

Promoting Collaboration Between Victim Advocates and Sex Offender Management Professionals: A Resource Package

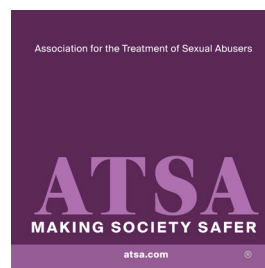


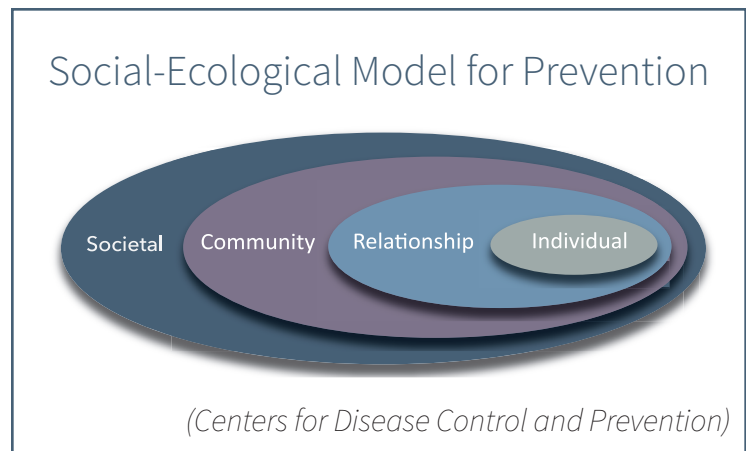
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INTRODUCTION TO THE RESOURCE PACKAGE

Sexual violence results from a complex interaction of individual, relationship, community, and societal factors. Multiple interventions are required to address these factors not only before, but also after sexual violence occurs as identified in the Social-Ecological Model for Prevention. Intervening with individuals who have committed sexual violence is an important part of this comprehensive sexual violence prevention framework.



Foundation and Context

Best practices for sex offender management strategies include using specialized assessments to identify risk factors, re-offense risk, and intervention needs; sex offense-specific treatment to reduce the risk for re-offending by promoting healthy attitudes, skills, and behaviors; and community supervision to manage and reduce the risk for re-offending, monitor compliance and facilitate change, and ensure victim and community safety. Underlying these and other strategies is the victim-centered principle, which means assuring that sex offender management practices are responsive to victims' rights, needs, and interests and do not further traumatize or otherwise negatively impact survivors. This requires practitioners across disciplines – including victim advocates and victim services providers – to work together toward a common goal.

Why Collaborate?

Collaboration is vital in responding to and preventing sexual violence because:

- Sexual violence cannot be addressed effectively by any single discipline;
- Stakeholders have distinct interests, roles, and responsibilities and intervene at various points in the system, before and after sexual violence occurs;
- Meaningful partnerships maximize resources, efficiency, and outcomes;
- Informed decision-making requires effective communication across disciplines and agencies; and
- A unified voice is powerful for raising public awareness and shaping public policies that effectively support sexual violence prevention, promote victim safety, reduce re-offense potential, and enhance community safety.

The benefits and impact of collaborating can be far reaching. However, even when professionals across disciplines are committed to goals that are largely parallel – or even the same – working together effectively can prove challenging. For victim advocates and sex offender management practitioners, this can be the result of factors such as perceived competing interests, competition for scarce resources, professional mistrust, heavy workloads, limited opportunities to interact, different missions or mandates, and limited understanding of or appreciation for one another's roles, responsibilities, and philosophies.

Collaboration Defined

“...a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible.”

Gray, B. (1989). Collaborating: Finding Common Ground for Multiparty Problems. San Francisco: Jossey-Bass.

The Initiative and Resource Package

Recognizing the importance of advancing this type of collaboration, the Department of Justice's Office on Violence Against Women (OVW) funded a partnership between four organizations: the National Sexual Violence Resource Center (NSVRC), the Center for Sex Offender Management (CSOM), the Resource Sharing Project (RSP), and the Association for the Treatment of Sexual Abusers (ATSA). The overarching goal was to enhance community capacity to jointly address sexual victimization, specifically through collaboration between sexual assault victim advocates and sex offender management professionals. The objectives of the initiative were to:

- Explore perspectives, practice trends, strengths, and challenges regarding collaboration;
- Assist with facilitating cross-disciplinary dialogue and collaboration;
- Provide training and technical assistance to promote collaboration; and
- Disseminate information and tools to the field.

This resource package is the final product developed through the project. It contains a series of concise, user-friendly quick references/resources designed and tailored for victim advocates, sex offender management practitioners, and other stakeholders with roles, responsibilities, and interests in responding to sexual violence. The topics and content of the resource package as outlined below are based on the expressed interests, information needs, perspectives, and experiences of practitioners throughout the country, as identified throughout the course of this initiative.

- Collaboration between Victim Advocates and Sex Offender Management Professionals: A Snapshot of the National Landscape;
- What Victim Advocates Should Know About Sex Offenders: 5 Key Facts;

- What Sex Offender Management Professionals Should Know about the Role of Victim Advocates;
- What Victim Advocates and Victims Should Know About the Supervision of Sex Offenders: Answers to Frequently Asked Questions;
- Sex Offense-Specific Treatment: An Overview for Victim Advocates;
- Bridging the Language Gap: Twenty Important Terms in the Victim Advocacy and Sex Offender Management Fields; and
- In Focus: Examples of Jurisdictions with Promising Partnerships between Sexual Assault Victim Advocacy Organizations and Sex Offender Management Practitioners.

Individually and collectively, the elements of this resource package can be used for cross-training, self-learning, fostering dialogue among new or developing teams, public education, or otherwise supporting multidisciplinary collaboration to respond to sexual violence.

ACKNOWLEDGMENTS

This resource package was developed collaboratively by the following national experts who represent the victim advocacy, sexual violence prevention, and sex offense-specific treatment and management fields:

- Karen Baker, LMSW, Director of the National Sexual Violence Resource Center (NSVRC)
- Elizabeth Barnhill, Executive Director of the Iowa Coalition Against Sexual Assault (IowaCASA) and the Resource Sharing Project (RSP)
- Kris Bein, Assistant Director, Resource Sharing Project (RSP) and Iowa Coalition Against Sexual Assault (IowaCASA)
- Kurt Bumby, PhD, Senior Associate at the Center for Effective Public Policy (CEPP) and Director of the Center for Sex Offender Management (CSOM)
- Maia Christopher, Executive Director of the Association for the Treatment of Sexual Abusers (ATSA)
- Leilah Gilligan, MA, Senior Manager at the Center for Effective Public Policy (CEPP) and Project Manager for the Center for Sex Offender Management (CSOM)
- Joyce Lukima, MS, LMSW, Chief Operating Officer of the Pennsylvania Coalition Against Rape

We extend our appreciation to the Office on Violence Against Women (OVW) leadership for funding this unique initiative, whose focus has been largely uncharted territory at the national level. We are grateful for their ongoing support, guidance, and oversight of this project.

Finally, we express our heartfelt gratitude to the countless professionals across disciplines and organizations who contributed to this important dialogue; embraced opportunities for training and technical assistance to advance collaboration in their local communities; shared examples of innovative and promising practices; and posed challenging and insightful questions to help push this work forward. Thank you for your tireless efforts and unwavering commitment to promoting safe, healthy, and thriving communities through the reduction and prevention of sexual violence.

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COLLABORATION BETWEEN VICTIM ADVOCATES AND SEX OFFENDER MANAGEMENT PROFESSIONALS: A SNAPSHOT OF THE NATIONAL LANDSCAPE

Preventing and responding to sexual violence requires collaboration between stakeholders with a range of roles, responsibilities, and interests. For example, intervening with individuals who have committed sex offenses often involves partnerships between supervision officers (i.e., probation or parole officers) and sex offense-specific treatment providers. Partnerships between these criminal justice practitioners alone do not capitalize on the valuable perspectives and expertise of those who provide advocacy and services to sexual assault survivors. Meaningful collaboration between victim advocates and sex offender management professionals can help address safety needs and other interests for survivors, enhance interventions for individuals who have committed sex offenses, build community capacity to respond to sexual violence, and support public safety and prevention goals.

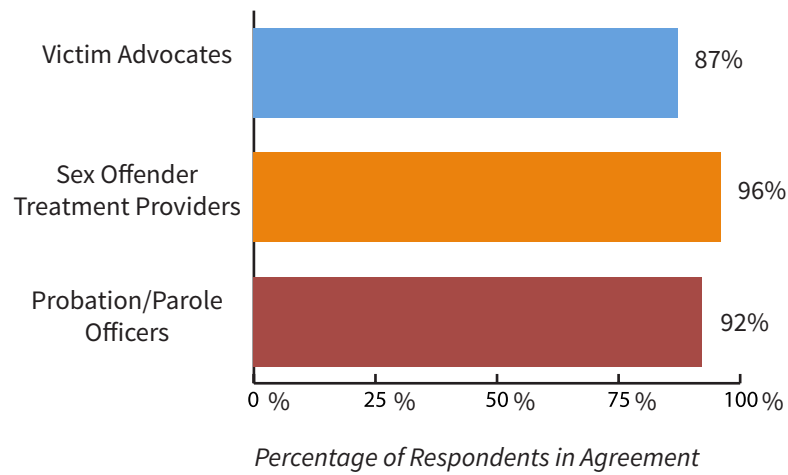
While recognized as a “best practice,” little is known about current practice trends, viewpoints, and opportunities regarding collaboration. Hence, to obtain a snapshot of the national landscape, needs assessments were distributed to victim advocates and service providers, sex offense-specific treatment providers, and supervision officers throughout the country,¹ with over 850 practitioners responding. The findings across disciplines were strikingly consistent and are highlighted below.

