2018 IL App (5th) 170179-U

NO. 5-17-0179

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

THE PEOPLE OF THE STATE OF ILLINOIS,	)	Appeal from the
	)	Circuit Court of
Petitioner-Appellee,	)	Jefferson County.
	)	
v.	)	No. 01-CF-113
	)	
WILLIAM RUSSELL HALL,	)	Honorable
	)	Jerry E. Crisel,
Respondent-Appellant.	)	Judge, presiding.

JUSTICE MOORE delivered the judgment of the court.
Presiding Justice Barberis and Justice Cates concurred in the judgment.

ORDER

¶ 1 *Held*: The circuit court's denial of the respondent's application for discharge from the custody of the Illinois Department of Corrections pursuant to section 9 of the Sexually Dangerous Persons Act (Act) (725 ILCS 205/9 (West 2014)), based on a jury verdict finding that the respondent remained a sexually dangerous person as defined by section 1.01 of the Act (*id.* § 1.01), is affirmed where the jury's verdict was not against the manifest weight of the evidence.

¶ 2 The respondent, William Russell Hall, appeals the April 5, 2017, order of the circuit court of Jefferson County which denied his application for discharge or conditional release from the custody of the Illinois Department of Corrections (IDOC) based on a jury verdict finding the defendant remained a sexually dangerous person

(SDP) pursuant to section 1.01 of the Sexually Dangerous Persons Act (Act). 725 ILCS 205/1.01 (West 2016). For the following reasons, we affirm.

¶ 3 FACTS

¶ 4 On February 28, 2001, the respondent was charged by information with predatory criminal sexual assault (720 ILCS 5/12-14.1(a)(1) (West 2000)) and aggravated criminal sexual abuse (*id.* § 12-16(c)(1)(i)). At his first appearance before the circuit court on these charges, which took place on March 1, 2001, the circuit court informed the respondent the State had also filed a petition to revoke his probation for a 1999 conviction for child pornography. According to the circuit court, the petition to revoke probation alleged the respondent had failed to successfully complete outpatient sex offender treatment. On March 16, 2001, a grand jury issued an indictment charging the respondent with the offenses originally charged by information.

¶ 5 On May 9, 2001, the State filed a petition, pursuant to section 3 of the Act (725 ILCS 205/3 (West 2000)), requesting the circuit court to declare the respondent an SDP and remand the respondent to the custody of the IDOC for treatment. The petition alleged that, in addition to the then pending charges, the respondent was convicted in 1997 of child pornography, and these charges, coupled with a mental disorder under which the respondent was suffering for more than one year, evidenced a propensity to the commission of sexual offenses. On October 29, 2002, the circuit court granted the State's petition pursuant to the respondent's negotiated plea, in which he admitted the allegations in the petition and the State dropped the criminal charges against him. Consequently, the circuit court committed the respondent to IDOC custody for sex offender treatment.

¶ 6 On April 19, 2016, the respondent filed, *pro se*, an application for conditional release pursuant to section 9 of the Act. 725 ILCS 205/9 (West 2014). In the petition, the respondent alleged he no longer suffers from a mental disorder, no longer has a propensity to commit sexual offenses, or both. In addition, the respondent alleged he had completed all therapeutic objectives required by the IDOC's SDP treatment program to a degree sufficient to enable him to refrain from any further commission of sex offenses.

¶ 7 The respondent's application came before the circuit court for a jury trial beginning on April 4, 2017. Dr. Kristopher Clounch, a clinical psychologist with a specialty in sex offender evaluation, testified he is employed by Wexford Health Sources, primarily to complete SDP recovery evaluations. He is licensed under the Sex Offender Evaluation and Treatment Provider Act (see 225 ILCS 109/1 *et seq.* (West 2016)), and he is not paid to come up with a certain opinion. He completed a report regarding the respondent on October 28, 2016. In drafting the report, he interviewed the respondent for approximately 2 hours and 15 minutes. The respondent agreed to cooperate in the interview and provided Dr. Clounch with sufficient information to assist him in preparing the evaluation report. Dr. Clounch identified the respondent in the courtroom as the person he interviewed.

¶ 8 Dr. Clounch testified that, based on all the records he read and the interview, he had gathered sufficient information to arrive at an expert opinion that, as of the time of the jury trial, the respondent had not recovered and remained an SDP. Dr. Clounch testified the respondent suffers from "pedophilic disorder, sexually attracted to females, nonexclusive." The "nonexclusive" portion of the diagnosis refers to the fact that the

respondent reports sexual arousal to adults in addition to children. In addition, Dr. Clounch testified the respondent has "alcohol use disorder, mild and in remission."

