the Legal Pad

June 1, 2026

"America is the land of the second chance, and when the gates of the prison open, the path ahead should lead to a better life." – George W. Bush, State of the Union Address, 2004, quoted in Prisoners and Prisoner Re-Entry, U.S. Dep't of Justice., https://www.justice.gov/archive/fbci/ progmenu_reentry.html."

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tLP Editor Address (Exactly & **Only** as Below):

Cyrus P. Gladden II
1111 Highway 73
Moose Lake, MN 55767-9452

Rutgers University Law School Strikes a Powerful Blow for Abolition of SOCC.

Rutgers Law School Holds Symposium on Ending SOCC.

Editor's Opening Comments: In 2024, the Sex Offense Litigation and Policy Resource Center held a symposium at the Metropolitan State University in St. Paul, MN on the same subject. That symposium effectively pointed out that the original aim of legislation creating sex offense civil commitment was ill-conceived. Since then (the 1990s), research has shown that its main aim, reducing sex-crime frequency, had occurred just as much in the 30 states without SOCC as in those that had it. The real reason for that reduction was increased sentences for sex crimes in a still-ongoing upward spiral.

The Rutgers symposium in April of this year addressed the same subject, and continued to elaborate on the extreme cruelty of this secondary incarceration under cover of "civil commitment." It brought focus on this pointless atrocity to the northeast portion of the country. More important still, it points up that experts who know about this wasteful and inhuman action will not be quiet. Instead, more such symposia can be expected in other states having laws of this type.

Eds., "Spring 2026 Symposium – No Exit: Challenging 'Civil' Commitment and Indefinite Confinement of People Convicted of Sex Crimes," *Criminal and Youth Justice Clinic, Rutgers University Law School* (April 17, 2026).

Text Excerpts: What happens when punishment never ends? Join us to confront the realities of 'civil' commitment systems that subject those convicted of sex-related offenses to indefinite confinement.

A Legal Limbo

Across the United States, individuals are held in civil commitment long after they have completed their criminal sentences, often with no clear path to release. What is framed as treatment functions, in practice, as indefinite confinement.

This one-day, in-person interdisciplinary symposium will bring together social scientists, legal scholar, mental health practitioners, lawyers, journalists, organizers, advocates, community members, and individuals with lived experience to critically examine the civil commitment process and civil commitment systems in the United States, with a focus on New Jersey's Special Treatment Unit.

Through interdisciplinary discussion, the conference challenges assumptions about risk, treatment, and recidivism, while exposing the realities of indefinite confinement.

The symposium seeks to interrogate the legal frameworks, structural inequities, institutional practices, and lived realities of civil commitment systems and explore strategies for accountability, reform, and abolition.

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Rutgers Symposium Scathes, Demands End to or Radical Reform of SOCC. — Program & Presenters

Editor's Explanation: Here is a list of presentations made at the April 2026 Rutgers Law School Symposium on Sex Offense Civil Commitment:

Text Excerpts:

"9:45 AM – 11:00 AM – Panel I: **History and National Landscape of Civil Commitment**

Eric S. Janus, J.D., Professor and Dean Emeritus, Director of Sex Offense Litigation and Policy Resource Center, Mitchell Hamline School of Law. Prof. Janus' scholarly focus has been on constitutional and public policy considerations in the development of so-called regulatory approaches to sexual violence prevention. His books include Sexual Predators: Society, Risk, and the Law (with R. Prentky and H. Barbaree) and Failure to Protect: America's Sexual Predator Laws and the Rise of the Preventive State. He has authored numerous articles and chapters on the subject, including Holding Our Sex Offender Policy Accountable in Sexual Violence: Evidence Based Policy and Prevention, Eds.: E. Jeglic and C. Calkins (2016) and Preventing Sexual Violence: Alternatives to Worrying About Recidivism, 103 Marquette Law Review 819 (2020).

Matt Gray, Journalist and Investigative Reporter at New Jersey Advance Media. Matt Gray is a news reporter with NJ.com who focuses on crime and court coverage across New Jersey.

Bill Dobbs, J.D., Activist, Communications Consultant, New York City. Bill Dobbs is an attorney and civil libertarian long concerned with harsh punishments, especially those used on sex-related cases. He is active in the ongoing campaign to close Minnesota's sex offense civil commitment program (MSOP) and serves as an ex officio member of the Resident Advisory Family Council, which is comprised of and advocates for detainees. Dobbs is a member of the New York City Bar's Sex Offense Working Group and a long-time advisor to the Sex Offense Litigation and Policy Research Center (SOPRC) at Mitchell Hamline School of Law. He publishes The Dobbs Wire, an occasional sex offense law and policy newsletter, initiated a consensus letter opposing American Law Institute's recommendations in favor of sex offense registration statutes, and brought the Zachary Anderson registry case to favorable national attention. As a University of Michigan law student he co-founded the gay and lesbian student group now known as OUTlaws.

Stephanie Jones, Survivor and Advocate. She is a victim of the Special Treatment Unit's civil commitment system who lost ten years of her life to this atrocious place.

11:05 AM – 12:20 PM – Panel II: **The Use of Treatment Modalities and Risk Assessment(s) to Justify Indefinite Detention of Those Convicted of Sex Offense(s)**

The Honorable Bradford Bury, Retired New Jersey Superior Court Judge (Vicinage 13). Judge Bury graduated from Villanova School of Law and served as a prosecutor for 5 years. He was a trial attorney in private practice for 35 years, litigating civil and criminal cases in state and federal trial and appellate courts. Judge Bury was a member of the Union County District XII Ethics Committee for 5 years and Chair of the Union County Bar Association Criminal Section.

Corey Rayburn Yung, J.D., William R. Scott Research Professor, University of Kansas School of Law. Yung's scholarship has appeared in, among other publications, the Boston College Law Review, George Washington Law Review, Harvard Civil Rights-Civil Liberties Law Review, Iowa Law Review, and Northwestern University Law Review. His research has been cited by federal and state courts, including the Supreme Court of the United States in Kennedy v. Louisiana. Yung was awarded the Lisa Goldberg Fellowship at the Harvard Radcliffe Institute in 2019.

Dr. Nicole Colombino, Ph.D., Clinical and Forensic Scientist, Center for Forensic and Clinical Psychology of New Jersey. Dr. Niki Colombino is a specialist in forensic psychology licensed to practice psychology in New Jersey and New York and is also licensed to practice under PSYPACT in participating states. Dr. Colombino received her PhD in clinical-forensic psychology from The Graduate Center at John Jay College of Criminal Justice (CUNY). Dr. Columbino has been in private practice since 2020 and employed at the Center for Forensic and Clinical Psychology of New Jersey (COCNJ) since 2021 conducting a range of forensic mental health assessments. While she has provided forensic evaluations and consultation for a variety of psychological questions for clients throughout the United States, she has an expertise in evaluating those who have caused and have been victim of sexual harm, as well as juvenile forensic assessment. Since 2008, Dr. Colombino has been engaged in research that examines sex offender perpetration patterns and evidence-based sexual vio-

lence strategies. She has numerous peer-reviewed publications and has presented her research at national conferences. Dr. Colombino holds adjunct faculty positions and is frequently invited to guest lecture at local universities on forensic psychological evaluation and juvenile justice issues. She also provides continuing education trainings.

12:40 PM – 1:40 PM – Lunchtime Talk: **Behind the Wall: The Lived Experience of Civil Commitment in New Jersey**

Dr. Matthew Barry Johnson, Professor of Psychology, John Jay College of Criminal Justice, City University of New York. He is a highly regarded expert witness and the author of 'Wrongful Conviction in Sexual Assault: Stranger Rape, Acquaintance Rape, and Intrafamilial Child Sexual Assault' (Oxford University Press, 2021). Prof. Johnson earned the Ph.D. in clinical psychology from Adelphi university. He serves on the Editorial Board of the Wrongful Conviction Law Review and the Journal of Ethnicity in Criminal Justice. Professor Johnson served on the Executive Committee of New Jerseyans for Alternatives to the Death Penalty, the lead organization in the successful campaign that abolished the New Jersey death penalty.

Rodney Roberts, Re-Entry Coach, The Innocence Project. Rodney Roberts, native of Newark, New Jersey, wrongfully served 18 years in Rahway State Prison as a result of being coerced into pleading guilty to a crime he did not commit. Rodney pushed forward with studying law and pursuing a higher education while falsely imprisoned. In 2014, as a pro se litigant and with the civil exonerees since then, he has been on the frontline advocating for a more just criminal legal system, offering peer support to exonerees and their family members, and lending his experience to help pass legislation that addresses wrongful conviction. Proudly, in 2022 Mr. Roberts was hired as the Innocence Project's first re-entry coach

1:45 PM – 3:15 PM – Panel III: **Policy Perspectives and Centering Survivors**

Dr. Tamara Rice Lave, J.D., Ph.D., Associate Professor of Law, University of Miami School of Law. After graduating from Stanford Law School, Professor Lave was a deputy public defender for ten years in San Diego, California. As a P.D., she handled a variety of cases including possession of a spiny lobster out of season, torture, child molestation, rape, and murder. She also represented accused sexually violent predators in civil commitment hearings.

Emma Ruth, Policy Analyst and Advocate, Chicago, Illinois. Emma Ruth is co-founder of Free to heal, a ragtag group of researchers and survivor-activists who partnered to publish and disseminate a report that exposes the violence of sex offense civil commitment, called "Inside Illinois Civil Commitment" (2021). Free to Heal takes the stance that state violence is not a solution to sexual violence, and that we all must be free in order to heal from sexual harm. She has previously consulted as a researcher and writer for Prison Policy Initiative, the upEND Movement, the Center for the Study of Social Policy, and the National LGBTQ Institute on Intimate Partner Violence.

Elizabeth Weil-Greenberg, Senior Reporter for The Appeal. Based in New Jersey, she writes on prison and jail conditions, wrongful convictions, and the criminalization of disabilities. Elizabeth has also written for The Nation, New York Focus, and TruthOut. Partnering with CoLAB Arts, she has written two interview-based plays, which have been performed in the Northeast – "Life, Death, Life Again: Children Sentenced to Die in Prison" and "Banished: A Family on the Sex Offender Registry." She worked for eight years at the Innocence Project as a case analyst where her work was instrumental in several exonerations. She was the recipient, with journalist Juan Moreno Haines, of the 2020 California Journalism Awards Print Contest. They were awarded first place for At San Quentin, Overcrowding Laid the Groundwork for an Explosive COVID-19 Outbreak, in the category: Coverage of the COVID-19 Pandemic – Fallout, weeklies, circulation 25,001 and over.