1. Victim advocates, sex offense-specific treatment providers, and supervision officers appreciate the value of collaboration, but acknowledge that such practices are limited currently.

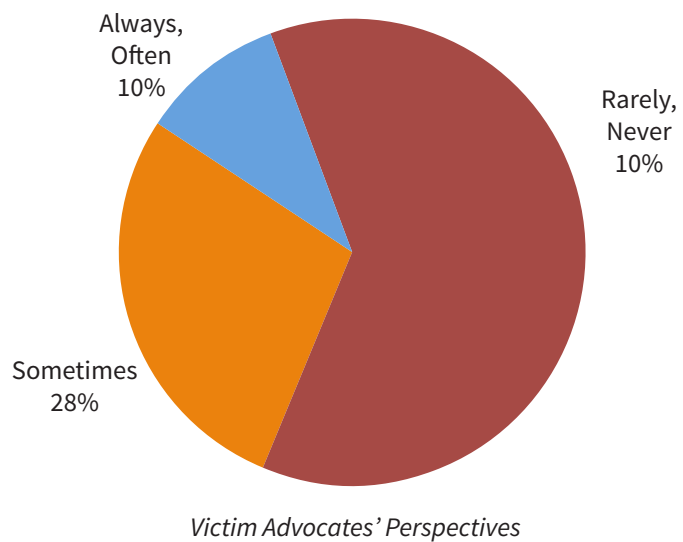
- Most (87-96%) agree that multidisciplinary collaboration is effective in reducing re-offense among individuals who perpetrate sex offenses;
- Few (8-13%) perceive that collaborative activities occur routinely in their communities; and
- Roughly all (98-99%) concur that increased collaboration is needed currently to promote more victim-centered approaches.

¹ A total of 859 individuals responded: 323 representing victim advocacy/services, 370 from the sex offense-specific treatment community, and 166 probation/parole representatives.

Are Multidisciplinary Collaborative Approaches Effective in Reducing Recidivism among Persons who Commit Sex Offenses?



How Often do you Believe Victim Advocates and Sex Offender Management Professionals Collaborate in your Community?



2. Practitioners believe strongly that multiple goals pertaining to sex offender management can be shared, but are less confident that such goals are being pursued jointly.

- Nearly all (87-99%) agree that a range of broad and specific goals can be shared;
- Substantially fewer respondents – up to 50% fewer in some instances – believe that practitioners are deliberately working together toward identified common goals; and
- Many (47-65%) express having limited confidence in understanding specific ways in which victim advocates can inform or contribute to sex offender management efforts.

3. Victim advocates, sex offense-specific treatment providers, and supervision officers recognize the need to understand their counterparts' complementary expertise, roles, and responsibilities.

- Nearly all (90-97%) believe that victim advocates should have a general understanding of the goals, objectives, and strategies for sex offense-specific treatment and supervision;
- Most victim advocates (84-89%) believe they can benefit from a greater awareness of sex offender management-related matters, such as understanding the perpetrator population, what works to reduce re-offending, and current strategies in their communities; and
- A majority of officers (82-94%) and treatment providers (69%-81%) believe they can benefit from a greater understanding of survivor-related matters (e.g., impact of sexual violence, survivors' needs/interests, interventions that support healing/recovery, community resources).

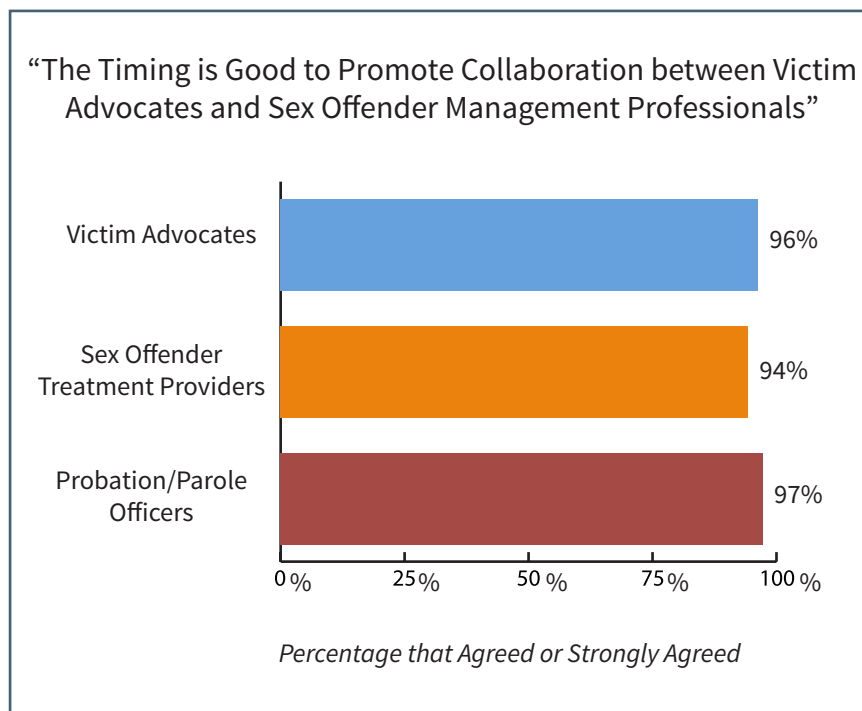
4. Practitioners identified several ways in which communication can promote victim-responsive sex offender management practices, and agreed that more communication is needed.

- The majority (76-95%) agreed that advocates and sex offender management professionals should communicate about victim contact/safety concerns and suspicious behavior or potential violations of conditions;
- Most (71-89%) agreed that key information about perpetrators, whether from treatment providers or supervision officers, should be shared to guide safety plans for survivors;
- Most (71-80%) agreed that survivors' input should be shared to inform sex offense-specific treatment planning and supervision planning for perpetrators;
- The majority of victim advocates and supervision officers (63-89%) believe information about compliance, restitution, and the perpetrator's status in the system should be shared; and

- Across disciplines, a considerably lower percentage – more than 50% fewer in some instances – believe that practitioners currently communicate about many of the aforementioned topics.

5. Victim advocates, sex offense-specific treatment providers, and supervision officers express interest in advancing collaboration and desire assistance with taking action.

- The majority of sex offense-specific treatment providers (87%) and supervision officers (87%) believe that treatment and supervision approaches can be improved to be more victim-centered;
- Many (47-65%) express having limited confidence in understanding specific ways in which victim advocates can inform or contribute to sex offender management efforts;
- For practitioners who participate in multidisciplinary sex offender management teams:
 - The clear majority (77-100%) report that team members take active steps to incorporate victims' safety needs and interests into case management decisions;
 - The majority (62-84%) believe that the perspectives of victims are heard; and
- Nearly all (94-97%) indicate that the timing is good to promote collaboration between victim advocates and sex offender management professionals.



Conclusion

Consistent with recommended best practices, findings from this national snapshot indicate that victim advocates, sex offense-specific treatment providers, and supervision officers appreciate the importance of multidisciplinary collaboration to promote victim-responsive sex offender management strategies. While reporting that current levels of collaboration are less than optimal, practitioners across disciplines express a desire to identify opportunities and strategies for working together toward shared goals. Taken together, the findings highlight the importance of capitalizing upon the interest and momentum in the field, and reveal important implications for timely guidance, training, technical assistance, and other resources to enhance community capacity to respond to and prevent sexual violence.

WHAT VICTIM ADVOCATES SHOULD KNOW ABOUT ADULTS AND ADOLESCENTS WHO COMMIT SEX OFFENSES: FIVE KEY FACTS

In a recent national needs assessment of sexual assault victim advocates, a majority of respondents noted that they would benefit from more information about individuals who perpetrate sex offenses. This brief fact sheet has been designed in response to that identified need, and highlights key information about this population of offenders. For more in-depth coverage of these and other related issues, please visit www.csom.org and www.atsa.com.

- 1 People who perpetrate sexual abuse are not all alike.** Victim advocates are acutely aware of the many differences among the clients they serve and the need to provide individualized services. The same holds true for those who perpetrate sexual abuse. The reality is that people who commit sex offenses come from all walks of life, varying in terms of basic demographics, socioeconomic level, education and employment, relationship status, health and mental health, prior legal involvement, and other characteristics. These and other potential differences have important implications for services, supports, and safety planning for those who have been abused sexually; educational elements of sexual violence prevention strategies; and effective interventions with those who have committed sex offenses. In other words, “one size fits all” approaches to managing people who have offended are often ineffective, because they do not allow for individualized responses that take into account a given person’s re-offense risk and intervention needs.
- 2 No single factor “causes” sexually abusive behavior.** Understanding what causes some people to commit acts of sexual abuse and violence is a complex question for which there is no simple answer. It is sometimes presumed that the root cause is solely a perpetrator’s need for power or control, particularly in instances of sexual violence against women. Researchers have since concluded that this is not the case; but rather that perpetrating sexual violence is the result of multiple influences. Examples of those influences include individual beliefs and attitudes, adverse developmental experiences, circumstantial variables, predisposing biological factors, impulse control problems, learned behaviors, offense-specific or offense-related sexual interests or arousal, and sociocultural influences. Researchers are continuing to develop and test theories about the combinations of variables that influence the development of sexually abusive behavior – and those that seem to avert its onset– with the ultimate goal of advancing sexual violence prevention strategies.