¶ 9 As to the basis for the diagnosis of pedophilic disorder, Dr. Clounch testified that, according to police records, as well as his interview, the respondent has displayed sexual contact behaviors with at least four child victims. According to the respondent in the interview, as well as the records, he has fondled the vaginal area or buttocks of several female children. He has also engaged in sexual intercourse with at least one of those victims, and has penetrated the vagina of two of the victims with his finger. The respondent has reported during prior evaluations, as well as in his interview, that he had sexual fantasies and arousal towards children typically under the age of 12, and has masturbated while fantasizing about having sex with children. The respondent reported he initially had these fantasies at the age of 13 or 14. This is also the age at which, according to his previous reports to police, he offended on his five-year-old niece, which was his first sexual offense. This is also when he first recognized he was not sexually attracted to females his own age. He continued to engage in sexual behaviors with children up through 2001 when he was arrested and adjudicated an SDP.

¶ 10 Mr. Clounch's continued testimony indicated to the jury that, according to police reports, the respondent has cut out pictures of young female and male victims from different yearbooks and other types of catalogs. He wrote multiple statements throughout these books indicating he was in love with several of the young girls in the yearbooks and wanted to have sex and a relationship with them. He had several of the pictures of young girls displayed in his room, which he reported to police. He also reported he had stalked

at least two victims, who, according to police reports, were 12 years of age at the time the stalking was reported. Police reports additionally indicated the respondent had been in the possession of at least two pornographic pictures of one 10- to 11-year-old female, which he had manipulated the girl's older brother into taking. These were found in his vehicle the last time he was arrested.

¶ 11 According to Dr. Clounch, police reports further revealed that police confiscated 15 pornographic videos from the respondent's home during an investigation of the charges which led to his 2001 arrest. Five of the videos depicted "soft core" pornography featuring adults, alternating with children's programs that showed young girls. According to the reports, the respondent admitted to masturbating while watching these videos, using the adult porn to become sexually aroused initially, and then fantasizing about having sex with one of the young girls in the children's program to achieve orgasm.

¶ 12 Dr. Clounch testified pedophilic disorder is considered a mental disorder. According to current research, the sexual urges and/or arousal characterizing the disorder do continue for the course of the individual's life. However, if an individual makes significant progress and/or completes a sex offender treatment program, the individual can implement appropriate interventions in which they can learn to address those feelings, thoughts, and fantasies so they may avoid offending in the future. In addition, alcohol use disorder is considered a mental disorder, and, according to research, substance use does increase the risk of future criminal behavior for all types of offenders. Although the respondent did not report alcohol use was directly related to his sexual

offending, he did verbalize a recognition that he must refrain from using alcohol and/or drugs in the future, in order to avoid a high risk situation for him to sexually reoffend.

¶ 13 Based on the crimes previously discussed, which the respondent had confessed to prior to his commitment to the IDOC for treatment, Dr. Clounch testified the respondent demonstrates criminal propensities to commit sex crimes. Dr. Clounch further detailed these crimes as follows. In July 1994, the respondent sent a love letter to a 12-year-old female victim, C.S. In that letter, he professed his love to her, indicated he wished to have a relationship with her, and stated he did not believe their significant age difference was a factor. In June and July of 1996, the respondent was investigated for and admitted to stalking another 12-year-old victim. At this time, he admitted he was in possession of the pornographic pictures of the 10- or 11-year-old victim that he kept in his vehicle and that he manipulated that victim's 13-year-old brother into taking the naked pictures of the victim and providing them to the respondent in exchange for a camera. In addition, he admitted that, at the age of 13 or 14, he asked his niece, D.W., who was 5 years old at the time, if she would have sex with him. He reported that she said yes, and he penetrated her vagina with his finger and penis and also had her perform oral sex on him.

¶ 14 According to Dr. Clounch, as a result of the respondent's reporting the above-enumerated offenses, the respondent was charged with intimidation, child pornography, contributing to the delinquency of a minor, and aggravated criminal sexual assault. He was ultimately convicted of child pornography and sentenced to 30 months' probation, 30 days of periodic imprisonment, 24 hours of public service, and $300 in fines and court costs. In January 1999, the respondent was found to be in violation of his probation, and

was sentenced to an additional 30 months of probation. In February 2001, the respondent was arrested for the sexual assault of his 8- to 10-year-old cousin. This victim, P.H., reported that the respondent had sexually assaulted her on at least two occasions. As a result of these offenses, the respondent was committed as an SDP on October 29, 2002.

