2024 IL App (2d) 220422-U
No. 2-22-0422
Order filed March 15, 2024

IN THE

APPELLATE COURT OF ILLINOIS

SECOND DISTRICT

In re COMMITMENT OF CHAD WAHL	)	Appeal from the Circuit Court
	)	of Kane County.
	)	
	)	No. 13-MR-995
	)	
(The People of the State of Illinois,	)	Honorable
Petitioner-Appellee v. Chad Wahl,	)	Salvatore LoPiccolo Jr.,
Respondent-Appellant).	)	Judge, Presiding.

JUSTICE Hutchinson delivered the judgment of the court.
Justices Schostok and Mullen concurred in the judgment.

ORDER

¶ 1 *Held*: The evidence presented was sufficient to prove that respondent is a sexually violent person with a mental disorder that makes him substantially probable to engage in further acts of sexual violence.

¶ 2 Respondent appeals from the trial court's finding that he is a sexually violent person. He contends that the State failed to prove beyond a reasonable doubt that (1) he has a mental disorder; and (2) his mental disorder makes it substantially probable that he will engage in future acts of sexual violence. For the reasons that follow, we affirm the judgment of the trial court.

¶ 3 I. BACKGROUND

¶ 4 In October 1990, respondent was hired as a houseparent at Mooseheart, a "child city" where children who have family problems or no parents are allowed to live until age 18. Between June 1991 and March 1992, respondent sexually abused at least six different victims, all under the age of 13. On November 3, 1993, he was convicted of six counts of aggravated criminal sexual abuse, one count of aggravated sexual assault, and one count of attempted aggravated criminal sexual assault. On January 21, 1994, respondent was sentenced to an aggregate term of 41 years' imprisonment.

¶ 5 On November 12, 2013, just before the end of respondent's sentence, the State filed a petition for sexually violent person commitment. The petition alleged that respondent is a sexually violent person as defined in section 5(f) of the Sexually Violent Persons Commitment Act (the Act) (725 ILCS 207/5(f)) based on a September 30, 2013, evaluation by Dr. Melissa Weldon-Padera. The evaluation found that respondent suffers from pedophilic disorder, non-exclusive type, sexually attracted to males, and other specified personality disorder, narcissistic personality traits. The State further alleged that respondent's mental disorders made it substantially probable that he will engage in acts of sexual violence.

¶ 6 A bench trial on the State's petition began on October 30, 2019. The State called Dr. Weldon-Padera, an expert in the area of evaluation and risk assessment of sex offenders. Dr. Weldon-Padera interviewed respondent for evaluation on September 30, 2013, and May 23, 2019. She described the facts of respondent's crimes that led to her opinion that he is a sexually violent person. Respondent was employed at Mooseheart, "a place where young children who have either been abandoned or abused or orphaned" resided. Respondent was placed "in a position of trust and authority acting essentially as a primary caregiver for these kids." While at Mooseheart, respondent set up a "reward program" for the children in which he allowed them to sleep on the living room

floor on weekend nights and watch movies. It was during these times when respondent would lay underneath the blanket with the children to sexually abuse them. Respondent would buy the children "gifts and *** he told them certain things to make them feel that they were special in order to groom the victims." When he was ultimately arrested, respondent admitted to molesting two of the victims on two occasions. However, he later stated to police that "he may have forgotten some things due to nervousness" and suggested that he needed counseling.

¶ 7 Respondent denied all offenses during his interviews with Dr. Weldon-Padera, referring to his victims as his "accusers." He described the children as "manipulative and deceitful." Respondent suggested that the investigating detective had bribed the children to make up the allegations against him. He further suggested that the investigating detective and the judge in his underlying case were close friends involved in a conspiracy to get him convicted.

¶ 8 Dr. Weldon-Padera relied on reports from the Illinois Department of Child and Family Services (DCFS) which found that respondent was indicated for sexual molestation of ten boys, and sexual penetration of two boys. "[S]pecifically that he had fondled all ten of the boys' penises and that he had inserted his finger into two of the boys' anuses.

¶ 9 Dr. Weldon-Padera testified to her review of records from the Illinois Department of Corrections, detailing books, letters, articles, and other documents that were written to, from, or found in possession of respondent. Most of the items were dates from 2011 to 2013. She recalled the books in respondent's possession as follows:

> "[O]ne of them was called Online Sexual Predators, which was about exposing predators' secrets of how to groom victims, *** tricks on how to evade the police. Specifically I think they wrote in the description how shady entrepreneurs are involved in child exploitation or make money on child exploitation.

