sexual Victimization;
- Domestic Violence and Its Victims;
- Violence and Its Effect on the Community;
- Cognitive Distortions that Support Sexual Assault;
- Levels of Denial of Responsibility;
- Myths and Realities About Rape;
- Understanding Male Rape;
- Sexual Abuse Victims and Re-victimization;
- Long-Term Effects of Child Sexual Abuse;
- Hate Crimes and Sexual Assault;
- Pornography and Sexual Deviance;
- Sex Offender Risk Management;

- Sex Offender Risk Management Plan; and
- Stages of Change.

In follow-up communication with ODRC staff, it was relayed that the above list of topics has changed. The specific changes are not known at this writing.

Previously, there was no mandatory requirement for sexual offenders to participate in sex offender programs, and therefore there were no sanctions applied to offenders who refused to participate in programming. At most, the offenders would repeatedly be issued continuances by the Parole Board for failure to avail themselves of programming that addressed their offense behavior.

According to information provided by ODRC staff, with the implementation of the new program curriculum, a disciplinary policy that existed previously to deal with inmates who refused to participate in an alcohol and drug Intensive Outpatient Program at the North Coast Correctional Treatment Facility, will be applied to sex offender programs. In follow-up communication with ODRC staff, it was relayed that they are still meeting on how to deal with sanctions for inmates refusing the Deniers Program. Although they started with the procedure from the North Coast Correctional Treatment Facility, they are revising the procedure.

DRC policy 52-RCP-09, North Coast Correctional Treatment Facility Admission Policy, states that those inmates who refuse to participate in the IOP shall be dealt with through the inmate disciplinary process for failure to accept their program assignment, as follows:

- **First Offense** – The inmate may be issued a reprimand and be counseled on the requirement to complete programming, unless aggravating circumstances exist to warrant additional sanctions.
- **Second Offense** – The Rules Infraction Board may impose appropriate dispositions, to include disciplinary control placement.
- **Third Offense** – The Rules Infraction Board may impose appropriate dispositions; including referral to the reclassification committee for a security level review and request for an institutional transfer.

In regard to why inmates would not want to participate in the programs, it was reported that the most common reasons inmates have offered for refusal are that:

- They believe that they do not have a problem;
- They have pending appeals of the conviction for their offense; and
- Concern regarding additional legal sanctions that they may incur if they disclose unreported criminal activity in their autobiographical statement of their criminal history per the comprehensive treatment program requirements.

Reportedly, offenders' concerns regarding any further punitive legal sanctions can be addressed by the new Denier's Program, which allows the offenders to circumvent further prosecution with one exception.

According to DRC staff, the inmates do not have to admit to anything regarding past offenses in the Denier's Program. Per the requirements, to complete the Denier's Program, they must only attend the program sessions. At the conclusion of the Denier's Program, staff interviews the offender, and if the offender wants to admit to having a problem and take full responsibility for their actions, then they can participate in the comprehensive treatment programming. According to the Department, if in the offender's autobiographical statement, which is considered an ancillary item to the program, the offender reports a crime, they reportedly cannot be prosecuted for it because the staff are not requesting specific details about the crime.

The key element to the programming is to teach the offender relapse prevention strategies that identify and negate the impulses that lead to criminal behavior. Staff do not want to probe the offender for the specific details regarding any past offense behavior. However, the exception to this rule is if the offender reports child sexual abuse, then they are legally obligated to report the admission of the offender to the appropriate authorities. Considering that the majority of sex offenders are convicted of sexual misconduct with a person under the age of 18, it is possible that this "exception" will in fact affect the treatment program and inhibit inmates from admitting the full measure of their criminal activity.

The mandatory Sex Offender Denier's Program is for sex offenders who have been labeled High to Moderate-High risk to re-offend. It is a 17-week pretreatment program that meets once a week for 90 minutes that is designed to address denial and minimization, with victim empathy at its core. Offenders are reportedly taught Cognitive Distortions, the Sexual Abuse Cycle, and Relapse Prevention, with an emphasis on Risk Prevention.

According to the ODRC program literature, denial occurs in a continuum, where some offenders completely deny they committed the offense. The dimensions of denial include denial of the following:

- Intent and premeditation;
- Deviant arousal and fantasies;
- Frequency of the deviant acts;
- Intrusiveness of the offense behavior;
- Injury to the victims;
- Various types of grooming behavior.

Some offenders admit they committed the offenses, but minimize the harm to victims, the extent of previous offenses, and their individual responsibility for the offense.

The 2001 "Profile of ODRC Sex Offenders Assessed at the Sexual Offender Risk Reduction Center" measures offender denial at the time of the SORRC clinical evaluation. To clarify the categories used, the study notes that when an offender minimizes or blames the victim, he essentially denies part of the offense or that any wrongdoing took place. For example, many times a sex offender will say that he only touched the victim, when there may have been actual penetration, or the offender contends that the victim "came on" to him or "asked for it." As determined by the study in regard to the cohort of sex offenders analyzed, **61 percent of the child molesters, 71 percent of the teen molesters, 73 percent of the rapists, and 82 percent of the offenders with multiple age victims denied or minimized their role in the most recent sex offense.**

**Table 13. Denial of Most Recent Sex Offense by Offender Type.**

	Child Molesters		Teen Molesters		Rapists		Multiple Age Victims		Total	
	N	%	N	%	N	%	N	%	N	%
Offender Denial										
No denial/ admits crime	73	39	27	30	22	27	7	18	129	33
Minimizes/ blames victim	55	30	48	53	40	48	15	40	158	40
Denies guilt	58	31	15	17	21	25	16	42	110	28

Currently, only the Chillicothe Correctional Institution operates a functioning Denier's Program. As noted above, Mandatory Denier's Programming reportedly will be established at the Lebanon Correctional Institution, Madison Correctional Institution, North Central Correctional Institution, Hocking Correctional Facility, Belmont Correctional Institution, Richland Correctional Institution, and the Ohio Reformatory for Women to correspond with comprehensive programming.

#### **E. PROGRAMS FOR HIGH SECURITY INMATES**

Sex offender programming in prison should be available to all sex offenders, regardless of their institutional assignment or security level. It is recommended that sex offender programs be expanded to ensure access of sex offenders at higher security populations. With the implementation of the new standardized programming, this should not be a difficult task to accomplish.

Currently there is only one facility that operates programs for inmates assigned to level three (close security) facilities. The program at the Lebanon Correctional Institution (LECI) consists of the standard Comprehensive Treatment Program, and a Denier's Program. It was reported as of January 2005, LECI had the fifth largest population of sex offenders in all of Ohio's prisons with 453 or 23 percent of the total LECI population. Reportedly, ODRC staff believe that they can process all sex offenders assigned to

security Level three through LeCI. This is reportedly based on a calculation of several factors including an inmate's risk level, and the length of time to release.

The Mansfield Correctional Institution ranked fourth in number of identified sex offenders with 547, or 23 percent of their population. Despite the lack of any type of programming at that facility, between January 1, 2003 and September 23, 2004, 140 sex offenders were transferred to MANCI from SORRC. Of that number, 84 inmates or 60 percent were classified as Moderate-High to High risk to re-offend.

There reportedly has never been an effort to establish sex offender programs at Ohio's only maximum-security institution. According to DRC staff, if an inmate who is presently incarcerated at the Southern Ohio Correctional Facility wants to receive programming, and requests it, then he will receive individual counseling on Relapse Prevention, and Fantasy Management. However, this reportedly does not happen frequently.

One SOCF staff person relayed that their goal is to teach the inmate by providing the tools needed to positively adjust to institutional life, and earn reduction in security to an institution where the needed programming can be provided. Reportedly, if an inmate is going to be released directly from SOCF into the community, during the reentry programming provided by the inmate's Case Manager, if there are indicators that such counseling is needed, then the institution's Unit Management Administrator will refer the inmate to the Mental Health Department and one of the Psychologists will provide the counseling. Reportedly, the inmate's Case Manager will also provide the inmate with resources that he can use in the community once released.

As noted in the CIIC Inspection and Evaluation Report of the SOCF, there were 189 sex offenders incarcerated at SOCF as of December 6, 2004. As of July 1, 2005, the number of sex offenders reportedly incarcerated at SOCF was 251, an increase of 32.8 percent. SOCF has never had a sex offender program for inmates convicted of sexually related offenses, or those who display sexually inappropriate behavior while housed in the facility. Experience has shown that inmates may be ticketed for sex offenses while in level three prisons and be increased to Level four security classification, resulting in a transfer to SOCF and a corresponding absence of sex offender treatment to those who appear to be most in need of it. Some inmates continue to receive conduct reports for sexually inappropriate behavior while at SOCF. Some inmates and staff have cited the behavior as a major issue.

Based on communication with SOCF staff, they are extremely receptive to implementation of the standardized sex offender programming format. ODRC is urged to promote the development of programming for sex offenders at SOCF. There is reason to believe that these inmates pose the greatest risk to the community. Just because the Parole Board will not parole inmates from SOCF, does not mean that inmates are not released from SOCF. Offenders who have served their maximum sentence or their definite sentence are in fact released from SOCF to the community.

## **F. OHIO REFORMATORY FOR WOMEN**

The Director of Sex Offender Services at the Ohio Reformatory for Women (ORW) shared the following information about their sex offender program. There are approximately 114 female sex offenders at ORW. These women are either primary perpetrator or codefendants in sexually related offenses, and their convictions range from Rape to Solicitation after HIV positive diagnosis.

The programming that is currently offered at ORW includes a Comprehensive Risk Assessment that gathers information regarding the following:

- Official account of instant sex offense;
- Inmate's account of the instant sex offense;
- Psychosexual history;
- Psychological testing to include cognitive behavioral testing;
- Behavioral observations to include a mental status examination;
- Clinical formulation that includes information on family history, marital/relationship history, educational and vocational history, occupational history, military history, health history, mental health history, substance abuse history, and legal history;
- Assessment of risk utilizing the Minnesota Sex Offender Screening Tool; and
- Summary of recommendations.

