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2017 IL App (3d) 160477-U

Order filed September 22, 2017

IN THE
APPELLATE COURT OF ILLINOIS
THIRD DISTRICT

2017

THE PEOPLE OF THE STATE OF ILLINOIS,)	Appeal from the Circuit Court
)	of the 14th Judicial Circuit,
)	Rock Island County, Illinois.
Plaintiff-Appellee,)	
)	Appeal No. 3-16-0477
v.)	Circuit No. 96-CF-798
)	
GARY M. LADD, JR.,)	
)	Honorable Frank R. Fuhr,
Defendant-Appellant.)	Judge, Presiding.

JUSTICE SCHMIDT delivered the judgment of the court.
Presiding Justice Holdridge and Justice O'Brien concurred in the judgment.

ORDER

¶ 1 *Held:* The State proved by clear and convincing evidence that defendant was still a sexually dangerous person.

¶ 2 Defendant, Gary M. Ladd, Jr., appeals the circuit court’s denial of his application for discharge or conditional release. Specifically, defendant argues that the State failed to prove by clear and convincing evidence that he was still a sexually dangerous person. We affirm.

3 FACTS

¶ 4 On September 19, 1996, the State charged defendant with two counts of aggravated criminal sexual abuse (720 ILCS 5/12-16(c)(1)(i) (West 1996)). Count I of the information alleged that defendant, who was 37 years old at the time of the alleged offense, placed his penis on the buttocks of a 7-year-old child. Count II alleged that defendant placed his penis between the legs of a 6-year-old child. Specifically, one child reported that defendant entered her bed at night time just before she fell asleep. Defendant lay on top of the child, placed his penis between her legs, and moved up and down. Defendant then left the room, and found the other child. Defendant removed the child's pajama pants and underwear, told the child to lay face down, climbed on top of the child, placed his penis between the child's legs, and moved up and down until defendant ejaculated. The State subsequently filed a petition to find defendant a sexually dangerous person, and defendant admitted the facts alleged in the petition. The court found defendant to be a sexually dangerous person and committed him to the Department of Corrections (DOC). The State dismissed the underlying charges.

¶ 5 On September 5, 2013, defendant filed an application for discharge or conditional release. The court held a hearing on defendant's application on July 25, 2016. The State called clinical psychologist Dr. Kristopher Clouch as a witness. Clouch testified that he conducted an evaluation of defendant at the direction of the DOC after defendant filed his recovery petition. In performing his evaluation, Clouch interviewed defendant; spoke with defendant's treatment providers; and reviewed prison records, court records, prior evaluations, and treatment records.

¶ 6 Clouch testified that police previously arrested defendant in Iowa in 1986 for the offense of lascivious acts with a child. Defendant pled guilty to the offense. The factual basis for the offense was that defendant's stepdaughter reported that defendant had sexual contact with her. Defendant's stepdaughter alleged that defendant fondled her vagina, placed his penis

between her legs, and moved up and down. Defendant reported during a prior recovery evaluation that he began sexually abusing his stepdaughter when she was 6 years old and continued having sexual contact with her until she was 11 years old. She reported the abuse to her mother at that time. Defendant “indicated that during the initial years of the abuse, from ages six through nine, he was offending upon his stepdaughter 30 to 40 times per week.” After that, defendant used the sexual contact as punishment or a way for his stepdaughter to gain privileges, such as being able to see her friends. Defendant reported that he knew he was harming his stepdaughter, but he covered her face while he assaulted her rather than stopping.

¶ 7 When defendant completed his prison sentence for lascivious acts with a child, he participated in outpatient treatment between 1990 and 1993 concerning his attraction to children. Defendant told Clouch that he continued to sexually assault children while participating in outpatient treatment.