3:20 PM – 4:30 PM – Panel IV: **Forging a Path Forward in New Jersey and Beyond**

Alex Shalom, Partner, Chair of the Lowenstein Center for Public Interest, Lowenstein Sandler. Alexander Shalom leads the Lowenstein Center for the Public Interest, bringing strategic focus to the firm's pro bono efforts and strengthening partnerships with leading nonprofit and community organizations across the country and within the pro bono arena and often, while seniority, including advocacy on behalf of an individual who has been civilly committed. Alex spent over 13 years at the ACLU-NJ, most recently as Director of Supreme Court Advocacy. In his time at the ACLU-NJ, he developed and litigated a series of groundbreaking cases challenging death-in-prison jails, and detention centers during the COVID-19 pandemic.

Allison Perrone, Appellate Deputy Public Defender, New Jersey Office of the Public Defender. Allison Perrone began her career as a public defender in 1997 before transitioning to private practice in 2001. For seventeen years, she maintained a solo practice specializing in criminal appeals before returning to the Office of the Public Defender in 2018 to lead the Appellate Section. She has authored amicus briefs on behalf of both the Association of Criminal Defense Lawyers of New Jersey and the American Civil Liberties Union.

Michael Mangels, Assistant Deputy Public Defender, New Jersey Office of the Public Defender. Michael began his legal involvement with detainees in the Special Treatment Unit while still attending Seton Hall Law School in 2014 in its Constitutional Litigation and Civil Rights Clinic who served as class counsel for the Alves v. Main litigants enforcing the settlement agreement. Upon graduation and conclusion of his clerkship, he returned to working with the detainees in the Special Treatment Unit as an Assistant Deputy Public Defender with the Alternate Commitment Unit. In March 2020, he was appointed as the Managing Attorney of that unit, where he continues to serve.

Jenny Brooke-Condon, J.D., Professor of Law, Seton Hall Law School. Professor Condon is the Associate Dean for Faculty Affairs, teaches constitutional law, and directs the Equal Justice Clinic. The Clinic challenges [among other things] disproportionately lengthy sentences. Professor Condon also regularly files amicus briefs raising constitutional arguments in state and federal court, including on matters involving sentencing, incarceration, parole, and torture accountability. As amicus counsel, including before the U.S. Supreme Court and state supreme courts, she has advanced protections under the Eighth Amendment and its state constitutional counterparts. Professor Condon earned her J.D., magna cum laude, from Seton Hall Law School and holds a B.A. in Journalism and Fine Arts, magna cum laud, from George Washington University.

Terry Schuster, Ombudsman, Office of the Corrections Ombudsman. Terry Schuster is the New Jersey Correction Ombudsperson, directing an independent state agency that inspects prison facilities including the Special Treatment Unit (STU), and that investigates complaints of mistreatment from incarcerated people and residents. Terry is an attorney and criminal justice policy expert. His office regularly tours the STU, readers of others and separate from the tions and Department of Health.

Ron Pierce, Deputy Ombudsman, Office of the Corrections Ombudsman. An alum of the N.J. Step program, Ronald Pierce received his associate degree from Mercer Community College while at East Jersey State Prison. Ron continued his education cum Laude, from Rutgers University Newark in 2018 and was a recipient of the Vera Institute Scholarship. Ron then completed his master's degree in criminal justice at Rutgers University – Newark, in the School of Criminal Justice, in 2023, receiving a scholarship from the N.J. Step/ Mountainview Program. Ron worked for the New Jersey Institute for Social Justice and, after graduating in 2018, as a Policy Analyst. During this time, Ron was instrumental in the passage of several bills into law, including voting rights for people on Parole and Probation. Ron is a frequent commentator and lecturer on issues related to voting rights, reentry, and the human rights of the incarcerated.. Ron has testified numerous times before the State Assembly and Senate on various topics. Ron also has two chapters published in an Encyclopedia called American Prisons and Jails: An Encyclopedia of Controversies and Trends. Ron also consulted on the writing of the play called Caged. Ron sits on the Board of Directors for American Reentry Initiative and Transformative Justice Initiative and is a Co-Director of All of Us or None, South Jersey. Ron's message is that opportunity breeds hope, and hope is the spark that ignites the flame of transformation.

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Rutgers Symposium — One Observer's Perspective

Editor's Explanation: I received a print of the following email on condition of anonymity of its sender and recipient. Nonetheless, I am in sporadic contact with both the sender and recipient and trust them in this and other matters concerning the subject.

Text Excerpts: "Laura Cohen, the Director of Rutgers Center on Criminal Justice, Youth Rights, and Race, spearheaded the conference and served as chairperson, introducing the speakers and freely injecting comments. ... [T]here was a wide variety , including numerous speakers who think the civil commitment program is needed but needs to be tweaked.

Professor Cohen was very clear that she thinks the civil commitment programs across the country need to be abolished. Numerous other speakers said similar things. However, there was general recognition that politicians put themselves at risk of losing voters and contributions if they did anything to diminish the laws regarding 'sex offenders.' Dr. [Tamara Lave] Rice commented that sex crimes are the bread and butter for politicians. Anything they say in

It was noted that there has been an increasing number of support groups of family members, therapists, lawyers, and researchers across the country advocating for the removal of civil commitment. Much of the discussion focused on incremental steps to move toward broader recognition of the need to abolish civil commitment. ers of these hidden prisons AND all the data indicating the ineffectiveness of them, their inability to predict 'risk of re-offending.' They suggested engaging 'survivors' and their supporters by convincing them that, if they really care about survivors, the money can be better spent than it is, as it is massively wasted in civil commitment.

Also suggested were lawsuits regarding 'the right to treatment' while in civil commitment. Policies such as removing someone from treatment when they have an infraction are irrational. Clearly defining what people need to do in order not to be at risk, and for the State to clearly demonstrate that a person is at risk. The current assessment tools need to be dramatically changed. There was discussion of the need to better prepare people for returning to the community, with adequate housing, jobs, financial support, healthy peer support, and mentors.

Many people said that civil commitment

facilities should be staffed only by health department personnel and that DOC should be completely removed from involvement. However, others noted that if they continue to house the programs in poorly heated and un-air-conditioned buildings, with barbed wire all around, lack of freedom, etc., it will be a prison to those behind the walls.

Some suggested that instead of trying to get each state with civil commitment to abolish it, the case needs to go back to the Supreme Court to overturn their prior endorsement.

The biggest, overall point made over and over was the need to develop allies and to get state and national coalitions of journalists, lawyers, and family members...."

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TX SOCC Retains Aging Former Sex Offenders at Spiraling Medical Costs

Editor's Opening Comment: The following article highlights medical costs—just one of many problems that SOCC has caused in Texas. This is just the proverbial tip of the iceberg. Due to the whole ensemble of problems with the Texas SOCC system, it is now under consideration for possible repeal. So please read this and the following articles on that Texas situation. It is easy to see why legislators now regret that choice to adopt that system back in the 1990s.

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See: "'LEFT TO DIE' Therapists say Texas sex offender treatment program too often fails on purpose. [See *the Legal Pad*, Vol. 5, No. 9, pp. 9-10, article: "Texas SOCC System Fails Deliberately, Leaving Confinees to Die"]

Eric Dexheimer, "Medical Costs Are Soaring for Aging Sex Offenders in Texas Lock-ups. Taxpayers Are Footing the Bill." *Houston Chronicle* (March 17, 2026).

[Houston Chronicle ed.:] "The Billy Clayton Center in Littlefield [TX] is the civil commitment facility for former prison inmates who have been designated sex predators by the state of Texas and have served their prison time."

Text Excerpts: "The Texas Civil Commitment Office is the Hotel California of the state's incarceration system. Many check in, but almost no one leaves.

Thanks to the one-way door, its budget has tripled over the past decade. And because escalating costs are a feature, not a bug, there is no end in sight for the soaring bills.

The obscure agency is charged with rehabilitating sex offenders who completed their prison sentences but have been deemed still too dangerous for release. Most are locked in an isolated former prison in the tiny Panhandle community of Littlefield.'

Unlike criminal sentences, there is no term for a civil commitment. Officials say they release clients when they are ready. In practice, that rarely happens.

Since the program began, more than 700 men (and one woman) have entered. On average, fewer than two have been released each year. Statistically, clients have been more likely to die in civil commitment than to graduate from it."

Text continues: "Meanwhile, every year about three dozen new men finishing up their prison terms are ordered into the program.

It's not the population growth alone ballooning the agency's budget. Because civil commitment clients arrive after completion of often-lengthy prison terms, many are getting on in years. Today, nearly three-quarters are 55 or older; more than 90 are aver the age of 70.

'The majority of TCCO's clients suffer from multiple chronic health conditions,' the agency recently reported.

Unsurprisingly, caring for civil commitment clients is a third more expensive than the cost of keeping them in prison, according to the Texas Legislative Budget Board. For the past five years, the agency has had to petition state lawmakers to give it millions more than allocated to cover their medical care.

In 2023, the agency was budgeted $770,000 for client medical care – and spent more than $3 million. In 2025, it got $1.8 million – and spent $7.2million.

Still more of the agency's climbing costs appear to be driven by fear and revulsion of sex criminals rather than rational policy, said Sarah Sooter, a former therapist at the lockup.

Terminally ill state prisoners, for example, can petition parole authorities to be returned to the community under so-called compassionate release. It allows them to pass their final days with family – and for the federal government to pick up the tab for their expensive end-of-life care.

But Texas law does not allow such releases for civilly committed sex offenders. Even those literally incapacitated by age or disease are treated as still too risky for the community.

Frances Womack said her 67-year-old husband Richard, who was convicted of his crimes 35 years ago, hardly presents a threat. Given three years to live three years ago because of his pancreatic cancer, 'He looks like a cancer patient,' she said.

Jessica Marsh, deputy director of the agency, said that as long as clients have a 'behavioral abnormality,' the standard by which they are committed, they must stay confined. She added that seemingly incapacitated men could still be dangerous: 'TCCO has had at least one client that committed one of his pre-civil commitment sexual offenses while physically disabled to the point of requiring a wheelchair.'

At the Littlefield facility, clients are locked and guarded 24 hours a day behind 16-foot-high razor-wired fences embedded with sensors. Yet agency rules still require hundreds of them to wear GPS monitors.

'There is no reason for that, said Sooter. 'That is stupid.'

Not only are the devices expensive and unnecessary, officials acknowledge they create unnecessary work. The GPS tracking system often malfunctions because of poor signals inside the locked facility's thick walls. On a single night last year, the civil commitment agency reported 119 false alarms security staff had to respond to, records showed.

Sex offenders elicit no public sympathy. Few lawmakers are willing to grant relief to those convicted of crimes such as rape and, especially, sex crimes against children, long considered a 'third rail' of criminal justice reforms. Legislative sessions typically only add restrictions and stiffer punishments.

