

No. 1-11-2998

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IN THE  
APPELLATE COURT OF ILLINOIS  
FIRST JUDICIAL DISTRICT

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THE PEOPLE OF THE STATE OF	)	Appeal from the
ILLINOIS,	)	Circuit Court of
	)	Cook County.
Petitioner-Appellee,	)	
	)	
v.	)	No. 05 CR 02357
	)	
DUVAL BOYKIN,	)	Honorable
	)	Timothy J. Joyce,
Respondent-Appellant.	)	Judge Presiding.

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JUSTICE HOFFMAN delivered the judgment of the court.  
Presiding Justice Connors and Justice Delort concurred in the judgment.

**ORDER**

¶ 1 *Held:* The determination of the circuit court finding the respondent to be a sexually dangerous person was not contrary to the manifest weight of the evidence.

¶ 2 Following a bench trial, the respondent, Duval Boykin, was found to be a sexually dangerous person under the Sexually Dangerous Persons Act ( Act)(725 ILCS 205/5 (West 2010)), and committed to the Illinois Department of Corrections. He now appeals, challenging the sufficiency of the evidence. We affirm.

¶ 3 The respondent was charged by indictment for an incident occurring on October 5, 2002, in which he allegedly abducted, sexually assaulted, and robbed the 15-year-old victim, L.C. While these charges were pending, the State commenced civil commitment proceedings, seeking to have the respondent declared a sexually dangerous person under the Act.

¶ 4 As a basis for its petition under the Act, the State relied upon the respondent's own statements regarding his social history and his extensive history of criminal conduct and juvenile delinquency, beginning at the age of eight. The State also introduced documentation of prior sexual assaults with which the respondent had been charged. The first occurred on March 20, 1994, when the respondent entered the home of Luana A., and her nine-year-old daughter, L.A., and sexually assaulted them. The respondent pled guilty to these attacks, and was sentenced to consecutive sentences of ten and seven years' imprisonment. Another alleged offense occurred on December 29, 2002, in which the respondent was charged with the home invasion and attempted sexual assault of Lydia W. On March 15, 2007, a jury found the respondent guilty of home invasion with the use of armed force and intent to cause injury, residential burglary, and failure to report change of address as a sex offender. However, the respondent was found not guilty of the attempted sexual assault. He was sentenced to 22 years imprisonment. On April 16, 2007, the respondent was incarcerated for the offenses against Lydia W., and was is still in custody at the time of the hearing on the petition.

¶ 5 Pursuant to court order, the State retained three forensic experts, psychiatrists Dr. Peter Lourgos and Dr. Nishad Nadkarni, and psychologist Dr. Christofer Cooper, to evaluate the

No. 1-11-2998

respondent and determine whether he constituted a sexually dangerous person under the Act. All three of the experts diagnosed the respondent with sexual sadism, antisocial personality disorder, as well as substance abuse or dependence. The experts testified that, in formulating their diagnoses, they relied upon their interviews with the respondent, his medical records, and his past criminal and incarceration records.

¶ 6 Dr. Lourgos evaluated the respondent on December 19, 2007. Lourgos testified that, in addition to the respondent's history and criminal records, he reviewed a psychological summary of the respondent prepared by Dr. Christopher Cooper. Dr. Lourgos testified to facts contained in a police report of an alleged sexual attack on a fifth victim, Angela G., on October 26, 1992. According to the report, the respondent went to Angela G.'s apartment, knocked on the door and then forced his way inside. The respondent ordered Angela G. not to scream and to go lie on the sofa and disrobe. The victim complied, and the respondent performed a forced act of sexual intercourse upon her. According to Dr. Lourgos, the facts of this alleged assault were significant in his diagnosis of sexual sadism, because they demonstrated that the respondent became sexually aroused from the physical or psychological suffering and humiliation of the victim.