All participants must watch a Sex Offender Risk Management Video, which is a 90-minute video that provides incarcerated sex offenders with the opportunity to begin reflecting upon the long-standing detrimental effects of sexual abuse on victims. The video emphasizes that sex offenders have the responsibility to confront the harm that they have inflicted, and that sex offenders choose to commit sexual assaults. Further, the video emphasizes that offenders identify the on-going risk factors that maintain maladaptive behavior, other behaviors and situations that increase the potential risk to re-offend, and the identification of thoughts and feeling that increase risk. The video program ends providing sample strategies for offenders to manage risk to re-offend.

In addition to individual psychotherapy, comprehensive treatment programming exists at ORW. The comprehensive sex offender programming lasts for two years, wherein the offender must accept full responsibility for the crime, and must be three years from their parole hearing or prison release.

The program is divided into three phases:

- **Phase One** is psycho-educational and exposes offenders to basic information including the following:

Legal Definitions of Various Sexual Crimes	Myths Regarding Sexual Assault
Six Point Definition of Rape	What Is Sex
What Is Consent	What Is Coercion
How Rape Happens	Facts About Marital Rape
Domestic Violence	Childhood Sexual Abuse
Victim Empathy	Introduction to the Cognitive Model.

- **Phase Two** of the treatment program has the offenders disclose their crime, learn about their destructive behavior cycles, identify cognitive distortions, and explore how thinking, feeling, and acting become a behavior chain. Offenders also prepare an autobiographical statement and address the sex offense from their victim's perspective.
- **Phase Three** of the treatment program requires the offender to demonstrate what they have learned about themselves by developing a risk management plan.

## **G. SERIOUSLY MENTALLY ILL OFFENDERS**

According to information provided by ODRC, as of July 2005, there were 9,282 inmates classified as sex offenders in the custody of the Department, and of those, 1,689 were diagnosed as seriously mentally ill (SMI), comprising 18.2 percent of the sex offenders.

It was also reported that there were:

- **6 SMI offenders on Death Row,**
- **424 SMI offenders assigned to security level one;**
- **651 SMI offenders assigned to security level two;**
- **519 SMI offenders assigned to security level three;**
- **89 SMI offenders assigned to security level four; and**
- **No SMI sex offenders assigned to security level five.<sup>3</sup>**

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<sup>3</sup> Due to a Supreme Court ruling, no seriously mentally ill inmates may be housed at the Ohio State Penitentiary, the only Level 5 security facility in the state.

**Table 14. Number of Seriously Mentally Ill Offenders by Security Level as of July 2005**

	SECURITY LEVEL					
	Death Row	1	2	3	4	5
<b>SMI Offenders</b>	6	424	651	519	89	0
<b>TOTAL 1,689</b>						

**Classification/Security Level of Seriously Mentally Ill Offenders as of July 2005**

NUMBER	PERCENT
Level Two (Medium)	651
Level Three (Close)	519
Level One (Minimum)	424
Level Four (Maximum)	
Death Row	6
Level Five (High Max)	0
Total	1,689

Mentally ill sex offenders housed in Residential Treatment Units for extended lengths of time have a legitimate need to participate in some sort of sex offender programming in addition to their other mental health needs. The licensing and expertise of the RTU staff to treat the mentally ill more than qualifies them to facilitate the new treatment curriculum. However, some ODRC mental health staff reportedly do not want involvement in sex offender treatment programs.

**H. STAFFING LEVELS AND CREDENTIALING**

Staffing is the most integral piece to ensuring that the new sex offender treatment programming is effective. There are reportedly 25 staff slotted to operate the programs, and they are drawn from a variety of mental health disciplines. The programs at the Madison Correctional Institution, and the Ohio Reformatory for Women will be supervised under the direction of one licensed Psychologist each. The programs at the Richland Correctional Institution, North Central Correctional Institution, Chillicothe Correctional Institution, and Lebanon Correctional Institution will be supervised and directed by Human Services Administrators, who are considered experts in the field of sex offenders due to their combination of significant work experience, subject knowledge, and capacity to manage human services programs. The remaining staff will



be comprised of Licensed Social Workers, Psychology Assistants, and one clerical position at the SORRC program.

The staff-training curriculum is reportedly still being developed. Training for the staff was scheduled to occur over three and a half days near the end of November 2005. No further information was available on the curriculum, or the training program for staff.

There are a limited number of Psychologists supervising these programs, reportedly because more Psychologists would not necessarily enhance the program. According to the Department, sex offending is not technically a mental health issue, and the conventional mental health approaches to treating sex offenders reportedly do not work well with regard to treating sex offenders. The principal goal that the Department hopes to achieve with the program is getting the offender to focus on wanting to change, accountability for their behavior, and therefore teaching the offender to change their thought process. Reportedly this does not require a licensed Psychologist, and can be done with Social Workers, and Psychology Assistants.

It was also reported that there are a limited number of professionally trained Psychologists available who want to work in this particular field. It was also relayed that it is somewhat difficult to recruit Psychologists who agree with and will use the treatment model developed by the Department.

## **VI. FINDINGS OF ODRC SEX OFFENDER RISK REDUCTION REENTRY TASK FORCE**

The ODRC Sex Offender Risk Reduction Reentry Task Force was established in response to issues identified by executive staff that reportedly “could pose serious concerns for the Department.” According to the Task Force Report, the following recommendations were made regarding important areas of concern for the Department including:

- Sex offender registration
- Need to expand institution-based sex offender programming
- Housing for sex offenders
- Reentry of sex offenders into the community

The following 15 Task Force recommendations were developed to address five critical areas regarded as the most important in the management and treatment of sex offenders:

1. Institution-based programs
2. Community management and supervision
3. Transfer and sharing of information
4. Community management
5. Continuing training and education.

**Recommendation 1: A standardized statewide sex offender program curriculum should be developed and implemented for use by all DRC sex offender programs.**

The curriculum should ensure that all programs are providing the same information and utilizing the same interventions. The curriculum should incorporate the principles that drive effective correctional programming in targeting criminogenic needs. This curriculum should also incorporate specialized programming for sex offenders in denial.

According to the Task Force report, the major goals of the programs are to help offenders:

- Accept responsibility for sexual offending;
- Correct/change distorted thinking patterns;
- Develop and maintain victim empathy;
- Manage and control deviant sexual urges; and
- Develop/internalize risk management strategies and skills.

No information on the basis of or research regarding the development of the curriculum program was provided. No indication is made that post-programming or aftercare opportunities for ongoing treatment and reinforcement will be provided to an inmate who has completed the program, but who has not yet been released to society. In addition, the "standardized" aspect of the program does not appear to allow for differentiation among sex offenders, who may require different forms of treatment. According to an ODRC report on Sex Offenders Assessed at SORRC published in 2001, "programming strategies for child molesters should be different than those used with rapists."

**Recommendation 2: A Sex Offender Program Quality Assurance Standard Operating Procedure should be developed and implemented to monitor compliance with the standardized curriculum and the Sex Offender Services policy, 67-MNH-12.**

The Task Force report states that a Mental Health Standard Operating Procedure for quality assurance should be written and approved. The procedure should include the following activities:

- Monitoring and Evaluation;
- Record Review;
- Credentialing;
- Peer Review; and
- Utilization Review.

**Recommendation 3: Institution-based Sex Offender Program staffing allocations should be reviewed and assessed to ensure appropriate levels of staffing for Deniers and Comprehensive Programs.**

The Task Force report states that the review of staffing allocations should address the following issues:

- The addition of the Deniers Program;
- The consistent allocation of staff, based on a staff to program participant ratio of one staff to twenty-five program participants;
- The start-up of another sex offender program in the Northern Region.

The Task Force also states that any changes in staffing allocations, including the start-up of a new program, must be made within the existing sex offender program staffing level. No consideration is reported regarding how to ensure appropriate staffing allocations, given the addition of potentially two new programs and a drastically rising number of sex offenders within the state. According to the same report, ODRC experienced a 27.5 percent increase in the total number of sex offenders incarcerated within one year. Although sex offenders remain a small percentage of the overall inmate population, the number of staff persons would have to substantially rise each year in order to maintain current staffing levels.

In addition, no information is provided in the report regarding who or what determines the definition of an "appropriate" staffing level. No research is provided regarding the current staff-to-inmate ratio or the effect that a higher or lower ratio would have upon treatment success.

**Recommendation 4:** All appropriate policies related to sex offender services should be reviewed and revised, whenever necessary, to ensure continuity of service delivery. There should be continuity between Bureau of Mental Health policies and Division of Parole and Community Services policies addressing sex offender programming and management.

The Task Force states that Policy 67-MNH-12, Sex Offender Services, should be reviewed and revised to incorporate the new statewide curriculum and procedures to standardize the implementation of sex offender programs statewide.

**Recommendation 5:** Programs and services provided by community-based providers working with offenders under supervision should utilize the standardized sex offender curriculum as guidelines for service delivery. There should be continuity between institution-based and community-based sex offender programs.

The Task Force states that an inconsistency factor exists between the institutional treatment programs. At the time, there was no standard curriculum for the six institutions in which sex offender treatment is conducted. Reportedly, the community providers were noticing a difference between offenders who had attended one program and offenders who had attended a different program.

Further, each institutional treatment program should follow a standardized curriculum that focuses on risk management. Similarly, the Task Force implies a desire to ensure that the community treatment is also focused on risk management. The Task Force states,

Not only will this encourage community treatment providers to offer a curriculum essentially equivalent to the institutional programs, but it will also make community providers aware of the standard curriculum offered in the prisons.