Another book was on modern day slavery, which was about the slave trade and specifically about *** the sexual trafficking of children.

Another one was a Japanese film handbook, which contained very graphic sexual and violent content and images.

There was a book about pornography, not only on how to edit, direct it, things about the content in pornography but also portrayed specific case of - - for example, a child pornography they called it a star or an actor, a murder victim, and babysitters who raped infants.

There was a book on the Dunblane massacre, which was written from the view of the pedophile who murdered 16 children, which contained writings on very sexually explicit detail of sex with children and also homosexuality.

They also found in his possession there was a 100-page long book list which seemed to be sort of a wish list or things that he wanted to or planned to order, and all of the books *** had sexually related content or themes, such as sexual predators, child abuse, prostitution, and erotic stories related to men and to young boys."

¶ 10 Dr. Weldon-Padera recalled the various articles found in respondent's possession as follows:

"He had several newspaper articles on serial killers, some of whom had also sexually assaulted and raped the victims, some of victims being young men and boys. One specific serial killer was from Illinois, in fact was incarcerated in Illinois. Another one had victims throughout the Midwest.

He also had newspaper articles on GPS devices and microchips, and then they also found a manuscript that was titled how to raise a serial killer without really trying."

¶ 11 Dr. Weldon-Padera testified that respondent was writing a novel while incarcerated about "a young orphaned boy who had turned into a sex slave for a powerful, authoritative adult male on a spaceship." She said the novel contained "a sexual assault scene" as well as "sexually explicit details about molesting and grooming the boy."

¶ 12 Respondent had letters in his possession while incarcerated that spoke to the issue of civil commitment. Dr. Weldon-Padera noted that the letters detailed respondent's planning and preparation for being civilly committed or evaluated. The letters noted that respondent had "studied every civil commitment case" so that he would be prepared. Respondent wrote that he would be "aware of *** the tricks of the mental health professionals or the interviewer when the time came." He indicated that because he had no prior offenses, he would not meet the criteria for civil commitment. Respondent's letters further mention that he would not talk to any evaluator or interviewer about his real intentions.

¶ 13 Respondent discussed his "future business plans" in some of his letters. Dr. Weldon-Padera recalled various letters to various individuals, wherein respondent wrote that

> "[H]e and his friend, who is a registered sex offender, who had previously been convicted for child pornography, had identified the country of Morocco as a good place where they would be able to get away with finding children to involve in their child pornography business plan due to the fact that they have more lax morals and laws there compared to the United States.
>
> He talks about his *** "plan A" *** being a *** "legitimate and good front," *** of his export business. He then talks about his *** "plan B," *** being his illegal business plan in which he alludes to children and says that he and his friend, who is also of the *** "KP type," *** which is common knowledge for being referred to as kiddy porn, that his

friend wants to make movies because it's good money, and he also asks his other friend TJ in a letter to run a video camera and to film anything that he sees.

He admits in letters to doing extensive research and documentation on setting up a business overseas.

He also reaches out to friends and a previous purchaser of his father's child pornography in order to get contact information, which presumably could be inferred to be because he wants assistance in setting up his own child pornography business."

¶ 14 Respondent requested and received stories and pictures detailing pedophilia while incarcerated. One such story was about a 16-year-old boy grooming and molesting a seven-year-old boy. Respondent referred to that story in a subsequent letter, stating that he enjoyed it. He received an animated picture of a young boy wearing only an undershirt and underwear. He received an internet article about teaching masturbation to five-year-olds, complete with a photograph of a "presumed" five-year-old boy in the shower. Respondent wrote in a letter that the boy in the shower was "a beauty playing with himself in the shower and plan B all day."

¶ 15 Respondent communicated about being personally involved in the production of child pornography in some letters. Dr Weldon-Padera recalled as follows:

"He would write graphic, violent, and sexual details about sexually abusing a five-year-old boy when he himself was age 12 while being involved in making child pornography.

He also wrote about graphic, violent, and sexual details about himself being abused or being involved with sexual experiences with older men when he was involved in making child pornography.

> There was a lot of references to him being involved in child pornography in the letters he wrote, and the common theme was essentially that he views it as not only being acceptable but actually something that he enjoyed and that he profited on and actually sometimes appeared to be bragging about."