¶ 8 Clouch testified that some of defendant’s statements during the interview about his background were inconsistent with the records that Clouch reviewed. Defendant also gave inconsistent statements regarding the number of his victims. Defendant told Clouch that he had 34 child victims, 24 of which were female and 10 of which were male. In a prior report, however, defendant stated that he had 34 child victims, 24 of which were male and 10 of which were female. In another prior report, defendant stated he had 40 child victims.

¶ 9 During defendant’s commitment as a sexually dangerous person, defendant incurred 22 institutional disciplinary reports. Defendant received his most recent disciplinary report in September 2015 for fighting with his cellmate. Defendant’s past violations included assaults on staff and other inmates, unauthorized movement, disobeying direct orders, insolence, trafficking and trading. In 2006, defendant received a disciplinary ticket for soliciting anal sex from another

inmate. Prison staff placed defendant in segregation on several occasions for violating the institutional rules. During that time, the prison staff did not allow defendant to attend treatment.

¶ 10 According to defendant's treatment staff, prison staff investigated defendant for possible disciplinary action approximately two months before the hearing because "defendant's cell mate [*sic*] had indicated that [defendant] had been making constant sexual comments to him and had threatened him as well." Defendant had also been making sexual comments to others and engaging in "sexual horseplay" by pinching and tickling others. Clouch stated that while tickling and pinching may seem to be trivial behaviors, it was significant that defendant continued to engage in these behaviors even though it was against the rules. Clouch explained that defendant was "not showing the ability to intervene in these situations and to not do these behaviors." Clouch noted that if defendant engaged in these behaviors outside of prison with an individual who did not consent, it would result in a new offense.

¶ 11 Clouch testified that inmates confined as sexually dangerous persons must follow special rules in addition to the institutional rules for the general inmate population. If an inmate in the sexually dangerous persons treatment program incurred three violations of the rules in a 30-day period, treatment staff placed the inmate on probation. If the inmate incurred another violation during his probation period, staff suspended the inmate from treatment for at least 30 days. During his confinement, defendant incurred 82 violations of the rules for sexually dangerous persons, received probation 12 times, and was suspended from treatment 11 times. Some of defendant's periods of suspension lasted two to six months.

¶ 12 Inmates enrolled in the sexually dangerous persons treatment program met in therapy groups at least once a week for an hour and a half. Other groups were available, including social skills and anger management groups, deviant cycle groups, and victim empathy groups. All the

therapy at the prison was group therapy. Clouch explained that the prison did not offer individual therapy because “[i]ndividual treatment hasn’t been found to be effective with sex offenders.” Clouch believed that group treatment was the most effective treatment for sex offenders. There were four phases to the treatment program. Defendant had participated in treatment for at least 15 years. Defendant was in phase one of treatment.

¶ 13 Defendant’s therapist told Clouch that defendant only participated in group therapy occasionally and was unwilling to discuss certain issues. Defendant was also resistant to feedback from others and could respond “verbally aggressively if challenged.” Defendant’s therapist opined that defendant had not made significant progress in therapy.

¶ 14 Clouch explained that the sexually dangerous persons treatment program at the prison completes semiannual evaluations of its participants. When Clouch completed his written evaluation of defendant, the most recent semiannual evaluation was from July through December 2014. The evaluator rated defendant as “meets expectations” in the areas of attendance and offense disclosure. The evaluator rated defendant as “minimal need for improvement” in the areas of accepting responsibility for his offenses, social skills, and understanding his cycle of behavior. The evaluator rated defendant as “some need for improvement” in seven areas and “considerable need for improvement” in the remaining areas. The evaluator did not rate defendant as “unsatisfactory”—the lowest rating—in any of the areas.

¶ 15 After preparing his report, Clouch reviewed a more recent semiannual evaluation for the period of January through June 2016. That report—which contained ratings in 28 areas—showed that defendant was doing “considerably poorer.” The evaluator did not rate defendant as “meets expectations” in any of the areas. The evaluator rated defendant as “minimal need for

improvement” in 2 areas, “some need for improvement” in 2 areas, “considerable need for improvement” in 10 areas, and “unsatisfactory” in 14 areas.