However, the Task Force makes no mention of whether "risk management" is an effective way to deal with sex offenders, nor is any research provided to support the idea that the institution curriculum is of such a high standard that it should be employed by all correctional entities, including post-release. In addition, the Task Force report does not speak to the differences between the institutional programs, nor to whether one program could be identified as superior. If one program has been shown to be successful with Ohio sex offenders, it would be beneficial to study the reasons for the program's success and to build upon it. However, no further information is provided and it appears that all previous programming will be dropped in favor of the new programming.

**Recommendation 6:** The role and job description of the Adult Parole Authority Sex Offender Specialist (SOS) should be reviewed and consistently defined. There should be continuity between institution-based, community-based and APA service delivery; in order for this to occur all SOS's should be delivering services in consistent manner throughout the state.

The Task Force report states that there has been inconsistency throughout the regions in the delivery of sex offender services in the community. To address this issue, the role of the Sex Offender Specialist should be well defined and consistently implemented throughout the state.

**Recommendation 7:** The APA Sex Offender Treatment Grid should be reviewed to ensure high-risk sex offenders are prioritized for sex offender services in the community.

The Task Force report states that the APA Sex Offender Specialists in conjunction with selected institutional sex offender treatment providers created the Sex Offender Treatment Grid. The goal of the grid was to more uniformly refer sex offenders to treatment and to best utilize ancillary funds for the most appropriate offenders based upon the STATIC-99 risk score and the type of sex offense committed.

**Recommendation 8:** Guidelines should be developed for the utilization of polygraphs with sex offenders.

The Task Force report states that the polygraph is being utilized inconsistently throughout the state. The use of polygraphs is based upon the requirements of individual treatment providers. Some treatment providers use the polygraph to help break down denial or to monitor compliance with treatment and conditions of supervision. The polygraph, given its current role in sex offender management, is considered a "treatment tool."

The extent of the use of the polygraph, particularly within the context of supervision, needs to be examined with a critical eye. Without examining this aspect of the program

in depth, a basic search for research revealed multiple studies that raise questions regarding the accuracy of the polygraph. In general, the accuracy appears to be high; thus, using the polygraph as one of many tools is regarded as entirely appropriate. However, some states are proposing to use a failed polygraph test as sufficient reason to revoke an ex-offender's parole. In this case, questions raised regarding the test's accuracy become problematic.

**Recommendation 9:** There should be an assessment of the current utilization of state-of-the-art supervision technologies and practices, e.g., Global Positioning Satellite (GPS), electronic monitoring. Statewide protocols should be developed to ensure that these technologies are utilized with high-risk offenders.

The Task Force report states that Global Positioning Satellite (GPS) monitoring is available in some areas of the state for use by APA Officers. This technology is not currently used on a consistent basis. Reportedly, some areas/officers use all of the GPS units available to them, while other areas/officers rarely utilize this technology.

Electronic monitoring is also being utilized in some parts of the state. This tool allows the parole officer to know if/when an offender is in his home (to assist in curfew checks) or the officer can drive by a particular place to determine if the offender is inside.

According to the Task Force, the utilization of advanced technologies in the management of sex offenders should be part of a comprehensive approach to supervision. Guidelines should be developed that ensure they are used with high-risk sex offenders, who present the greatest danger to the public's safety.

Am. Sub. House Bill 66 of the 126<sup>th</sup> General Assembly, effective June 30, 2005, requires the Adult Parole Authority to monitor sexually violent predators who have been released from prison with an active global positioning system device for the offender's entire life, unless the court removes the sexually violent predator classification. The bill requires the Director of Budget and Management to transfer \$100,000 from the Reparations Fund to the Sex Offender Supervision Fund at the beginning of fiscal year 2005, and an additional \$75,000 at the beginning of fiscal year 2006. The total of \$175,000 is due to the approximately 79 sexually violent predators in the state of Ohio, though not all are expected to be released within the biennium. Thus, it seems reasonable to desire not only an assessment of the utilization of the state-of-the-art technologies but also an assessment of the effectiveness of the technologies in the supervision in relation to the costs incurred.

**Recommendation 10:** A utilization review of halfway house resources should be conducted. Guidelines for placement in halfway houses should ensure that only high-risk offenders are placed.

According to the Task Force report, **only 133 halfway house beds are available to the over 5,700 sex offenders currently under APA supervision.** The Task Force uses this data to emphasize that appropriate placement in these beds is necessary and that halfway

house placement should be reserved for the highest risk and highest needs offenders. The Task Force states that:

Unfortunately, sometimes low risk and/or previously treated sex offenders are being placed in these facilities due to placement/housing issues. Offenders may not have family members who are willing to house them or they do not have a placement that is appropriate (i.e., children in the home or home within 1,000 feet of a school). Other offenders may have been in prison for a number of years and have no family members living.

However, the Task Force report does not do enough to emphasize its final statement that **additional sex offender specific halfway house beds should be added to accommodate the increase in sex offenders under community supervision.** The fact that a sex offender is "low risk" or "previously treated" means, respectively, that the offender **is** a risk or does not preclude him from being one. If an offender is released from prison with little more than the \$75 ODRC provides upon release, and is included in the above description of having no family members living or willing to house him, his tendency toward being "low risk" will only be helped through the assistance of halfway house placement. Conversely, the offender's likelihood to re-offend will only increase if he is shunted to a homeless shelter with little in the way of support.

**Recommendation 11: Additional independent housing contracts should be developed.**

The Task Force report states that over the last year, the Bureau of Community Sanctions has increased their independent housing contracts to add additional sex offender beds at the following locations:

Mason Ministries (Cleveland)	14
Beulah's House	14
Build the Bridge (Columbus)	6
Cincinnati VOA	15

The Task Force also reports that there are other independent housing contracts that will accept sex offenders throughout the state; however, there are none that are exclusively designated for sex offenders. Independent housing is designated for use for low risk/low needs sex offenders with non-community notification.

According to the report, the Adult Parole Authority does not specifically count homeless sex offenders. However, as of 9/30/04, **there were 169 offenders living in homeless shelters, and it is presumed that many of these would be sex offenders.** Without a doubt, treatment provided post-release will be enhanced by a more secure and stable environment than a homeless shelter.

**The director of an urban halfway house recently relayed her concern that the majority of halfway houses and homeless shelters are located in extremely poor,**

**crime-ridden areas that place the released offender in the worst possible position to make a true effort to "go straight."** According to a 2003 publication of the Urban Institute, 62% of inmates released in Ohio in 2001 returned to an urban area located in Cuyahoga, Franklin, Hamilton, Lucas, Summit, Montgomery, or Lorain County. 22% of the inmates released returned specifically to Cuyahoga County. Using Cuyahoga County as indicative of the other six urban areas, **the majority of the inmates returned to the five most economically-depressed areas within the county.**

Sex offenders bear a tougher burden than most other released inmates, as legislative action has increasingly restricted the areas in which they may live. **A DRC Warden recommended that sex offenders be separated not only into different risk levels, but also into different categories.** A community may be more accepting of certain offenses rather than others, irrelative to potential risk of re-offense.

**Recommendation 12:** Regional Administrators and Regional Service Coordinators should work with landlord associations, realtor associations, coalitions for the homeless, and sexual assault coalitions to **expand housing options at the local level.**

**The Task Force report states that the housing and placement issue is so profound that the Department must develop partnerships in the community in its efforts to address the problems in placing sex offenders when released from prison. This issue is being experienced by states throughout the country. Innovative approaches are required to make inroads into this problem. The Department must reach out to entities and organizations in the community in the same manner that it reaches out in the development of Citizens Circles.**

**Recommendation 13:** A **training curriculum** should be developed for the implementation of the standardized curriculum and to **ensure that all staff working with sex offenders in institutions and the community are knowledgeable about all policies and procedure pertaining to sex offenders.**

The Task Force report states that personnel throughout the Department who are involved in the provision of services to sex offenders will be provided comprehensive training in the standardized statewide curriculum and any revised policies and procedures that impact sex offender services. Reportedly, an initial training regimen will be provided to ensure that staff have a consistent understanding of policy, practice, and programming. Ongoing training will be provided to maintain consistency in implementation.

**According to DRC staff, the personnel who provide the sex offender services are not required to be mental health professionals.** In conjunction with the above education on the policies and procedures, it is hoped that training and information regarding the mental health needs of the sex offenders are provided to any staff involved in sex offender programming.

**Recommendation 14:** Educational presentations, brochures and videotapes should be developed for **training and outreach with extra-departmental audiences, e.g.,**

placement partners, the faith community, legislators, county commissioners, crime victims, the media, schools, law enforcement, and the judiciary.

The Task Force report states that efforts must be made to educate and inform the community about sex offenders. Entities in the community are not necessarily aware of the issues that arise as sex offenders are released into their communities. According to the Task Force, legislators and local government officials need to have a better understanding of what the real issues are with sex offenders. The Task Force recommends a document—"Myths and Realities About Sex Offenders"—produced by the Center for Sex Offender Management, which it believes would be important to share with decision-makers.

In light of the increasing excommunication of sexual offenders from communities, it is particularly important that DRC emphasize that **repeated studies show that most sexual offenders do not re-offend sexually over time**. According to a Canadian meta-analysis—"Sex Offender Recidivism: A Simple Question"—which compiled the data of ten follow-up studies of adult male sexual offenders, **73% of sexual offenders had not been charged with, or convicted of, another sexual offense after 15 years**. As stated by the study, this may be the most important finding as it is **contrary to some strongly held beliefs**. The meta-analysis stated that a recent U.S. study of 9,691 sex offenders found that the sexual recidivism rate was only **5.3%** after three years. **Such data may increase the public's willingness to accept sex offenders back into its communities**.