¶ 7 Dr. Lourgos also testified regarding the sexual assaults of 28 year old Luana A. and her nine year old daughter L.A. According to the police report, on March 20, 1994, Luana A. heard a knock on her front window. When she opened the front door, the respondent pushed his way into her apartment, pulled the cord out of a clock radio, and choked Luana with the cord. The report stated that the respondent then asked Luana the name of her daughter, and after she told him, he ordered her to awaken her daughter and call her into the bedroom. The police report stated that

No. 1-11-2998

the respondent ordered the child to remove her clothes and lie on the bed. The respondent then removed his sweatshirt, got on top of L.A., and had vaginal intercourse with her twice. The respondent then proceeded to lick the child's breasts and perform oral sex on her. He then demanded that she perform oral sex on him, which she refused. The respondent ordered Luana to perform oral sex on him, and after she complied, he attempted to rectally penetrate L.A., but Luana ordered him to leave his daughter alone. The respondent forced Luana to lie on the bed and vaginally penetrated her, then attempted to rectally penetrate her. Finally, he again instructed Luana to perform oral sex on him. When Luana cried and asked the respondent why he was doing this to them, he replied "because you're a bitch" and he was crazy, known as "loco." The respondent forced L.A. into the bathroom and attempted to close the door. Luana stopped him from doing this, but L.A. was ordered by the respondent to wash him off. Luana and L.A. were eventually able to escape the premises.

¶ 8 Dr. Lourgos relied upon the pending charge involving L.C. In that offense, the police records established that on October 5, 2002, less than three months after the respondent was paroled for his prior conviction, he abducted, sexually assaulted and robbed L.C. The respondent reportedly threatened her with violence if she screamed, stating he would knock her unconscious or kill her. He then drove her to an alley, forced her to perform oral sex on him and vaginally raped her. When L.C. told the respondent that she was only 15, he allegedly responded that he was recently released from prison for "raping little girls." L.C. expressed concern about the respondent ejaculating into her, to which he replied "don't you want to have my baby?" The respondent then allegedly took \$54 from the victim. Lourgos also noted that there was a DNA

No. 1-11-2998

match on the CODIS for the case.

¶ 9 The next incident upon which Dr. Lourgos relied was for the December 29, 2002, assault of Lydia W. The police records for that alleged offense stated as follows. The respondent broke into the victim's apartment while she was sleeping with her three young children. According to Lydia W., she was awakened by the respondent lying on top of her, holding a knife to her chest. The respondent reportedly told her "don't say anything or I'll kill you," followed by "I'm going to rape you, that's all I want." When one of the children awoke and began screaming, the respondent demanded that Lydia quiet the child or he would harm them. According to the records, the respondent then began cutting pieces from a roll of duct tape, at which point a struggle ensued, and Lydia was able to grab the knife away from the respondent and cut him. The respondent then fled, and was arrested shortly thereafter.

¶ 10 Dr. Lourgos testified that he interviewed the respondent after reviewing the records. The doctor reported that the respondent appeared well-groomed, logical and coherent, and did not display any symptoms of mental illness. Regarding the incidents of alleged sexual assault against Luana A. and L.A., Lydia W., and L.C., the respondent admitted contact with the victims, but denied the other allegations of the police reports. Dr. Lourgos testified that the respondent denied sexually assaulting either Luana or L.A. He claimed to have had consensual sex with Luana in a "drugs for sex" arrangement, and that she fabricated the allegation of rape after the respondent told her he had no drugs. The respondent denied having any sexual contact with L.A. When Lourgos asked the respondent why Luana would have claimed that he committed this crime, the respondent responded "she made it up because she never paid me. I went there to

No. 1-11-2998

get paid. She wanted sex for drugs." The respondent reported that he pleaded guilty to the offense, and was sentenced to 17 years imprisonment, and was paroled in July 2002.

¶ 11 Dr. Lourgos stated that the respondent acknowledged being arrested in December 2002, for the offense against Lydia W, but reported that he had been selling bags of cocaine, and Lydia tried to steal them from him without paying for them. The respondent reportedly chased Lydia and a female companion into their house at which point Lydia attacked him with a knife and he fled the house. With regard to L.C., Dr. Lourgos testified that, according to the respondent's version of events, he picked up the victim at a street corner "where prostitutes hang out". She told the respondent that she was 19 years old, and he gave her \$50 for sex. L.C. subsequently fabricated the sexual assault story after the respondent took his money back because the sex "was not worth it."

¶ 12 The respondent told Dr. Lourgos about his extensive criminal history, beginning with an arrest at age eight for threatening other students with violence; an arrest for theft of a bicycle at age nine; arrests for stealing small items from a variety of stores. The respondent also reported multiple suspensions from school for fighting with other students and for pushing a female teacher at age 12. He was expelled from high school at age 16 for fighting. Dr. Lourgos testified that the respondent was first confined to a juvenile detention center at age 13, for burglarizing fireworks from a home. At age 16, the respondent was arrested for robbing a woman of her purse. According to Dr. Lourgos, the respondent reported multiple arrests as an adult, including sale of controlled substances, possession of a firearm, and armed robbery. As for felonies, the respondent reported selling controlled substances to a police officer. He pled guilty and was

No. 1-11-2998

sentenced to three years incarceration, receiving parole in February 1994. Two months later, in April 1994, the respondent was re-arrested and charged with the sexual assault of Luana A. and L.A.