Agency administrators point out the small group of men they treat are considered the worst of the worst. Once committed, they say, clients are afforded ample checks and balances to ensure they have a fair shake, including regular psychiatric evaluations and a clear pathway to freedom.

Yet in practice Texas could be approaching a financial reckoning over the inexorable growth of its forever rehab. 'In 10 years, you've got 26 guys who've gotten out, at a cost of more than $200 million', said Von Short, who was released from civil commitment in 2024. 'That's crazy.'

Fences, Locks, and Guards – But Not a Prison

The U.S. Constitution prohibits punishing people twice for the same crime, known as double jeopardy. But the 21 states with laws permitting certain sex offenders to be kept locked up indefinitely even after serving their full prison sentences were grated legal permission by the U.S. Supreme Court three decades ago.

In its decision, the court reasoned sexual offenders deemed still dangerous had a mental abnormality making their behavior uncontrollable. Keeping them under lock and key was to prevent future crimes, not extra punishment for a past one. As long as the program stressed treatment, civil commitment could have high fences, security guards and locked facilities – and not be considered punitive.

Texas lawmakers balked at creating a civil commitment program before the law was settled. Yet money was also a factor. Establishing an inpatient civil commitment system was projected to cost $10 million, plus $78,000 a year to lock up, guard and care for each client.

So, in 1999, legislators adopted an outpatient model. The small number of so-called sexually violent predators completing their prison sentences were assigned to a sort of super-intensive parole that combined close supervision, such as mandated GPS trackers, with targeted counseling.

The state limited the amount of money it paid, and boasted about the program's ability to keep citizens safe on a budget. A 2003 study calculated the Texas model cost less than $20,000 per person per year, compared to the $100,000 annual bill for inpatient models in other states.

'When the Civil Commitment program began, we had the least expensive and most humane program in the nation', said Paul Hamilton, a psychologist who has performed hundreds of behavior abnormality evaluations on sex offenders for the state. 'And clients were not re-offending.'

Yet, by 2014, it was also true that no one had ever graduated from the strict oversight. Many men were returned to prison, often for minor rule infractions.

For those who managed to stay in the free world, finding a place to live could be next to impossible. Many landlords refuse to rent to registered sex offenders living in the community.

Between 2005 and 2015, more than 250 Texas municipalities passed residency restrictions for registered sex offenders. A typical law required them to stay 1,000 feet from places where children might congregate – schools, parks, pools – putting many residential neighborhoods off-limits.

Many men ended up in state halfway houses and county jails, or back to prison just to free up space in the treatment program. Efforts to move clients into a Houston group home backfired when local officials found out about the plans.

The revelations led to an agency overhaul in 2015. Legislators initially balked at the cost, which raised the annual price tag to over $10 million. But they were persuaded by the bill's powerful author, then-senator and current Houston mayor John Whitmire.

The new model created a tier system that in theory allowed the men to advance steadily through treatment levels until they qualified for full release. But it also called for a secured facility to place them. Officials said they considered more than 130 locations before finding an empty prison built by the isolated Panhandle community of Littlefield. Saddled with debt after it was shuttered in 2009, the town was desperate for a new tenant.

In 2014, the agency's budget was $6 million. The Littlefield center opened in September 2015 with 174 clients.

By next year, the program is projected to have 637, with a budget of $33 million.

Nearly All Residents Have Chronic Illness.

Since the overhaul, the Texas Civil Commitment Office reports that 30 men have graduated out of the program – evidence of a very narrow, but doable path for clients willing to work through the rigorous program, administrators say.

Yet even that number is misleadingly high.

A third of those released weren't freed because the agency deemed them ready to rejoin society. Rather, the 10 men were released because they filed successful legal challenges charging they were being confined when they were no longer dangerous.

Eight years after he became the first person ordered from prison into the newly opened Littlefield facility, Short said he was still mired in the fourth of five treatment levels residents need to work through to be released from the program. Facing the prospect of him being locked up for years to come and with the encouragement of his therapists, he said – Short's family hired a lawyer to fight his commitment.

His legal challenge – costing $20,000, he said – was successful. A judge ordered

(Continued on page 4)

him freed in June 2024.

Soon after the Littlefield lockup was opened, the agency's executive director, Marsha McLane, told a local newspaper the average time men would spend there would be between five and seven years. By last year, she told lawmakers during a hearing that the average time the few men released had spent in civil commitment was actually 11 years.

'They say it's rehabilitation,' said Gene Anthes, an Austin attorney who represents prisoners the state has identified as needing to be sent to the center. But that's bull. '[S]non, who now lives in Arizona, said other Littlefield residents posed little security risk – not because they didn't commit heinous crimes or may at one time have been dangerous. But rather because after decades in lockup, they were old and sick.

'There's a blind guy in there; there's a guy with one arm,' he said. A significant number of clients used a walker, cane or wheelchair. He added, 'They couldn't commit a crime if they wanted to.' Research describing 'accelerated aging' has found incarceration adds 15 years of wear and tear to a 60-year-old prisoner's actual age. With the average age of its post-prison clients at about 60, the population's collective health reflects the deterioration.

'The folks coming to us from the criminal justice system, their health age is greater than their chronological age,' McLane told legislators last year. 'They're very old, very sick guys.' Together, the Littlefield men had nearly 1,500 diagnosed chronic medical conditions, she reported.

Because of their clients' pariah status, she added, the agency had little negotiating power with local health care providers to lower costs. 'They're not interested because they don't like our people; they don't want to take them,' she said, adding: 'We have a very small pool of providers to choose from.'

As of last year another half-dozen men were in a state hospital or state-sponsored living center. At the agency's August board meeting, executives reported that 92% of residents were receiving chronic care services and were on some medication. There had been 500 sick calls the previous month.

More than a third of the men take mental health medication. They, especially, faced long odds of ever being released because they can't progress through the program, said Sooter, the former therapist: 'There are clients with a developmental disability or mental health issues who will never get out.'

'If you're 75 or 80 years old, what's the chance of that person committing an offense?' added Clarence Brown, who in 2024 became one of the few men who graduated from the agency's rehabilitation program. 'When you're old and sick, at some point it just becomes retribution.'"

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Texas Sunset Advisory Commission Targets SOCC: 2027 Repeal?

Ed., "Texas Civil Commitment Office Currently Under Review," Sunset Documents for 2026-2027 Review Cycle, 90th Legislative Session (*Texas Sunset Advisory Commission*, Febrary2026).

Text Excerpts: "The Texas Sunset Act (Chapter 325 Gove4mment Code) is a law requiring the periodic review of most state agencies by the Sunset Advisory Commission (SAC) to determine if they remain needed, efficient, and effective, with the Legislature deciding to continue, abolish, or modify them, aiming to improve government agency self-evaluations; SAC staff reviews, public hearings, and legislative action, potentially leading to significant changes or termination of agencies."

Comment by Eldon Dillingham, CURE:

"**The Texas Civil Commitment Office (TCCO)** is an involuntary commitment center for individuals who have completed their prison sentence. TCCO's function is to provide sex offender treatment. It is located in Littlefield, Texas. TCCO is currently up for review, pursuant to the Sunset law. The State of Texas Legislative body must renew TCCO, which will be reviewed during the 2027 legislative session. If the state legislative body does not pass a Bill to continue the program, typically for another 12 years, the program will be abolished....

Many family members and friends of those involuntarily confined in the Texas Civil Commitment have visited with state elected officials over the past several years. Elected officials have expressed concern about the administration of the program, the treatment of family/friends of men confined and the constant request for increased funding. They hope to receive information from the Sunset committee that will assist them in addressing the TCCO...."

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More about TX Sunset Procedure

Eds., Texas Policy Research, Whitepaper: Understanding the Sunset Advisory Commission in Texas (2026).

Text excerpts: "**The Origins and Purpose of the Sunset Advisory Commission**

In the late 1970s, a wave of anti-government sentiment swept across the United States, leading to calls for a reduction in the size and scope of government. Texas responded by creating the Sunset Advisory Commission in 1977, tasked with reviewing the performance and necessity of state agencies....

The commission's purpose is straightforward: every 12 years, each state Agency undergoes a sunset review to determine whether it should continue to exist, be restructured, or be abolished....

The Sunset Review Process: Ambitions vs. Reality

The sunset review process is designed to be thorough, involving agency self-evaluations, staff reviews, public input, and legislative action. ...Here's how the process works.

1. Agency Self-Evaluation: Each agency submits a self-evaluation report, detailing its functions, performance , and challenges. However, these reports can sometimes downplay issues or highlight successes in a way that paints the agency in a more favorable light.
2. Staff Review: The Sunset Commission staff conducts an in-depth evaluation, but resource constraints and the sheer volume of agencies to review can lead to less thorough assessments. Additionally, staff recommendations may be influ-
3. Public Input: While public hearings are a crucial part of the process, the influence of public testimony is often overshadowed by the more organized and well-funded lobbying efforts of interest groups. This can skew the commission's recommendations in favor of maintaining the status quo.
4. Staff Report and Recommendations: After completing its review, the staff publishes a report with its findings and recommendations. While these reports often include suggestions for improving agency efficiency, they frequently stop short of recommending abolition, even for agencies with serious performance issues.
5. Commission Deliberations and Final Report: The Commission votes on its final recommendations, which are then submitted to the Texas Legislature. However, this can lead to bloated bureaucracies that continue to operate inefficiently.
6. Legislative Action: The Texas legislature must pass legislation to implement the commission's recommendations. If the Legislature fails to act, the agency is automatically abolished.

The Impact of the Sunset Review Process: A Mixed Record:

Since its inception, the Sunset Advisory Commission has reviewed over 500 state agencies, making numerous recommendations for improvement.

...[W]hile the commission has abolished more than 80 agencies since its inception, many of these were small, relatively insignificant entities. Larger agencies with more substantial issues have often been merged with others, rather than being eliminated. This has led to concerns that the commission is more focused on appearing to make changes than on actually reducing government inefficiency.

...The Sunset Advisory Commission remains a vital part of Texas's government framework. However, its effectiveness has been hampered by a reluctance to take bold action....

In conclusion, while the Sunset Advisory Commission has played an essential role in the Texas government, there is significant room for improvement. By addressing its shortcomings and adopting a more aggressive approach to reform, the commission can better fulfill its mandate....

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tLP Editor's Note: The official Texas Sunset Advisory Commission's website states the following:

- 54 agencies and programs were abolished and transferred or consolidated since 1977;
- "80 percent of Sunset recommendations ...become state law since 2001"; and
- "603 reviews of state agencies and programs were conducted."

In combination with the foregoing observations by Texas Policy Research, the arithmetical conclusion is that only 13.3% of all reviews resulted in any form of abolition. occurred in only 26 instances of such sunset reviews, a 4.3 percent outcome.