**Recommendation 15:** Funding sources should be sought to develop **an electronic file for the transfer of information on sex offenders** that would be accessible to institution-based staff, Division of Parole and Community Services personnel, and community-based treatment providers.

The Task Force report states that an electronic sex offender file would enhance sex offender management by ensuring that all relevant information is accessible to all entities involved in the supervision, management, and treatment of sex offenders from the institutions and into the community. An electronic file would be important in efficient and effective reentry planning.

As part of the Task Force's vision, the electronic file would, at a minimum, contain the following:

- Assessment from the Sex Offender Risk Reduction Center
- STATIC-99 Risk Form
- Institutional Treatment Summaries and Progress Notes
- Clinical Risk Assessment
- Relapse Prevention Plan
- Case Notes from Parole Field Staff
- Community Provider Treatment Summaries and Progress Notes.



In addition to the 15 recommendations, the Task Force also provides a number of long term goals in areas that it believes need ongoing development, including:

- Community placement and housing for sex offender;
- Utilization of technologies, such as the GPS; and
- Electronic sex offender files.

## **VII. ODRC IMPLEMENTATION OF SEXUAL ASSAULT MISCONDUCT POLICY**

ODRC has implemented a new policy to meet the standards of the Prison Rape Elimination Act of 2003. The policy 79-ISA-01, Inmate Sexual Assault and Misconduct, was made effective July 1, 2005. It is the first policy of its kind, and draws together the Department's resources to ensure that staff is properly trained to identify, report, and investigate instances of sexual assault. The policy also provides resources to educate inmates upon intake at the three reception centers, as well as when they are transferred to their parent institutions on issues regarding prevention, protection, reporting, treatment and counseling.

The new policy establishes guidelines for the investigation of sexual assaults, and or threats of sexual assaults. If the Investigator determines that a crime of sexual assault has occurred, the State Highway Patrol will handle the criminal investigation. If the investigation results in a Rules Infraction Board **conviction of attempted or completed sexual assault, the inmate will be considered for Disciplinary Control, and any or all of the following:**

- **Local Control,**
- **Security increase,**
- **Institutional separations,**
- **Restitution, and**
- **Sex Offender Basic Education Program.**

All offenders that are found guilty of sexual assault, or attempted sexual assault while incarcerated will have to complete Sex Offender Basic Education. After the offender has completed their period in Disciplinary Control, and if recommended Local Control, they are required to complete the Sex Offender Basic Education, and then are transferred to an institution appropriate to their increase in security classification. **Offenders increased to security level 4B or 5, will complete the Basic Education at an institution designated to house inmates assigned to those security levels. Any inmate that is not increased in security to level 4B or 5 will be transferred to the Madison Correctional Institution to complete SORRC.** The offender will not have the STATIC-99 administered to them upon the completion of SORRC, unless the offender received another commitment from an outside Court for the sexual misconduct.

However, it remains true that for a policy to be more than words on paper, people must put its directives to use. **In response to a question regarding the prevalence of inmate**

**rape within the institution, a DRC correctional officer responded, "You can't rape the willing."** Two other correctional officers concurred with this opinion. As correctional officers are the persons responsible for identifying and stopping inmate sexual assaults, the above attitude implies that a sexual assault never occurs, because the action is always consensual. **Another DRC staff person stated his belief that trading sex for protection (sex by coercion) was not a sexual assault.**

Under current DRC Administrative Rule 5120-9-06, Inmate Rules of Conduct, sexual relations of any sort—whether consensual or otherwise—are considered a violation of institutional rules. However, this has not stopped the sexual activity that takes place in prison. A DRC inmate in SOCF writes,

They have sex in these prisons. I know, this is max, you can't do anything in this place—wrong. **You can even have sex on the yard.** When I was in 4B going out to Rec, inmate J. had sex with his boy. [The inmate] has been here for years. Every CO and staff knows him...Anyway, you go out to Rec, they put you in a single man cell or cage. **Through the fence, you have sex...The Rec COs [said] they bust people once a week having sex out there.**

Sexual activity within the system **is not only a hindrance to rehabilitation and the treatment programs put in place, but it may also threaten the security of the institution.** A DRC inmate writes,

**When I first came into prison, first time and new, I was what they called, "Open Game," from booty bandits.** A bandit is one who preys on new inmates, turn them out. They favor young white boys—they are easy to turn gay. **You have to earn your respect by busting someone's head open, stab him, or kick his ass.**

The inmate recounts his experience of another inmate coming onto him three weeks after he arrived at CRC. Reportedly, when the other man made a move, the inmate used a homemade weapon of razors and a toothbrush to slash the other man's throat. **The threat of sexual activity can result in increased violence within the institution. Staff need to be vigilant in reporting all incidents of sexual activity. So long as attitudes such as quoted above by DRC staff are in place, the number of incidents reported will be far fewer than the actual number of occurrences.**

DRC policy 79-ISA-01 also refers to **sanctions for inmate/staff relations.** According to the policy,

Any employee determined to have engaged in sexual misconduct with an inmate shall be subject to discipline consistent with the employee standards of conduct, which may include termination of employment. The employee may also be subject to criminal prosecution.

**However, a DRC correctional officer alleged that staff/inmate relationships are not uncommon within the correctional system, reportedly most frequently between female officers and male inmates**

## **VIII. SUMMARY OF PROGRAMS PROVIDED BY OTHER STATES**

The following information was extracted from literature provided by the U.S. Department of Justice-National Institute of Corrections, and the Colorado Department of Corrections, who in cooperation with one another, conducted a survey of all 50 states in an effort to compile information regarding sex offender treatment programs, titled Survey of State Sex Offender Treatment Programs, which was published in August 2000. The survey produced a profile of each state's population of sex offenders, type of programs, capacity, and duration of programs operated in each of the states that responded. The tables that follow use data contained in the narrative section of the above report. In some cases, conflicting figures were contained in either the narrative or cumulative tables.

### **A. SEX OFFENDER POPULATIONS BY STATE**

The following tables give a sense of Ohio's population of sex offenders as compared to other states. According to the information provided by the survey, **Ohio ranked 4<sup>th</sup> in total number of incarcerated sex offenders**, following **Texas, California, and Michigan**.

However, the data should not be interpreted as Ohio's population having a greater number of sex offenders per capita in general than other states; the high number of incarcerated sex offenders is the result of numerous factors, including sentencing laws, levels of policing, victim advocacy, and community pressure, among others.

**Table 15. States Ranked by Total Number of Incarcerated Sex Offenders**

<b>State</b>	<b>Total Number of Incarcerated Sex Offenders</b>
Texas	25,398
California	22,720
Michigan	9756
<b>Ohio</b>	<b>9100</b>
Pennsylvania	6931
Illinois	6496
New York	6272
Virginia	5400
North Carolina	5101
Georgia	4839
Wisconsin	4000
Missouri	3500
Colorado	3391
Arizona	3299
Washington	3117
Tennessee	3036
Massachusetts	2769
Indiana	2701
South Carolina	2300
Connecticut	2295
Oklahoma	2200
New Jersey	2052
Kansas	2002
Kentucky	2000
Maryland	1912
Arkansas	1653
Iowa	1228
Minnesota	1164
Nevada	1000
New Mexico	910
Hawaii	634
New Hampshire	633
Nebraska	562
South Dakota	550
West Virginia	518
Delaware	504
Alaska	496
Montana	465
District of Columbia	429
Rhode Island	405
Vermont	362
Wyoming	257
North Dakota	161

**Table 16. States Ranked by Percentage that Sex Offenders Comprise out of Total Incarcerated Offenders**

State	Total Number of Incarcerated Sex Offenders	Percentage of Total Incarcerated Population
Montana	465	33%
Vermont	362	29
New Hampshire	633	27
Massachusetts	2769	26
Alaska	496	24
Kansas	2002	23
Colorado	3391	22
Washington	3117	22
South Dakota	550	22
Michigan	9756	21
Minnesota	1164	20
<b>Ohio</b>	<b>9100</b>	<b>19</b>
Pennsylvania	6931	19
Wisconsin	4000	19
Virginia	5400	18
Tennessee	3036	18
New Mexico	910	18
Hawaii	634	18
Wyoming	257	18
North Dakota	161	17
Texas	25398	17
West Virginia	518	17
Iowa	1228	17
North Carolina	5101	16
California	22,720	15
Missouri	3500	14
Illinois	6496	14
Indiana	2701	14
Kentucky	2000	14
Nebraska	562	14
Arkansas	1653	13.8
Arizona	3299	13
Connecticut	2295	13
Rhode Island	405	13
Georgia	4839	11
Nevada	1000	11
South Carolina	2300	10
Oklahoma	2200	10
Maryland	1912	8
New York	6272	8
Delaware	504	8
New Jersey	2052	7
District of Columbia	429	7

## **B. TYPES OF SEX OFFENDER TREATMENT PROGRAMS**

A review of the programs in the survey indicated that nearly every state reported using a variety of **cognitive behavioral-based treatment programming**, which focuses on **relapse prevention, group counseling and therapy**. A select number of other states reported that they also operated **Therapeutic/Residential Communities**, or similar programs, in addition to the aforementioned programming. Some states also reported providing **individual counseling**.

According to the states that responded to the survey, most states reported that their programs include components such as **assessment for treatment, an orientation for treatment program, education/psycho-education, cognitive-behavioral group therapy, intensive treatment, transition into the community, and after care**.