¶ 15 Dr. Clounch testified that as part of his evaluation, in order to determine whether the respondent is substantially probable to commit future acts of sexual violence or child molestation if not confined, he completed a risk assessment using the adjusted actuarial approach. Under this approach, he began with an actuarial assessment measure and then used other factors to adjust the actuarial assessment to make a determination of the respondent's risk for future sex offenses. Dr. Clounch testified he used a test referred to as the Static-99R to conduct the actuarial assessment portion of this process. This is the most widely used test, and uses 10 different items to determine an individual's risk for future recidivism. Further, Dr. Clounch testified research shows this test is actually a conservative measure of the actual risk level for an individual, due to the skewing of recidivism statistics based on the lack of reporting of sexual crimes.

¶ 16 Dr. Clounch testified that, based on the Static-99R assessment tool, which has a range of scores from negative 3 to 12, he gave the respondent a score of 5. He testified there was a typographical error in his report, which indicated a score of three. This score was based on the following: (1) negative one for advanced age; (2) positive one for never having lived with a romantic partner; (3 and 4) zero for never being convicted of a violent offense of any kind; (5) positive two for having at least three prior sex offense charges; (6) zero for having fewer than four prior sentencing dates; (7) positive one for at least one

conviction for a noncontact sex offense; (8) positive one for having at least one unrelated victim; (9) zero for having no stranger victims; and (10) positive one for having at least one male sexual victim. According to Dr. Clounch, a score of five on the Static-99R places the respondent in the moderate high risk category with regard to reoffending, meaning he is three times more likely to reoffend than the typical sex offender.

¶ 17 Dr. Clounch testified he also completed the STABLE-2007 assessment tool to assess the respondent's dynamic risk factors. Based on that tool, Dr. Clounch gave the respondent a score of 15 out of a possible 26 points. Scores of 12 and above are listed as being a high level of stable dynamic risk. The main dynamic risk factor that is currently present, according to Dr. Clounch, is the respondent's sexual preoccupation and sexual preference for children, which continues according to treatment records. Sexual preoccupation refers to the respondent's intense interest in sexuality, which tends to dominate his psychological functioning so that he spends a great deal of time fantasizing, sexually aroused, and participating in sexual behaviors such as masturbating.

¶ 18 With respect to sexual preoccupation, Dr. Clounch testified that, although the respondent reported masturbating one to three times a day until 2009 when he began to have prostate issues, treatment records indicate he has had sexual attraction to two different therapists more recently. In 2010, he expressed an interest and a desire to have sex with one therapist, and reported to his cellmate he would possibly rape her. In 2014 he handed in paperwork indicating he was in love with another therapist and she was his "dream woman." In April 2016, he handed in a treatment assignment in which he indicated if the therapist was not going to return from a leave of absence, he might as

well “end it all” because he did not want to live. As a result, he was placed on suicide precautions. With respect to the respondent’s dynamic risk factor of sexual preference for children, Dr. Clounch restated that the respondent has had at least four contact victims under the age of 12, had stalked several victims between the age of 10 and 12, and has admitted to sexual fantasies about children, albeit he denies them currently.

¶ 19 By using the STABLE-2007 in conjunction with the Static-99R, Dr. Clounch determined the respondent is in the high priority category for future acts of sexual violence. According to Dr. Clounch, in order to decrease his risk of reoffending by these measures, the respondent must advance further in age, develop a significant health difficulty, or complete and/or make progress in a cognitive behaviorally based sex offender program. With regard to the respondent’s prostate condition, Dr. Clounch testified this would not likely reduce his risk to reoffend because, although the respondent did not indicate if he can obtain an erection, several of his offenses have involved no contact with the victim or fondling with his hands.