¶ 13 Dr. Lourgos obtained a thorough psychosexual history of the respondent, which he described as standard in the assessment of sexual mental disorders. In reviewing the history, he is seeking to locate signs and symptoms of any abnormal sexual beliefs, ideas, or behaviors. According to Lourgos, the respondent denied engaging in any abnormal sexual behaviors. He also denied any prior psychiatric treatment, or any physical or sexual abuse as a child. The respondent acknowledged a significant history of alcohol consumption beginning at age 12, escalating to daily use by age 18, and consumption of drugs.

¶ 14 The respondent reported to Dr. Lourgos that he had been incarcerated for the majority of his adult life. While incarcerated, he obtained his general equivalency high school diploma, and received an advance certificate in diesel mechanics, auto mechanics, and food service. He also reported approximately 200 hours of college credit in courses such as small business, psychology, accounting and rhetoric. The respondent denied any gainful employment outside of the penitentiary.

¶ 15 Dr. Lourgos also conducted a "mental status" examination of the respondent, that is, where the respondent is observed for any active symptoms or signs of a mental illness, such as auditory hallucinations, any type of confusion, and psychiatric symptoms such as depression. The results of this test showed no symptoms of a mood anxiety or psychotic disorder.

¶ 16 According to Dr. Lourgos, the respondent met the criteria for a diagnosis of "sexual

No. 1-11-2998

sadism" under the DSM IV, a diagnostical statistical manual of mental disorders. The manual requires that, over a period of at least six months, the respondent have engaged in behaviors in which the psychological or physical suffering and humiliation of a non-consenting victim was sexually exiting to him. Dr. Lourgos believed that the respondent met these criteria based upon the manner and circumstances under which he committed the assaults. In particular, the doctor referred to the threats of violence used by the respondent and the age of the victims. Dr. Lourgos noted that the assault of nine-year-old L.A. was done in front of her mother Luana, and that the respondent announced to Luana that he wanted to sexually assault her daughter "in the ass." The respondent also ordered Luana to watch as he assaulted her daughter and L.A. to watch the assault on her mother. Finally, when Luana asked the respondent why he was doing this to them, he responded because she was a bitch and this was his "M.O." The assault of L.C. further demonstrated sexual sadism when the respondent told her that he "got out of jail for raping little girls" and asked "don't you want to have my baby?" Finally, Dr. Lourgos believed the assault of Lydia W., also done in close proximity to her small children and under the command that she keep them quiet, rose to the level of sexual sadism. According to Lourgos, most people not suffering from sexual sadism or antisocial personality disorder would be unable to sustain sexual arousal with this type of violence; people with sexual sadism tend to have low anxiety and are able to achieve arousal while inflicting severe terror on their victim.

¶ 17 Dr. Lourgos testified as to how the respondent met the criteria for anti-social personality disorder as set forth under DSM IV. The respondent displayed, after the age of 15, a pervasive pattern of disregard for the rights of others. Specifically, the respondent met at least three of the

No. 1-11-2998

following criteria: failure to conform to social norms; deceitfulness; impulsivity or failure to plan ahead; irritability and aggressiveness; consistent irresponsibility; and lack of remorse. The respondent exemplified the first criteria by repeatedly performing acts that are grounds for arrest. He exhibited deceitfulness by repeatedly lying, using aliases as demonstrated in his criminal records, or cunning others for personal profit or pleasure. The respondent "failed to plan ahead" in committing crimes impulsively, at times shortly after his release from the penitentiary. Dr. Lourgos gave the example of the assault of L.C., whom the respondent picked up without planning, while she stated she was looking for her friends. The respondent displayed irritability and aggressiveness by his own admission, as he engaged in multiple physical altercations during his school years, with both students and teachers. The respondent showed consistent irresponsibility by his own admission that he never held a job outside of prison apart from selling drugs, and by not providing financial support to his children. Last, Dr. Lourgos testified that the respondent showed a lack of remorse in that he was indifferent or inclined to rationalize his hurt or mistreatment of others, for example, by denying that he sexually assaulted anyone and claiming that all of this victims were lying. According to Lourgos, the respondent met each of the above criteria, plus two more. Specifically, the respondent showed signs of "conduct disorder," which is antisocial behavior manifested as a child. Dr. Lourgos also conducted a violence risk assessment on the respondent, which, based upon his history of past violence, violence at an early age, drug abuse, and diagnoses of mental illness, demonstrated that the respondent posed a risk of future violence. Finally, the doctor concluded that the respondent was at high risk for violent recidivism based upon psychological tests performed by Dr. Cristofer

No. 1-11-2998

Cooper.