**Table 17. States' Methods of Sex Offender Treatment**

State	Cognitive Behavioral-Based System	Relapse Prevention	Group Therapy/Counseling	Therapeutic Community
Alaska	X	X	X	X
Arizona	X	X	X	
Arkansas	X	X	X	X
Colorado	X	X	X	X
Connecticut	X	X	X	
Georgia	X	X	X	
Hawaii	X	X	X	
Illinois	X	X	X	
Indiana	X	X	X	X*
Iowa	X	X	X	
Kansas	X	X	X	
Kentucky	X	X	X	
Louisiana**				
Maine	X	X	X	X
Massachusetts	X	X	X	X
Michigan	X	X	X	
Minnesota	X	X	X	X
Missouri	X	X	X	In preparation
Montana	X	X	X	X
Nebraska	X	X	X	X
Nevada	X	X	X	
New Hampshire	X	X	X	X
New Jersey	X	X	X	X
New York	X	X	X	X
North Carolina	X	X	X	X
North Dakota	X	X	X	
<b>Ohio</b>	<b>X</b>	<b>X</b>	<b>X</b>	
Oklahoma	X	X	X	X
Pennsylvania	X	X	X	X
Rhode Island	X	X	X	
South Carolina	X	X	X	
South Dakota	X	X	X	
Tennessee	X	X	X	X
Texas	X	X	X	X
Utah**				
Vermont	X	X	X	X
Virginia	X	X	X	Residential
Washington	X	X	X	
West Virginia	X	X	X	X
Wisconsin	X	X	X	X
Wyoming	X	X	X	

\* Projected for the fall of 2001

\*\* Has program, but did not respond to survey.

As shown above, Ohio's reported program shares multiple similarities with the other states' programs. However, Ohio does not currently use the Therapeutic Community method of treatment, which **50%** of the states use. The term "Therapeutic Community" as used in the survey, describes a range of residential programming. Some states reported a modified therapeutic community or a residential program with certain features of a therapeutic community, such as a **segregated unit for participants, specially trained staff, intensive group therapy, and a reinforced atmosphere of mutual support.**

### **C. MANDATORY VS. NON-MANDATORY PROGRAMMING**

Table 18 describes in general, the states that responded to the 50 State Survey that have **mandatory program participation requirements for sex offenders while incarcerated.** The table also displays those who do not have mandatory programming, and those states that require programming only if it is court ordered. Furthermore, some states have parole stipulations only requiring that the offender must participate in sex offender programming under community supervision.

At the time of the 50 State Survey:

- **22 states that responded to the survey did not mandate participation in sex offender treatment programs** while the offender is incarcerated;
- **Six** states that did respond indicated that there are mandatory requirements;
- **Two** states that responded to the survey reported that such programming would be administered if ordered to do so by the court.

**Several other states reported that they would either not parole a sex offender until he completed programs, or that they would extend the offender's sentence if he refused to participate.**



**Table 18. Table of States Who Have Mandatory/Non-Mandatory Treatment Programs**

<b>STATE</b>	<b>REQUIRED</b>	<b>NOT REQUIRED</b>	<b>COURT ORDERED</b>	<b>PAROLE</b>	<b>OTHER</b>
Alaska			X		
Arizona		X			
Colorado		X			
Connecticut		X			
Hawaii				X	X
Indiana		X		X	X
Iowa	X				
Kansas		X			
Kentucky		X			
Massachusetts		X			X
Michigan		X			
Minnesota		X			X
Missouri	X				
Montana		X			
Nebraska		X			
New Hampshire			X	X	
New York	X				
N. Carolina		X			
N. Dakota	X				
Ohio		X			
Oklahoma		X			
Pennsylvania		X			
Rhode Island	X			X	
S. Carolina	X				
S. Dakota		X			
Tennessee		X			
Texas		X			
Vermont		X		X	
Virginia		X			
Washington		X			
Wisconsin		X			

Survey respondents reported the following consequences for an offender who denies a sex offending problem or refuses treatment:

<u>Consequence</u>	<u>Number of States</u>
Restricted from a lower security or custody Placement	12
Denied privileges	11
Subject to a reduction of time credits	11
Subject to consequences in consideration for parole	9
Offered a denial phase of treatment	7
Given a certain classification	5
Subject to disciplinary action	2

#### **D. OFFENDER RISK ASSESSMENT**

According to the survey, states use a number of offender risk assessment tools covering a spectrum of aptitudes, thought patterns, and behaviors. The variety of tools used among the states is notable. With the exception of the Multiphasic Sexual Inventory, which is used by 22 states, no one assessment tool among almost 50 listed by survey respondents is used by more than six states.

The approach to this stage of assessment also varies widely. New York uses the crime of commitment, the pre-sentence report, and a signed statement that the inmate is willing to participate in treatment. Washington uses a battery of up to 25 instruments focused on attitudes as well as areas such as relapse prevention knowledge and skills. Most states employ between two and eight instruments, including the plethysmograph.

### States Grouped by Number of Assessment Tools Used

<b>1 to 3:</b>	Arkansas	1
	Georgia	1
	Iowa	3
	Minnesota	3
	Missouri	3
	Montana	3
	New Hampshire	1
	<b>Ohio</b>	<b>3<sup>4</sup></b>
	Washington	3
<b>4 to 6:</b>	Alaska	4 to 5
	Arizona	4
	Connecticut	5
	Indiana	6
	Kansas	4
	Kentucky	5
	Michigan	5
	North Carolina	5
	North Dakota	5 or 6
	Pennsylvania	4
	South Dakota	4
	Texas	5
	Vermont	6
<b>More than 6:</b>	Colorado	14
	Illinois	7
	Massachusetts	12
	New Jersey	8
	Oklahoma	9
	South Carolina	7
	Tennessee	8+
	Virginia	8

### E. PROGRAM ASSESSMENT

According to the survey, to measure offender progress in the program, 27 states use clinical interviews and 18 states use psychological tests; most states use a combination of both.

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<sup>4</sup> In the compiled information presented at the beginning of the survey, Ohio is stated as having four assessment tests. However, the individual state summary provides only three: Multi-Phasic Sexual Inventory, STATIC-99, and MMPI-2. Regardless, Ohio primarily uses only two, depending on the gender of the offender: the STATIC-99 and the MnSOST-R.

In 17 states, the program has developed its own tools for assessing offender progress. At the time of the survey, assessment tools for this purpose were being developed in four states.

Use of the polygraph, a recommendation of the DRC Sex Offender Risk Reduction Reentry Task Force, was reported in 13 states. In some states, a polygraph is required or provided through state sex offender treatment standards and/or legislation. For some states, a polygraph is a standard component of the institutional program; for other states, polygraphs for individual sex offenders are used at the discretion of treatment staff. **A number of states also use, or only use, polygraph examination as a tool for post-release monitoring and aftercare.**

#### **F. STAFF QUALIFICATIONS AND STAFFING LEVEL RATIOS**

According to the survey, only 29 states responded with information regarding the required qualifications needed to operate programs. Reportedly, of the 29 states, **21 states require state licensing or certification, and three reportedly require staff to possess a masters degree or higher.** In five states, such as is the case in **Ohio**, the only requirement is training specific to sex offenders.

Per the survey, states reported the number of staff assigned to administer sex offender programs. According to the report, the states that reported the highest number of staff were **Pennsylvania** with **125**, **Michigan** with **86**, **Texas** with **65**, and **Massachusetts** with **54**.

**Table 19. Number of Staff Assigned to Sex Offender Programs in 2000**

<b>Staff</b>	<b>Number of States</b>
1-5	5
6-15	10
16-25	2
26-35	3
36-45	3

According to the survey, Counselor/Participant ratio for group work is **one counselor to 10-12 participants in most states.** In two states, one counselor facilitates groups of up to 20 participants. Seven states prefer one to two counselors for eight to 12 participants in four states, as few as six participants in one state, and as many as 25 to 30 participants in two states. (Program descriptions suggest that the larger groups are for classes rather than interactive therapy.) Nine states use two counselors for groups of eight to 12 in seven states, up to 20 in one state, and as low as six in one state.

**Table 20. States Ranked by Staff/Inmate Ratios for Sex Offender Treatment Programs in 2000**

State	Staff to Inmate Ratio for Program	Total Staff	Therapeutic Staff	Administrative Staff	Total Inmate Capacity
Colorado	1:6	39	29	10	230
Washington	1:7	27	20	7	200
Vermont	1:9	8	7	1	70
Nebraska	1:9	5	5	0	44
Minnesota	1:9	32	26	6	300
Pennsylvania	1:10	125	100	25	1200
Texas*	1:10	65	43	22	624
New Hampshire	1:11	11	9	2	120
Alaska	1:11	9	8	1	102
Massachusetts	1:13	54	42	12	690
Michigan	1:13	86	72	14	1100
Kentucky	1:13	25	18	7	325
New York	1:14	39	39	0	530
South Carolina	1:14	7	5	2	100
Tennessee	1:15	7	7	0	105
Arizona	1:17	6	5	1	100
<b>Ohio**</b>	<b>1:17</b>	<b>31</b>	<b>23</b>	<b>8</b>	<b>525</b>
Oklahoma	1:18	9	5	4	160
Iowa	1:18	17	16	1	304
North Carolina	1:19	4	4	0	75
North Dakota	1:20	3	3	0	60
South Dakota	1:20	5	5	0	100
Montana	1:25	10			250
Missouri	1:34	8	7	1	275
Virginia	1:43	7	5	2	300
Wisconsin*	1:51	8	5	3	407

\* Projected as of July 2000

\*\* In regard to the eight administrative staff for Ohio Sex Offender Programs, according to ODRC staff, these include the six Program Directors whose jobs include providing programming. The other two positions are clerical.

**Table 21. Sex Offender Treatment Program Staff in 2000 in Ohio and Other States with Breakdown of Type of Staff**

State	Therapeutic Staff	Administrative Staff	Total Staff
Pennsylvania	100	25	125
Michigan	72	14	86
Texas*	43	22	65
Massachusetts	42	12	54
Colorado	29	10	39
New York	39	0	39
Minnesota	26	6	32
<b>Ohio</b>	<b>23</b>	<b>8</b>	<b>31</b>
Washington	20	7	27
Kentucky	18	7	25
Iowa	16	1	17
New Hampshire	9	2	11
Montana	?	?	10
Oklahoma	5	4	9
Alaska	8	1	9
Vermont	7	1	8
Missouri	7	1	8
Wisconsin	5	3	8
South Carolina	5	2	7
Tennessee	7	0	7
Virginia	5	2	7
Arizona	5	1	6
Nebraska	5	0	5
South Dakota	5	0	5
North Carolina	4	0	4
North Dakota	3	0	3

\*Projected as of July 2000.