¶ 20 Dr. Clounch further testified that, based on the opinion of his treatment providers, treatment records, and his interview, the respondent has not made significant progress or successfully completed a sex offender treatment program. Because he is committed, the respondent would never actually complete a treatment program because he has the choice to participate as long as he is committed. Accordingly, in conducting his evaluations, Dr. Clounch typically looks at whether an individual has ultimately made significant progress sufficient to reduce his risk for reoffending. This involves examining the following: (1) his understanding of his offending process; (2) his understanding of his deviant

arousal; (3) his implementation of appropriate interventions to be able to address his deviant arousal; and (4) his level of preparation to implement those interventions to reduce his risk upon release. In examining these aspects of progress in treatment, Dr. Clounch was of the opinion that the respondent had not yet progressed to a level in which he was prepared to implement interventions. Dr. Clounch explained that despite approximately six years of community-based sex offender treatment prior to his commitment, he continued to offend against children. Dr. Clounch reasoned that, according to his treatment providers, the respondent does attend group and participate regularly, and has made some progress with respect to some items addressed by his treatment program. However, the respondent does not exhibit a true understanding of the connections between his thoughts, arousal, and behaviors leading to his offenses, and has not shown his ability to ultimately manage his arousal. Dr. Clounch elaborated, explaining that, while he is not engaging in sexual behaviors with children during his commitment, he has shown sexual arousal to and an attraction to two separate therapists, both of whom are inappropriate partners for him.

¶ 21 Continuing to elaborate with regard to the respondent's treatment while committed, Dr. Clounch explained the respondent has participated in several different groups over the last few years, including anger management, deviant cycles, therapy, and relapse prevention. He does participate and provide insightful feedback to others during groups, but his therapists indicate he has difficulty understanding and addressing his own deviant cycles. There are four phases to the treatment program. In the initial phase, the individual is orientating to treatment. The second phase of treatment is where the

individual does the primary amount of work. In phase three, the individual has made significant progress in treatment, and thus is considering relapse prevention and how to use their interventions to avoid offending in the future. The fourth level is where the individual is being released and/or is in an advanced area of treatment. In 15 years, the respondent has made it through phase two. While the respondent is able to report on his distorted thinking and beliefs, he has not shown an adequate ability to intervene on them. In Dr. Clounch's opinion, the respondent has a minimal understanding of his deviant cycle, or the process leading up to his offenses. Accordingly, his ability to articulate and implement interventions to prevent these offenses is not sufficient to advance to the next stage of treatment. Thus, based on a reasonable degree of psychological certainty, Dr. Clounch was of the opinion that the respondent is substantially probable to commit sex offenses in the future if he does not remain committed to the IDOC for further treatment. According to Dr. Clounch, the respondent remained an SDP.

¶ 22 On cross-examination, Dr. Clounch admitted the respondent's ability to put his alcohol abuse disorder into remission outside of confinement, as well as his acknowledgment of offenses for which he was never arrested, were factors weighing in favor of the respondent. He also admitted the actuarial assessments he conducts cannot predict a particular individual's future behavior. A person receives points on the assessment for noncontact victims because it indicates a higher level of deviant sexual interest. Dr. Clounch further elaborated on the information the respondent was not able to provide regarding his deviant cycle which indicated that he is not ready for release. According to Dr. Clounch, while the respondent is able to identify triggers to his arousal,

he is unable to articulate: (1) thoughts with respect to the trigger; (2) emotions associated with the trigger; (3) behaviors he engages in response to the trigger; and (4) decisions he makes in response to the trigger. Although the respondent was able to identify interventions such as contacting someone, trusting others, and avoiding high risk situations, he did not relate these specifically to his own deviant cycle.

¶ 23 Dr. Clounch opined that it was positive the respondent indicates he is not currently having arousal toward children, and is having arousal toward adult females, and reportedly, was not fantasizing about children. However, Dr. Clounch found the respondent's sexual preoccupation toward his therapists was inappropriate, and his continued reporting of these thoughts indicates he is having difficulty controlling his arousal. Furthermore, the behavior the respondent has exhibited toward his therapists is similar to the stalking behaviors he exhibited in the community. Although the respondent is able to discuss his feelings toward his therapist in group, his repeated discussion indicates his inability to effectively challenge or intervene on his distorted beliefs about the situation. Dr. Clounch concluded the respondent must be able to show improved ability to address and control his arousal within treatment before being released back to the community. Dr. Clounch's report was admitted into evidence and a review of his report reveals it is consistent with his testimony.

¶ 24 Heather Young testified she has a master's degree in professional counseling, a bachelor's degree in psychology, and an associate sex offender treatment license from Illinois. She is employed at Big Muddy River Correctional Center as a Sex Offender Treatment Provider I. As an associate sex offender treatment licensee, she is required to

be supervised by a licensed professional counselor or sex offender provider until she obtains a certain number of hours of supervision and continuing education credits. The parties stipulated that Ms. Young qualified as an expert in the field of sex offender treatment.