¶ 16 When Clounch interviewed defendant, defendant denied having any recent arousals or fantasies about children. Defendant admitted that, in the past, he had sexual arousals and fantasies about children for many years. Defendant reported that he began “offending against” his 3- to 5-year-old foster brothers when he was 15 years old.

¶ 17 Defendant told Clounch that he had “100 percent control” over his arousal, but treatment staff at the time had rated him as “considerable need for improvement” on regulating and understanding his arousal. Treatment staff rated defendant as “unsatisfactory” in that area on his most recent evaluation.

¶ 18 Defendant told Clounch that his “core issues” were abandonment, rejection, acceptance, loneliness, depression, self-worth, jealousy, and problems with authority. Defendant said that his high-risk situations included being around children and being in areas specifically designed for children, like parks, playgrounds, and swimming pools. At the time of the interview, defendant’s treatment staff rated defendant as having “considerable need for improvement in his core issues and high risk situations.”

¶ 19 Clounch asked defendant about his deviant cycle—that is, the thoughts, feelings, behaviors, and dysfunctional thinking that resulted in defendant sexually assaulting children in the past. Defendant reported that loneliness, abandonment, and being around needy children he could groom triggered his deviant cycle. Defendant reported that “he would isolate a child and then build up the trust and then offend upon the child, and then after the offense would tell himself that it was okay.” Clounch then asked defendant “about his interventions that he could use to intervene on his cycle.” Defendant replied that he could “call the police on himself,” talk

to his support group, journal, keep a good record of his whereabouts throughout the day, attend sex offender treatment, and “have support people around him that could keep him away from children.”

¶ 20 Clounch opined that defendant “had a simplistic understanding of victim empathy.” Defendant had difficulty understanding the effects of his behavior on his specific victims. Defendant told Clounch that the two victims who resulted in him being found sexually dangerous were likely scared during and after the offenses. Defendant acknowledged that he hurt his stepdaughter when he assaulted her, but said he could not stop himself. Defendant said he knew his behavior harmed his stepdaughter because she “told on him” when she was 11 years old. Clounch stated that victim empathy was not directly related to recidivism for sex offenders, but it appeared to be an important factor for some individuals regarding their desire not to offend in the future.

¶ 21 Clounch noted that defendant used to take Prozac to treat his depression. Defendant told his psychiatrist that the Prozac decreased his sexual arousal and desire to masturbate. In 2010, defendant stopped taking Prozac and said that his sexual arousal had returned. He began masturbating four to five times per week and “reported a desire to quit sex offender treatment.” Clounch stated that defendant was not currently taking any medication for his depression.

¶ 22 Defendant had several medical disorders, including Klinefelter’s syndrome, diabetes, acid reflux, hypothyroidism, high blood pressure, and hepatitis C. Clounch opined that, based on his research, none of those conditions would stop defendant from being able to offend in the future. Defendant reported that he had not “sexually acted out with anyone else” since he learned he had hepatitis C. Clounch noted that although defendant stated that he does not want to transmit hepatitis C to anyone else, the disease can only be transmitted through blood. Therefore, having

hepatitis C would not stop defendant from “fondling another child or offending in such a manner” because he could not pass on the disease through that behavior.

¶ 23 Clounch diagnosed defendant with pedophilic disorder. In diagnosing defendant, Clounch relied on defendant’s past behavior. Clounch opined that “[n]othing in the research indicates that [pedophilia] remits.” Clounch explained that for those with pedophilia, the thoughts, feelings, and arousal do not go away, but they can implement appropriate interventions and skills to avoid reoffending in the future. Clounch opined that due to defendant’s lack of progress in treatment, sexual arousal and fantasies about children continued to be a significant risk factor for defendant.

¶ 24 Clounch used two actuarial assessments to evaluate defendant’s risk to reoffend: the Static-99R and the Stable 2007. Defendant’s score on the Static-99R placed him in the moderate high risk category, and defendant’s score on the Stable 2007 “placed him in the *** high category for stable dynamic risk.”