## G. INMATE ENROLLMENT CAPACITY

According to the information provided by the 50 State Survey, **Ohio had the sixth highest inmate enrollment capacity** (of the states that responded to the survey).

**Table 22. Sex Offender Treatment Programs in 2000 in Ohio and Other States by Inmate Enrollment Capacity**

State	Inmate Capacity of Programs
Pennsylvania	1200
Michigan	1100
New Jersey	800
Massachusetts	690
Texas*	624
New York	530
<b>Ohio</b>	<b>525</b>
Wisconsin	407
Kentucky	325
Kansas	316
Utah	307
Iowa	304
Minnesota	300
Virginia	300
Missouri	275
Montana	250
Georgia	240
Colorado	230
Washington	200
West Virginia	176
Oklahoma	160
Arkansas	120
New Hampshire	120
Hawaii	110
Tennessee	105
Alaska	102
Arizona	100
Rhode Island	100
South Dakota	100
South Carolina	100
North Carolina	75
Vermont	70
North Dakota	60
Nebraska	44

\*Projected as of July 2000.

According to the data presented in the following table, Ohio has an enrollment capacity of only **5.8%** of its sex offender population in its treatment programs at any given time (using the total enrollment capacity of 525. As noted previously, Ohio actually averages 450, generally due to early termination of the program. Thus, Ohio has less than 5.8% of its sex offenders actually enrolled.)

The survey reports that **30** programs report a wait list. Among those states, the number of offenders on the wait list ranges from 10 in Vermont (out of 362 sex offenders) to more than 1200 in Washington (out of 3,117 sex offenders). At the time of the survey, Ohio reported **200** inmates on the wait list.

**Table 23. States Ranked by Percentage of Total Incarcerated Sex Offenders Capable of Enrolling in Sex Offender Programs**

State	Inmate Enrollment Capacity in Sex Offender Programs	Total Number of Incarcerated Sex Offenders	Percent of Total Incarcerated Sex Offenders Capable of Enrollment in Treatment Program
Montana	250	465	53.8%
New Jersey	800	2052	40.0
North Dakota	60	161	37.3
West Virginia	176	518	34.0
Minnesota	300	1164	25.8
Massachusetts	690	2769	24.9
Iowa	304	1228	24.8
Rhode Island	100	405	24.7
Alaska	102	496	20.6
Vermont	70	362	19.3
New Hampshire	120	633	19.0
South Dakota	100	550	18.2
Hawaii	110	634	17.4
Pennsylvania	1200	6931	17.3
Kentucky	325	2000	16.3
Kansas	316	2002	15.8
Michigan	1100	9756	11.3
Wisconsin	407	4000	10.2
New York	530	6272	8.5
Missouri	275	3500	7.9
Nebraska	44	562	7.8
Oklahoma	160	2200	7.3
Arkansas	120	1653	7.3
Colorado	230	3391	6.8
Washington	200	3117	6.4
<b>Ohio</b>	<b>525</b>	<b>9100</b>	<b>5.8</b>
Virginia	300	5400	5.6
Georgia	240	4839	5.0
South Carolina	100	2300	4.3
Tennessee	105	3036	3.5
Arizona	100	3299	3.0
Texas*	624	25398	2.5
North Carolina	75	5101	1.2

\*Projected as of July 2005.



## H. DURATION OF SEX OFFENDER TREATMENT PROGRAM

### States Grouped by Duration of Treatment Program

<b>1 to 9 months :</b>	Connecticut	6 months
	Georgia	9 months
	New York	6 months
	North Carolina	5 months
<b>1 to 2 years :</b>	Arkansas	1 year
	Kansas	18 months
	Michigan	1 year
	Missouri	12 to 15 months
	New Hampshire	12 to 16 months
	Pennsylvania	1 year to 18 months
	South Dakota	Up to 2 years
	South Carolina	1 to 2 years
	Texas	Up to 18 months
<b>Up to 3 years :</b>	Alaska	20 to 36 months
	Colorado	2+ years, until release
	Iowa	Up to 2+ years
	Minnesota	18 months to 3 years
	<b>Ohio</b>	<b>Up to 3 years</b>
	Vermont	1 to 3 years
	Virginia	2+ years
	Washington	Up to 3 years
	Wisconsin	Up to 3 years
	<b>Over 3 years :</b>	Arizona
Kentucky		Minimum 2 years
Maine (projected)		3 years
Massachusetts		6 to 6+ years
Montana		3+ years
New Jersey		3 to 4 years
North Dakota		2 to 5 years
Oklahoma		3+ years
Tennessee		3 to 4 years

## I. AFTERCARE

According to the information provided by the survey, **26** of the states that responded reported an aftercare aspect to their program, including Ohio. The Sex Offender Risk Reduction Reentry Task Force's recommendations, described earlier in this evaluation, **focused on the aftercare and re-entry needs of Ohio sex offenders**, indicating that more work needs to be done.

In nine states, aftercare takes place in a community residential center or setting. In 25 states, aftercare takes place on parole. In Massachusetts, a network of statewide community sex offender therapists provides services to offenders released on probation, parole, or discharge from sentence.

At the Adult Diagnostic and Treatment Center (ADTC) in New Jersey, weekly aftercare is provided for ADTC parolees, those under lifetime supervision, those released from involuntary civil commitments, sex offenders mandated by registration, and ex-inmates who volunteer for treatment.

In Virginia, some offenders receive intensive post-release supervision or halfway house treatment, and/or continued counseling from community providers.

In Alaska, aftercare is provided by the Department of Corrections approved providers under contract, who follow the same treatment standards as the institutional programs.

## **J. ADVISORY AND STANDARDS BOARDS/ENTITIES**

In 14 states, the Department of Corrections has an internal system for tracking program effectiveness. Systems are under development in seven other states. In Texas, a state entity, the Texas Criminal Justice Policy Council, monitors the performance of state programs.

Among survey respondents, 18 reported a state-mandated identification process for sex offenders in prison. State mandates have also established **eight** advisory boards, as well as **ten** boards or entities for setting standards and requirements for treatment. The board in New Jersey, the special Classification Review Board, determines whether a sex offender will be recommended for parole.

**Two** states reported boards that set standards but are not state-mandated. In Iowa, various private and public groups established a separate certification board that serves as an independent entity. Although Minnesota has no board, the Department of Corrections is required by law to promulgate rules for program components, procedures, and standards.

**A comparison is made with the state of Michigan, because it has a comparable population of incarcerated sex offenders as Ohio. In 1999, they reported in the survey that 9,567 identified sex offenders were incarcerated for active sex offenses out of a total population of 44,617.** Reportedly, their programs are administered by the Department's Bureau of Health Care **Psychological Services** Unit, and are developed within the framework of cognitive-behavioral and relapse prevention models, which also have aftercare for paroled sex offenders. Inmates are screened at reception, and are given an assessment within 24 months of their first parole hearing. Reportedly, this period of time allows for assessment, program participation, and progress evaluation. **Programs, which are voluntary, are 12 months in duration, and consist of group psychotherapy for a minimum of two hours a week.** Their program philosophy also adheres to the

**tenant that sex offenders are fully responsible for their behaviors, and can never be cured.** The Michigan Department of Corrections limits their program availability to offenders that are most likely to benefit from the taking part in the program. **During the screening process, offenders that have three or more felony convictions are excluded. According to their research, offenders who fit this description are less likely to benefit from the programs, and have higher rates of denial than others. Furthermore, it was cited as being a more cost effective approach to administering the programs.**

## **K. PROGRAM COSTS**

Only 16 survey respondents reported costs for both the overall Department of Correction's budget and the Department of Correction's sex offender treatment program, including personnel services and operating costs. Of those that responded, the percentage of the overall DOC budget dedicated to the sex offender treatment program ranged from .017% in New York to 14% in Kansas. The total cost of sex offender treatment ranged from \$250,000 in Arizona (.04% of the total DOC budget) to \$3,800,000 in Minnesota (1.16% of the total budget).

## **IX. SUMMARY OF RECIDIVISM STUDIES CONDUCTED BY OTHER STATES**

Several states reported in the 50 State Survey of State Sex Offender Treatment Programs, on the collection of recidivism data on sexual offenders in their state. Summaries of the findings reported by several states in the survey are listed below. According to the survey, the number of **years for tracking sex offenders after release ranges from three years to life.**

**ALASKA:** A study completed in 1996 tracked 685 sex offenders for up to nine years. The study found that sex offenders who had completed treatment lasted significantly longer before committing a new sex offense than sex offenders who had not completed treatment.

**COLORADO:** Several studies conducted in 1989, 1994, and 1996 determined that **sex offenders who participated in more than 50 treatment sessions had a significantly reduced chance of recidivating.**

1988 Study tracked the **new crime rate** for offenders who participated in treatment for more than 40 sessions, compared to those who had completed less than 40 sessions.

**Less than 40 sessions: 32%**  
**More than 40 sessions: 8%**

1994 The second review of those inmates in the 1988 study and their return to prison for any new crime.

**No treatment: 34%**

Less than 50 sessions: 7%

More than 50 sessions: 2%

1995 Third review tracked the percentage, and treatment status of offenders released between January 1994, and May 1996 who were **returned to prison for any reason, including for revocation for technical parole violations**. The study tracked 8,755 offenders, and 1,140 sex offenders.