¶ 18 On cross-examination, Dr. Lourgos acknowledged that, in rendering his diagnoses of the respondent, he relied upon four instances of alleged sexual assault perpetrated by the respondent even though one of these cases resulted in an "acquittal" and another in a finding of no probable cause. Lourgos indicated that he took as true "those elements [that] were present to make the diagnosis that he has these thoughts and beliefs and urges." As to the facts underlying the alleged offenses, Dr. Lourgos testified that took these as true and that he required that data in order to determine whether the respondent met the clinical criteria, and that, without this data, he would not have been able to formulate his diagnoses. Lourgos testified that the underlying facts were used for a clinical diagnosis of whether or not someone has a mental disorder. He explained that psychiatrists rely upon a clinical examination of the patient, including collateral information. Lourgos's diagnosis of antisocial personality disorder was based upon convictions, police reports and what the respondent told him in the interview.

¶ 19 Dr. Cooper testified that he prepared a psychological summary of the respondent based upon a clinical examination consisting of about five hours of personal interviews and the administration of psychological testing. The interviews with the respondent were semi-structured because they also incorporated psychological tests. Dr. Cooper described the psychological tests as a psychometrically-validated instrument used to gather information based upon comparisons of the subject to some type of normative database. One of the tests administered on the respondent was the Sex Offender Risk Appraisal Guide (SORAG), an actuarial risk measure. Cooper testified that an actuarial risk measure is an objective algorithmic

No. 1-11-2998

method of quantifying data to made a predictive statement about a particular behavior, in this case the respondent's chance of recidivism.

¶ 20 Dr. Cooper indicated that, in his interview with the respondent, he was looking at familial history and various lifestyle instability issues. In particular, the doctor noted that the respondent never knew his biological father and lived "on and off" with his mother, being placed in juvenile correction centers between 10 and 20 times, and a St. Charles youth center twice. The respondent reported having more juvenile arrests than he could count, most of these being for battery, burglaries and theft. The respondent also reported behavioral problems in elementary school which included fights with peers and aggressive acts towards teachers, resulting in his being suspended "too many times to count."

¶ 21 Dr. Cooper reported that, as an adult, the respondent estimated being arrested about nine times. The respondent never had a formal job and made his living as a "drug dealer" and "hustler." The respondent reported that he had two children but has never provided financial support for them or their mothers. He acknowledged having numerous sexual partners and residing with several women "on and off", "cheating" on different girlfriends and often lying to cover up his infidelities. The respondent denied any psychiatric history and described a long history of substance abuse.

¶ 22 Dr. Cooper testified that he relied upon the respondent's convictions for the attacks on Luana and L.A., and upon the alleged sexual assaults of L.C. and Lydia W. The doctor testified to the details of these reports and then to his impressions regarding the respondent. He found it significant that the respondent accepted no responsibility for the attacks on Luana and L.A.,

No. 1-11-2998

adamantly denying attacking L.A., and in fact considered himself to be the "victim. When Cooper asked why he pled guilty, the respondent stated that his public defender "turned on him" the day before trial and told him not to fight the charge. With regard to the charges involving L.C., the respondent responded "that's crazy," and stated that the victim was a prostitute, that the sex was consensual, and that she told him she was 19 years old. Regarding the alleged home invasion and sexual assault of Lydia W., the respondent also denied any culpability, telling Dr. Cooper that he was coming home from a party extremely intoxicated when he "got greedy" and decided to sell some marijuana and crack cocaine he had with him. He was then robbed of the drugs by a man and Lydia W. Thereafter, he forced his way inside Lydia's apartment, at which point a struggle ensued and Lydia stabbed him in the left hand. He denied having duct tape, and again, described himself as the "victim" in the case.

