

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 5: OFFENDER PROGRAMS

Sub Chapter: SEX OFFENDER MANAGEMENT & PROGRAMS

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Subject: SEX OFFENSE ASSESSMENT AND TREATMENT

ACA Standards: N/A

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1. PURPOSE

To describe the procedures and standards that shall be utilized by the Iowa Department of Corrections (IDOC) institutions in the provision of clinical treatment of people who have committed sex offenses .

2. POLICY

It is the policy of the Iowa Department of Corrections to provide the most effective treatment of incarcerated individuals based on research and resources available.

The Department shall utilize a statewide case management system to ensure that Sex Offense Treatment Program (SOTP) participants' risk and needs are identified and addressed in an effort to lower risk, reduce victimization, and reduce recidivism. This system shall include the following elements: on-going risk and needs assessment, responsivity, treatment, case planning, case plan follow-up and documentation, quality assurance, and continuous quality improvement.

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A. Evidence-Based Programming

- B. Assessment Standard
- C. Treatment Programming

3. DEFINITIONS – As used in this document:

- A. ISORA - A risk assessment that was developed in Iowa based on a population of male and female adult and youthful (juveniles adjudicated and waived to adult court) people who have committed sex offenses.
- B. STATIC 99-R - An assessment that utilizes only static factors that have been seen to correlate with sexual reconviction in adult males. From the baseline of this long-term risk assessment, treatment and supervision strategies can be put in place to reduce the risk of sexual recidivism.
- C. STABLE 2007 - A risk assessment tool designed to assess dynamic risk factors for sex offense recidivism for the purpose of treatment, supervision, and monitoring of people who have committed sex offenses, primarily on community correctional supervision. The tool has been validated with adult males and females who have committed sex offenses.
- D. ACUTE 2007 - A risk assessment tool designed to assess acute risk factors associated with sex offense and general criminal recidivism that can change very rapidly during the course of treatment, supervision, and monitoring. The tool has been validated with adult males and females who have committed sex offenses.
- E. Sex Offender Treatment Program (SOTP) – A program established by the IDOC for incarcerated individuals who have been convicted of a sex crime or who have demonstrated some sort of sexually deviant behavior. For female incarcerated individuals, the SOTP is located at the Iowa Correctional Institution for Women (ICIW). For male incarcerated individuals, the main SOTP is located at the Newton Correctional Facility (NCF). The IDOC Director may establish additional SOTP locations to handle specific populations or situations. For purposes of **Iowa Code 903A.2(1)(a)**, no treatment program shall be considered to be a “sex offense treatment program established by the Director” unless the program is specifically designated as such a program by the Director.
- F. Sex Offense Treatment Intervention and Progress Scale (SOTIPS) – An assessment used to determine dynamic sex incarcerated individual risk

factors such as: sexuality and risk responsibility, criminality, treatment and supervision cooperation, self-management, and social stability and supports. Internal notes shall provide adequate information to justify the SOTIPS scores.

- G. Polygraph – A physiological assessment designed to assist with identifying risk for recidivism, as well as aid in the treatment process.
- H. Voice Stress Analyzer (VSA) - The voice stress evaluation test is based on the theory that an individual will undergo certain physiological changes when they are not telling the truth, and that these changes can be monitored and interpreted by using a voice stress evaluator machine.
- I. Case Management – IDOC activities and programs related to incarcerated individual case planning and custody. It is the collaborative process of classifying, assessing risk and needs, case planning, applying correctional resources, and supporting an incarcerated individual.
- J. Case Planning – The process by which case managers, working collaboratively with the incarcerated individual and associated stakeholders, make decisions about activities designed to reduce criminogenic needs, promote responsibility-taking, repair harm, and support incarcerated individual reintegration into the community.
- K. Sex Offense - Any sex crime or demonstrated deviant sexual behavior done by an individual for which SOTP will help rehabilitate the individual or will help protect the community from the individual. IDOC Policy **OP-SOP-10**, *Incarcerated Individual Required to Take SOTP*, describes the sex crimes and deviant sexual behavior requiring SOTP and the procedures used to determine if an individual is required to take SOTP.
- L. Sex Offense Risk Factors – These identify predictors of offense recidivism. There are two types of risk factors, static and dynamic. The greater the number and severity of the identified risk factors of people who commit sex offenses, the higher the risk of re-offense.
 - 1. **Static Risk Factors** are historical in nature and cannot change. They may include one or more of the following, but are not limited to: prior criminal offenses, prior sex offenses, prior treatment failure, unrelated victims, stranger victims, early age onset of criminal behavior, childhood behavior problems, and antisocial personality disorder.
 - 2. **Dynamic Risk Factors** are behavioral and personality characteristics that can change over time and are potentially amenable to intervention.

They may include one or more of the following, but are not limited to: sexual preferences to children, sexual preferences to violence, sexually- and criminally-entitled attitudes, access to potential victims, emotional loneliness, ineffective problem solving skills, substance use, collapse of social support system, and negative social influences.

M. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. Evidence-Based Programming

1. Program Components

Emerging evidence-based practice embraces the importance of having people who commit sex offenses involved in sex offense specific treatment as a condition of their correctional supervision. Components of current sex offense specific treatment methods in Iowa include the following:

- a. Specialized Sex Offense Assessment
- b. Psycho-physiological Assessments (i.e. polygraph, penile plethysmograph, Abel Assessment of Sexual Interest, VSA)
- c. Group Treatment
- d. Cognitive-Behavioral Therapy
- e. Psychopharmacology as needed or warranted by a physician

2. Program Standards

All institutional Sex Offense Treatment Programs (SOTP) shall meet Iowa Board for the Treatment of Sexual Abusers (IBTSA) Standards.

B. Assessment Standard

1. The basis for comprehensive, evidence-based sex offense treatment and supervision is thorough evaluation of the risk and needs specific to each incarcerated individual. The purpose of sex offense evaluations are also

to ensure that sex offense treatment staff are uniformly making assessment and re-assessment decisions as incarcerated individuals transfer from institution to community-based corrections, as well as from district to district.

Incarcerated individuals assigned to sex offense treatment will be evaluated by one or more of the following evaluative methods to ensure appropriate treatment placement, interventions, and dosage:

- a. Sex offense specific risk assessments (e.g., Static 99-R, ISORA, Stable 2007, SOTIPS or SORAG for adults, and ERASOR for juveniles)
 - 1) The STATIC 99R and/or ISORA shall be completed for all SOTP participants. These assessments shall be used to determine static sex offense risk factors.
 - 2) SOTIPS shall be completed in ICON on all SOTP participants within at NCF. The initial SOTIPS shall take place prior to initial classification, the pre-SOTIPS shall take place prior to SOTP participation; and, the post-SOTIPS shall take place upon completion of SOTP.
- b. Psycho-social assessment (e.g., family, employment, academic, and relationship histories)
- c. Level of accountability/responsibility for crime(s)
- d. Personality assessment
- e. Intellectual functioning
- f. Medical and mental health history
- g. Substance use disorder assessment
- h. Sexual history
- i. Legal history
- j. General risk assessment(s) (e.g., DRAOR, PCL-R)
- k. Review of collateral documents and information

- l. Physiological assessments (e.g., polygraph, penile plethysmograph, and/or Abel Screen, VSA)

- m. Behavioral observations

2. Risk Assessment for Treatment and Research

- a. All institution people who have committed sex offenses shall be assessed for treatment, program evaluation, and recidivism research utilizing the following assessment tools:

- 1) Static 99-R

- 2) ISORA (for those incarcerated individuals the Static 99-R is not applicable to)

- 3) DRAOR

- 4) SOTIPS

- b. Risk assessment shall be completed as a component of the Pre-Sentence Investigation (if ordered).

- c. Initial SOTIPS assessment shall be completed in ICON for all SOTP participants at NCF.

- 1) Case managers shall complete the pre-SOTP participation SOTIPS for SOTP participants.

- 2) At each contact the case manager shall document in ICON Generic Notes utilizing the "Case Plan" note category:

- a) Progress made on the action steps developed in the prior case plan;

- b) Individualized interventions, activities, or discussions that took place during the contact to impact the participant's SOTIPS need areas;

- c) Updated action steps which include specific measurable steps the incarcerated individual is to complete before the next meeting with the case manager.

3. SOTP group facilitators shall complete the post-SOTP participation SOTIPS for SOTP participant graduates.

Additional special re-assessments on any Department assessment tool may be completed at the discretion of the case manager or program supervisor at any time that significant changes in the incarcerated individual's status occur (i.e., disciplinary issues).

4. Polygraph and/or Voice Stress Analysis (VSA)

A sexual history polygraph and/or VSA may be completed to facilitate disclosures that assist in gaining an understanding of the individual's needs related to sexual self-regulation and ensuring appropriate dosage of treatment and supervision are utilized. The sexual history polygraph and/or VSA shall also inform the case plan.

C. Treatment Programming

1. The goal of institution sex offense treatment is to eliminate recurring sexual assault. Post-treatment management using relapse procedures should include long-term follow-up. Just as evaluation procedures cannot be based on a single assessment technique or instrument, treatment programs must be multifaceted. Information on sexual arousal patterns, social competence, and cognitive distortions may eventually allow predictions to be made about the likelihood of recidivism in the future.
2. All sex offense treatment programs shall follow the established "Sex Offense Treatment Curriculum Guideline" (Attachment A) approved by the IDOC, and supported by IBTSA, as the primary method for treatment provision. Additional materials and resources may be used to enhance delivery of required treatment components.

3. Program Completion

These assessment and case management procedures shall remain in effect as long as the incarcerated individual meets the definition of SOTP participant. Once the incarcerated individual no longer meets this definition, then general assessment and case management standards shall apply.

4. Quality Assurance/Continuous Quality Improvement

- a. All staff are responsible for compliance with policy and procedures regarding the treatment of incarcerated individuals while incarcerated.

- b. Assigned staff shall complete quality assurance/continuous quality improvement activities on assessment and case management services.