

Sex Offender Treatment Program (SOTP)

Background

As of June 30, 2015, approximately 21 percent of the offenders in Washington prisons and 18 percent of offenders on community supervision are serving time for sexual crimes, making their management and treatment a major interest for the Department of Corrections (DOC) and the community.

The DOC and its partners have a comprehensive management system for sex offenders consisting of sentencing alternatives, confinement, treatment, supervision, community/victim notification and civil commitment all with the ultimate mission of public safety. SOTP is part of DOC's commitment to providing treatment for sex offenders, which began in 1988 after Western State Hospital closed its sexual psychopath program.

The three main goals of SOTP are:

1. Help the offender learn to reduce and manage their risk to reoffend.
2. Provide information to aid DOC and the community to monitor and manage offenders more effectively.
3. Remain accountable to the people of the State of Washington by routinely evaluating and aligning SOTP with evidence based practices.

Previous Research

Since the early 1970s and 1980s, research has indicated sex offender treatment is found to decrease sex offense recidivism (Hanson, K. et. al 2002). Consistently, large studies have found that contemporary cognitive behavioral treatment, such as the methods used in SOTP, helps reduce rates of sexual reoffending by as much as 40 percent (Hanson, K. et. al 2002).

A [study conducted by the Washington State Institute for Public Policy \(WSIPP\)](#) in December 2013 reviewed the costs and benefits of sex offender treatment and found that treatment saves more money than



Governing Laws

[RCW 9.94A.810](#)- Transition and Relapse Prevention Strategies


[RCW 9.94A.820](#)- Sex Offender Treatment in the Community

For more information

Dr. Keri Waterland PhD
Assistant Secretary
Offender Change Division
keri.waterland@doc.wa.gov

Jeff Landon, MSW
Sex Offender Treatment Director
jeffrey.landon@doc.wa.gov



Visit our website at:
www.doc.wa.gov 

Prison SOTP Participation

As of June 30, 2015

Current Participants252
 Monroe CC.....126
 Airway Heights CC121
 WCC for Women.....5

Average Age.....41
 Youngest.....18
 Oldest76

Gender:
 Male.....98%
 Female.....2%

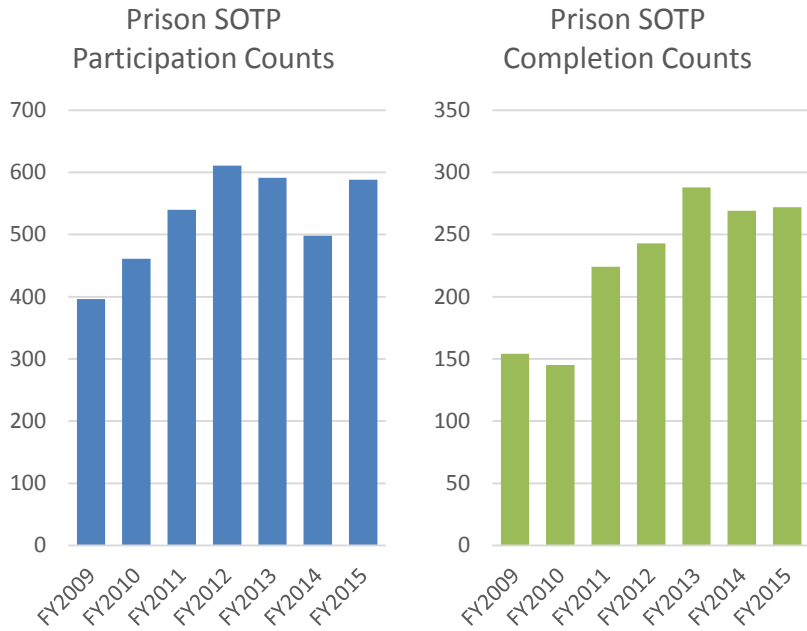
Race:
 White83%
 Black10.3%
 Amer. Indian/Native
 Alaskan.....3.6%
 Asian/Pacific Islander1.6%
 Other0.8%
 Unknown1.2%

Hispanic.....2.0%

Static 99 Risk to Reoffend:
 High17%
 Moderate-High24%
 Moderate-Low.....24%
 Low27%
 Unknown8%

FY2015 Completions.....272
 Of total participants81%

it costs in both community- and prison-based settings. A [2009 study by WSIPP](#) indicated that for each participant that had treatment in prison and aftercare in the community, there was an estimated \$4,064 in victim and taxpayers benefits, and crime was reduced by almost 10 percent.