3 Risk to re-offend among perpetrators varies, ranging from low to high

risk. A commonly held belief is that most or all people who offend sexually pose a high risk and will inevitably commit new sex offenses. Keeping in mind that individuals vary, it may not be surprising that research shows that their risk to re-offend varies as well. Some pose a low risk to re-offend, others have a more moderate risk, and still others are assessed to be high or even very high risk to re-offend. The most reliable way to categorize individuals according to their estimated level of risk is to use specialized, validated risk assessment tools designed specifically for this population. Risk assessment information allows the courts, criminal justice professionals, treatment providers, and others to make more informed and individualized case management decisions. These may include developing victim safety, treatment, and supervision plans, and modifying these strategies, because risk levels change over time based on treatment progress, supervision compliance, and other changes in circumstances. Some policymakers and agencies opt to consider all individuals who offend as high risk and implement the same strategies across the board (e.g., using intensive supervision or requiring intensive, long term treatment for all sex offenders, even low risk offenders). Although these policies are well intentioned, ultimately they can be ineffective and quite costly – depleting resources that could be used to better serve the interests of victims, sexual violence prevention, and public safety. Research consistently shows that interventions that fail to take into account risk level can undermine the desired outcomes and may actually increase re-offense potential. Promoting victim and community safety – and effectively reducing re-offense potential – requires the recognition that not all sex offenders pose the same risk to re-offend, and that laws, policies, and assessments and interventions must be designed accordingly.

4 Adolescents who offend sexually differ significantly from adults who perpetrate these offenses.

Like adults who commit sex offenses, these adolescents are also a diverse group. These youth can differ from one another in terms of development and maturity, childhood experiences, academic abilities and achievement, peers, family dynamics, and mental health and behavioral histories. Research also reveals many important differences between adolescents and adults who commit sex offenses. Compared to adults, adolescents who sexually abuse oftentimes have less entrenched antisocial attitudes and values, tend to have different influencing variables and motivations, and are less likely to have fixed patterns of offense-specific sexual interests and arousal. Adolescents who commit sex offenses also have much lower re-offense rates than adults. Very few re-offend with new sex crimes, although re-offense risk varies in relation to the presence or absence of specific risk or protective factors. For youth who come into contact with the justice system later in life, it is more likely for a non-sex crime. The non-sexual recidivism rate for these youth is similar to that of other justice involved youth. Because adolescents and adults differ significantly, treatment, supervision, and other management strategies designed for adults should not be automatically applied to adolescents.

In fact, studies reveal that using adult-oriented strategies with adolescents can result in unintended negative consequences that undermine efforts to reduce their re-offense risk.

5 Learning more about undetected sexual abusers and those at risk to sexually abuse is an essential step in preventing sexual violence.

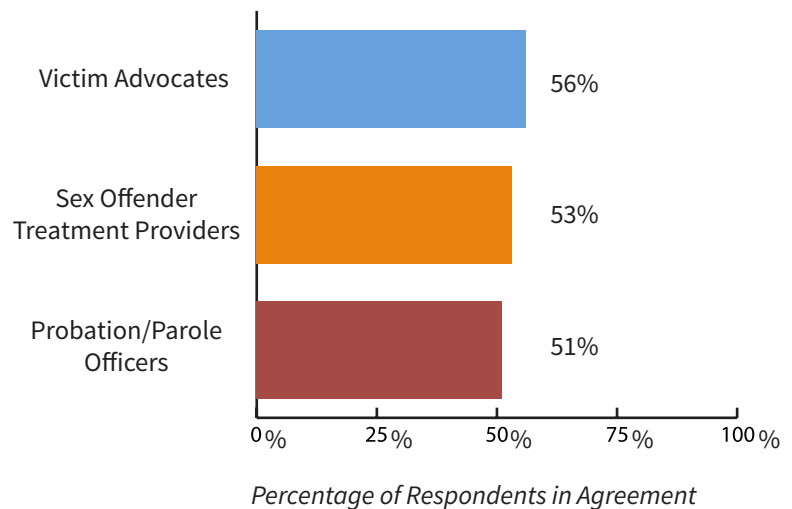
The majority of what is known about individuals who commit sex offenses comes from research about perpetrators who have been arrested and convicted. Because reporting rates are low for sexual violence, identified perpetrators represent only a small fraction of those who commit sexual abuse. Nonetheless, the information from decades of research on individuals identified as having offended has been invaluable to furthering efforts to address, respond to, and prevent sexual abuse. These efforts will be even more effective as professionals are able to identify, study, and intervene with individuals who are at-risk to sexually abuse but have not yet done so, and those who have sexually abused others but have not been apprehended. This work is underway and the information that results from these efforts will provide further insights into the development of sexually abusive behavior, motivations for offending, factors that prevent at-risk individuals from offending, distance from offending, risk and protective factors, and the impact of interventions. Creating opportunities for supporting at-risk or undetected individuals to seek assistance, conducting thorough assessments, developing and ensuring access to appropriate interventions, and researching and sharing the lessons learned from this population are critical contributions toward understanding, and ultimately preventing, sexual violence.

A great deal is known about adults and adolescents who perpetrate sex offenses, and there remains much to be learned. Understanding the diversity of these populations – and the ways in which these variations can impact intervention, management, and prevention efforts – is critical. Strategies must ensure that individuals receive the appropriate type and intensity of interventions in order to most effectively reduce re-offense risk, support pro-social skills and lifestyles, and protect victims and communities from additional sexual violence.

WHAT SEX OFFENDER MANAGEMENT PROFESSIONALS SHOULD KNOW ABOUT THE ROLE OF VICTIM ADVOCATES

Understanding one another's roles and responsibilities is vital for effective collaboration, yet it can be a common challenge for those in the victim advocacy and sex offender management fields. In a recent national needs assessment, nearly all of the victim advocates, sex offense-specific treatment providers, and supervision officers indicated a desire to collaborate to effectively address the needs and interests of survivors. However, over half cited a lack of clarity about each other's roles and responsibilities as a significant barrier to collaboration.

Lack of Clarity about One Another's Roles and Responsibilities is a Significant Barrier to Collaboration



Roughly two-thirds of the practitioners also reported a limited appreciation of the perspectives and philosophies of their counterparts, and insufficient opportunities to interact as barriers to collaboration, both of which can contribute to limited awareness of their counterparts' roles and responsibilities. Perhaps not surprisingly, then, many sex offender management practitioners report limited confidence in understanding survivor-related matters and understanding the ways in which victim advocates can contribute to sex offender management efforts.

This resource is designed to assist sex offender management practitioners with understanding some key issues impacting victims/survivors, and the roles and responsibilities of victim advocates. It also describes the ways in which such duties and expertise can complement those of sex offender management practitioners, with a shared goal of working together to promote effective, victim-responsive strategies to reduce and manage risk among persons who commit sex offenses.

What is important to know about victims/survivors?

The primary goals of victim advocates are to ensure the safety, support, and empowerment of the victim and his or her family³. Therefore, in order to understand the philosophy and roles of victim advocates, it is helpful to also understand some of the common dynamics experienced by victims of sexual violence. Each victim and circumstance is unique, and victims of sexual violence can be of any age and gender; however many also share some experiences in common.

1. Sexual violence is quite prevalent, and yet it is also one of the most under-reported crimes. This is largely due to the stigma, shame, and blaming that is still associated with being a victim of sexual assault. It takes tremendous courage to report this crime, particularly when the victim is doubted or the crime is minimized, excused, or ignored. Sexual violence is a deeply personal and intrusive violation that can be difficult to talk about. Many victims internalize the stigma and may question or blame themselves⁴. Victim advocates emphasize that it was not their fault.
2. Trauma impacts the way the brain functions. Events may not be remembered chronologically. Victims are often unfairly questioned about their behavior - why they did not report right away, why they changed their story, and how they could forget a certain fact. Sensory memories may be stronger than recollection of specific facts. When talking about their experience, victims may cry, withdraw, be very stoic, or matter-of-fact. Their demeanor, memory, and contradictions likely have nothing to do with their credibility regarding the incident, but are often used in attempts to discredit them⁵. Victim advocates make no judgments and emphasize that there is no "correct way" to respond to being sexually victimized.
3. The immediate impact of being sexually victimized can result in shock, denial, fear, anger, embarrassment, confusion, lack of control, numbness, shame, and guilt. Sometimes the experience of sexual violence can have long-term serious health and emotional consequences such as depression, anxiety, eating disorders, substance abuse, nightmares, post-traumatic stress disorder, chronic diseases, or isolation⁶. When victims of sexual violence are believed, supported, empowered, and can obtain some sense of justice, the likelihood of serious long-term negative impacts is decreased. Victim advocates attempt to facilitate these factors in order to reduce the severity and duration of symptoms.