Yet only absolute abolitions can effectively embody the conclusion that a given agency has pursued a policy that was improper or doomed to failure from its creation or that, given later developments or scientific findings, were ultimately revealed as leading to failed outcomes or other bad results. Bluntly, this inexorably draws the final conclusion that the Sunset Advisory Commission has been very reluctant to shoot a bull, no matter how diseased or uncontrollable by nature the bull has proven to be.

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Texas Sunset Advisory Commission Should Recommend Ending TCCO (Littlefield) SOCC.

by Cyrus Gladden

The Texas Civil Commitment Office (TCCO) has repeatedly shown the propensity described in the last paragraph of the article immediately above, plus its unwillingness to change itself in any meaningful way.

Moreover, the aim of its leadership has clearly evinced an aim to inflict and to tolerate with apparent relish further punishment and cruel actions and ignorance of even lethal conditions and nonfeasance heaped upon its helpless human confinees.

The particularly egregious medical malfeasance and neglect that TCCO and its contractor have perpetrated on TCCO confines, especially upon the aged, feeble, and disabled who are in many cases utterly help-

less, has already been addressed in the fourth article, above.

This harmful and sometimes lethal misconduct is inhuman and indefensible, and must cease immediately and be replaced by fully competent and adequately staffed and budgeted medical care to keep or restore all TCCO confinees in full physical health.

ALL of the abusive misconduct heaped upon TCCO confinees is made even more intolerable by the fact that it comes even after their completion of long and already-harsh sentences for their long-past sexual crimes.

And TCCO leadership has apparently willfully shut its eyes to modern research findings that recidivism by such confinees after release from such civil confinement is at worst no higher than the general recidivism statistics of sex-crime prisoners released at the end of their sentences without commitment (typically throughout the country: about 3 percent in recent decades), and, especially due to the higher ages of those committed at release, usually an average of either absolute zero percent, or imperceptibly close to it.

Hence, despite all the hysterical talk that purported to justify commitment, it has never been necessary to prevent a sex-crime wave by releasees, regardless of criminal records that may have been extensive so very long ago. Modern research has debunked all of this.

Further, extremely long courses of treatment of sex offenders in any confined environment has been shown beyond serious controversy to have no further reduction in recidivism by released confinees (this including both released prisoners and released committed confinees) beyond that baseline tiny percentage, reduced further purely by nature as they continue becoming aged.

In fact, it is further axiomatic in any event that psychological treatment of offenders for sex offenses produces toxic effects after as little as treatment duration of two to three years. After this, even increased recidivism probabilities may result from much longer treatment. The treatment to which TCCO confinees are subjected is interminable, thus far being as much as the entire 11-year duration to date of TCCO's occupancy of the Littlefield high-security former prison, with no end in sight for almost all confinees.

Most other sex offender commitment systems, such as the Minnesota Sex Offender Program, which have used centralized, prison-like confinement systems for as long as 30 years or more – far longer than the Littlefield facility has existed, have not engaged in "compassionate release" of oldsters, even though well-aware that there is effectively no recidivism likelihood at all from the aged, let alone a "high likelihood" of re-offense if released. This signifies that, at a legislative level, sex-offender commitment is not actually 'danger-related'; it is purely a political football to please those with very strong senses of loathing and irrational hysteria about sex offenders.

What this should telegraph to the Texas Sunset Advisory Commission is that TCCO will never reform itself, even only so far as to release the unquestionably undangerous. It is simply too tempting to carry on as before, serving as a license to embezzle and defraud the State out of millions, collectively, with no auditing or money trail, and as a permanent employment act -- with no real need to make release decisions that could backfire if the release nominee turns out to be the one unknowable recidivist out of hundreds or more who never will, while talking tough (but baselessly) about the indispensability of their function as retaining those terrible sex offenders.

Finally, much treatment of sex offenders in prisons or civil confinement is often aimed at convincing former sex offenders that they are subject to episodes of impulses or even underlying constant urges to commit sex crimes that can easily rise to irresistible levels, and therefore require constant vigilance and a readiness to personally "intervene" or to seek professional help to intervene against such presumed strong and difficult-to-resist emotional drives.

This has been nothing more than an utter myth. Modern investigation has shown that all sex crimes are a result of long and thoroughly thought-through deliberation and planning (not to mention often long course of grooming in the case of child sexual abuse). Whatever moral objections one may have to such criminal plotting and preparation, this is not the result of sudden seizure of a crazed mind by irresistible impulse forcing uncontrollable criminal action in the moment.

While it is difficult to say that absolutely no sexual offenders have actually ever been irresistibly driven to such sudden action without preceding contemplation, it can be said with confidence that if such a subset of sexual criminals actually exists, their number is so minuscule and the incidence of such crimes is so rare that no sliver of a statistical percentage has ever been possible to calculate. It is clear that almost no one in any sex offender commitment facility in the country ever offended upon release in this self-uncontrollable way. But then again, the same can be said for those who exited prison and never reoffended, whether they received sex-offender treatment or not.

A program does exist to foster self-rehabilitation of former sex offenders that shares very little in common with the pessimistic, fear-based program that goes by the title "Risk-Need-Responsivity" (R-N-R) used by TCCO and most other sex-offender commitment programs. The alternative is known as the "Good Lives Model."

Except for a short initial period to orient the confined offender in question, most of this program is carried out in society at large. This makes it only a small fraction as expensive as an in-custody commitment system such as TCCO – even after adding the cost of monitoring and surveillance needed only for a short period after release to establish that the former offender acts in ways consistent with a personal dedication to desistance from sexual criminality and to creation of a personal lifestyle for himself that will allow him to achieve a "good life" in the company of good people who have never engaged in criminal misconduct and are willing to accept the former offender's return on terms that permit him to build trustworthiness step-wise but rapidly.

Collective studies have routinely shown that this programming works and results in complete and permanent desistance from criminality in a nearly unanimous percentage of cases, with the very few who evince residual predisposition to still commit sex crimes taking initial steps in that direction under so many watchful eyes that intervention can be immediately brought to bear, putting that former offender under stricter controls until such time that he regains his ability to turn his back on sexual criminality. This is a positivist (by no means blind-optimist) and far more fool-proof way to foster full rehabilitation, on a stunningly low-cost basis, especially through volunteering by members of the receiving community.

Given the availability of this effective alternative to preventing sexual recidivism, it is inexcusably wasteful and knowingly tolerant of egregious misappropriation of state funds.

At the same time it is immorally destructive of human potential to allow the present system to stumble on, amounting to nothing more than retaining individuals in durance vile with no, or purely bad medical care until they die.

As the state's populace becomes more and more aware of the pure charade TCCO has been, continuation and inevitable endless continued growth of the number of TCCO confinees only serves to increase the disrespect by legislative constituents for such mis-government. This end must be avoided.

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Excerpts from My Position Paper Requesting Repeal of the TX SOCC Law & Closure of the TCCO Littlefield Confinement Facility

"Executive Summary

Like almost all of the 21 sex offender civil commitment (SOCC) systems in existence currently, the clinical department of TCCO and its Littlefield, Texas facility Proceed in accordance with many falsehoods of junk science affecting assessment and treatment of past sex offenders. Of these, five stand out as critically impacting the ability of such confinees of Littlefield to complete treatment and achieve release.

The first section of detailed examination (below) of the Littlefield situation begins with an initial set of mentions of persecutions and deliberate hardships inflicted upon committed sex offenders in Texas, including the grim reality of what passes for "housing" for Littlefield confinees, and introduction of several issues which will inform the following individual problems discussed throughout this Position Paper, including the corrupt indifference of TCCO and the contractor, MTC, as to the lives and welfare of Littlefield confinees. It then scrutinizes each of the five Big Lies that have blocked release of almost all TCCO-Littlefield confinees and explains their respective impacts.

The first of these lies is the claim that sex offenders inevitably commit recidivistic sex crimes upon release from prison or other confinement. Although thoroughly debunked, policy- and decision-makers still continue to operate under this misapprehension, as if none of that vast wave of undeniable scientific debunking had ever occurred. Since virtually all commitment and retention decisions are at least based in large part on this claim, SOCC cannot be allowed to continue.

The second lie is that SOCC leads to release of most of those committed. It does not; instead, it typically holds the vast percentage of its confinees until their death in confinement. This is due to the further utter junk science behind claims of incurable incorrigibility of sexual offenders. The fact that, despite debunking of these claims, they are resolutely still used as excuses to confine and retain confinees, a phenomenon that shows no sign of abating and which is based on recalcitrant determinants including political considerations and biased, rageful sentiments against such confinees.

Similarly, the third lie is that such unjustified commitment and retention still has scientific support, even though this claim is universally founded on further junk science and obfuscation. This lie denies irrefutable scientific findings that: (a) recidivism naturally dwindle with the passage of time since an offenders last prior sex offense; and (b) age, starting at age 30 and progressing into the 60s, is strongly reduced, year-upon-year, and ultimately naturally becomes extinguished, like a guttering candle (unless the given past offender dies prematurely first).

The fourth lie is that treatment is necessary to prevent recidivism by a sex offender; the controverting reality is that sex offender treatment has no effect on recidivism probability. Ending recidivism (desistance from sex crime perpetration) occurs for reasons having nothing to do with the type of treatment which confinees are forced to undergo for as long as two decades in Littlefield. While such other reasons can be – and are used to foster desistance, these methods have nothing to do with treatment as used in Littlefield. In fact, confining past sex offenders in Littlefield only blocks them from being able to attain desistance.

The last Big Lie is that "Risk-Need-Responsivity" (R-N-R) treatment, based on shame and fear of re-offense, is necessary to prevent later recidivism. In fact, only serves to convince past offenders that they are nearly certain to reoffend – a conviction that greatly increases the probability of committing such repeated sex crimes. Although its uselessness and toxicity to treatment participants has been known for two decades, SOCC facilities, including Littlefield, continue to use this treatment modality because it provides an excuse to

(Continued on page 6)

retain confinees and for clinical staff to have a career-employment-plan with high pay.

The next major section below turns attention more closely to Littlefield, as to aspects that can be classed as instances of failure by design and therefore are effectively irremediable short of closing that facility and ending the ongoing, but unjustified commitments to it.

The first of these flaws is that decision-makers in Littlefield or TCCO take actions that unjustifiably thwart confinees from advancing through and completing treatment and further make only adverse recommendations as to release in almost every case, with no cogent reason, overruling recommendations of therapists.

A second flaw involves the lack of any procedures that could prevent unneeded deaths of confinees. This includes suicides. However, by far the greater number of deaths are of confinees who died by old age -related causes. Some of these deaths were avoidable had they only been given competent, proactive medical diagnosis and care. But all of these deaths occurred in Littlefield simply because the unwritten, but obvious policy of TCCO is to retain confinees until death unless ordered by courts to release them. In fact, the only releases from TCCO have been those ordered by courts. Given the undeniable lack of any probability of recidivism by confinees who have attained their 60s, this refusal to release is purely spiteful and forensically unjustifiable.