¶ 25 Ms. Young testified there are three sex offender treatment providers currently working at Big Muddy Correctional Center. All participation in treatment is voluntary. Ms. Young first became involved with the respondent in August 2015 and since that time has facilitated his group therapy for anger management, rational emotive behavior therapy, social skills, and core therapy group. She became his primary therapist in January 2016 because his primary therapist went on medical leave. Ms. Young testified that within sex offender specific treatment, once a person is identifying their cycle and patterns of offending, it is imperative that an individual be able to implement interventions to change their belief systems, sexual deviancy, and offense specific behaviors.

¶ 26 Ms. Young testified the respondent participates in most groups, but his participation is limited to feedback to other group members. He does not voluntarily bring his issues into group, although he normally completes homework assignments. The respondent's progress in treatment is evaluated on a semi-annual basis, and the respondent is currently in phase two of treatment, as Dr. Clounch previously indicated. Although the respondent participates in treatment, has displayed an understanding of his cycle, and has taken accountability for his offenses, he struggles with interventions, and this has impeded his progress through treatment.

¶ 27 Ms. Young testified as to her concern that the respondent has continued a lot of the same belief systems throughout his treatment that were present when he was offending. Specifically, he has exhibited sexual deviancy and arousal control around the issue of his sexual attraction to female staff. In homework around this issue, the respondent was able to write down all of his beliefs and thoughts about his attraction to female staff, but he failed to actually challenge those beliefs. There are a lot of self-harm and self-sabotaging statements within his writing about his beliefs, which has been a current theme within his treatment since he started and when he was offending. Some of the things he has written in this regard in his homework assignments were similar to things he had written in letters to his child stalking victims when he was offending. The homework Ms. Young referred to was admitted into evidence and has been reviewed by this court.

¶ 28 Ms. Young continued by explaining that when confronted with these issues in group, the respondent has continued to struggle to develop disputes for his distorted beliefs and to develop ways to deal with those thoughts, although these topics have been addressed multiple times over the past three to four years. A major concern regarding the respondent's sexual infatuation with his therapists is that it signifies the respondent still suffers from a distorted belief that acceptance by someone should mean a sexual relationship. This is a pattern of beliefs he has had throughout his life and is shown in his offending. According to Ms. Young, the respondent believes many of the same things about the therapists in his commitment setting as he did with his child victims in the community. Ms. Young concluded with her opinion, as an expert in sex offender

treatment, that the respondent requires continued work with respect to some of his dynamic risk factors in order to move forward in treatment.

¶ 29 On cross-examination, Ms. Young was presented with a homework assignment regarding the respondent's thoughts and feelings toward a therapist, which counsel pointed out had been filled out completely, including the section where the respondent was required to dispute his unhelpful beliefs. Ms. Young testified that, while he had completed this assignment, the challenges the respondent identified to his distorted beliefs were either weak or he did not really believe them. In addition, Ms. Young found it problematic that the issue was identified and the assignment completed well after the respondent progressed in his cycle, when he has already started to act on the thoughts and manifested some stalking and attention-seeking behaviors. In other words, to the extent the respondent sought to employ interventions, he began the process too late in the cycle to arrest his behavior. Although he has attended relapse prevention group, he was taken out of the group, as one of the therapists upon whom he was fixated facilitated the group, he lacked participation, and he continually questioned if he was worthy of the group. Upon the conclusion of Ms. Young's testimony, the State rested.

¶ 30 The respondent made a motion for a directed verdict in his favor, which the circuit court denied. The respondent then rested without presenting any witnesses. The circuit court instructed the jury on the law relevant to its deliberations and the parties presented closing arguments. After a period of deliberations, the jury returned a verdict in which it found the respondent remains an SDP. The circuit court immediately entered a judgment on the jury's verdict, dated April 5, 2017, which ordered the respondent remain

committed to the IDOC for care and treatment until such time he is no longer an SDP. On May 5, 2017, the respondent filed a timely notice of appeal.

¶ 31 ANALYSIS

¶ 32 The sole argument the respondent raises on appeal is the State failed to prove by clear and convincing evidence that the respondent remains an SDP. See 725 ILCS 205/9 (West 2016) (in proceedings on a petition for discharge under the Act, the State has the burden of proving by clear and convincing evidence that the applicant is still an SDP). As the respondent correctly notes, our standard of review is whether the jury's finding was against the manifest weight of the evidence. *People v. Hall*, 2017 IL App (3d) 160541, ¶ 41. " 'A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent.' " *Id.* (quoting *People v. Donath*, 2013 IL App (3d) 120251, ¶ 38).