³ "Knowledge Leads to Empowerment. Victim Advocates: Your Guide to Sex Offender Containment Teams," Pennsylvania Coalition Against Rape, 2008

⁴ Fact Sheet: "What is Sexual Violence?" National Sexual Violence Resource Center, 2010

⁵ Fact Sheet: "The Impact of Sexual Violence," National Sexual Violence Resource Center, 2010

⁶ Fact Sheet: "The Impact of Sexual Violence," National Sexual Violence Resource Center, 2010

4. More often than not, a person who is sexually victimized knows the person who violated them, and perhaps it has occurred repeatedly. Child victims know the person who harmed them 90% of the time; and 73% of adult victims know the person who assaulted them⁶. Knowing the person does not lessen the trauma experienced. In fact, it may compound the trauma by adding additional layers of betrayal, confusion, and conflicted feelings. Advocates acknowledge these complexities and assist with processing the layers of feelings.
5. Often the healing process involves progressing from feeling like a victim (one who has no control or agency), to seeing oneself as a survivor (someone who was impacted, but not destroyed). A person who has experienced sexual abuse may prefer one of these terms over the other, or even at different points in time, which is why it is common to see the terms used together (victim/survivor) or used interchangeably. In relation to the criminal justice process, the term “victim” may be used predominantly in order to convey that this is the person who was wronged. In the counseling process, the term “survivor” may be used more frequently to convey a sense of strength and a regaining of personal agency.

What are the roles and responsibilities of victim advocates?

Victim advocates engage in a wide range of activities to assist survivors, depending upon the setting in which they work. Community-based victim advocates may have more flexibility with some activities than system-based advocates.⁷ Some of the typical roles that victim advocates may assume include:

- Supporting victims by believing them, sitting with them, and helping them obtain basic needs and services;
- Helping create a sense of physical and emotional safety;
- Accompanying victims to appointments and proceedings if desired;
- Providing information and explanations, such as informing them of their rights;
- Helping restore a sense of empowerment and control by providing options, information, and factors to consider, and allowing the victim to make their own decisions;
- Contacting family or friends for the victim, if they choose;
- Advocating for the victim, as needed, with systems such as medical, law enforcement, legal, or mental health. This may include, for example, requesting a private waiting area at a hospital, reminding a police officer that s/he should not be polygraphing a sexual assault victim, or assisting with accessing financial resources;

⁶ Fact Sheet: “What is Sexual Violence?” National Sexual Violence Resource Center, 2010

⁷ “Knowledge Leads to Empowerment. Victim Advocates: Your Guide to Sex Offender Containment Teams,” Pennsylvania Coalition Against Rape, 2008

- Making referrals to local resources and assisting with paperwork;
- Providing ongoing support, information, and notifications as requested;
- Providing resources, support, and referrals to family members;
- Offering training, education, resources, and prevention activities to the community;
- Participating on multidisciplinary sex offender case management teams; and
- Assisting colleagues with creating victim-centered systems and approaches.

What are the different types of victim advocates?

There are two basic types of victim advocates: community-based and system-based.

Community-based advocates most commonly work in a non-profit organization, typically a rape crisis center, domestic violence center, or one that serves victims of multiple types of crime. A system-based advocate is employed within the formal criminal justice system, such as the courts, prosecutor's or district attorney's office, corrections department, or probation or parole agency. The following differences⁸ often exist between the two:

Community-based advocates:

- Primarily focus on the needs of the victim/survivor;
- Work with any sexual assault victim regardless of involvement with law enforcement or criminal justice system. Many victims seek help from a community-based center without reporting their victimization to law enforcement. Sometimes this is long after the abuse occurred;
- Often use an "Empowerment Model" (i.e., do not impose requirements or give advice, but rather provide options and respect the victims' choices without judgment);
- May provide victim services 24 hours a day, 7 days a week;
- May work with a victim over a long period of time, or long after the incident(s) occurred;
- Can offer confidential services;
- May work with family members; and
- May staff hotlines, run support groups, and provide counseling.

System-based advocates:

- Must balance the needs of the victim with the goals of the agency (e.g., to successfully prosecute the case or to prioritize community safety);
- Generally offer services only to victims whose cases are being processed or managed in the criminal justice system, such as those in which the perpetrator is being prosecuted or sentenced, is incarcerated, or under supervision in the community;
- May be limited to working with victims only while their case is active within the agency (e.g., their involvement may end after sentencing or once the perpetrator is released)

⁸ "Knowledge Leads to Empowerment. Victim Advocates: Your Guide to Sex Offender Containment Teams," Pennsylvania Coalition Against Rape, 2008

- from the authorities of the correctional or supervision agency);
- May not be able to guarantee absolute confidentiality to victims; and
- May be available only during standard office hours, which may mean that a victim has to wait a few days, or must seek other resources and tell their story to yet another person.

Regardless of the setting in which they work, victim advocates always represent the voice of the victim, strive to ensure their safety and well-being, and provide information and resources.

What are the confidentiality rules for victim advocates?

There are many good reasons for sharing information, such as for purposes of victim safety planning, family reunification, or to help guide supervision planning. However, victim advocates are often reluctant, limited, or prohibited from sharing information about victims. It is important to keep in mind that victims of sexual violence have had their privacy severely compromised and it may be difficult for them to regain a sense of trust. One way that community-based advocates help restore trust, dignity, and privacy is to carefully observe and protect confidentiality for every person who requests or receives services from a sexual assault, domestic violence, dating violence, or stalking program. This is also a federal requirement for any program that receives Violence Against Women Act (VAWA) funding⁹.

In addition, most states provide for privileged communication between survivors and counselors/advocates, meaning a victim advocate cannot be required to disclose what a survivor told them in confidence. The records of sexual assault programs are also confidential. Advocates cannot disclose any personally identifying information without written, informed consent from the survivor. Survivors have autonomy to choose to disclose their information or release their records for any reason. They can provide written consent that may allow certain or all information to be shared. It is recommended that releases be time-limited, specific to the information included, and to whom it can be provided.

Confidentiality may play out differently for system-based advocates, or may have some limitations. For instance, a victim advocate working in a court or district attorney's office may be required to share certain information obtained from victims with others working on the case for prosecution or decision-making purposes. For example, if a victim was purchasing drugs when she was raped and did not tell the prosecutor, the system-based advocate may disclose that information, while the community-based advocate may encourage and work with the victim to tell the prosecutor herself. In these and other situations, it is important to clearly explain to the victim, in advance, what types of information may be shared, with whom, and how it will be used. States vary in their systems, laws, and procedures. Criminal justice-type settings are often confusing or intimidating to victims, and likely use terminology that is unfamiliar.

⁹ Technology & Confidentiality Resources Toolkit from the National Network to End Domestic Violence. <http://tools.nnedv.org>

An important role of the victim advocate is to explain the process, the roles of key players, and to help guide the victim/survivor through the steps, offering as much privacy and autonomy as possible.

What do victims want as outcomes in sex offense cases?

There is no simple or agreed-upon answer to what victims want, as every person and circumstance is unique. However, it may surprise some to know that not all victims want the person who committed the sex offense to be imprisoned for long periods or to be on public sex offender registries for life. Victim advocates' experiences indicate that what most victims do want is for the abusive behavior to stop, and for no one else to be harmed. This is generally the motivation for victims to report sexual violence.

Given the fact that the majority of victims know the person who abused them, and may in fact have an ongoing relationship with them, they may not want that person to be incarcerated for long periods or to experience severe consequences that would affect their ability to obtain employment, housing, and other needs. They may want them to get help or force them to examine their behaviors, which in some situations can be accomplished with lesser sentences and sex offender-specific treatment. Some victims, on the other hand, do want the person to experience long-term serious consequences, as they believe that they, themselves, will be dealing with the impact for a very long time, and they may be experiencing disruptions (e.g. mental health, education, relationships) as a result of the sexual assault.

Many victims want information and to be kept informed about process and status issues, such as where the person will be residing and working, how the person who offended will be monitored, whether the person will be required to participate in treatment or other interventions, and the conditions and modifications to terms of probation or parole supervision. An advocate can share this information directly with the victim/survivor, which keeps them involved and educates them about the process. Beyond being involved and informed, having this information can also be empowering to the victim. Advocates, in turn, can relay a victim's specific concerns regarding the person who sexually offended to community supervision officers or treatment providers. This could include changes in the perpetrators address, violations of Protection From Abuse (PFA) or restraining orders or other conditions, substance abuse issues, habits or changes in habits, or suicidal concerns that may be relevant to treatment or management.

Another thing that most victim/survivors share in common is that they want to be taken seriously, treated respectfully, and for there to be some acknowledgment that they were wronged. Ideally, the person who sexually violated them will accept responsibility and perhaps express remorse. Regardless of whether or not that occurs, there is a reasonable expectation that everyone investigating, prosecuting, and managing the case will treat the victim respectfully.

Victim advocates often talk about a “rape culture” that extends far beyond the behaviors of the specific people who actually commit sexual violence. It refers to the way victims are treated by others, and the way sex crimes are discussed in the news, social media, pop culture, and work settings on a daily basis. When victim advocates talk about preventing sexual violence, they are primarily referring to two comprehensive sets of strategies:

- Changing the culture, which includes areas such as improving how victims are treated, strengthening organizational policies and procedures, and shifting the discussions happening in the media. It also involves treating everyone with respect, which means addressing racism, sexism, homophobia, the sexualization of women and children, and other similar belief systems that value certain people over others.
- Working with people who have exhibited sexually abusive behaviors to reduce the likelihood of repeat offenses.