The third flaw is that retention of confinees in their senior years causes huge overruns of medical expense that, if avoided by releasing these codgers who will not repeat sexual offenses anymore, would liberate funding that could be applied to hiring more therapists and otherwise being able to speed up treatment (of a competent nature, such as the Good Lives Model).

The fourth flaw is that SOCC and retention decisions are often guided by the "abnormal behavior" criterion invented by Kansas legislators and then informally adopted as a decisional standard by courts in other states. Reliance on this anti-scientific criterion, whether statutory or not, and regardless of having been approved by the Kansas v. Hendricks (1997) decision of the U.S. Supreme Court, allows commitments and decisions to retain confinees to be tacitly based on anything – including hatred and unwarranted fear, in utter disregard of the fact that nothing scientific would support that commitment or continued retention.

Equally baseless is the fifth flaw, i.e., that, whether verbalized or not, decisions to commit and to retain confinees are often based on the antiscientific claim that, because they committed a sex crime in the past, they must automatically be destined to commit another sex crime if released. This is utterly based only on an old wives tale of the SOCC craze. It has always been provably false.

The sixth flaw is that, under the TCCO/ Littlefield system, there is pathway to freedom that can be identified by confinees. Rather than being able to map such a pathway and pursue it, Littlefield confinees are forced to wander around endlessly in fruitless search for such a pathway.

The seventh flaw is that the Littlefield system, which has only been able to release 26 confinees since 2015, at the same time expending $200 million, is grossly wasteful of state funds for the sheer trickle of positive results. There is no way forward that is shown to be likely to remedy this flaw as long as Littlefield continues to exist.

The eighth flaw is that nothing in Littlefield actions can liberate confinees who, regardless of disorders, do not present any heightened probability of re-offense once released.

And the last flaw is that there is no compassionate release program, not even for aged confinees who have disabilities or serious conditions that, as a practical matter, would physically prevent them from reoffending. This is inhuman and just plain senselessly cruel.

The sum of all these failures is that there is no justification to continue the existence of TCCO and Littlefield; indeed, that continuation serves only to destroy lives and to cost the state dearly for nothing, while ruining its reputation due to the corruption inherently involved.

The last major section below addresses operational problems of Littlefield. Six especially devastating problems are cited here.

The first is allowing persons without advanced degrees in psychology to conduct assessments of Littlefield confinees and to treat them. Both of these actions require skills not possessed by those without this educational preparation. Yet in Littlefield therapists are often drawn from the ranks of those with only an associate degree and usually in some other field than psychology.

The second problem is that Littlefield confinees are required to keep masturbation diaries, an embarrassing matter that they are forced to disclose in treatment groups, even though modern research shows that such matters and their disclosure has nothing to do with later sexual recidivism ,also that they must wear GPS monitors within Littlefield, even though these are redundant to institutional security, and must also undergo penile plethysmograph testing, eve though that test cannot ascertain probability of recidivism.

The third problem is monetary exaction by MTC from Littlefield confinees, who are almost always destitute even before such taking of their funds.

The fourth problem is that neither TCCO nor MTC give any realistic trade or other job -related education which would prepare them for self-support post-release.

Even worse, as a fifth problem, Littlefield officials deprive confinees of almost all contact with the outside world, including letter sending or receiving, except as may be authorized on a single-case basis.

Last, it is a problem that Littlefield generally inflicts wanton cruelty on confinees, such as, e.g., overcrowded and non-air-conditioned housing, insufficient lavatory and shower facilities, denying wheelchairs and bottom bunks and other accommodations for the disabled, and provide only such insufficient food that confinees are forced to scrounge in trash cans for food scraps, while officials use funds instead to hold barbeque and beer events for staff. (Marie Antoinette would be proud.)

Taken altogether, these operational problems make it inhuman to continue to operate Littlefield, a facility that confinees will likely never be able to gain liberation from.

Specific Additional Observations Supporting Repeal

Far from being a crime of extremely high recidivism, sex crimes have been revealed since the time the Littlefield TCCO facility was found to be at the very lowest end of criminal recidivism rates – on a par with the rate of repeat murders. See, e.g., Grant Duwe, Ph.D., a Minnesota Department of Corrections psychologist, in "Better Practices in the Development and Validation of Recidivism Risk Assessments: The Minnesota Sex Offender Screening Tool-4," (July 13, 2017) Criminal Justice Policy Review (4-year study: 2.3% recidivism found). Similar low rates of sex-crime recidivism have been found in other states since the Millennium as well:

- A 2007 study by the Missouri Dept. of Corrections found a 3% re-offense rate among sex offenders released in 2002.
- An Alaska Judicial Council report in 2007 matched this 3% figure.
- A 2008 study by California's Sex Offender Management Board of 4,204 sex offenders found 3.38% sex-crime recidivism after ten years of prisoner release.
- An Indiana corrections report on sex offenders released in 2005 found only 1.05% recidivism over three years.

See also: Prof. Eric S. Janus, Sex Offense Litigation and Policy Resource Center, White Paper: Sex Offense Civil Commitment: Minnesota's Failed Investment and the $100 Million Opportunity to Stop Sexual Violence (April, 2024): those convicted of sex offenses have one of the lowest same-crime recidivism rates across all offender categories (citing Ira Ellman & Tara Ellman, "'Frightening and High'...., supra.)

Simply put, high sex-crime recidivism is only a myth – anywhere. This is crucial since it has been calculated that, with a base rate of sexual re-offense under 30%, prediction of re-offense will be wrong most of the time. E.S. Janus & P.E. Meehl "Assessing the Legal Standard for Predictions of Dangerousness in Sex Offender Commitment Proceedings," 3 Psychology, Public Policy and Law 33-64. This means that most who are now under commitment to the Littlefield facility were the victims of vast overestimates of predicted later re-offense by them. Science and justice demand that all of these victims be freed from

In recent decades, sex-crime recidivism rates have plunged dramatically – down from rates in the mid-teens before the millennium to 3% or less on average now, irrespective of treatment. Consequently, even a similar claim of relative reduction of recidivism would now only yield an actual reduction in recidivism of about ¾ of 1%. Such far lesser absolute differences in current recidivism, coupled with contemporaneous, confounding factors such as increased age and desistance call into question whether sex offender treatment now contributes anything statistically significant toward reducing the incidence of sex crimes. See: Gregory DeClue & Denis L. Zavodny, "This Just In: Sex Offender Treatment Is Beneficial for One in 28 Patients," 17(4) Sex Offender Law Report 49-64 (June/July 2016).

Returning to the absolute risk reduction figure found by Martin Schmucker & Friedrich Lösel, "The Effects of Sexual Offender Treatment on Recidivism: An International Meta-Analysis of Sound Quality Evaluations," 11(4) Jour. of Experimental Criminology 597 (2015). (3.6%), DeClue and Zavodny posed the question of treatment benefit to any individual sex offender (as measured by that decreased likelihood of later sexual offending by that offender). In order to grapple with this question, they had to turn to a statistical technique known as the number-needed-to-treat ("NNT"). This technique has been repeatedly deemed a useful measure of treatment effectiveness.

The NNT is calculated from the inverse of that absolute risk reduction [1/0.036 = 27.778] to determine the average number of offenders that are needed to treat to ensure that at least one offender will be prevented from reoffending. Using standard calculation procedures, the NNT obtained in that meta-analysis by Schmucker and Lösel is 28. That is, on average, only about 1 in every 28 treated offenders will benefit from treatment, as measured by later refraining from sexually offending.

Once it is realized that sex offender treatment benefits only one in 28 offenders, ask DeClue and Zavodny, "Does it make sense to require that a person complete sex offender treatment," before releasing him? "If we do not consider sex offender treatment to be punishment," they press, "then is it fair to require that the 27 people who will not benefit from treatment have to pay for the treatment that will benefit the 28th person?"

...In its 19-year history, no one has ever been fully released from Texas' civil commitment program. Only five have been released from confinement since TCCC opened [all five before the Littlefield facility opened] – four to go to hospices before they died. Roughly half of the offenders in the program were returned to prison for minor violations of their civil commitment conditions. 'To be constitutional, it has to be a therapeutic program,' said Conroe attorney Scott Pawgan, who represents one of the offenders held at TCCC. 'It's got to be the worst therapeutic program in the history of sex offender treatment, far and away.'"

mental health facility is the percentage of inmates who are released successfully in any given period. In the case of Littlefield, it released 26 confinees over that 11 years of

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operation. This is equivalent to 2.36 releases per year. The number of confinees from which this number of releases was drawn is a little hard to pin down since it was constantly changing due to such releases and simultaneously, additional commitments. However, I believe the most accurate number after averaging is probably 560 in total on average over all 11 years. These figures yield an annual percentage of release of 0.422%. This is a remarkably unsuccessful release rate, signifying a treatment program in utter failure.

Far from preparing and clearing confinees for release, this so-called program simply ensures that every eleven years, over 95% of Littlefield confinees will be compelled to stay into the next 11 year period. Since this accounts for both new releases and new commitments thereafter, there is no indication that this retention percentage will ever

As part of what is called "treatment," the inmates 'have to admit to all of their offenses and share it with the group,' said one of the founders of Texans Against Civil Commitment (TACC), a former Littlefield therapist who writes under the name 'Murphy' and who claims to have been fired for not seeing 'eye to eye with management." 'And they have to keep a masturbation log so the therapist knows how often they're masturbating and what they're masturbating about. So she knows whether it's healthy or whether it's deviant.' The men must also record whether or not they climaxed. Those logs are read aloud in group therapy.

Masturbation logging is irrelevant to future recidivism for the same reason that it turns out that child pornography does not lead to future 'hands-on' sexual offenses: Such masturbation practices are themselves a competing sexual outlet, as opposed to perpetrating actual acts of sexual abuse or sexual assault. See, e.g.: Fred S. Berlin, M.D., Ph.D., "Pedophilia and DSM-5: The Importance of Clearly Defining the Nature of a Pedophilic Disorder," 42 Jour. Am. Acad. Of Psychiatry and the Law 404-407 (2014).

The Littlefield 'shadow prison' also employs polygraphs and penile plethysmography, measuring changes in the circumference or volume of the penis as the men watch and listen to different stimuli. Adding insult to injury, wearers of the required GPS monitor anklets in confinement must pay for them, says Harner.

...Penile plethysmograph (PPG) testing (which simply monitors whether the male test subject is experiencing a penile erection while watching and/or listening to certain sexual stimuli) is essentially junk science. Max B. Bernstein, "Supervised Release, Sex-Offender Treatment Programs, and Substantive Due Process," 85 Fordham L. Rev. 261 (Oct., 2016) (inconsistencies across treatment facilities 'discredit' PPG testing and cast serious doubt on its results; PPG testing's ability to predict the 'likelihood of reoffending is beyond the scope of the test's validity).