¶ 25 Clounch testified that he also “used the dynamic risk factors that are obtained from the Mann, Thornton, Hanson article of 2010.” Clounch explained that a dynamic risk factor was a “relatively stable trait” but it could be changed through treatment. Clounch stated that seven dynamic risk factors were present in defendant: sexual preoccupation, sexual preference for children, emotional congruence with children, offense supportive attitudes, lack of an emotionally intimate relationship with an adult, lifestyle impulsivity, and resistance to rules and supervision.

¶ 26 Clounch stated that “sexual preoccupation” referred to “an abnormally intense interest *** in sexual pursuits.” Clounch stated that defendant “has shown a long history of very frequent sexual behavior, thoughts, or fantasies.” Specifically, defendant reported that he began offending when he was 15 years old and continued offending until his commitment as a sexually dangerous

person over 20 years later. Defendant stated that he had over 30 child victims. Defendant also stated that during his marriage, he and his wife had sexual relations up to 20 times per day. Defendant said that he sexually assaulted his stepdaughter 30 to 40 times per week for a period of at least three years.

¶ 27 Regarding the factor of sexual preference for children, Clounch testified that research had shown that individuals with child victims—especially male child victims—are at a greater risk to reoffend than those with only adult victims. Clounch noted that most of defendant’s victims were children. At various times, defendant reported that between 10 and 24 of his child victims were male.

¶ 28 Clounch explained that defendant showed “emotional congruence with children” because he reported in 2011 that his relationships with children were more sexually and emotionally satisfying than his relationships with adults.

¶ 29 The factor of “offense supportive attitudes refer[red] to beliefs and attitudes that the individual may hold that ultimately supports and/or excuses sexual behavior.” Clounch stated that when he interviewed defendant, defendant reported that he believed children were promiscuous. Defendant also believed children sought out and consented to sexual behavior with adults. Defendant also told Clounch that his stepdaughter would offer to have sex with defendant if he allowed her to go to a friend’s house.

¶ 30 Clounch explained that the factor “lack of an emotionally intimate relationship with an adult” applied to defendant because his prior marriage was dysfunctional, and he reported that adults did not arouse him. Clounch stated that the factor of “lifestyle impulsivity” applied to defendant because defendant had “a long history of inappropriate behavior as well as irresponsible decisions.” Defendant told Clounch he had held over 50 jobs in his life, the

majority of which lasted for short periods. Defendant indicated that he lived in four different states between 1990 and 1995 and changed jobs frequently. Clouch opined that the factor of “resistance to rules and supervision” applied to defendant due to his extensive criminal history and his numerous rule violations in prison. In addition to defendant’s sex offenses, defendant reported that the police arrested him for indecent exposure for streaking when he was between 15 and 18 years old. Defendant also reported that he had prior convictions for theft in 1983, breaking and entering in 1995, and burglary sometime between 1983 and 1996.

¶ 31 Clouch stated that research has found that three protective factors tend to reduce an individual’s risk to reoffend: advanced age, significant health issues, and completion and/or substantial progress in treatment. Clouch noted that defendant was almost 60 years old. Defendant did not appear to have a significant medical condition that would reduce his risk to reoffend. Clouch had previously indicated that defendant had not made significant progress in treatment.

¶ 32 Clouch opined, within a reasonable degree of psychological certainty, that it was substantially probable that defendant would continue to engage in the sexual molestation of children if not confined. Clouch based this opinion on the high number of defendant’s child victims, the fact that defendant previously offended against children while participating in treatment in the community after having been convicted of a prior sex offense, the fact that defendant continued to engage in “negative sexual behavior” in prison even though it was against the rules, and defendant’s lack of progress in treatment.