¶ 23 Dr. Cooper described the respondent's demeanor during the evaluation process as well-groomed and easily engaged. He appeared very calm and in good physical health. The respondent expressed a cynical view of the criminal justice system and his pending case, and tended to blame his problems on the legal system and in some cases the victim herself.

¶ 24 Dr. Cooper administered three actuarial tests to the respondent as required to assess his level of dangerousness and risk of recidivism: the Minnesota Multi-phasic Personality Inventory (MMPI-2), the Hare Psychopathy Checklist-Revised (PCL-R), and the Sex Offender Appraisal Guide (SORAG). Cooper described the MMPI-2 as a personality inventory that compiles a great deal of clinical and diagnostic information. The PCL-R is used to measure "psychopathy," or severe traits of antisocial personality disorder. The SORAG, which encompasses the PCL-R as a

No. 1-11-2998

component, is useful to predict the risk of recidivism.

¶ 25 According to Dr. Cooper, the test results indicated that the respondent was for the most part cooperative in taking the tests and provided valid responses. With regard to the PCL-R, Dr. Cooper explained that out of a potential 60 points, with a score of 30 being the baseline for psychopathy, the respondent scored a 37, which demonstrates significant traits of psychopathy, and placed him in the 99<sup>th</sup> percentile of prison inmates tested. On the SORAG, which uses nine categories to test for recidivism risk, the respondent scored in the highest of the categories, or above the 99<sup>th</sup> percentile of all sex offenders. According to Dr. Cooper, every offender who scored in the respondent's category re-offended violently within an average of ten years after release into the community.

¶ 26 Dr. Nadkarni also interviewed the respondent and reviewed Dr. Cooper's psychological summary, along with the deposition of defense expert Dr. Michael Rabin. Dr. Nadkarni testified that the respondent declined to discuss the L.C. case, stating that he did not want to "give away" his defense. However, according to the doctor, it was significant that the respondent was denying the events contained in the police report. Dr. Nadkarni also believed that, in telling L.C. that he "rapes little girls" and that he just got out of jail, it was apparent that the respondent derived some sadistic pleasure out of threatening, scaring, and humiliating her. He also noted that, in the case of Lydia W., the respondent also informed her he had just gotten out of jail and threatened her at knife point in the presence of her children. With regard to the case of Luana A. and L.A., Nadkarni found it significant that the respondent sexually assaulted each victim while ordering the other to watch, that he struck Luana a number of times and choked her with an electrical cord.

No. 1-11-2998

Dr. Nadkarni found this to be very strong evidence of the respondent's sexually sadistic tendency.

The doctor testified that, when he and the respondent discussed his plea in the case, the respondent went into significant detail about how he had negotiated the length of his prison sentences. This indicated to Nadkarni that the respondent lacked any empathy for his victims, and provided more evidence of antisocial personality and sexual sadism.

¶ 27 Dr. Nadkarni indicated that his diagnosis was based upon the DSM criteria and the cases of Luana and L.A. According to the doctor, the respondent had demonstrated the propensity for sexual sadism for the past 15 years or more. With regard to his diagnosis of antisocial personality disorder, Dr. Nadkarni pointed to the respondent's long history of behavioral and conduct disorder, gang involvement, and his multiple criminal entanglements, and gave the opinion that the respondent has probably suffered from this condition at least since the age of 18. Finally, with regard to the probability of future sexual violence, the doctor gave a clinical assessment that, based upon his past history and recidivism while under supervised release, the respondent possessed this risk factor. Dr. Nadkarni also found it significant that the respondent had multiple mental disorders, and displayed a lack of empathy towards his victims.

¶ 28 On cross-examination, Dr. Nadkarni acknowledged that there were only two convictions for sex offenses, and stated that he considered the police reports as to the other offenses only for their clinical value, not legal value. From a clinical standpoint, the doctor found the diverse number of police reports significant, in conjunction with the respondent's contradiction of the reported facts.

¶ 29 After the close of the State's case, the parties stipulated that the respondent was found not

No. 1-11-2998

guilty of the attempted aggravated sexual assault charge in the Lydia W. case, and that there was a finding of no probable cause in the Angela G. case.