There is n]o email access for Tier 1's through Tier 3's; only Tier 4's have access to limited internet use. But we do have access to outside mail [but] with only approved 'collateral contacts' and vendors. ...[L]ately they have been tampering with our legal mail and storage USB socket drives [provided by confinees' attorneys]. Due to all success at legal suits. ...We can use computers only for law library and Education access like GED, but no internet access." [This bars correspondence by word processing even when the finished letter must be snail-mailed. Given that typewriters and typing supplies are expensive, it forces most confinees to correspond solely by handwritten letters.]

For years, I sought to communicate with Littlefield confinees and was flatly denied that access, apparently on the tacit awareness by Littlefield administrators that I publish a newsletter (the Legal Pad) partly bar was erected ad hoc as to communication by me solely on the belief that my newsletter and my letters might make confinees aware of their legal rights that are being abridged and of the completely anti-scientific basis upon which they have been committed and are being indefinitely (and quite likely permanently) detained.

Yet I have never urged any Littlefield confinees to undertake any action(s) that could violate statutes or facility rules or in any way that would upset institutional peace or order or that would transgress the limits of First Amendment rights pertaining to confined settings. Instead, this bar on communication by me has been purely an attempt to keep confinees there in ignorance of their rights and of the facts regarding their commitment and status and, conversely, to prevent confinees from reporting to me (or to anyone else) facts that are true and accurately reflect adversely on the truth of Littlefield processes and conditions, and the reality of their almost certain retention until death. This is a kind of two-way gagging of those being bluntly lined up for a 'post-imprisonment slow-motion death penalty' for no further crime than simply being feared and loathed and their supportive advocates.

The fact that MTC has perpetuated this gagging restriction of communication to and from Littlefield confinees for years further shows the outrage deliberately being used to victimize all Littlefield confinees. This is not a mental health treatment facility working arduously to efficiently treat and promptly release those committed to its expert care. It is a bottomless snake pit from which there is no significant chance of legal liberation. As such, it cannot be countenanced and tolerated under American law. It is a shame and a blight upon the State of Texas. And it must end. Now.

A little over two years ago, another Littlefield confinee collapsed from a massive heart attack and died on the sidewalk on the way to the facility's medical office. Mr. Hoyt had been complaining to medical staff for several days about not feeling good. On each occasion of these complaints, he was sent back to his dorm with medical doing nothing, even simply to attempt to discover the cause. This last time, he did not make it to the medical office to be denied again. Escorting security staff persons forced him to walk to the medical office, located in a building distant from his residential building despite obvious signs of an ongoing heart attack. When he collapsed to the ground in his last minute or so of life, those staff persons shouted at him to get up and kicked him as he lapsed unconscious and died. When the staff loaded his now-lifeless body onto a gurney (which had been available to use to convey him to the medical office, but security staff declined to request to use it then), many of the staff were laughing. Mr. Hoyt was a tiny man, no more than 5'6" and maybe 125 lbs., wet. They laughed at how they manhandled his body, and later, two weeks after [heart attack victim died, MTC had a fish fry with mini-golf for the staff -- while budget cuts reduced the "Resident's" food and medical care and medicines. Rozek passed along Mandi's description of a food shortage at Littlefield:

" 'I have been told by the wives and mothers of other men that they are fighting for scraps left on trays and are digging in the trash cans.' Mandi continued in her account to Rozek more generally: 'Medical care?' I asked. 'Inadequate, neglectful; medicines not given. During COVID it was horrible. Special needs? After a pause, her voice was, this time, washed over with emotion. 'No. One gentleman, Mr. [name withheld] is almost blind; no accommodations are made for him; he gets no help from any employees at all. Wheelchairs are broken and not replaced. Many of the men are elderly. More bottom bunks are needed for those who are unable to climb up; more handicapped pods are needed.'"

At the same time, the Director of the state agency charged with oversight of MTC performance, asked for (and got) a pay raise. It seems ironic that such misconduct, which would have been condemned and banned in the times of Charles Dickens in Old England, runs in the USA of modern times as unobstructed as a runaway train engineered by madmen, with all responsible for it simply turning a blind eye and having another BBQ and beer.

Conclusion

One Littlefield confinee wrote the following to me in 2024:

"The bottom line is that the program needs to be scrapped. There are many states that do not have civil commitment and they are doing fine. No more sex crimes occur there per capita in any decade than occur in Texas or any other states with SOCC. SOCC does nothing to prevent sex crimes. It is simply a money pit from which state employees and piratical profiteers suck dollars like party-goers suck a piña colada.

This is money that could be going to programs with known success at preventing sex crimes. The facts of this are well known and have been for at least the last 20 years. It is now long past time to disband programs like the TCCO, based solely on terrorizing fictions with no basis in reality and rooted only in attempted political extortion, and instead put their money to good use. Please see to it. We can't."

Across the country, similar problems to those suffered by those selected for commitment to TCCO in Texas are also experienced by those selected for SOCC in the other 19 states having such legislation. For a good summary of these problems, see: October Krausch, "They Served Their Time. But They May Still Die in State Custody," The Appeal (April 21, 2025).

This includes everything from:

- The unfair injustice suffered in the commitment process itself;
- Through all conditions of confinement;
- Periodic junk-science reassessments;
- "Treatment" in any of a number of differ- micians studying sex crimes and their prevention as more likely than not to have any impact at preventing sexual re-offense, below percentage levels that constantly shrink as former offenders pass into middle- and old-age;
- The nonexistent or inadequate treatment and assistance to ready those committed for release into real life, including challenges in gaining and keeping employment and housing and establishing and thriving in friendships and potentially intimate relationships with supportive people;
- To lack of release or conditions so restrictive upon release that few if any actually ever are granted release.

As in Texas, deaths of confinees typically greatly outnumber any such releases. These circumstances, deliberately inflicted, are not just denials of constitutional rights denied recognition by judges filled with rageful bias, they deny bedrock human rights acknowledged by all countries in the western world.

In short, this anomaly in American law – the only country in the world to inflict this supplemental punishment for past crimes under rubric of fear of potential future crimes -- is a frank enactment in real life of the premise of the film Minority Report. Just as in that film, the basis for such detention is utterly without any truly scientifically valid and reliable standards, and is very heavily based on the mere impressionistic assertions of those with degrees behind their names but without true expertise in the absence of any science accepted by the whole of forensic psychology or any other scientific discipline.

It is all just a parade of emotional fear mongering in court. It is a travesty and a disgrace to the judicial system that deprives it of respect by a growing percentage of the public. Even though both judges and legislators know that this is an abomination to the concept of liberty except only restriction in criminal punishment, none of those officials dare act alone or even in political parties to abolish it out of fear of electoral disaster exacted by constituents whose ire may be raised. Even bipartisan support for

abolition turns on what the Texas Sunset Advisory Commission may propose, and only because repeal may then be effected simply by legislators failing to object to repeal.

Consider this: This is not an isolated phenomenon. Left in place, its existence will stand as justification for creation of parallel deprivations of liberty – and soon. I have been warning of this for quite some time. Now this fear has become reality, like a creeping fungus.. Purely as a matter of convenience on what to do with people who, though completely sane, present problems for society, such as drug addicts and alcoholics – both groups are now being advocated (see Cicero Institute's digital advocacy on this: "Expanding Civil Commitment," ciceroinstitute.org: "Current civil commitment laws are too narrow and reactive, often requiring an imminent threat or overt act of violence before help can be provided. ...As a result, countless individu- the next two classes of individuals to be subjected to such involuntary, indefinite civil commitment simply for evoking the anger or fear of society.

In this light, there is nothing actually "civil" about any of this; it is just a creeping argument for an end to individual liberty in the United States, making even physical freedom depend on whether one does not offend or scare anyone or any group.

The American concept of liberty has not outlived its usefulness, but it is a fragile flower that will die if those who can do so fail to protect it. Beyond mere determination as to whether a law has outlived its "usefulness," the legislation that founded the Texas Sunset Advisory Commission permits the Commission to recommend abolition of any law that threatens such bedrock foundations of the American system of governance and security of individual rights. It is time to act in that very defense, and this is the field on which that defense must be made, lest the forces of oppression and totalitarianism by dictatorial fiat win. There is no reversing that destruction of individual rights after the fact because the very democratic political structure we all depend on to do so will be one of the first victims of that destruction by totalitarians."

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Kansas SOCC Presentation to Kansas House Social Services Budget Committee.

Committee Concerned About Civil Commitment, Written Presentation to Kansas House Social Services Budget Committee, January 15, 2026

Text Excerpt: "Over the years, the legislature has supported numerous investments in improving our mental health care delivery system. However, the SPTP [Sexual Predator Treatment Program] is a drain on that system. It is a flawed and expensive program which is not achieving outcomes for treating and releasing sex offenders. Kansas can do better at rehabilitating these offenders, at a lower cost, and continue to remain focused on public safety.

For some, the objective of the SPTP is simply to lock people up and keep them away from the public. But to meet the constitutional requirements of a legal civil commitment program, it must provide treatment and reintegration to the community.

...We take the position in this document that Kansas would be better served by a different approach to the treatment of sex offenders that is grounded in community-based rehabilitation and supports."

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Addendum: Policy Objectives Related to the Sexual Predator Treatment Program
Revised 18 November 2025

"1. Schedule an informational hearing on the SPTP during the 2026 legislative session.

ers, and the public deserve a full picture of SPTP's costs, operations, and outcomes.

Proposal: Request that the Kansas legislature's Judiciary or Health Committees hold a hearing dedicated to SPTP oversight. Include testimony from clinicians, advocates, former staff, residents' families, and fiscal experts. The hearing should also explore the fiscal and ethical implications of indefinite confinement versus evidence-based alternatives.

2. Conduct an evaluation of the referral process from KDOC to SPTP as a first step toward establishing a moratorium on all new admissions.

Given the systemic issues within SPTP including a lack of measurable treatment outcomes, indefinite confinement lengths, and constitutional concerns, a moratorium on new admissions is essential.

Proposal: Suspend new admissions while an independent evaluation assesses program efficacy, treatment model validity, and alignment with constitutional due process. This moratorium would allow policymakers to review alternatives, such as treatment within correctional settings or outpatient monitoring programs.

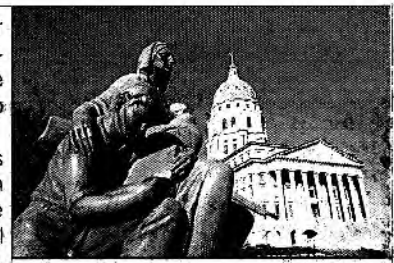
3. Expand the Transition Program, with a set goal for annual releases.

