DIRECTIVE FROM SENATE

• RCW gives great weight to the victim’s opinion. How often is a SSOSA imposed over the victim’s objections and why?
• Explore consistencies and inconsistencies between jurisdictions relating to amenability to treatment. What does DOC do if they do not believe treatment will be successful? Should there be more consistent standards for amenability to treatment and eligibility for SSOSA?
More from the Senate

• What are the results of SSOSA that have been granted? How often does the offender successfully complete treatment? When the offender does not comply with the requirements of the sentence, are consequences swift and certain and appropriate?
HISTORY OF WA SO TREATMENT

• Inpatient began with “sexual psychopath” law
• State hospitals given responsibility of custody and treatment
• 1950’s increasing population mixed with mental health patients, no specific treatment
• Late in the decade a legislative investigation led to reforms
1960’s

- Western State Hospital director, Dr. di Furia began to shape and develop a specific program for sex offender treatment
- Positive recognition and support
- Period of growth
1970’s

• Treatment and evaluation were developing well
• Rapid growth led to return to over-crowding
• Highly visible escapes
• Lots of activity amongst and between treatment providers who were developing effective treatment principles and models
1980’s

- Overcrowding continued and forced creation of a waiting list – which also rapidly grew
- Program expansion
- Shift in public to the “law and justice movement”
- Movement from treatment to punishment
- States eliminating sexual psychopath laws, but no treatment to replace
Emergence of Community-Based Treatment

• Treatment providers in community were sharing information, collaborating on models and organizing around a few major principles.
  – Recognition of deviant sexual arousal, where treatment should consist of behavioral methods to reduce
  – Offenders may commit many more offenses against many more victims that are known
  – Offenders should admit the attraction and that they act on the deviant sexual arousal
  – Overcoming denial and minimization by offenders is key