¶ 33 Clouch opined that defendant still met the criteria to be found a sexually dangerous person. Clouch stated that defendant had a mental disorder—specifically, pedophilic disorder—that existed for a period of not less than one year. Clouch opined that defendant had criminal

propensities for the commission of sex offenses and had demonstrated propensities towards acts of actual assault or sexual molestation of children. Clouch opined that defendant had not sufficiently recovered to be placed on conditional release. Clouch noted that defendant had made very little progress in treatment and continued to display negative and inappropriate behavior in prison. Treatment providers gave defendant lower ratings on his current evaluation than on his past evaluation. Clouch opined that defendant did not understand his offenses and how he can appropriately intervene in the future.

¶ 34 The court admitted Clouch's report into evidence. Clouch's report set forth substantially the same information as his trial testimony.

¶ 35 Defendant called Dr. Kirk Witherspoon, a licensed clinical psychologist, as a witness. Witherspoon stated that he had completed 20 to 30 evaluations of sexually dangerous persons and had recommended that the person remain in confinement at least three times. Witherspoon testified that he had performed psychological evaluations of defendant on three occasions. In 1996, Witherspoon evaluated defendant's fitness to stand trial. Witherspoon also evaluated defendant pursuant to a recovery petition in 2011 or 2012. Most recently, Witherspoon evaluated defendant in November 2015. Witherspoon testified that in creating his evaluation report, he reviewed prior assessments and "new discovery." Witherspoon also interviewed defendant and administered diagnostic testing.

¶ 36 Witherspoon testified that defendant had numerous medical problems, including Klinefelter's syndrome, hepatitis C, an enlarged prostate, a bad knee, acid reflux disease, diabetes, high cholesterol, hypothyroidism, recurring chest pain, intermittent numbness, and frequent diarrhea. Defendant had a heart attack in the past. Defendant also suffered a head injury and several broken bones as a child. Witherspoon testified that defendant's diabetes had caused

peripheral numbness and tingling. Witherspoon also stated that defendant reported that he had no libido or ongoing masturbation for the past five to six years. Witherspoon was not sure if one of defendant's medical conditions caused defendant's loss of libido. Witherspoon opined that it could be caused by loss of peripheral blood flow to the penis or by the medications defendant took for high blood pressure or diabetes. Witherspoon opined that defendant's physical deterioration "would be just as salient a variable, if not a more salient variable than any actuarial numbers." Witherspoon opined that if defendant took medication for his bipolar disorder when in the community, "his impulsivity and reactivity would be even more greatly assured."

¶ 37 Witherspoon asked defendant about his sexual orientation. Defendant said in the past, his sexual orientation was almost exclusively toward children. During that time, defendant had sexual relations with adult women as well. During his incarceration, defendant had sexual relations with other men and concluded that he was homosexual and exclusively attracted to adult men. At the time of the interview, defendant was "essentially asexual" due to his loss of libido and decision to abstain from sexual contact with others after learning that he had hepatitis C.

¶ 38 Witherspoon opined that defendant's advanced age reduced his risk of recidivism. Witherspoon explained that there was a "linear decline" in one's chance to reoffend, which was associated with "gradual diminishing testosterone levels." Witherspoon stated that "[u]sually by age 60, the cumulative risk [of reoffending] is 2 percent, which is the same as what would be true of the non-offending man on the street ***."

¶ 39 Witherspoon reviewed some of defendant's treatment records. Witherspoon noted that the records he reviewed were not complete. Witherspoon's report indicated that defendant had been participating in treatment for 15 years and was on level two of a four-level program.

Witherspoon opined that defendant had limited opportunities to participate in treatment and might only “get an opportunity to talk about himself a couple times a year, if he was lucky.” Witherspoon stated that “research is very clear that group treatment is not particularly useful nor is treatment in a prison setting too terribly useful, certainly not as useful as outpatient individual treatment in terms of measured risk reduction.” Witherspoon stated that although treatment providers’ opinions have been given a lot of weight traditionally, “the data that has generated found that not only are they not predictive, but they’re slightly wrong in the wrong direction more often than not.”