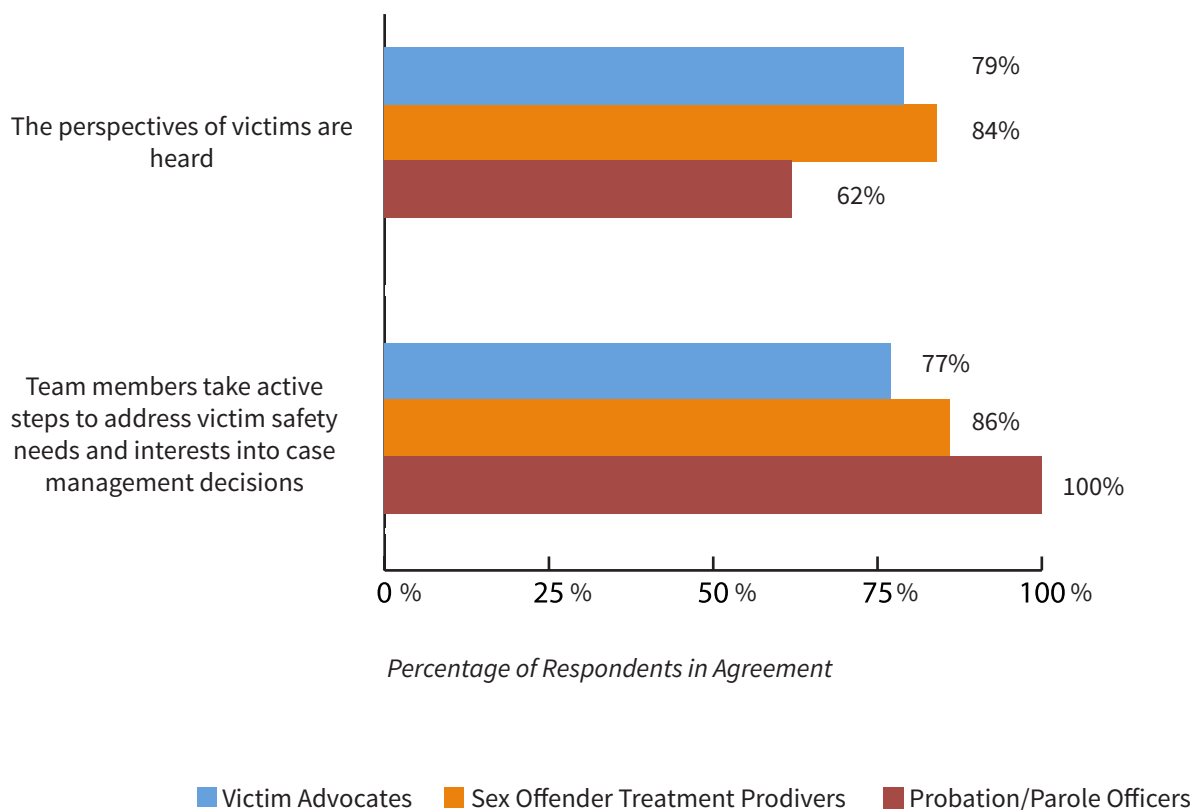
When victim advocates are collaborating with sex offender treatment and management professionals, they are all engaged in the second point above. When victim advocates, perhaps while participating on a multidisciplinary team, may challenge a comment, joke, attitude, or policy, they often are intentionally engaging in the culture change strategy above. This is sometimes misperceived as being “prudish” or “overly-sensitive” but it is, in fact, deeply embedded in the philosophy and training of victim advocates and is part of proactive sexual violence prevention work.

Victim advocates, on behalf of current victims and in the interest of preventing further victimization, want to ensure that individual safety needs are met as well as enhancing community safety, by reducing risk among those who have committed sex offenses. Because of these shared goals, it is important for victim advocates to collaborate with sex offender management professionals. Collectively, these practitioners have a more complete understanding of the issues and can generate more options.

What role can victim advocates play on multidisciplinary teams?

An important way in which victim advocates play a role on, and can enhance sex offender management, is through their participation on multidisciplinary teams at either case management or policy levels. At the case management level, multidisciplinary teams are traditionally comprised of sex offense-specific treatment providers and probation/parole officers. When exploring the national landscape of collaboration between advocates and sex offender management practitioners, many practitioners reported having such teams that included a victim advocate, recognizing their complementary roles, responsibilities, and expertise. Victim advocates, sex offense-specific treatment providers, and supervision officers reported important benefits from this form of collaboration. Specifically, the clear majority indicated that team members take active steps to incorporate victims’ safety

Victim Advocates on Sex Offender Case Management Teams: Reported Benefits



needs and interests into case management decisions, and the majority also believed that the perspectives of victims are heard.

Victim advocates ensure that the voice and concerns of the victim, who is the person who was most impacted by the crime, are taken into consideration. Some examples of specific ways victim advocates may contribute to sex offender management strategies at case management or policy levels include:

- Ensuring that the voice of the victim is heard throughout the criminal justice processes;
- Providing training to colleagues about the impact of sexual victimization;
- Clarifying the roles and responsibilities of victim advocates;
- Assisting with victim notification and community notification processes;
- Providing information, education, and resources to victims, family members, and communities;
- Identifying and improving processes that may contribute to a more victim-centered approach;
- Assisting colleagues with case management and policy decisions;
- Working with teams to develop safety plans that take into account the needs of victims and families;

- Promoting sound family reunification policies and procedures;
- Challenging and processing commonly-held ideas or comments that may be perceived as victim-blaming, or that seem to minimize the experience of the survivor or the behaviors of the person who caused the harm;
- Providing community education on safety and prevention; and
- Partnering to jointly promote informed public policies and legislation.

It is common to think about people who have been victimized and people who sexually violate others as if they are totally separate people or groups. And yet we know that many people who are in the criminal justice system for committing incidents of sexual violence have themselves experienced physical or sexual abuse by someone else during their lifetime. Perhaps if they had encountered more systems and professionals that were trained in trauma-informed and victim-centered approaches, their lives may have taken a different path. Many families must also learn to deal with the needs and issues of both those who have committed sexual offenses and those who were violated. When professionals with different perspectives and expertise work more closely together, they are better able to holistically deal with the complexities of sexual violence and can create more comprehensive management and prevention strategies.

What are some ways that sex offender management professionals can begin to engage and involve community-based victim advocates?

- Access the website of the state sexual assault coalition or local rape crisis center, learn who the key contacts are, and explore any upcoming activities;
- Attend a community event sponsored by advocates;
- Initiate a conversation to assess interest and availability;
- Invite victim advocates to a training or create a cross-training event;
- Invite a victim advocate to join a multidisciplinary team focused on sex offender case management;
- Invite a victim advocate to join a multidisciplinary team at the policy level, such as a statewide sex offender management board; and
- Share this resource with a victim advocate and open dialogue.

Summary

Victim advocates have a unique perspective that contributes to the collective expertise of sex offender management practitioners. Their participation can assist multidisciplinary teams in many ways and can help ensure a victim-centered approach that contributes to community safety. When victim advocates and sex offender management professionals work together to share perspectives and expertise in a collaborative way, all of the people involved are more likely to achieve their respective and shared goals. Creating opportunities for interaction, cross-training activities, and informational resources – such as those developed through this initiative – can be valuable for helping stakeholders across disciplines with understanding and appreciating one another's roles and responsibilities, perspectives, and philosophies.

WHAT VICTIM ADVOCATES AND VICTIMS SHOULD KNOW ABOUT THE SUPERVISION OF SEX OFFENDERS: ANSWERS TO FREQUENTLY ASKED QUESTIONS

Most convicted sex offenders will ultimately reside in the community, either because they are sentenced to serve their time with restrictions in the community, or because they are released from incarceration and are under probation or parole supervision. Many victims and victim advocates, as well as other community members, understandably have questions about what steps are being taken to ensure their safety while these offenders are in the community. This document provides answers to frequently asked questions specifically about the role of probation and parole supervision in reducing and preventing sexual violence. For more in-depth information about these and other issues related to sex offenders and strategies used with this population, please visit www.csom.org and www.atsa.com.

Why Do Victim Advocates Need to Understand Sex Offender Supervision?

Although victim advocates and supervision officers have very different roles, they share important goals such as ensuring the safety of persons who have been abused, preventing sexual violence, and having safe communities. Understanding the ways in which probation and parole officers work toward these goals can assist victim advocates with:

- Appreciating the complementary role that officers play in sexual violence prevention;
- Understanding – for themselves and the victims they serve – the specific supervision strategies being utilized to protect victims and communities and reduce re-offense risk effectively;
- Identifying opportunities in which they can work with supervision officers to ensure that specific victim safety needs and interests in a given case are taken into account; and
- Collaborating to promote victim-centered and evidence-based supervision policies and practices.

When individuals convicted of sex offenses live in the community, who is responsible for monitoring them?