Despite the program's stated purpose of 'treatment leading to reintegration,' the rate of release remains alarmingly low.

release benchmarks, and create transparent metrics for progress and discharge readiness, implement accountability measures to ensure the treatment process leads to tangible reintegration outcomes. This can include housing partnerships, outpatient therapy, and community supervision models proven effective in other states. Reduce the residency restriction which serves as a barrier to transition as recommended by the Judicial Council.

4. Implement a program to release aged and chronically ill residents.

Many residents within SPTP have spent decades confined and have aged into frailty.



Kansas mother defending her family in front of the Kansas Capitol. Notice that she's carrying a gun.

Continuing indefinite confinement for those who are physically incapacitated or terminally ill serves no public safety purpose and raises serious ethical and fiscal concerns.

Proposal: Create a release framework allowing elderly and medically fragile residents to transition into secure community care, hospice, or nursing facilities. Prioritize collaboration with medical professionals, responsible oversight. This would mirror release mechanisms already in place in correctional and civil systems across the U.S.

5. Ensure that, in any judicial review, equal weight is given to residents, their attorneys and clinicians, along with evidence presented by the SPTP staff.

Currently, the voices and evaluations of SPTP residents' defense experts are often disregarded in favor of staff evaluations, creating a biased process that undermines fair review.

Proposal: Amend state statutes to require courts to give equal consideration to expert testimony submitted by residents and independent evaluators, reflecting a multi-disciplinary team. Judicial review processes should reflect a balanced assessment progress and risk, consistent with principles of procedural fairness and therapeutic justice. Address immunity for clinicians who provide documentation for residents seeking release and consider eliminating the requirement for two clinicians to vouch for release of residents.

6. Shift SPTP funding to invest in prevention programs, treatment in prison, and to build capacity for more effective community-based mental health treatment.

The cost of maintaining SPTP far exceeds community treatment models, yet produces negligible rehabilitative outcomes.

prison treatment programs, specialized community-based facilities, and monitoring for community safety. These investments would address root causes of offending behavior, improve public safety, and reduce the long-term financial burden on the state. This shift also aligns with national best practices emphasizing prevention and proportionality over indefinite post-sentence confinement. Lifetime post-release supervision would make civil commitment redundant."

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Kansas Coalition Demands End to SOCC

Ed., End Civil Commitment, White Paper, *The Coalition*, Revised November 18, 2025.

Text Excerpts: "*POSITION*: The Coalition supports ending Kansas' civil commitment program – the Sexual Predator Treatment Program (SPTP) at Larned State Hospital. Residents of the program should be released and offered community-based treatment as needed and afforded the opportunity to reintegrate back into society.

The State of Kansas should ensure those currently civilly committed receive the necessary assistance and support that allows them to care for themselves. Funding allocated to the SPTP should be re-invested with community-based treatment providers to assist residents with reintegration as lawful and productive citizens. Resources should be invested in training clinical staff

For individuals who do not have the ability to engage in self-supporting lifestyles (including, but not limited to individuals with physical disabilities, intellectual and developmental disabilities, traumatic brain injury, serious and persistent mental illness, chronic illness, dementia, and other age-related illnesses), the state must consider alternative placements such as group homes and provide necessary oversight by independent professionals with expertise in evidence-based treatment of individuals who have sexually offended.

THE PROBLEM: The growth of the SPTP and the program's failure to produce appropriate and timely results for which it was enacted requires attention by state elected officials. The SPTP, administered by the Kansas Department on Aging and Disability Services (DADS), includes the reintegration centers at Osawatomie, Larned, and Parsons.

Very few men have moved through the program. At Larned, men are regularly moved or denied movement through 'tier' levels due to matters having nothing to do with treatment. Questions have been raised as to whether the program implements up-to-date evidence-based 'treatment. Since the program was created by statute in 1994, Kansas taxpayers have paid hundreds of millions of dollars to date for a program that has seen less than 20 individuals fully re- excess of $500 million, with a current annual budget of more than $38 million dollars.

Administrative procedures are systematically not followed and new policies and procedures occur regularly, thus demonstrating confusion and the inability to provide a quality treatment program. At the three reintegration centers (Osawatomie, Larned, and Parsons), policies are often subjective at the whim of each director or staff and are inconsistently applied. Residents continue to experience the hopelessness of ever being released from a program that regularly re-defines expectations and

(Continued on page 9)

continually creates new and additional roadblocks to prevent them from being released. One issue with the program's failure is staff turnover. New staff do not maintain long-term employment with the SPTP, creating a lack of continuity with treatment.

The program has grown from 16 residents in 1998 to currently a daily average of approximately 260. There have been 67 deaths reported as of October 2024. Many of the individuals detained are currently in their 70's and 80's (one 91 years of age) who require a high degree of expensive medical care, and those individuals likely will never be able to meet the necessary requirements to move out of the program. Based on the number of deaths and the number who have been court discharged to date, a resident has a 5% chance of being discharged and a 95% chance of dying while committed in the treatment program. Residents have been released in the past by the courts, but statutory changes have restricted this option.

WHY THIS MATTERS: *Recidivism rates for persons charged with a sex offense are no different in the 20 states that have civil commitment statutes than the 30 states that do not have civil commitment statutes.* Nationally and internationally, professionally trained individuals including law professors, psychologists, national organizations (such as the American Psychological Association and Mental Health America) as well as attorneys and judges familiar with individuals who have committed sexual offenses and recidivism have stated that civilly committing individuals who have served their prison sentence has no value. Many renowned psychologists have suggested that it may be harmful to keep individuals from reintegrating back into the community, upon completion of their prison sentence.

THE BOTTOM LINE: Civil commitment to the SPTP is a failed and costly experiment that is draining the resources of the mental health system. Resources from the closure of the SPTP should be diverted to community alternatives."

Addendum: "*The Rest of the Story about Civil Commitment*:

- A 2015 report from the Legislative Division of Post Audit reflected concerns from legislators 'about the growing size of the offender population, employee workload, and working conditions at the Larned facility,' [Citing the fact that "few residents ever exit the program" and showing that as compared to 2014, "costs will more than double by 2025." *Id.*]
- [Footnote : "*SPTP by the Numbers* (Based on the best available data as of March 2025)
  - Date Program started – 1994
  - Total commitments to the 31-year program – 375
  - Number of men fully discharged – 16
  - Percentage of fully released 16/375 – 4.3%
  - Average years of treatment prior to release – 17
  - Number who have died in treatment – 70
  - Percentage of those dying in treatment (70/375) – 18.7%
  - Rate of dying to released – 4.4:1
  - Current census – 270
  - Average stay of current residents – 16 years
  - Longest stay of a current resident – 31 years
- The constitutionality of civil commitment was first addressed by the Supreme Court of the United States in *Kansas v. Hendricks* which held in 1997 that the Kansas law did not violate constitutional precedents. Concurring with the plurality, Justice Kennedy cautioned as to the very real possibility that the *practice* of civil commitment may indeed violate the constitution notwithstanding its theoretical justification if the treatment program was operated as a sham or if civil confinement becomes a mechanism for punishment.
- Mental Health America (MHA) believes that laws adopted by at least seventeen states do not constitute sound public policy. **The laws focus on punishment rather than treatment**, deal with people who often do not have a treatable mental illness, increase stigma, distort civil commitment, risk the safety of other persons in mental health facilities, divert resources from mental health care and inappropriately burden the mental health system with a criminal justice function for which it is not funded or equipped.
- There are programs that could benefit from reallocating this funding to produce better results such as Community Mental Health Centers – 'The way it's set up, there's no back door,' said David Wiebe, former Executive Director at the Johnson County Mental Health Center. 'So the program keeps expanding and keeps taking more – and –more money out of the State Hospitals' budget and the resources available to the Community Mental Health Centers '. (*The Great Bend Tribune*, Dec. 8, 2012).
- American Psychiatric Association former president Paul Applebaum stated civil commitment statutes '**really are a pretense for efforts to lock up sexual offenders for an indefinite period of time. Although they come framed as therapeutic in intent, everything about them suggests that treating these people is not the real goal.**'
- Judge R.A. 'Jim' Randall, former Justice of the Minnesota Court of Appeals stated, 'They were now civilly committed for an indefinite period in a locked mental hospital, supposedly for their own good, on a "theory that they might do it again." As a husband and a father, I can see what we are doing, but as a judge I hate lying about it.'
- See *Mitchell Hamline School of Law Sex Offense Litigation and Policy Resource Center* report (April 2024); and *Mitchell Hamline School of Law Sex Offense Litigation and Policy Resource Center* correspondence to Minnesota Governor and State Legislature (April 2024).
- Michael Perlin, Professor Emeritus of Law at New York Law School, and co-author of 'Shaming the Constitution' described civil commitment '**as nothing more than an authorization for the use of extensive preventive detention dressed up in mental health language.**'
- New York Supreme Court Judge Rowan Wilson, during his time on the Court of Appeals, called New York's civil commitment a '**10-year failed experiment.**'
- Former District Court Judge and former Senator for the State of Wisconsin Lynn Adelman stated: 'Instead of creating a subordinate class of others, we would be more successful by making efforts to integrate them into society, after they have completed their prison sentence.'"

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After Not Releasing More Than a Handful in Nearly a Third of a Century, Kansas SOCC Must End.

by Cyrus Gladden, J.D., Editor

A suggested letter to reach out to state legislators and other elected officials written by a group of individuals detained under the Kansas SOCC law is worth close thought:

"Dear Elected Official, This letter is to bring to your attention the atrocities being perpetrated on people civilly committed under the Kansas Sexual Predator Act who have been unjustly declared a threat to the safety of the public.

Currently there are approximately 300 individuals being held as 'predators' in the Sexual Predator Treatment Program (SPTP) over which the Kansas Department of Aging and Disabilities Services (KDADS) has absolute control with no oversight. Through deliberate manipulation of our State Legislature, that Department has taken away the safeguards in *Kansas v. Hendricks* (1997) that the U.S. Supreme Court found made civil commitment constitutional.

Currently, the law (K.S.A. 59-29a08) now requires a person to 'complete' a never-ending program. Neither the courts nor treatment providers have the authority to release anyone from the program [regardless of lack of need for any treatment/further treatment]. Additions and amendments to K.S.A. 59-29a01 since *Kansas v. Hendricks* have [converted] sex offender civil commitment (SOCC) into offenders for treatment but inflicting criminal punishment and confining offenders to a psychiatric hospital prison resulting in severe mental stress on those they are supposed to be treating.

Further, the Kansas Legislature is pumping millions of dollars annually into a program that is unable to provide adequate staffing or treatment for the needs of those imprisoned here. An example of this is one civilly committed resident here who has been held in solitary confinement for several years due to behaviors that this facility is neither prepared nor equipped to treat. The LSH [Larned State Hospital] administration now deals with all disciplinary problems with 'lock 'em up' policies where there is no appeal or due process.