¶ 30 The respondent called Dr. Rabin in his defense. Dr. Rabin neither interviewed nor administered tests to the respondent, but based his opinion on a review of the criminal record, the State's attorney's records, and the experts' reports. Rabin acknowledged that he was not retained to examine the respondent, but rather to evaluate the standard of care employed by the State's experts. According to Rabin, there were several problems with the experts' testing of the respondent. According to Rabin, it was unreliable to make a determination of sexual propensity based upon clinical assessment alone, because the research on the subject is "so clearly wrong." Rather, Dr. Rabin believed it was necessary to use a combination of an interview, testing, record review, and various sexual dangerousness appraisal techniques. Dr. Rabin characterized Dr. Lourgos's evaluation as an unaided clinical judgment assisted by his interpretation of what Dr. Cooper said he found. "Unaided" means not having used actuarial methods. As to Dr. Cooper, although he did use actuarial tests, Rabin dismissed his findings as employing "the wrong methods," "mis-scoring and misinterpreting" the data. Dr. Rabin believed the SORAG and the PCL-R were useful tests but that Cooper did not administer them correctly. Further, according to Rabin, the SORAG measures violence but not sexual violence.

¶ 31 At the conclusion of evidence, the trial court ruled that the State had proven beyond a reasonable doubt that the respondent suffered from sexual sadism and antisocial personality disorder. In reaching this conclusion, the court noted that, because the attacks against Luana and L.A. resulted in convictions, it was appropriate for the State's experts to rely upon the underlying

No. 1-11-2998

facts of those cases as substantive proof of sexual assaults perpetrated by the respondent.

However, with regard to the alleged charge against L.C., which was still pending, and Angela G., which did not result in a conviction, the court did not consider the testimony of sexual assaults for the truth of the matters asserted, but only to establish a basis for the expert's opinions as to the respondent's mental conditions. With regard to Lydia W., the court noted that, while the respondent was not found guilty of the attempted sexual assault, he was convicted on two counts of Class X home invasion and Class 1 burglary. However, the court did accept the findings of the medical experts that the underlying motive for the home invasion was "absolutely sexual in nature." With regard to the testimony of psychological testing, the court discounted the testimony of defense expert Dr. Ravin, finding it to be discredited by that of Dr. Cooper.

¶ 32 On appeal, the respondent argues that the finding that he was a sexually dangerous person was against the manifest weight of the evidence. Specifically, he maintains that the experts' diagnoses were predicated upon unreliable hearsay from police reports and cases that ended in acquittals or findings of no probable cause. He further asserts that the trial court rejected these same reports as incompetent evidence. We disagree.

¶ 33 A proceeding under the Act is not a criminal prosecution; rather, its purpose is to provide for care, treatment, and recovery for a sexually dangerous person in lieu of a criminal prosecution. *People v. Allen*, 107 Ill. 2d 91, 100, 481 N.E.2d 690 (1985), *aff'd*, 478 U.S. 364, 92 L. Ed. 2d 296, 106 S. Ct. 2988 (1986); *People v. Spurlock*, 388 Ill. App. 3d 365, 375, 903 N.E.2d 874 (2009)(Act grants opportunity for sexually dangerous person to receive help for his propensity to commit sexual offenses). The focus of the hearing is to ascertain whether the

No. 1-11-2998

respondent is predisposed to commit illegal acts, particularly criminal sexual acts. *People v. Hancock*, 329 Ill. App. 3d 367, 379, 771 N.E.2d 459 (2002). Since treatment rather than punishment is the aim of the statute, the proceedings are deemed civil in nature. 725 ILCS 205/3.01 (West 2008); *Allen*, 107 Ill. 2d at 100-01. Nonetheless, because the outcome of a hearing under the Act could result in a loss of liberty to the respondent, due process requires that the State prove the elements of the Act beyond a reasonable doubt. *People v. Masterson*, 207 Ill. 2d 305, 318, 798 N.E.2d 735 (2003).

¶ 34 In order to prove a person sexually dangerous under the Act, the State must demonstrate that he has suffered from a mental disorder for a period of more than one year, he has criminal propensities to commit sex offenses, and he has demonstrated propensities toward acts of sexual assault or act of sexual molestation of children. *Allen*, 107 Ill. 2d 91. The term "mental disorder" refers to a "congenital or acquired condition affecting the emotional or volitional capacity that predisposes a person to engage in the commission of sex offenses and results in serious difficulty controlling sexual behavior." *Masterson*, 207 Ill. 2d at 329. The "demonstrated propensities" element mandates proof that respondent committed at least one act of or attempt at sexual molestation. *Allen*, 107 Ill. 2d at 105. The question of whether a person is sexually dangerous is one of fact, and accordingly, our standard of review is whether, viewing the evidence in the light most favorable to the State, any rational trier of fact could have found the essential elements to be proven beyond a reasonable doubt. *People v. Trainor*, 196 Ill. 2d 318, 327, 752 N.E.2d 1055 (2001); *People v. Bailey*, 405 Ill. App. 3d 154, 171, 937 N.E.2d 731 (2010).