¶ 16 In letters with his friend and fellow child pornography enthusiast, T.J., respondent said he became aroused when reading the story of T.J.'s involvement in sex abuse as a child. Respondent asked T.J. to write more sexually explicit details about his abuse as a child, even going so far as to request a picture of T.J. as a child so that he could visualize T.J. being "pounded." He asked T.J. to "make me feel like a little boy again," and told him that "I will make you my special little boy." Communicating with T.J. about their plans to produce child pornography in Morocco, respondent details his fantasy of encountering a young boy there and sexually abusing him. Respondent stated in letters that he planned to "put his candlestick in those foreign boys' holders and pound the hell out of it until their wicks are lit." He told T.J. that he likes boys thin so he can feel their backbone when he is "driving my oil shaft deep." He specified that his ideal weight in a young boy victim is "70 to 90 pounds," and "the younger the better."

¶ 17 Dr. Weldon-Padera testified that respondent's letters indicated that he wished that the age of consent would be lowered as he believes that a child does not have the right to choose to be a virgin. He wrote that he would not have to use coercion in obtaining sex with a child because he "knew what to look for." Dr. Weldon-Padera opined that respondent's writings indicate that he has "the distorted belief that it's normal for adult men to have a romantic interest in boys." When she asked respondent about his letters during evaluation, respondent indicated that they were for research in appealing his case.

¶ 18 Dr. Weldon-Padera noted that respondent had 11 minor disciplinary reports from his time in IDOC. Of particular note was that respondent received a ticket for signing up for a parenting class despite not having any children. She also recalled an email in which IDOC staff recommended respondent be terminated from his law clerk position because of his "bizarre writings" on topics such as child sex slavery and other inappropriate material related to children. Respondent did not participate in any sex offender treatment while incarcerated which Dr. Weldon-Padera found important because "it's the biggest protective factor that research has shown time and time again that is the only thing that someone can actively do to reduce their risk."

¶ 19 During his interview with Dr. Weldon-Padera, respondent portrayed himself as "a typical heterosexual male who is interested in women despite all of the evidence to the contrary." She described respondent's answers to questions about child pornography and sexual abuse as "very rehearsed." Respondent denied having interest in child pornography or sexual abuse, but when presented with writings on the subjects, respondent expressed confusion, memory loss, and denial.

¶ 20 Dr. Weldon-Padera determined that respondent suffers from "pedophilic disorder, nonexclusive type, sexually attracted to males and other specified personality disorder, narcissistic personality traits." She explained that pedophilic disorder is a lifelong, chronic condition that does not go away without treatment. Pedophilic disorder affects an individual's volitional capacity, creating an inability to control one's urges, emotions, and behaviors and causing impaired decision making. She opined that respondent's pedophilic disorder predisposes him to engage in continued acts of sexual violence.

¶ 21 Respondent's pedophilic disorder diagnosis was based on factors outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Dr. Weldon-Padera explained that the DSM-5 uses three criteria for diagnosing pedophilic disorder: (1) a person has recurrent,

intense sexual fantasies, urges, or behaviors involving sexual activity with prepubescent children over at least six months; (2) the person has acted on those sexual urges or the urges have caused significant distress or interpersonal problems; and (3) the person is at least 16 years old and at least five years older than his victims. Dr. Weldon-Padera determined that respondent met each of those criteria because he had sexually abused multiple prepubescent children over a period of nine months and had demonstrated his continued sexual interest in prepubescent children since his conviction. She opined that respondent's mental disorders affect his emotional and volitional capacity and make him substantially likely to commit further acts of sexual violence.

¶ 22 Although respondent registered scores on two actuarial assessments (the Static-99R and the Static 2002R) that placed him in the category of average risk to reoffend, Dr. Weldon-Padera testified that the assessments underestimate an individual's actual risk because they only consider the likelihood of being caught, charged, and convicted of a sexual offense, not the individual's risk to commit the offense. Further, she testified that the assessments only consider the risk to commit a new offense in a five or ten-year window. She stated that the creators of the assessments note that it is important to take factors such as an individual's stated intent to commit sexual violence into account when determining risk to reoffend. Respondent's ongoing desire to sexually abuse children, as well as his explicit plans to do so, increased his risk to reoffend in Dr. Weldon-Padera's opinion. She further based her determination that respondent was substantially likely to reoffend based on his lack of skills to maintain health relationships, emotional identification with children rather than adults, lack of concern for others, lack of empathy for his victims, poor problem-solving skills, view of himself as a victim, preoccupation with sex, deviant sexual interest in children, attempts to evade authority, and refusal to participate in sex offender treatment. Finally, Dr. Weldon-Padera found respondent's risk of reoffending exacerbated by his belief that sexual abuse

of children is positive and acceptable. She could not identify any protective factors that would reduce respondent's risk of reoffending.