We understand the desire to protect the public from dangerous mentally ill criminals, but 95% of all sex offenses are committed by someone not on the sex offender registry list. As a deterrent, Kansas sentencing laws allow courts to impose life sentences on any sex offender and call for mandatory minimums of 25 years for first-time offenders and 40 years for second-timers, and for life without parole for third-timers. K.S.A. 21-6627.

Most of the men in this program are over the age of 50, a time in life when sex-crime recidivism probability permanently falls from near-rarity to nonexistent as age increases. Federal and state statistical data shows all convicted sex offenders (average over all ages) have the lowest recidivism rate (3.5 to 4.0%). Trial and appellate courts are ignoring the reality of the low future risk of institutionalized sexual offenders.

Claims that those with prior sexual offenses are far more likely to commit another sex crime if released are simply false propaganda debunked by all modern studies. In fact, starting at age 30, the rate of average sexual recidivism falls with each year of greater age, and falls more precipitously by the year as one enters middle age. Many studies have found that no offenders over age 60 engaged in any sexual recidivism -- and by age 70, no studies have found any sexual recidivists at all (zero percent).

In *Kansas v. Hendricks*, the Supreme Court was given false claims about 'frightening and high' sex-crime recidivism rates. This was an appalling, unchallenged lie. Civil commitment proponents know that these commitment programs are unneeded and have no impact on sex-crime recidivism rates, which are already as low as deterrence and other forces can make them.

Yet such proponents actively suppress studies proving the futile ineffectiveness of commitment programs at suppressing sex crimes further. For example, California suppressed and tried to destroy all records from a study by psychologist Dr. Jesus Padilla in 2006 that found that those claimed to be 'high risk', yet released from that state's civil commitment program after being deemed not at high risk of sexual re-offense.

This brings us to the reason for this letter. A letter from Guantanamo Bay detainees, held by the United States for

fear that they might commit murderous crimes of terrorism against Americans, has caught the attention of the United Nations. Just like us detainees at Larned State Hospital, Guantanamo detainees are being held for possible 'future crimes.' SOCC regimes smash through the legal boundaries applicable to all other kinds of civil commitment and steamroll over constitutional limitations on criminal incarceration (most notably, imposing what is undeniably double jeopardy upon all such detainees, notwithstanding the Supreme Court's glaringly apparent double-speak in *Hendricks*).

The American Psychiatric Association has been opposed to SOCC from the beginning. 'We were concerned psychiatry was being used to preventively detain a class of people for whom confinement rather than treatment was the real goal. This struck many as a misuse of psychiatry.' (Paul Applebaum, Chair of the APA's Task Force on Sexually Dangerous Offenders).

The *Kansas v. Hendricks* decision must be revisited. SOCC commitments should be impermissible in the absence of a serious mental illness. Only a rare few on overly-broad, vague words such as 'personality disorder' or non-clinical words such as 'abnormality.' Confinement should never be imposed on any individuals who are able to make choices and are able to decide whether to respond to deterrent sanctions. It is the function of criminal law, not commitment, to handle those who choose to commit crimes.

SOCC is nothing more than imprisonment, but not for crimes committed, but for fears by others of possible future crimes. America does not lock up its citizens for such pure fearful future predictions. There must be no exceptions if this guarantee will continue to have any force.

Anyone committed under Kansas' SVP Act is far more likely to die in confinement than ever to be released. Programs like SOCC invite expansion to any other kind of crime or antisocial misconduct anyone might seek to vilify by nightmarish predictions of unrestrained criminality. The real fear is that the longer SOCC remains on the books, the higher the likelihood of its spread to many other concerns. This is how limitless governmental tyranny starts.

We, the detained in Larned State Hospital's SPTP program, ask you and our Kansas legislators to end this failed, draconian, and totalitarian program and consider alternatives to this lifetime secondary incarceration."

Editor's Note: Simultaneously to receipt of the foregoing, I received a letter from one of those detained in the SPTP program in Larned. He decries many abuses including the following:

1. Commitment in disregard of successful completion of prison-based sex offender treatment.

2. The never-ending treatment is based merely on a short booklet handed to newly committed individuals, yet fulfillment of everything stated in that booklet will never qualify anyone for release.

3. Required, elaborate "Relapse Plans" are often lost or deleted by staff from the computer network in which they must be deposited by treatment participants (even though password-protected), forcing the participant to start the mountain of work to satisfactorily prepare that plan all over again.

4. Detainees are punished for claimed failure to pass a mandatory polygraph about violations of minor rule violations.

5. Books, magazines, music, etc. are arbitrarily censored merely for any picture of a child (including postage stamps with a nativity picture of Jesus).

6. Forced administration of tranquilizers (in at least one instance, to a man who was sleeping when thus injected) with no due process.

7. Staff-perpetrated theft of all of a detainee's property.

8. Confiscation and destruction of family albums on the excuse that the detainee could not prove he was a child depicted in any photo in the album.

9. Deprivation of any significant amount of 'yard time' to the point where Vitamin D

10. Deprivation of any meaningfully protective medical care, such that needless deaths have occurred for lack of apt diagnosis or treatment (in at least one case, the complaining sufferer was simply confined to his room for a week, while nearby detainees heard his incessant cries for help, until he was found dead by staff).

The following are excerpts from an anonymous narrative from the SOCC facility in Larned, KS dated July 9, 2024

"...The water tower of LSH [Larned State Hospital] states, 'Be the one.'" Given the comparative rarity of releases from the SOCC facility at the LSH, this seems to be a taunt suggesting that one might be the sole releasee in a period of many months. Currently, this program (called SPTP for short) costs $30 million to house, care for, and treat 330 residents. This suggests that treatment and other services administered are minimal at best. The philosophy at SPTP appears to be very conservative in determining whether or not to release someone – not from genuine concern about risk of sexual re-offense, but instead over public reaction to releases. The then-Secretary of SRS, Donna Whiteman testified, "It would be career suicide for a Mental Health professional to state that a sexually violent predator is safe to be at large."

The writer (one of those confined in the SPTP facility) complains that "when I file a grievance, receive a rights restriction, or notification, I am not given any due process. There are no hearings, no opportunity for me to present evidence, testimony, or witnesses like I can in prison.... The 'therapists' are social workers and the Kansas Behavioral Sciences Regulatory Board knows this but still sends them our way. Mr. David Fye, the Executive Director states, 'There are no standards or qualifications for sexual offender or sexual predator treatment in the State of Kansas.' So I have been here [since March 2019] with no due process, no therapy or treatment, worse conditions of confinement than my criminal counterparts and those others civilly committed and I can prove that the legislative intent of SPTP is continued confinement and punishment."

For the immediately preceding ten years the writer was imprisoned for sex crimes. He writes, "I don't have a sexual disorder or diagnosis pursuant to [Kansas statutes]." He does note that he has been diagnosed with Bipolar II Disorder and Other Specified Personality Disorder with Paranoid and Narcissistic Features. However, these disorders do not cause sex crimes to be committed.

Moreover, at the time of the Bipolar II Disorder diagnosis, the writer was found not to meet the criteria for commitment as a sexually violent predator. Unlike most sex offenders who have been committed, the writer states that he was first paroled, and was committed only later from that status. He contends that he is now serving an indefinite sentence due to this commitment.

In a comprehensive article about the Kansas SOCC system, *Jordan Michael Smith*, "Letter from Kansas: The Forever Cure – Is 2025, pp. 35-43, writes in conclusion:

"In Kansas, only 16 of the 380 people ever committed have been discharged; 14 have received conditional release; and 65 have died in custody. Virtually everyone else remains locked up. ...[One] counselor, who started working at the SPTP in 2012 and resigned two years later, has described the program as 'an abomination.' She told a reporter that only a handful of her ninety patients were too dangerous to be released, yet most get stuck in a 'vicious cycle,' ultimately boycotting treatment out of frustration...."

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Of Convictions and Sentences

Ministry Watch, "Innocent Until Proven Guilty: A Deep Dive into the Stages of a Sex Crime Investigation," *Titus House Newsletter*, Jan./Feb. 2026, p. 2, at p. 3.

Text Excerpt: "...Of the individuals sentenced in legal cases for sex abuse crimes, 52.8% were sentenced for production of child pornography; 28.3% for travel for prohibited sexual conduct; and 10.7% are sentenced for rape; 2.8% are sentenced for statutory rape; 2.8% for abusive sexual contact; and 2.6% for "Other."

Once an individual is convicted, they will most likely go to prison. According to the United States Sentencing Commission, 99.2% of individuals convicted of sexual abuse in the fiscal year 2024 were sentenced to prison. The average sentence for individuals convicted of production of child pornography was 273 months. For an individual convicted of criminal sexual abuse (rape), the sentence was 229 months...."

Editor's Comment: The source of the conviction data stated here is not stated by the authors. However, given the citation to the federal sentencing commission for the sentencing data, and congruence to other reports about sex-related crimes, it would appear very likely that the convictions were also drawn from data about the federal criminal system (typically also reported by the U.S. Sentencing Commission).

Given the limited territorial jurisdiction of the federal laws against sexual assaults and sexual abuse of children, the low percentages for these crimes as cited here are not surprising. However, conversely, the high percentages for child pornography production and for interstate and international travel for prohibited sexual conduct indicate the staggeringly tremendous investigational and prosecutorial resources of federal law enforcement devoted to these crimes as a means to impose criminal sentences on individuals for sheer conduct (travel, without any requirement for a sex crime at the destination, and sometimes only circumstantial predilection.

While the mere mention of child pornography revolts most people, producing an angry reaction, there is something askew about a system that punishes its production substantially *higher* than sentences for actual child rape (criminal sexual abuse [rape]). And more fundamentally, that *average* sentences for illegal pornography production as well as for child rape, on a single count, are in multiple hundreds of months is just 'playing to the gallery' of those in society who are obsessed with overwhelming hatred of their conceptions of such crimes. It is simply whipping up the punitive frenzy of the ever-present lynch mob.

Meanwhile, the Federal Bureau of Prisons staggers under the prison over-population caused by such sentences imposed on almost every person convicted of such crimes, already amounting in all to hundreds of thousands of inmates added in recent decades, none of whom will go home anytime soon, and many of whom will occupy a prison bed until they die. Proportionality of criminal sentencing (compared to other extremely serious federal crimes) is sacrificed at this peculiar altar, and the federal budgetary impact of this sex-criminal population explosion, depriving sufficient funding to the full array of important federal programs, is utterly forgotten in this irrational ritual. Where are the brakes of responsible governance?

"Politics: Making people so afraid that they will accept any solution." – ed., *www-Krumme13-net.*

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the Legal Pad

Editor: Cyrus P. Gladden II

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