¶ 40 Witherspoon opined that defendant’s “measured risk” to reoffend was so low that further treatment would not reduce it significantly. Witherspoon admitted that defendant was capable of physically grabbing or fondling someone, but Witherspoon thought it was unlikely to occur. Witherspoon stated that tickling, pinching, and telling dirty jokes could be sexually deviant behavior depending on the context. If the behavior had a sexual motive, it would be problematic. However, “simple playfulness” or “horseplay” would not be problematic.

¶ 41 Witherspoon recommended that defendant be deemed recovered from the need for confinement and labeling as a sexually dangerous person. Witherspoon recommended that defendant no longer be regarded as suffering from a paraphilic disorder. Witherspoon also stated that defendant’s history of controlling his sexual urges over the past five years following his hepatitis C diagnosis should be regarded as proof that he does not lack the emotional or volitional capacity to refrain from acting out. Witherspoon acknowledged that he previously diagnosed defendant with pedophilia in 2012. Witherspoon concluded in his most recent evaluation that defendant no longer suffered from pedophilic disorder. Witherspoon explained that pedophilia was different from pedophilic disorder. Witherspoon stated that pedophilic

disorder “involve[d] an acting-out component or being extremely discomforted by the sexual attraction to kids.” Pedophilic disorder could “go away.”

¶ 42 The court admitted Witherspoon’s evaluation report—which contained substantially the same information as his testimony—into evidence.

¶ 43 The court entered a written order stating that after considering the testimony and written reports of Clouch and Witherspoon, it found that the State had proven by clear and convincing evidence that defendant was still a sexually dangerous person.

¶ 44 ANALYSIS

¶ 45 Defendant argues that the State failed to prove by clear and convincing evidence that he was still a sexually dangerous person. We find that the circuit court did not err in finding that defendant was still sexually dangerous, as the opposite conclusion was not clearly apparent.

¶ 46 I. Standard of Review

¶ 47 Initially, we reject the State’s argument that the proper standard of review is whether, when viewing the evidence in the light most favorable to the State, any rational trier of fact could have found by clear and convincing evidence that defendant remained a sexually dangerous person. The State cited *People v. Bingham*, 2014 IL 115964, ¶ 30, in support of its argument. However, *Bingham* involved a circuit court’s ruling on the State’s initial petition to declare the defendant a sexually dangerous person—the allegations of which the State must prove beyond a reasonable doubt. *Id.* ¶ 25. Where, as in the instant case, the proceedings involve a recovery petition rather than an initial petition, the State need only show by clear and convincing evidence that a defendant is still sexually dangerous. 725 ILCS 205/9(b) (West 2012). Therefore, the appropriate standard of review is whether the court’s finding was against the manifest weight of the evidence. See *People v. Donath*, 2013 IL App (3d) 120251, ¶ 38; *In re Commitment of*

Sandry, 367 Ill. App. 3d 949, 952 (2006). “A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent.” *Donath*, 2013 IL App (3d) 120251, ¶ 38.

¶ 48

II. Finding of Sexual Dangerousness

¶ 49

Having determined the proper standard of review, we find that the circuit court’s determination that defendant was still a sexually dangerous person was not against the manifest weight of the evidence. Section 1.01 of the Sexually Dangerous Persons Act (Act) defines “sexually dangerous persons” 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 hereinafter provided for, 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 2012).

Additionally, a finding of sexual dangerousness under the Act “must *** be accompanied by an explicit finding that it is ‘substantially probable’ the person subject to the commitment proceeding will engage in the commission of sex offenses in the future if not confined.” *People v. Masterson*, 207 Ill. 2d 305, 330 (2003).