¶ 23 The State next called Dr. Edward Smith, an expert in evaluation and risk assessment of sex offenders. Dr. Smith testified that he evaluated respondent and wrote a June 19, 2014, report, as well as an addendum report on October 15, 2019. He testified similarly to Dr. Weldon-Padera in regard to the books, articles, and letters in respondent's possession while incarcerated. Based on a review of the contents of those items, Dr. Smith concluded that respondent believed sexually abusing children and child pornography were acceptable.

¶ 24 Using the DSM-5, Dr. Smith diagnosed respondent with "pedophilic disorder, sexually attracted to males, in a controlled environment and other specified personality disorder with antisocial traits." He explained that "in a controlled environment" meant that respondent is currently housed "in a setting where he doesn't have ongoing access to children." Dr. Smith opined that respondent was substantially probable to commit further acts of sexual violence due to his long history of interest in children and his stated intention to sexually abuse children in the future. Like Dr. Weldon-Padera, Dr. Smith thought that the actuarial assessments that placed respondent in the category of average risk to reoffend was underestimated.

¶ 25 Dr. Smith concluded that respondent's risk was further increased due to his intense sexual attraction to children, deviant sexual interest in slavery and rapists and killers, preoccupation with sex, personality disorders, tolerance of sex crimes, and his own history of abuse. He could not identify any protective factors that would reduce respondent's risk of reoffending.

¶ 26 The State rested and respondent testified. Respondent said that the letters testified to by Dr. Weldon-Padera and Dr. Smith were communications with ex-friends and ex-inmates because prison is very lonely. He testified that the books were ordered for a cellmate because he was bored.

Respondent said that the articles in his possession were garnered for the purpose of identifying an attorney to represent him with his case. He managed to earn a college degree, two vocational certificates, and approximately 200 other certificates during his time incarcerated. He maintained that he has a large support system in place if released, including his mom, family, financial support, and a job. He recalled being out on bond for his criminal case in 1992 and managed to not commit any crimes during that 14-month period. He claimed he had a girlfriend during that time and engaged in sexual intercourse with her.

¶ 27 On January 3, 2020, the trial court found that the State had proved beyond a reasonable doubt that respondent is a sexually violent person, suffers from a mental disorder (pedophilic disorder, non-exclusive type, sexually attracted to males and other specified personality disorder with narcissistic traits), and substantially probable to engage in acts of sexual violence without treatment. Respondent was ordered to be committed to the Illinois Department of Human Services pursuant to 725 ILCS 207/40 for control, care, and treatment until no longer a sexually violent person.

¶ 28 On January 28, 2020, respondent filed a motion for a new trial arguing, inter alia, that the State failed to prove beyond a reasonable doubt that he is a sexually violent person.

¶ 29 On September 24, 2021, the trial court held a dispositional hearing before ordering respondent committed to institutional care on November 5, 2021.

¶ 30 On December 2, 2021, respondent filed a motion to reconsider disposition. On November 18, 2022, the trial court denied respondent's motion for a new trial and motion to reconsider disposition.

¶ 31 This timely appeal followed.

¶ 32 II. ANALYSIS

¶ 33 In this appeal, respondent contends that the State failed to prove beyond a reasonable doubt that (1) he has a mental disorder and (2) his mental disorder makes it substantially probable that he will engage in future acts of sexual violence. We address each of these contentions in turn.

¶ 34 To establish that a respondent is a sexually violent person, the State must prove beyond a reasonable doubt that (1) the respondent was convicted of a sexually violent offense, (2) the respondent has a mental disorder, and (3) the mental disorder makes it substantially probable that he will engage in acts of sexual violence. *In re commitment of Fields,* 2014 IL 115542, ¶ 20. When reviewing claims challenging the sufficiency of the evidence, we consider whether, viewing the evidence in the light most favorable to the State, any rational trier of fact could find the elements proved beyond a reasonable doubt. *Id.*

¶ 35 We note first that respondent concedes that he was convicted of a sexually violent offense, thus satisfying the first element of a claim under the Act.