Treatment

Consistent with the Risk, Needs, Responsivity principles (RNR), the SOTP utilizes a validated instrument (Static 99R) to assess relative risk to sexually re-offend. The SOTP also completes a dynamic risk assessment (Stable 2007) for treatment participants at intake to, and discharge from, both prison and community phases of treatment. The combination of static and dynamic risk assessments informs appropriate treatment dosage commensurate with risk for future sexual offense. For example, higher risk offenders are prioritized and receive the highest level of services while lower risk offenders are given a lower priority status and receive a less intensive treatment protocol or are not prioritized for DOC’s SOTP.

The DOC operates prison treatment programs for male and female sex offenders at three prisons (Monroe Correctional Complex, Airway Heights Corrections Center (AHCC) and Washington Corrections Center for Women), and it follows up with aftercare in the community for offenders who have completed prison based treatment and are released on supervision. All adult sex offenders in DOC prisons may volunteer for the program. Because of the lengthy waiting list, most offenders enter treatment only when they are within 18 months of release. Participants receive both intensive group therapy and individual counseling. Primary groups generally have 12-14 members and meet six hours each week during the institutional phase of treatment. Additional psycho-educational and skill building groups addressing: sexual deviancy, self-regulation, sex education, community transition and a variety of other topics are delivered depending on each offenders needs.

The goals of group therapy include:

1. Help the offender gain insight into and understanding of their individual pathway that led to sexually offending.
2. Develop, implement and monitor both cognitive and behavioral interventions to recognize and intervene on their specific dynamic risk factors.
3. Teach relapse prevention and skills necessary for the offender to reduce and control risk.
4. Help the offender learn the attitudes, thinking skills and behaviors necessary to live pro-socially.
5. Help the offender prepare to use their new skills and knowledge in the community.

If the End of Sentence Review Committee determines the offender’s risk has not been adequately reduced through correctional interventions to include treatment, offenders may continue confinement through the civil commitment process for sexually violent predators in the Special Commitment Center on McNeil Island, which is operated by the Department of Social and Health Services (DSHS).

Community Supervision

Sex offenders about to leave prison undergo a classification process by the End of Sentence Review Committee in order to recommend the level of public notification. The DOC and its partners ensure the proper authorities, organizations and potential victims are informed of the whereabouts of sex offenders leaving prison and impose special safeguards on those offenders thought to pose a higher risk to the public. All offenders who participated in the SOTP while in prison are provided continued treatment (aftercare) while being supervised in the community and are expected to continue receiving treatment upon release for up to three years, either from designated DOC staff or from private treatment providers.

Sex Offender Treatment Program Initiatives

The SOTP launched a pilot program at AHCC, ‘Moving Forward,’ in July 2015 targeting higher risk sex offenders who categorically deny committing a sex offense. While the SOTP would prefer that all offenders take full accountability for the harm caused by their offending behavior, a great deal of higher risk offenders release from prison without receiving formal programming to address their behavior due to SOTP treatment amenability criteria. With the interest of increasing public safety by reducing sexual recidivism among this offender group, Moving Forward’s goals are increasing: motivation to make positive change, awareness of their criminogenic risk factors related to sexual re-offense, awareness of and propensity for choosing environments with factors that perpetuate dynamic risk factors, willingness and ability to effectively intervene with risky thinking/behavior and developing a viable success plan.

The SOTP at MCC-TRU is developing a joint pilot program initiative with the Substance Abuse Recovery Unit to provide both SOTP and Substance Abuse treatment to those assessed with high risk/needs in both sexual deviancy and substance use. The program is scheduled for implementation in 2016.

Additionally the SOTP began the process of developing a quality assurance program which will be implemented over the next three years.