Of the sex offenders who were released, 842 (74%) had not participated in any treatment. 118 (10%) had participated in less than 50 treatment sessions, and 180 (16%) participated in more than 50 treatment sessions. The percentages represent those that were returned to prison.

**Sex Offenders: No Treatment 21.6%**

Less than 50 treatment sessions: 9.3%

More than 50 treatment sessions: 6.1%

**KENTUCKY:** A study conducted in 1997 followed 285 sex offenders for a period of five years. It was concluded that **sex offenders that received no treatment (8.7%) were more likely to recidivate**.

**MASSACHUSETTS:** Inmates participating in the program, if paroled, are generally **paroled to a structured intensive supervision program specifically designed for sex offenders**. At the time of the survey response, the program had been in place for four years, at which time **no new offenses had been committed by participating offenders**.

**NEW HAMPSHIRE:** A 1999 study revealed a 6.2% sexual offending re-arrest rate for 204 sex offenders who completed the **Intensive Sex Offender Program** and were released for an average of 4.8 years. The recidivism rate was 12.4% for 435 sex offenders who received no treatment and were released for 8.6 years. Arrests for other **criminal offenses were four times higher for the no-treatment group** when compared to the treatment group.

**VERMONT:** A 2000 study followed 190 offenders for 10 years. The **re-arrest rates** for new offenses is as follows:

<b>Completed Treatment:</b>	<b>3.8%</b>
Quit or were terminated from the program:	22.4%
Received no treatment:	27.0%

## X. RECOMMENDATIONS

ODRC's own report, "Profile of ODRC Sex Offenders Assessed at the Sex Offender Risk Reduction Center," published in **2001**, makes the following recommendations for future research:

1. **Formal review of SORRC.** SORRC has been open since 1995, and improvements are continually being made to increase its effectiveness and efficiency in reaching the sex offender population. There are currently five components of SORRC, including **risk assessments, comprehensive assessments, basic education, pre-release programming, and community service.** **The effectiveness of each component should be studied.**
2. **Risk assessment.** **Assessment of risk is crucial to the programming or treatment offered to Ohio sex offenders.** Although clinical judgments are used and exceptions are made, generally, **only those offenders designated as moderate to high risk to sexually re-offend will receive a comprehensive assessment from SORRC and extensive programming.**

There are many risk instruments designed to specifically predict risk of reoffending for sex offenders. However, **it is widely suggested that the validity of an instrument be assessed prior to use on a jurisdiction for which it was not designed.** In the interim, an immediate follow-up to this report can cover a basic description of **the offenders assessed at SORRC in relationship to the various risk instruments designed for sex offenders.** Those instruments include the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR), the Static 99, the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) and the Ohio Sex Offender Instrument (SOI).

3. **Work with SORRC to define more precisely sub-populations of sex offenders with particular programming needs.** By defining these groups and estimating each size, ODRC can improve allocation of staff within the sex offender treatment arena.

Although this report was published in 2001, it does not appear that any follow-up research has been conducted within the Department. As noted within the recommendations, **it is absolutely imperative that risk assessment procedures be fully researched and evaluated, with evidence presented that the current model used does in fact accurately project an inmate's risk of re-offending.** The assessment determines a multitude of issues for the inmate, including whether or not the inmate receives treatment within the institution. Thus, the assessment needs to be accurate.

**Despite the Department's own research recommendations,** current thinking has dictated that programming at all institutions will be standardized, without regard to the different categories and corresponding needs of the offenders who are receiving the treatment.

ODRC's report, "Ten Year Recidivism Follow-Up of 1989 Sex Offender Releases," also published in 2001, makes the following recommendations for future research needs:

1. **Study of the mandatory educational program for sex offenders at SORRC.**  
A thorough analysis of this program would give the department an idea as to the benefits, if any, of the mandatory program.
2. **Study of the STATIC-99 risk instrument used at SORRC, as well as the risk instrument designed by DRC.** These risk instruments combined with the clinical assessment (theoretically) help to determine whether or not a sex offender gets treatment. The obvious research question would be whether these instruments have validity on an Ohio sex offender population. **Can we say with certainty that offenders who score high on these risk instruments actually have a greater chance of sexual recidivism? Do those with a low risk score have a lower rate of sexual re-offense?**
3. **Evaluation of comprehensive sex offender programs.** **Do these programs make a difference? Have they helped to reduce sex offender re-offending?**  
A thorough evaluation of these programs has not been conducted.

**ODRC is strongly encouraged to follow through on the above recommendations and to provide research data to the public regarding its treatment program policies.** In addition to ODRC's recommendations, the following are proposed:

- Increase the total enrollment capacity in the sex offender treatment programs to better provide services to the incarcerated sex offender population;
- Provide extensive training to ODRC staff regarding the need for documentation of sexual acts, and implementation of the zero-tolerance policy involving staff sexual misconduct with inmates;
- Facilitate the transfer of information from institutions regarding RIB convictions related to inmate sexual misconduct to SORRC and require the re-evaluation of the inmate's assigned Risk Level based on the information;
- Incorporate a much larger portion of substance abuse education into the Comprehensive Sex Offender Program;
- Provide an Aftercare Component to inmates who complete the Comprehensive Program, but still have time remaining before release;
- Develop sex offender treatment programming for high security inmates, particularly those who will be released to the community from Level 4;
- Develop creative methods of staff recruitment for the sex offender program, particularly in light of the need for Psychologists;

- Produce a follow-up to the Sex Offender Risk Reduction Reentry Task Force recommendations, reporting on initiatives taken and changes made in response;
- Consider the development of a Therapeutic Community aspect to sex offender treatment; and,
- Request ODRC to provide biennial evaluation reports, including resulting recidivism rates, to the Ohio General Assembly.

## XI. RESOURCES

The ODRC Director of Sex Offender Services facilitated communication and dialogue between this office and those responsible for supervising sex offender programs in Ohio prisons. The United States Department of Justice, National Institute of Corrections, and the Solicitor General's Office of Canada also supplied further information.

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Shoaf, Lisa Contos. "A Descriptive Study of Ohio's Sex-Offending Population." Ohio Office of Criminal Justice Services. Published in the Ohio Department of Rehabilitation and Corrections' 2004 Compendium.

State of Colorado Department of Corrections Publication, Survey of State Sex Offender Treatment Programs. August, 2000.

## APPENDIX A

Appendix A and B are taken from the STATIC-99 Coding Rules Manual. Appendix A is not meant to include all information listed in the manual as pertaining to the STATIC-99 questions; rather, it is meant to impart the general intent of each Item listed. Appendix A should not be used for any assessment. For further information, consult the STATIC-99 Coding Rules Manual or visit [www.sgc.gc.ca](http://www.sgc.gc.ca).

### STATIC-99 QUESTIONS

#### Item #1 – Young

Research shows that sexual recidivism is more likely in an offender's early adult years than in an offender's later adult years. The offender is scored **based upon his age at the time of exposure to risk**.

#### Item #2 – Ever Lived with an Intimate Partner – 2 years

Research suggests that **having a prolonged intimate connection to someone may be a protective factor against sexual re-offending**. The intent of this item is to reflect whether the offender has the personality/psychological resources, as an adult, to establish a relatively stable “marriage-like” relationship with another person. It does not matter whether the intimate relationship was/is homosexual or heterosexual.

This is the only item that may be omitted on the STATIC-99. If no information is available, this item should be scored a “0”—as if the offender has lived with an intimate partner for two years.

If a person has been incarcerated most of his life or is still quite young and has not had the opportunity to establish an intimate relationship of two years duration, he is still scored as never having lived with an intimate partner for two years. Generally, relationships with adult victims do not count. Illegal relationships (such as incest) also do not count.

#### Item #3 – Index Non-sexual Violence (NSV)—Any Convictions

A meta-analytic review of the literature indicates that **having a history of violence is a predictive factor for future violence**. The presence of non-sexual violence predicts the seriousness of damage, were a re-offence to occur and is strongly indicative of whether overt violence will occur. In English data, **convictions for non-sexual violence were specifically predictive of rape (forced sexual penetration) rather than all kinds of sexual offenses**.

This item refers to convictions for non-sexual violence that are dealt with **on the same sentencing occasion** as the Index sex offense. A separate non-sexual violence

conviction is required to score this item. These convictions can involve the same victim as the index sex offense or they can involve a different victim.

Included are:

- Aggravated assault
- Arson
- Assault
- Attempted Abduction
- Attempted Robbery
- False Imprisonment
- Forcible Confinement
- Give Noxious Substances
- Grand Theft Person
- Kidnapping
- Murder
- Robbery

#### **Item #4 – Prior Non-sexual Violence—Any Convictions**

A meta-analytic review of the literature indicates that having a history of violence is a predictive factor for future violence. **The presence of non-sexual violence predicts the seriousness of damage, were a re-offense to occur and is strongly indicative of whether overt violence will occur.**

This item refers to convictions for non-sexual violence that are dealt with on a sentencing occasion that pre-dates the index sex offense-sentencing occasion. These convictions can involve the same victim as the index sex offense or they can involve a different victim, but the offender must have been convicted for this non-sexual violent offense before the sentencing date for the index offense.

Included are:

- Aggravated assault
- Arson
- Assault
- Attempted Abduction
- Attempted Robbery
- False Imprisonment
- Forcible Confinement
- Give Noxious Substances
- Grand Theft Person
- Kidnapping
- Murder
- Robbery

### **Item #5 – Prior Sex Offenses**

This item and the others that relate to criminal history and the measurement of persistence of criminal activity are based on a firm foundation in the behavioral literature. As long ago as 1911, Thorndyke stated that, “the best predictor of future behavior, is past behavior.” Andrews & Bonta (2003) state that **having a criminal history is one of the “Big Four” predictors of future criminal behavior.** More recently, and specific to sexual offenders, a meta-analytic review of the literature indicates that **having prior sex offenses is a predictive factor for sexual recidivism.**

Charges and convictions are summed separately and these totals are then transferred to the scoring chart. Whichever column, charges, or convictions give the offender the “higher” final score is the column that determines the final score.