¶ 36 The Act defines a " '[m]ental disorder' " as "a congenital or acquired condition affecting the emotional or volitional capacity that predisposes a person to engage in acts of sexual violence." 725 ILCS 207/5(b) (West 2020). While our supreme court "has not given us guidance as to what sort of factual predicate suffices to establish the presence of a mental disorder," in determining whether the State has met its burden, our appellate courts have routinely relied on expert testimony, and deferred to the factfinder's determinations regarding an expert's credibility. *In re Commitment of Gavin*, 2019 IL App (1st) 180881, ¶ 36; see also *Fields*, 2014 IL 115542, ¶ 27. The facts or data in the particular case upon which an expert bases an opinion or inference may be those perceived by or made known to the expert at or before the hearing. If of a type reasonably relied upon by experts in the particular field in forming opinions or inferences upon the subject, the facts or data need not be admissible in evidence. Ill. R. Evid. 703 (eff. Jan 1, 2011).

¶ 37 Dr. Weldon-Padera and Dr. Smith diagnosed respondent with pedophilic disorder. Both experts assessed respondent pursuant to the DSM-5 as the main authoritative text for determining the presence of a mental disorder. Indeed, such a diagnosis has been recognized by Illinois courts as a qualifying disorder under the Act. See *In re Commitment of Montilla*, 2022 IL App (1st) 200913, ¶ 107. Respondent here argues that the State failed to prove that the diagnosis was "a congenital or acquired condition affecting the emotional or volitional capacity that predisposes a person to engage in acts of sexual violence," as described in the Act. 725 ILCS 207/5(b) (West 2020).

¶ 38 The Act does not require the State to prove with specificity whether the respondent's mental disorder is "congenital or acquired." *In re Commitment of Moody*, 2020 IL App (1st) 190565, ¶ 56. In analyzing the language of section 5(b) of the Act, the court in *Moody* found as follows:

> "[T]he most natural reading of the statute is that a mental disorder is any condition affecting the emotional or volitional capacity that predisposes a person to engage in acts of sexual violence, whether congenital or not. *** [T]his reading does not render the phrase "congenital or acquired" meaningless. Rather, it acknowledges the intent of the legislature to focus commitment proceedings on persons who have a mental condition that predisposes them toward sexual violence, regardless of the underlying source of that condition. As such, *** the legislature did not intend to require the State to prove the additional element of "congenital or acquired." Rather, it intended to provide the State with a means of protecting society from individuals, whose conditions affect their emotional or volitional capacity in a way that predisposes them to engage in acts of sexual violence, regardless of the precise origin of those diagnosed conditions. [Citation].

***

> [I]n the more than 20 years since the passage of the Act, our courts have entertained sufficiency of evidence challenges without any discussion of whether a respondent's mental disorders were specifically congenital or acquired. [Citations]. Since we see no difference in the threat posed by an individual who is diagnosed with a congenital rather than an acquired mental disorder, or vice versa, and the respondent cannot point to any, we see no reason to depart from our prior precedent[.]" *Moody*, 2020 IL App (1st) 190565, ¶¶ 57, 58.

¶ 39 Viewing the experts' testimony in the light most favorable to the State, the trial court's finding that respondent has a mental disorder was proven beyond a reasonable doubt. The diagnoses were supported by the facts of respondent's underlying conviction (repeated sexual abuse of children over a nine-month period), his stated sexual interest in children, his graphic communications detailing his sexual desire for children, his demonstrated interest in sexual violence against children, his intent to go into business producing child pornography and continue his pattern of child sexual abuse. Further, both experts testified that respondent has a "congenital or acquired" condition that affects his emotional or volitional capacity in a way that predisposes him to sexual violence. Therefore, we find that the State presented sufficient evidence to establish the second element of a claim under the Act.

¶ 40 We next turn to respondent's contention that the State failed to prove beyond a reasonable doubt that respondent's mental disorder makes it substantially probable that he will engage in acts of sexual violence.

¶ 41 Illinois courts have repeatedly held that as used in the Act, " ' "'substantially probable' " ' " means " ' " 'much more likely than not' " ' " that the respondent will commit acts of sexual violence as a result of his mental disorder. *Gavin*, 2019 IL App (1st) 180881, ¶ 43

(quoting *In re Commitment of Haugen*, 2017 IL App (1st) 160649, ¶ 24, quoting *In re Commitment of Curtner*, 2012 IL App (4th) 110820, ¶ 37, and *In re Detention of Bailey*, 317 Ill. App. 3d 1072 (2000)).