Community SOTP Participation

As of June 30, 2015

Current Participants..... 262

Average Age 41

Youngest 21

Oldest..... 80

Gender:

Male 98%

Female 2%

Race:

White 89%

Black..... 5.7%

Amer. Indian/Native

Alaskan 1.9%

Asian/Pacific Islander..... 2.3%

Other..... 1.1%

Unknown..... 0.4%

Hispanic 3.0%

Static 99 Risk to Reoffend:

High..... 8%

Moderate-High 14%

Moderate-Low 17%

Low 18%

Unknown..... 43%

Sex Offender Level ¹:

Level 1 54%

Level 2 30%

Level 3 12%

Unknown..... 4%

¹ *Determined by the Washington State Patrol*

SOTP Timeline

- 1988 – SOTP began
- 1989 – First SOTP graduates
- 1991 – Capacity limited due to budget
- 1993 – Persistent Offender “3 Strikes” Law implemented
- 1995 – SOTP Advisory Board established
- 1996 – “2 Strikes” Law implemented
- 1997 – Use of actuarial static risk assessment tool (LSI-R)
- 2004 – Program expanded to Women’s prison (WCCW)
- 2009 – Program expanded to 2nd male prison - AHCC
- 2014 – Establishment of the Risk Assessment Unit utilizing the Static 99R tool to assess sex offenders entering prisons through reception
- 2014 – Implementation of dynamic needs assessment at male prison treatment program sites utilizing the Stable 2007. All clinical SOTP staff certified in the use of the Static 99R, Stable and Acute 2007.
- 2015 – Pilot of a risk reduction program began at AHCC targeting moderate to high risk offenders who deny committing a sex offense.

Outcomes: Recidivism

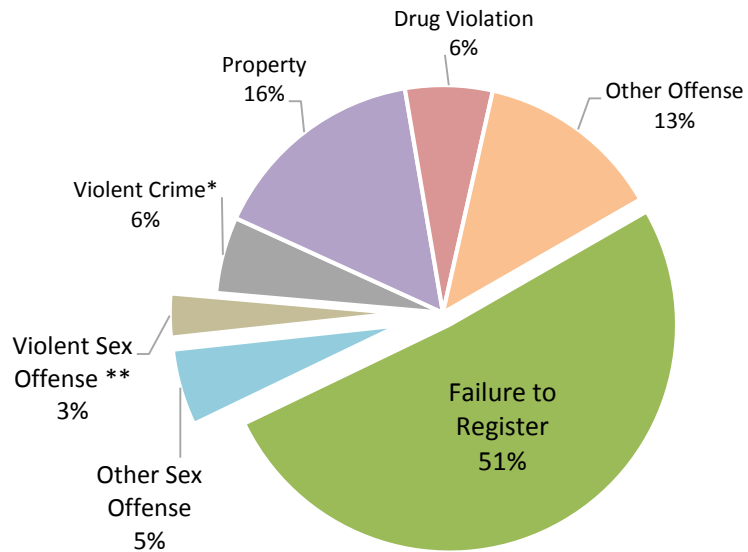
DOC defines recidivism as “any felony offense committed by an offender within 36 months of release from prison which results in a readmission to prison.”

Offenders Released from Prison in FY2012	All Sex Offenders		Sex Offenders who did not Enter/Complete Prison SOTP		Sex Offenders who Complete Prison SOTP	
	Count	%	Count	%	Count	%
Total Offenders	708		554	78.3%	154	21.7%
Recidivated	129	18.2%	119	21.5%	10	6.5%

In FY2012, there were 709 sex offenders released from prison, which is approximately 9 percent of the total releases for that year. Approximately 22 percent of all sex offenders released in FY2012 had completed prison SOTP and 6.5 percent recidivated.

The recidivism rate for all sex offenders released from prison in FY2012 was 18.2 percent.

All Sex Offender Recidivism Crime



* Violent Crimes include Assault, Robbery, Manslaughter, and Murder.

** Violent Sex Crimes include Assault with Sexual Motivation, Sexual Abuse, and Rape.

Of those sex crime offenders who were released in FY2012 and committed a crime within three years of release, 6 percent were for a new sexual crime. However, it is important to note that 86 percent of the new sexual crimes were for failing to register as a sex offender, and not a more serious sexual crime that the public normally associates with sexual offending.