No. 1-11-2998

¶ 35 The respondent first attacks as "unreliable" the facts underlying his guilty plea to the sexual assault of Luana and L.A., and those serving as the basis for his conviction for the aggravated home invasion and burglary of Lydia W. He cites no authority for this argument, and in fact, references the established law to the contrary. Section 205/5 specifically declares that, in a hearing to prove sexual dangerousness under the Act, it shall be "competent to introduce evidence of the [respondent's] commission of any number of crimes together with whatever punishments, if any, were inflicted." 725 ILCS 205/5 (West 2010). Thus, the acts underlying the offenses for which the respondent was convicted were properly viewed as substantive evidence by the experts and by the court. Further, it makes no difference that, in the case of Luana and L.A., his conviction was the result of a guilty plea. By pleading guilty, a defendant admits to all of the facts comprising the offense charged. *People v. Williams*, 188 Ill. 2d 365, 370, 721 N.E.2d 539 (1999); *People v. Kayer*, 2013 Ill. App. (4th) 120028, 988 N.E.2d 1097 (2013). As long as the respondent's guilty plea was voluntary, he cannot now be heard to deny or challenge the admissions contained therein, on a constitutional basis or otherwise. See *Williams*, 188 Ill. 2d at 370.

¶ 36 The respondent challenges the experts' use of his sexual assaults against Angela G. and Lydia W., which resulted in findings of no probable cause and not guilty, respectively. However, as noted by the trial court, the facts underlying these claims were considered solely as a basis for the experts' diagnoses and not used as substantive evidence. Our courts have long held that "prohibitions against the admission of hearsay do not apply when an expert testifies to underlying facts and data, not admitted into evidence, for the purpose of explaining the basis of his opinion."

No. 1-11-2998

*People v. Lovejoy*, 235 Ill. 2d 97, 142, 919 N.E.2d 843 (2009); *Wilson v. Clark*, 84 Ill. 2d 186, 417 N.E.2d 1322 (1981). The question of whether an individual is sexually dangerous is one which cannot be ascertained without the input of people who have special expertise in the field of mental disorders and sexual aberration. 725 ILCS 205/4 (West 2010); *Trainor*, 196 Ill. 2d at 327. These experts must rely upon their personal examinations of the respondent, and these examinations may take into account hearsay evidence such as police reports, arrest records, witness statements, and any other information, as long as it is "of the type reasonably relied upon by experts in the particular field." *In re Hunter*, 2013 IL App. (4<sup>th</sup>) 120299, ¶ 32, quoting *Lovejoy*, 235 Ill. 2d at 142.

¶ 37 Here, the trial court expressly restricted the hearsay evidence from police reports and charging documents to be considered only as a basis for the experts' opinions. We find no evidence of the improper consideration of hearsay evidence in this case. Further, the evidence in the hearing sufficiently proved that the respondent was a sexually dangerous person. The assaults against Luana A. and L.A. showed his propensity to commit violent sexual acts against a woman and her young daughter. The offense against Lydia W. provided further proof of a violent act against a woman, also in close proximity to her young children, when the respondent invaded her home at night, got on top of her, and threatened to rape and kill her while holding a knife to her chest. The brutal circumstances surrounding these crimes demonstrated the respondent's tendency to derive sexual satisfaction out of threatening and humiliating his victims. Further, when considered by the three experts in conjunction with the other alleged sexual assaults committed by respondent, they provided a basis for the diagnoses of sexual sadism. In

No. 1-11-2998

addition, the respondent's self-reported, lengthy history of criminal behavior including numerous violent assaults, extensive history of incarceration, and lack of legitimate employment, combined with his overt denial of the crimes for which he was convicted, supported the diagnosis of antisocial personality disorder. The trial court made the explicit finding that, based upon his history, the respondent would engage in the commission of sex offenses in the future if not confined. The respondent's recidivism and incarceration rate also support this finding.

¶ 38 For the foregoing reasons, we conclude that the decision of the circuit court finding the respondent a sexually dangerous person was not contrary to the manifest weight of the evidence.

¶ 39 Affirmed.