Victims and communities have the benefit of probation and parole officers – as well as law enforcement officials – who have distinct but complementary roles in ensuring victim and public safety. Probation or parole officers provide monitoring and supervision of sex

offenders while they are under the authority of the courts or a criminal justice or corrections agency. Law enforcement officers are generally responsible for monitoring compliance with sex offender registration statutes and laws pertaining to restrictions on where perpetrators can reside. In some jurisdictions, state and/or local law enforcement officials collaborate with probation and parole officers on monitoring certain offenders who are on electronic monitoring or GPS, conducting home visits, and verifying addresses of registered sex offenders while the individuals remain under community supervision. After the supervision period has expired, law enforcement officers tend to be solely responsible for monitoring through registration compliance and residence checks as required by state and local laws, and by responding to victims' concerns and reports of suspicious or criminal activity.

What is the difference between probation supervision versus parole supervision?

When the court sentences an individual directly to the community to be supervised for a set period of time, rather than to prison, this is referred to as probation supervision. With probation supervision, the court or probation agency imposes a set of conditions and expectations that must be met in order for the person to remain in the community and successfully complete probation. Parole supervision, on the other hand, results when an incarcerated person is released to the community by a parole board or other releasing authority – or because they have served the mandated proportion of prison time – to serve the rest of their sentence under supervision in the community. As part of this conditional release, the releasing authority also sets conditions and expectations to abide by or risk being returned to prison. Although the routes leading to probation versus parole supervision differ – and the agencies responsible for supervision generally differ – the conditions and strategies commonly used with individuals who have sexually offended tend to be very similar.

How do probation or parole officers help to keep communities safe from sex offenders?

Because individuals who sexually offend are considered a specialized population, probation and parole officers are specifically trained to understand the dynamics involving sexual victimization, differences among sex offenders, and the unique risk factors for sex offenders, and apply those to a range of strategies. Examples of these strategies include:

- Assessing and re-assessing re-offense risk to determine how to focus their supervision strategies and resources;
- Monitoring and enforcing compliance with conditions that are designed to hold offenders accountable and manage and reduce risk to victims and communities;
- Regularly reviewing factors that can indicate changes in an offender's re-offense risk (e.g., "red flags") and putting into place safeguards to minimize those potential risks;

- Referring perpetrators to programs and services that can reduce their risk to re-offend and support stability, such as offense-specific treatment, substance abuse programming, and housing and employment services;
- Having routine contact with perpetrators – which may include required office visits or scheduled or unscheduled visits to their homes or employment – to assess the environment, look for indicators that might signal changes in risk, and identify any need to intervene;
- Utilizing (in some jurisdictions) electronic monitoring or GPS, generally most appropriate for higher risk offenders, to monitor their whereabouts, deter them from being in areas that are considered high risk, and help ensure that they remain in allowable areas;
- Collaborating with treatment providers, victim advocates, and others to share information regarding changes in risk factors or progress. In some jurisdictions, teams of these stakeholders come together to review individual cases and address victim safety needs and safety plans, exchange information about potential concerns or risk factors that may signal a need for intervention, and discuss compliance and progress;
- Working with victim advocates to obtain information about the dynamics of the offense (including information about the perpetrators, risk factors, and other important information) that can help supervision agencies develop effective supervision and victim safety plans;
- Responding to concerns from victims should they arise, and keeping victims apprised of offenders' status, including notifications about probation or parole violations, or returns to prison; and
- Referring to or requiring participation in various programs and services (such as sex offender treatment, substance abuse, housing and employment services), assisting the offender with building positive community supports, and supporting the development of new positive skills. All of these are necessary to promote stable and prosocial lives, which ultimately translates to a reduction in re-offending.

Do individuals who sexually offend have to abide by certain conditions if they are in the community, and if so what are they?

The opportunity for all offenders to remain in the community – whether immediately upon sentencing or through release from incarceration – is not necessarily a “given.” Rather, it is based on offenders abiding by a certain set of requirements. Failure to abide by these conditions, which are imposed by the courts, paroling/releasing authorities, and/or probation and parole officers, can result in sanctions up to and including a return to jail or prison, depending on the violation. Typical conditions include meeting with the officer as required; paying any court costs, fines, or restitution; maintaining employment and suitable housing; and participating in any required programs or services. Because of the dynamics of sex offenses and unique risk factors involved in sexual violence and re-offending, additional “specialized” conditions are usually imposed for persons under supervision for sex offenses.

Such conditions are designed to provide additional safeguards for victims and the public, ensure accountability, and assist perpetrators with learning and practicing strategies that can reduce re-offense risk. Common examples of specialized conditions include:

- No contact orders regarding victims and/or victims' families;
- Restrictions on employment, residence and/or loitering in specific areas because of potential risk to a particular class of vulnerable parties;
- Travel restrictions;
- Requirements for electronic or GPS monitoring;
- Polygraph examinations to assess compliance with treatment and supervision;
- Restricted, closely monitored, or prohibited use of certain technologies for persons whose offenses were internet-facilitated or technology-related (e.g., soliciting minors, cyber-stalking, child pornography); and
- Participation in sex offense-specific treatment.

What happens when an individual who sexually offends violates the conditions of supervision?

Probation and parole officers are expected to address any and all issues of non-compliance with supervision. However, the responses to violations of conditions will vary based on a number of considerations. For example, officers have to take into account factors such as:

- The type, severity, and cause of the violation (e.g., not showing up for an office visit versus having contact with a victim);
- The current level of re-offense risk;
- The risk that the specific behavior posed to a victim or the community overall;
- Whether there has been a pattern of supervision non-compliance; and
- Whether any additional strategies or services could help to address the behavior and still allow the offender to remain in the community without compromising public safety.

Do All Perpetrators Have The Same Probation or Parole Conditions?

Sex offenders differ from one another in many ways – they are not all the same. Some courts, probation, and parole agencies nonetheless impose a standard and oftentimes very extensive list of “sex offender conditions” for all perpetrators of sex offenses.

Best practices are to impose some specialized conditions on a case-by-case basis, based on factors such as victim safety considerations; motivations, dynamics, patterns, and circumstances of the offense(s); offense-related sexual interests or arousal; specific situations or locations that increase risk for a given person; treatment needs; various risk and protective factors; family or community supports; history of compliance; and re-offense risk.

Using individualized conditions – rather than a blanket “one size fits all” set of conditions – provides for better use of resources, allows officers to focus on the specific perpetrators and risk factors that require the most attention, and is more effective in reducing re-offense risk.

Depending on the behavior of concern, appropriate responses might include increased reporting requirements, increased level of supervision and number of field or home contacts, GPS or electronic monitoring, drug/alcohol testing, referrals for additional treatment or intervention, or a return to custody for some period of time.

How long do individuals who are convicted of a sex offense remain under community supervision?

The period of probation or parole supervision for a given perpetrator can range from several months to a lifetime. Community supervision length can be driven by several factors, such as the type of crime for which the individual was convicted and the requirements of the law (e.g. minimum mandates), the length of the sentence imposed when discretion allows and, for those sentenced to prison, the amount of time served in prison and remaining on the sentence. Some state laws require lifetime supervision for certain persons who are convicted of sex offenses. Ideally, supervision periods and the level of supervision are in part informed by the assessed level of re-offense risk, with higher risk perpetrators being supervised for longer periods of time and at a higher level of supervision. Just because an offender is on lifetime supervision, or even a long period of supervision, does not mean that they have the same level of supervision throughout that time. Provided that they have been compliant and stable for an extended period of time, they may have fewer reporting requirements. This is not only more effective, but it maximizes resources and allows agencies to focus their time and resources on the offenders who need it most. Even when a probation or parole supervision term expires, mechanisms are in place to allow for some monitoring and tracking by law enforcement officials, namely registration and residence verifications.

SEX OFFENSE-SPECIFIC TREATMENT: AN OVERVIEW FOR VICTIM ADVOCATES

Addressing the problem of sexual violence is a public health, criminal justice, and community responsibility that requires the collaboration of multiple stakeholders with a unique range of roles, responsibilities, and interests. One important responsibility is providing treatment services to individuals who have sexually offended to prevent them from engaging in further sexual victimization. Over the last three decades there has been a substantial increase in the research regarding individuals who sexually offend and intervention strategies that are effective in decreasing the risk of further sexual violence. This resource document is designed to assist victim advocates with understanding sex offense-specific treatment.

Individuals who sexually offend are a very diverse group, crossing socioeconomic, educational, gender, age, and cultural lines. Further, individuals who offend do so for many different reasons and they present with different levels of risk for engaging in future sexual violence. Because of this diversity, treatment interventions for individuals who offend must be flexible enough to match the diversity in risk and intervention needs.

What is Sex Offense-Specific Treatment?

Sex offense-specific treatment is specialized treatment that assists individuals who have offended to change their thinking and behavior to prevent reoccurring sexually violent behavior. The most research-supported treatment intervention for adult male offenders is a cognitive-behavioral model. Using this framework, individuals are taught to identify and change the thoughts, feelings, and actions that may lead to sexual offending; develop strategies to avoid, control, and/or pro actively manage factors that contribute to their offending; and develop strengths and competencies to lead an offense-free and healthy lifestyle. Treatment can occur in many different settings including prisons, halfway houses, psychiatric hospitals, and the community. The length and type of treatment an individual receives depends on a variety of factors such as the level of risk of engaging in future sexual violence and the unique factors that contributed to an individual's offending.