¶ 33 Section 1.01 of the Act defines SDPs as:

> "All persons suffering from a mental disorder, which mental disorder has existed for a period of not less than one year, immediately prior to the filing of the petition ***, coupled with criminal propensities to the commission of sex offenses, and who have demonstrated propensities toward acts of sexual assault or acts of sexual molestation of children ***." 725 ILCS 205/1.01 (West 2016).

In addition, the Act defines "criminal propensities to the commission of sex offenses" to mean "that it is substantially probable that the person subject to the commitment proceeding will engage in the commission of sex offenses in the future if not confined." *Id.* § 4.05.

¶ 34 As to the requirement that the State prove the respondent suffers from a mental disorder for a period of not less than one year immediately prior to the filing of the petition, Dr. Clounch's unrebutted expert testimony established the respondent suffers from "pedophilic disorder, sexually attracted to females, nonexclusive." As previously set forth, Dr. Clounch testified in explicit and exhaustive detail about the respondent's past behaviors and admissions which led Dr. Clounch to this diagnosis. While the respondent acknowledges this testimony, he argues the basis provided by Dr. Clounch relates to the respondent's diagnosis of pedophilia prior to his initial commitment, and the evidence the disorder is still present is completely nonexistent. We disagree. While it is true, as the respondent points out, that the respondent has denied any current sexual fantasies about children, and has not demonstrated inappropriate behavior toward children since he has been committed, Dr. Clounch testified, clearly and unequivocally, that pedophilia is a mental disorder in which an individual would continue to have sexual arousal and fantasies about children for the rest of the individual's life. There is no contrary testimony in the record, and even if there were, it would be the province of the jury to determine the relative weight to be given that testimony. *Hall*, 2017 IL App (3d) 160541, ¶ 47. For these reasons, we cannot say a conclusion opposite to the one reached by the jury, that the respondent continues to suffer from a mental disorder that has been present for at least one year prior to the petition, is clearly apparent.

¶ 35 With regard to the respondent's "criminal propensities to the commission of sex offenses," or the probability the respondent will engage in future sex offenses if not confined, the respondent argues the State failed to prove he has not made sufficient

progress in his treatment. Specifically, the respondent argues both Dr. Clounch and Ms. Young failed to articulate how the respondent is unable to apply the treatment concepts of which he clearly demonstrates knowledge, and it was inappropriate to focus on the respondent's attraction to his therapists as evidence that he is still sexually dangerous. Again, we disagree. As set forth in great detail above, there is substantial evidence in the record that, while the respondent is able to report his distorted thinking and beliefs, he has not shown the ability to ultimately address those and intervene to stop them. This has resulted in his inability to move forward into phase three of sex offender treatment, which focuses on relapse prevention. In addition, Ms. Young specifically testified as to the parallels between the respondent's pattern when engaging in some of the stalking behaviors against children in the past and his current obsessive beliefs in fixating on his therapists in treatment. Accordingly, we find clear evidence in the record from which a jury could find that there is a probability the respondent will engage in sex offenses in the future if not confined.[1] Accordingly, we cannot say the jury's verdict was against the manifest weight of the evidence.[2]

[1]At oral argument, there was some discussion as to whether the State must prove that the respondent would probably commit future sex acts against children in particular in order to satisfy the "criminal propensities" element. Under a plain reading of the Act, a probability of committing sex offenses in general is sufficient. See 725 ILCS 205/9(b) (West 2016) ("The State has the burden of proving by clear and convincing evidence that the applicant is still [an SDP]."); see also *id.* § 1.01 (defining an SDP to include "criminal propensities to the commission of sex offenses").

[2]The respondent does not dispute the evidence as it relates to whether he has "demonstrated propensities toward acts of sexual assault or acts of sexual molestation of children." *Id.* § 1.01. Nevertheless, we find Dr. Clounch's testimony relating the respondent's history prior to commitment supports the jury's finding as to this element.

¶ 36 CONCLUSION

¶ 37 For the foregoing reasons, we affirm the April 5, 2017, order of the circuit court of Jefferson County, which denied the respondent's application for discharge from the custody of the IDOC, following a jury's determination that the respondent remains an SDP.

¶ 38 Affirmed.