¶ 50

The record in the instant case supports the circuit court’s finding that defendant was still a sexually dangerous person. Clouch testified that defendant suffered from a mental disorder—specifically, pedophilic disorder—that existed for a period of not less than one year. Clouch based his diagnosis on defendant’s past behavior and the fact that “[n]othing in the research

indicates that [pedophilia] remits.” Clounch opined that people with pedophilic disorder could implement appropriate interventions and skills to avoid reoffending, but defendant had not made significant progress in treatment. Clounch found it significant that defendant failed to use interventions to stop himself from making sexual comments, pinching, and tickling other inmates in the sexually dangerous persons program. Clounch also noted that defendant’s treatment providers gave defendant lower ratings on his most recent evaluation than on his past evaluation.

¶ 51 Clounch opined that defendant had criminal propensities for the commission of sex offenses and had demonstrated propensities towards acts of actual assault or sexual molestation of children. We note that defendant has admitted to sexually assaulting 34 to 40 children. Also, Clounch testified that when he interviewed defendant, defendant reported that children were promiscuous, and they sought out and consented to sexual behavior with adults.

¶ 52 Clounch also opined that it was substantially probable that defendant would continue to engage in the sexual molestation of children if not confined. Clounch noted the high number of defendant’s child victims, the fact that defendant previously offended against children while participating in treatment in the community, the fact that defendant continued to offend after being convicted of a prior sex offense, the fact that defendant’s “negative sexual behavior” continued in prison despite the fact that it was against the rules, and defendant’s lack of progress in treatment. Two actuarial assessments, the Static-99R and the Stable 2007, indicated that defendant posed a moderate to high risk to reoffend and a high risk to reoffend, respectively. Clounch also opined that defendant did not understand his offenses and how he could appropriately intervene in the future.

¶ 53 Most of defendant’s argument on appeal centers around his arguments that the circuit court should have (1) accepted Witherspoon’s testimony over Clounch’s testimony and (2)

ignored the findings of defendant's treatment providers based on Witherspoon's testimony that the opinions of treatment providers were unreliable. However, "[i]t was for the trial court to determine the weight to be given to [the witnesses'] testimony and the other evidence, and we find nothing in the record that would require us to substitute our judgment for that of the trial court." *Donath*, 2013 IL App (3d) 120251, ¶ 41.

¶ 54 We specifically reject defendant's argument that there was no evidence that he was still sexually aroused by children or still fantasized about children. Defendant notes that he told Clouch that he no longer fantasized about children or was aroused by children and that he had "100 percent control over his arousal." However, it is undisputed that defendant was attracted to children in the past, and Clouch testified that pedophilia does not go away. Additionally, defendant's treatment providers reported that defendant had considerable need for improvement on regulating and understanding his arousal. The only evidence that defendant was no longer aroused by children was defendant's own self-serving statements to treatment providers, which the court was not required to accept as credible.

¶ 55 We also reject defendant's argument that he did not demonstrate a current propensity toward acts of sexual assault or molestation of children because he had been committed as a sexually dangerous person for approximately 20 years and had not been around children during that time. Again, we note Clouch's testimony that pedophilia does not remit. We decline to adopt defendant's assertion that sexually dangerous persons can lose their propensities to commit sex offenses against children based solely on the number of years of their confinement.

¶ 56 Finally, we reject defendant's argument that Clouch ignored his medical condition, which was "an objective, scientifically verifabl[e] fact that speak[s] volumes more about [defendant's] likelihood of even being physically able to reoffend." Clouch discussed

defendant's various physical ailments, but opined that none of them would prevent him from molesting children. Defendant relies on Witherspoon's testimony that defendant's reported lack of libido could be a result of his health conditions and/or medications. However, Witherspoon was not a medical doctor, and his proffered medical explanations were speculative. Also, defendant's lack of libido was not scientifically verified; the only evidence presented at the hearing concerning defendant's lack of libido were defendant's own statements to the evaluators. Therefore, we see nothing in the record that would require us to substitute our judgment for that of the circuit court on this issue. See *id.*

¶ 57

CONCLUSION

¶ 58

For the foregoing reasons, we affirm the judgment of the circuit court of Rock Island County.

¶ 59

Affirmed.