This item is based on officially recorded institutional rule violations, probation, parole and conditional release violations, charges, and convictions. Only institutional rule violations, probation, parole, and conditional release violations, charges, and convictions of a sexual nature that occur PRIOR to the index offense are included.

### **Item #6 – Prior Sentencing Dates**

This item and the others that relate to criminal history and the measurement of persistence of criminal activity are based on a firm foundation in the behavioral literature. Prior Sentencing Dates is a convenient method of coding the length of the criminal record.

Count the number of distinct occasions in which the offender was sentenced for criminal offenses. The number of charges/convictions does not matter, only the number of sentencing dates. The index sentencing date is not included when counting up the sentencing dates. Among other factors, technical parole violations also do not count.

### **Item #7 – Any Convictions for Non-Contact Sex Offenses**

**Offenders with paraphilic interests are at increased risk for sexual recidivism.** For example, most individuals have little interest in exposing their genitals to strangers or stealing underwear. **Offenders who engage in these types of behaviors are more likely to have problems conforming their sexual behavior to conventional standards than offenders who have no interest in paraphilic activities.**

This category requires a conviction for a non-contact sexual offense, such as:

- Exhibitionism
- Possessing obscene material
- Obscene telephone calls
- Voyeurism

- Exposure
- Elicit sexual use of the Internet
- Sexual Harassment (unwanted sexual talk)

### **Item #8, 9, & 10 Overview– The Three Victim Questions**

The following three items concern victim characteristics: Unrelated Victims, Stranger Victims, and Male Victims. For these three items, the scoring is based on all available credible information, including self-report, victim accounts, and collateral contacts. The items concerning victim characteristics, however, only apply to sex offenses in which the victims were children or non-consenting adults. In addition to all of the “everyday” sexual offenses (Sexual Assault, Rape, Invitation to Sexual Touching, Buggery) you also score victim information on the following charges:

- Illegal use of a Minor in Nudity-oriented Material
- Importuning (Soliciting for Immoral Purposes)
- Indecent Exposure (when a specific victim has been identified)
- Sexually Harassing Telephone Calls
- Voyeurism (when a specific victim has been identified)

Occasionally, there are “Accidental Victims” to a sexual offense. A common example of an accidental victim occurs when a person in the course of his/her daily life or profession happens across a sexual offense. However, these persons are not counted in any of the three victim items regardless of any conviction in court. For the purposes of STATIC-99, there has to be some intention to offend against that person for that person to be a victim.

In addition, for the purposes of STATIC-99,

- Victims portrayed in child pornography are not scored as victims. Only real, live, human victims count.
- Consensual sexual behavior that is prohibited by statute also does not create victims.
- Exhibitionism may count if there was a targeted victim.
- In sexual assaults of animals, animals do not count as victims.
- If an offender has sexual contact with dead bodies, these people do count as victims.

### **Item #8 – Any Unrelated Victims?**

Research indicates that **offenders who offend only against family members recidivate at a lower rate compared to those who have victims outside of their immediate family.** Having victims outside the immediate family is empirically related to a corresponding increase in risk.

**Item #9 – Any Stranger Victims?**

Research shows that **having a stranger victim is related to sexual recidivism**. A victim is considered a stranger if the victim did not know the offender **24 hours** before the offense. For stranger victims, the offender can either not know the victim or it can be the victim not knowing the offender. In the first case, where the offender does not know the victim (the most common case), the offender chooses someone who they are relatively sure will not be able to identify them (or they just do not care) and offends against a stranger.

The criteria for being a stranger are very high. Even a slight degree of knowing is enough for a victim not to be a stranger.

In the case of “stalking,” the offender may know a great deal about the victim and her habits. However, if the victim does not know the offender when they attack, this still qualifies as a stranger victim.

**Item #10 – Any Male Victims?**

Research shows that **offenders who have offended against male children or male adults recidivate at a higher rate compared to those who do not have male victims. Having male victims is correlated with measures of sexual deviance and is seen as an indication of increased sexual deviance.**

**APPENDIX B****STATIC-99 SCORING SHEET AND RATES\***

<b>Question Number</b>	<b>Risk Factor</b>	<b>Codes</b>		<b>Score</b>
<b>1</b>	Young (S9909)	Aged 25 or older		0
		Aged 18-24.99		1
<b>2</b>	Ever Lived With (S9910)	Ever lived with a lover for at least two years?		
		Yes		0
		No		1
<b>3</b>	Index non-sexual violence Any Convictions? (S9904)	No		0
		Yes		1
<b>4</b>	Prior non-sexual violence Any Convictions? (S9905)	No		0
		Yes		1
<b>5</b>	Prior Sex Offences (S9901)	<b>Charges</b>	<b>Convictions</b>	
		None	None	0
		1-2	1	1
		3-5	2-3	2
		6+	4+	3
<b>6</b>	Prior Sentencing Dates (excluding Index) (S9902)	3 or less		0
		4 or more		1
<b>7</b>	Any convictions for non-contact sex offenses (S9903)	No		0
		Yes		1
<b>8</b>	Any Unrelated Victims (S9906)	No		0
		Yes		1
<b>9</b>	Any Stranger Victims (S9907)	No		0
		Yes		1
<b>10</b>	Any Male Victims (S9908)	No		0
		Yes		1
	Total Score			

**APPENDIX C****BASIC SEX OFFENDER EDUCATION  
POST TEST**

*Directions: Please circle one correct answer for each question.*

1. Which of the following Sexually Transmitted Diseases (STD's) is now the fastest growing STD in the United States, infecting an estimated 24 million people?
  - a. Chlamydia
  - b. H.P.V. (Human Papillomavirus Virus)
  - c. H.I.V. (Human Immunodeficiency Virus)
  - d. Gonorrhea
2. True or False: The best way to control your feelings is to not talk about them.
3. Of the following, which is an example of non-consensual sex?
  - a. having sex with someone who is mentally disabled
  - b. having sex with someone who is intoxicated
  - c. having sex with someone who says "no" after you ask he/she if they want to have sex
  - d. all of the above
4. True or False: A moral inventory is a way to consider if you want to change.
5. \_\_\_\_\_ is an example of a grooming behavior.
  - a. asking a child to have sexual intercourse
  - b. wrestling, tickling, cuddling, or playing touch games with a child
  - c. watching a child play in the park
  - d. none of the above
6. True or False: Marital rape is against the law in Ohio.
7. True or False: Power and Control are the basic building blocks in sexually abusive behavior.
8. True or False: Most Internet pornography traffic occurs between 9:00 a.m. – 5:00 p.m. on weekdays.
9. True or False: If you are designated as a sexually oriented offender, you have to register for life.
10. Which body fluid does not transmit the H.I.V. virus?



- a. vaginal fluid
- b. saliva
- c. breast milk
- d. blood

11. Consent is:

- a. agreeing to something by saying "yes"
- b. is active NOT passive
- c. based on choice
- d. all of the above

12. True or False: The S.O.R.R.C. program is a treatment program.

13. True or False: Sexual Assault can be explained in three ways: accessibility, vulnerability, and opportunity.

14. Which of the following is one of the stages in the stages of change model?

- a. concentration stage
- b. denial stage
- c. willpower stage
- d. contemplation stage.

15. True or False: Victim Stance Thinking means a person sees himself as a victim when in fact he has victimized other.

16. The reasons for studying your cycle include:

- a. learning how the victim feels
- b. learning when and how to stop your unhealthy behaviors
- c. learning how feelings and thoughts affect your behavior
- d. both b & c

17. True or False: The rates of sexually transmitted diseases tend to be higher among African-Americans than Caucasians.

18. True or False: Children between the ages of 12 and 15 have the ability to give informed consent.

19. Choose which characteristics are found in all sex offender.

- a. secrecy
- b. manipulation
- c. a & b

- d. none of the above
20. True or False: Three to four million American women are battered each year.
21. True or False: We all have a basic way of seeing life that includes a set of core beliefs or fundamental ideas about who we are as individuals and what role other people play in our lives.
22. Sex Offender treatment programs are available:
- a. in every parent institution
  - b. not available while incarcerated
  - c. to inmates who maintain their innocence
  - d. in select minimum, medium, and close security prisons
23. True or False: Pretend-Normal, Build-Up, Acting-Out and Justification are the stages of the behavior cycle
24. True or False: Studies have shown that most sex offenders view pornography on a regular basis.
25. S.U.D. stands for:
- a. Seriously unusual danger
  - b. Seemingly unimportant decisions
  - c. Sexually underage deviants
  - d. Socially underage development
26. Which of the following is NOT a major thinking error?
- a. pride
  - b. ownership
  - c. empathy to others
  - d. victim stance
27. True or False: Rape is an impulsive uncontrollable sexual act.
28. What are the components of an open channel of communication?
- a. criticizing others
  - b. disclosure/honesty
  - c. confrontation
  - d. manipulating a conversation
29. True or False: Obscene phone calling is not a form of sexual abuse.

30. What is the most common type of rape?

- a. marital rape
- b. family member rape
- c. stranger rape
- d. date or acquaintance rape

### **POST TEST ANSWER KEY**

- 1. B
- 2. F
- 3. D
- 4. T
- 5. B
- 6. T
- 7. T
- 8. T
- 9. F
- 10. B
- 11. D
- 12. F
- 13. T
- 14. D
- 15. T
- 16. D
- 17. T
- 18. F
- 19. C
- 20. T
- 21. T
- 22. D
- 23. T
- 24. T
- 25. B
- 26. C
- 27. F
- 28. B
- 29. F
- 30. D