¶ 42 Respondent argues that his actuarial assessment scores, placing him the category of average risk to reoffend, coupled with the experts' alleged failure to explain how they arrived at the conclusion that respondent is substantially probable to reoffend, resulted in failure to prove beyond a reasonable doubt the third element of a claim under the Act.

¶ 43 While it is true that respondent's assessment scores placed him in the average category to reoffend, the experts' testimony was grounded in not only statistical analysis, but also dynamic and idiosyncratic factors to provide a holistic evaluation of respondent. See *Montilla*, 2022 IL App (1st) 200913, ¶ 120. Illinois courts have affirmed a finding of substantial probability to reoffend where expert witnesses relied not just on actuarial tests, but respondent's criminal history and underlying behaviors, See *Haugen*, 2017 IL App (1st) 160649, ¶ 26.

¶ 44 Respondent relies on *In re Commitment of McCormack*, 2021 IL App (1st) 181930-U, for his contention that the evidence failed to establish that he his substantially probable to reoffend. The respondent in *McCormack* was found by the State's expert to have a "statistically 'average risk' of reoffending" based on diagnostic instruments. *Id.* ¶ 12. He scored a "3" on the Static 99-R risk assessment tool, a score associated with only an 8-10% chance of recidivism after five years. *Id.* ¶ 28. The expert concluded, based on her evaluation of a number of dynamic factors unique to the respondent, that it was substantially probable that he would reoffend. *Id.* ¶¶ 12, 29. The reviewing court concluded that the State "left too much to inference" when questioning the expert and that the expert was never prompted to provide a solid explanation for why the respondent's risk of reoffence was substantial. *Id.* ¶ 42. In the present case, however, both experts found that

respondent's risk of reoffending based on diagnostic instruments was underestimated, and their analysis of the dynamic factors confirmed the reasons for that opinion. As such, *McCormack* is inapposite to the present case.

¶ 45 Respondent's contention that the State failed to prove that his pedophilic disorder makes him substantially probable to reoffend is meritless. Dr. Weldon-Padera specifically testified the assessments underestimate an individual's actual risk because they only consider the likelihood of being caught, charged, and convicted of a sexual offense, not the individual's risk to commit the offense. She listed a litany of dynamic and idiosyncratic factors as to why she believed respondent was substantially probable to reoffend, including respondent's ongoing desire to sexually abuse children, his explicit plans to sexually abuse children, his lack of skills to maintain healthy relationships, emotional identification with children rather than adults, lack of concern for others, lack of empathy for his victims, poor problem-solving skills, view of himself as a victim, preoccupation with sex, deviant sexual interest in children, attempts to evade authority, and refusal to participate in sex offender treatment, and his belief that sexual abuse of children is positive and acceptable. She could not identify a single protective factor that would reduce respondent's risk of reoffending.

¶ 46 Dr. Smith likewise believed that the actuarial assessments that placed respondent in the category of average risk to reoffend was underestimated. He listed many of the same dynamic and idiosyncratic factors as Dr. Weldon-Padera for his determination that respondent was substantially likely to reoffend. He, too, could not identify a single protective factor that would reduce respondent's risk of reoffending.

¶ 47 The experts' testimony clearly linked respondent's substantial probability of reoffending to his mental disorders. Therefore, the evidence was sufficient to support a finding that

respondent's mental disorder created a substantial probability that he will reoffend, as required for respondent to be committed as a sexually violent person.

¶ 48 Before concluding we must briefly address an argument that respondent repeatedly raises in his brief. Respondent makes much of the fact that he was released on bond following his 1992 arrest and managed to refrain from committing further crimes for a 14-month period. Respondent believes this fact and its absence from the experts' testimony is tantamount to disproving their opinions as to his sexually violent person label. His attorney did not question the experts as to their opinion on respondent's behavior during that period or how it would have affected their diagnosis. In any event, we have painstakingly detailed the experts' testimony as to respondent's desires and intents to further act on those desires, all of which he expressed following his refrain from child sexual abuse during his time released on bond in the early 1990s. Such refrain was undoubtedly a condition of his release, somewhat dampening its relevance. However, aside from respondent's testimony to this fact, it appears nowhere else in the report of proceedings and is irrelevant in the context of the foregoing analysis.

¶ 49 III. CONCLUSION

¶ 50 For the reasons stated, we affirm the judgment of the circuit court of Kane County.

¶ 51 Affirmed.