In addition to the cognitive-behavioral model, which is commonly used to help individuals manage many mental health problems such as anxiety or depression, most sex offense-specific treatment programs also operate on the basis of the evidence-based "Risk-Need-Responsivity" principles that guide the dosage and/or intensity, specific interventions, and delivery of services needed for different individuals. In brief, the risk principle indicates that the dosage and/or intensity of services should be determined by the risk an individual poses of re-offending – a greater dosage services for higher risk individuals. Common practices indicate, however, that individuals start with a higher intensity of treatment (i.e. more frequent treatment sessions) and gradually decrease as the individual becomes more

adept at managing the risks that contribute to their offending. The need principle indicates that treatment targets should focus on those changeable factors that will reduce the risk of re-offending. The responsivity principle states that treatment interventions should take into consideration the unique characteristics of the individual in treatment (for example, education level, cultural factors, motivation).

Treatment is most frequently provided in group settings, as the group can offer support as well as appropriate confrontation of negative behavior and/or offense-related thinking. In addition to group therapy, adjunct treatments may also be used. This may include strategies such as individual therapy, family or couples therapy, pharmaceutical therapy, or a combination of these methods.

How is a Treatment Plan Developed?

Not every individual has the same risk level or treatment needs, and treatment must be flexible enough to meet these variations. To determine an individual's intervention needs, providers use the findings from a psychosexual evaluation to develop an understanding of how best to develop and deliver individualized services. Sources of information may include but are not limited to the following:

- Personal interviews;
- Official documents such as police reports;
- Psychological testing; and
- Mental health records.

Areas that the treatment provider will assess include, but are not limited to:

- Developmental history;
- Sex offense related attitudes and behaviors;
- Sexual history, including development and normative consensual sexual activity;
- Family/intimate partner history and dynamics;
- Education and employment history;
- Medical history; and
- Risk to re-offend.

The psychosexual evaluation then provides the basis to determine an individualized treatment plan with specific and measurable goals to address the treatment needs for an individual, the dosage intensity of treatment services, and what strategies and services will best facilitate successful outcomes for the individual in treatment.

What is the Focus of Treatment for Individuals Who Sexually Offend?

Although the risk factors are not present for every individual, there are broad categories that are linked to sexual re-offending risk. These include offense-related sexual interests and thinking patterns, intimacy deficits, lifestyle instability, lack of impulse control, and antisocial peers. To address these risk factors, the most common treatment goals include:

- **Arousal Control:** Treatment will help clients with managing offense-related sexual interests and urges in appropriate ways;
- **Emotional Regulation:** Deterioration of mood is often linked to offending. Treatment aims to help individuals recognize, monitor, and manage emotions and impulses that contribute to their offending behaviors;
- **Intimacy and Relationship Skills:** A lack of appropriate and satisfying intimate relationships also contribute to sexual offending. The treatment focus is to teach healthy relationship skills, intimacy skills, and social skills;
- **Prosocial Attitudes:** Treatment goals include having individuals identify and restructure the thinking that supports, maintains, and justifies their offending behaviors;
- **Problem Solving Skills:** Treatment focuses on increasing and improving problem solving skills to aid individuals to effectively cope with life challenges and create healthy solutions;
- **Self-Monitoring Skills:** Treatment helps improve an individual's ability to be aware of and manage their own internal processes; and
- **Positive Support Network:** Treatment assists individuals with developing an informed, prosocial network of family and friends.

In addition to these treatment areas, individuals may have additional need areas that, although not directly related to sexual offending, may provide ongoing stability in the community, and contribute to maintaining long term change. Examples may include employment or educational skills, substance abuse treatment, or life skills such as budgeting or securing and maintaining appropriate housing and employment.

What are Some Unique Aspects of Sex Offense-Specific Treatment?

Mandated Treatment. Unlike most other therapies, participants in sex offense-specific treatment generally do not voluntarily seek out treatment services. Most often, participants are mandated into treatment as a part of the criminal sentence. For this reason, individuals may not enter into treatment with specific goals, they may be in denial of their offense, and they may face serious repercussions should they not abide by treatment rules (for example, parole may be revoked, and/or they may be sent back to prison). As a result, the clinician must assess and address motivation and encourage the client to engage in the treatment

process. Engaging individuals is important as research indicates that individuals who do not complete sex offense-specific treatment may be at a higher risk of sexually re-offending.

Confidentiality Limits. Unlike treatment or therapy in non-correctional or non-criminal justice settings, individuals in sex offense-specific treatment are not afforded complete confidentiality. Some details may be shared with probation/parole officers and community support members to maximize community safety and help address challenges.

This may include information such as the client's attendance, level of participation and progress, information related to the client's assessed level of risk, and their identified risk factors. Treatment Goals Extend Beyond the Individual. Unlike most types of therapy, which focuses purely on the client's themselves, sex offense-specific treatment focuses on the individual client as well as the harm caused to the victim(s) and preventing additional victims.

What is the Role of Treatment Providers on Multidisciplinary Teams?

Ideally, multidisciplinary teams are comprised of case managers (in a prison setting), parole or probation officers (in community settings), victim advocates, and sex offense-specific treatment providers. Additional individuals may be added to the team as needed. For example, local law enforcement may be a helpful partner if an individual is re-entering the community from a prison setting. As part of a multidisciplinary team, treatment providers help to strengthen community safety by providing team members information such as:

- Attendance in treatment;
- Overall participation in treatment;
- Specific changes in the risk factors that contributed to the individual's offending;
- Progress towards specific goals in treatment;
- Factors or changes that may inform supervision strategies; and
- Referrals to additional services needed.

Collaboration within a multi-disciplinary team approach provides the greatest opportunity to provide comprehensive and cohesive risk management and risk reduction and to promote public safety and reduce victimization.

Is Sex Offense-Specific Treatment Effective?

Sexual violence is a complex problem and there is not a single strategy that will effectively address it. Similar to the impact on or effectiveness of treatment for other types of clients in different types of treatment, not every individual receiving sex offense-specific treatment will benefit equally; some sex offenders will benefit more than others. The most recent

large systematic study on treatment effectiveness revealed that, on average, sex offense-specific treatment is effective in reducing sexual recidivism rates.^{10,11} These analyses also indicate that even greater reductions in recidivism rates are achieved when programs for individuals who commit sexual offenses follow the evidence-based principles of risk, need, and responsivity as described above.

Summary

Sex offense-specific treatment aids in the prevention of sexual violence by assisting individuals with change that can be maintained in the long term after treatment goals have been completed. As such, treatment is one important component of a comprehensive strategy to promote public safety, reduce the risk of re-offending, reduce the harm caused by sexual offending, and prevent further sexual abuse.

¹⁰ Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, L. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, 36, 865-891.

¹¹ Schmucker, M., & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: An international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*.

BRIDGING THE LANGUAGE GAP: TWENTY IMPORTANT TERMS IN THE VICTIM ADVOCACY AND SEX OFFENDER MANAGEMENT FIELDS

Shared language is a key component of any successful collaboration, including collaboration between sexual assault victim advocates and sex offender management professionals. Professionals in these respective fields use some terminology in the same or fairly comparable ways, but sometimes may use the same or similar words or phrases in significantly different ways. They may also use concepts that are altogether unfamiliar to their counterparts. This can lead to misunderstandings or confusion and has the potential to make effective communication and collaboration across disciplines challenging. In a recent national needs assessment pertaining to multidisciplinary collaboration, victim advocates and sex offender management professionals (i.e., sex offense-treatment providers and supervision officers) reported that terminology and language differences – as well as the underlying philosophies related to these concepts – are common barriers to collaboration. This resource is designed to support a shared understanding of several key terms and concepts used in the victim advocacy and sex offender management fields. It is not intended to be an exhaustive list. And while there may not be wholesale agreement about these definitions within or across disciplines, the definitions and explanations below nonetheless provide a frame of reference that can help ground and provide clarity among professionals across disciplines and advance effective communication and collaboration as they work toward common goals.

Consent... refers to granting permission for something to happen or agreeing to do something. When sex is consensual, it means everyone involved has agreed to what they are doing and has clearly given their permission. Most laws, consistent with commonly accepted language in the field, recognize that some individuals are unable to provide consent in the legal sense of the word, such as minors, incapacitated persons, or those with cognitive or developmental impairments who are either unable to communicate or understand the nature and implications of the behavior in question. Also, when there is a power differential (such as professor-student or supervisor-employee) a person may feel compelled to comply, which is not the same as freely giving consent. In some states, consent must be affirmative – beyond the lack of saying no or silence.

Sexual Violence, Assault, Abuse, or Offending... are oftentimes overarching terms that refer to the use of force, manipulation, other tactics to engage in illegal or harmful activity of a sexualized nature without an individual's expressed consent. In some contexts, these terms are used interchangeably to collectively describe a wide range of acts on a spectrum, although some nuances or subtleties have important implications and result in different meanings. For example, for legal or research purposes, these terms

have very prescribed definitions to ensure clarity and consistency. Some may use sexual abuse to refer only to crimes against children, but in other settings, it may be used to define a class of criminal acts against people of any age. In some jurisdictions, legal definitions of rape and sexual assault are comprised of different elements, whereas in other contexts, these terms are used synonymously and more broadly.

Survivor or Victim... refers to an individual who has been subjected to acts of sexual violence or abuse as defined above. It is important to note that not all people who have experienced sexual violence consider themselves victims or survivors, and advocates support self-identification as part of empowerment. While the terms are often used synonymously, some prefer the term survivor as it carries with it a connotation of strength and resiliency, and for those who are past an immediate response to the assault/violence, feels as if they have progressed through a healing process, and are less defined by the violence than by their ability to move forward. In legal contexts and for criminal justice system practitioners such as those who provide sex offense-specific treatment or community supervision, the term victim may be deliberately used or preferable as it clearly conveys the harmful nature of the behavior and may help prevent minimization of the impact of the behavior. This may also be a preferred term for some in the victim advocacy community for the same reasons.

It is important to note, however, that while the use of labels such as “victim” or “survivor” are often terms of convenience to refer to individuals who have been subjected to acts of sexual abuse, violence, or victimization, it can have a labeling effect and inaccurately imply that all individuals who have been sexually abused or victimized are the same and that they have the same experiences, reactions, and processing. Family, romantic partners, or other loved ones are sometimes referred to as secondary victims of survivors to recognize the suffering they experience when a loved one has been subjected to sexual abuse or violence. In some instances, they may desire and/or receive services.

Victim Advocacy... has many dimensions, but is rooted in assisting survivors in healing after a sexual assault, knowing what rights survivors have, and being familiar with community resources that can help survivors. Community-based advocates are specially trained to provide survivor-centered support, information, and referrals to those who have been or care for someone who has been subjected to sexual violence, regardless of whether or not the victim is involved with the criminal justice system. Advocates work closely with community providers such as mental health therapists and medical and criminal justice professionals to ensure that survivors have trauma-informed and competent care, and that they know their rights. In many communities, survivors can speak with community-based advocates with legally protected confidentiality. System-based advocates are employed by a specific agency, typically a prosecutor’s office, but sometimes by a law enforcement agency, probation, corrections department, or military system.

System-based advocates generally serve as the primary contact for victims and community-based advocates with that particular criminal justice agency and provide information and support, but generally cannot ensure confidential communication to survivors.

Victim Impact Statement... is a key opportunity for a survivor's voice to be heard and their experiences shared, specifically regarding the ways in which the sexual victimization has affected their lives and the lives of those around them. Victim advocates and sex offender management practitioners alike utilize or are involved with victim impact statements in important but different ways. For example, depending on the circumstance and the victims' interests and desires, victim advocates may work closely with victims to provide a victim impact statement to the courts, either directly from the victim themselves in writing or verbally, through a family member, through a victim advocate, and/or through statements or other information included in pre-sentence investigations for consideration by the courts at sentencing. Sex offender management professionals, such as sex offense-specific treatment providers, may also use victim statements, without identifying information and with the express consent from the victim, to assist perpetrators with gaining a greater understanding of the short- and long-term effects that sexual abuse or sexual assault can have on victims and others, and to offset the potential for perpetrators to minimize the impact of their own behaviors.

Perpetrator, Abuser, or Offender... refers to an individual who has committed an act of sexual violence or sexual abuse (as defined above) or other problematic sexual behavior that is prohibited by laws or other provisions. Perpetrator is commonly used by many government offices, researchers, and advocates. Many victim advocates use the term perpetrator instead of abuser, as abuser is associated more closely with domestic violence. Professionals in sex offender management tend to use the two terms interchangeably. Although this terminology is oftentimes used synonymously as labels, such labels tend to imply that all individuals who directly commit or are otherwise involved in acts of sexual violence or sexual abuse are alike, when in reality, they are a diverse population and differ in multiple ways. Simply put, there is no "typical" perpetrator or "profile" of such an individual. It is becoming more commonly accepted to use phrases such as "individuals who have committed sex offenses" or "persons who have engaged in sexually abusive behavior." This not only better encapsulates the diversity of this population, but also acknowledges the potential for change, as it describes specific behaviors in which a person has engaged, rather than labeling or defining the individual as a whole. Even though it is recognized that most victims know those who sexually violate them, it is still common to talk about those family members, colleagues, and acquaintances who perpetrated as if they were totally different than other people in all regards, which is not helpful to any of the parties.

Sex Offender Management... commonly refers to the range of strategies that are designed to promote victim and community safety with respect to individuals who have committed sex offenses. A comprehensive approach to sex offender management recognizes that no single strategy or agency is sufficient to address the complexities of intervening with this population. It includes interventions such as specialized sex offense-specific treatment, community supervision, and other approaches to help reduce and manage the risk for re-offending. It also includes laws that require individuals to register their names, addresses, and other identifying information with law enforcement agencies to support monitoring, tracking, or community awareness regarding the whereabouts of persons convicted of sex offenses.

Sex Offense-Specific Treatment... refers to specialized interventions that are designed to reduce re-offense risk, teach new skills, and promote stable and successful offense-free lifestyles that are incompatible with harming others. It is oftentimes court ordered or is a condition of release and community supervision, and may be provided in correctional or mental health facilities, residential settings, or the community. It is most commonly conducted in a group format and may also include supplemental individual therapy and/or counseling with intimate partners or family members. This type of treatment is provided by professionals with specialized training and expertise; in some states, providers must meet established criteria or undergo a formal certification process. When delivered by skilled professionals using the proper model of treatment, focusing on the risk factors that are directly linked to re-offending, and with the proper dosage (e.g., a greater amount of treatment for higher risk offenders), sex offense-specific treatment is effective in reducing recidivism for new sex crimes as well as crimes of a non-sexual nature.

Community Supervision... consists of routine case management-related activities designed to manage and reduce risk of a given individual to engage in problem behaviors, monitor and enforce compliance with conditions of supervision as set forth by the courts or other authorities, increase law-abiding and prosocial behaviors, enhance skills and facilitate behavior change, and promote victim and community safety. Community supervision is carried out by probation officers (for offenders sentenced to the community in lieu of incarceration) or parole officers (for offenders released from incarceration to serve the remainder of their sentence in the community). In addition to the individual being required to meet with the supervision officer in the office, officers make announced and unannounced visits to the individual's place of residence, employment, or other locations to obtain information about compliance with conditions of community supervision, overall stability, and potential changes in risk factors. In addition, officers assist the offender with restoration to the victim and community and ensuring victim compensation as required. Supervision can be enhanced through multidisciplinary collaboration, such as with victim advocates, sex offense-specific treatment providers, employment and housing representatives, and other community stakeholders who can provide not only an "extra set of eyes and ears" but also can support the individual to maintain a stable and prosocial lifestyle.

Family Reunification... is the gradual process by which an individual who has committed a sex offense begins to re-engage with the family when appropriate. This may ultimately lead to the return of the perpetrator to the home or other setting in which the abuse occurred and/or in which the victim or other potentially vulnerable parties may be residing. Because of the dynamics of sexual abuse within family systems (e.g., secrecy, fear of reporting, reliance on the perpetrator for financial support, and even intimate and family bonds with the perpetrator) and potential safety concerns, all parties must be deemed by qualified professionals to be “ready” before initiating any reunification processes. This requires ongoing collaboration between those who provide victim advocacy and services, sex offense-specific treatment, community supervision, family therapy, and other community support. Collaboration ensures that adequate safety plans, conditions, and other safeguards or protective measures are in place and that the environment is such that family members and others are empowered to report any concerns despite fears of the potential ramifications, to prevent enabling, and to ensure accountability for all involved.

Risk Factors and Protective Factors... are the range of variables that are linked to the development or reoccurrence of a negative outcome, undesirable circumstance or condition, or problem behavior (i.e., risk factors) or the variables that offset or mitigate the potential for problematic conditions, states, outcomes, or behaviors (i.e., protective factors). In relation to victims, risk and protective factors refer to variables that may respectively increase or decrease the potential for an individual or group to experience sexual abuse. For those with responsibility for sex offender management, risk and protective factors refer to those factors that either increase or decrease the potential for engaging in sexually abusive behavior, whether for the first time or in the future. It is important to note that the presence of risk factors does not necessary lead to a negative outcome, nor do protective factors fully eliminate the possibility of negative outcomes or assure positive ones.

Recidivism... typically refers to a new crime or violation of the terms of supervision committed by an individual who is either currently under the authority of the criminal justice system or who was released from the custody of the system at the end of their sentence. Recidivism is generally “counted” for behaviors that come to the attention of the authorities and result in a new arrest, conviction, sentence, or return to incarceration. Because many sex crimes are undetected or unreported, recidivism figures are recognized as underestimates; therefore, recidivism is not synonymous with re-offending, which may or may not be reported. It is important for stakeholders who are reporting or receiving information about recidivism in a given circumstance know how it is being defined and counted (e.g., arrests, convictions, violations of supervision conditions); whether it is referring to new sex offenses or non-sex offenses, or both; the follow-up period over which recidivism is being measured; and characteristics of the population for whom recidivism is being measured (e.g., higher risk versus low risk, treated versus untreated), as each of these can impact identified recidivism rates for the diverse population of individuals who have committed sex offenses.

Risk Reduction... is the use of interventions and strategies that either mitigate or offset the potential for engaging in a problem behavior or being vulnerable to a harmful experience. For example, when used in the context of persons who have perpetrated acts of sexual violence, interventions focus on effectively addressing the factors that are linked to perpetrating sexual violence, putting into place mechanisms that can offset potential risk factors and increase protective factors, and promoting short and long term changes in attitudes and behaviors. This is a form of prevention.

As applied to individuals who may be at-risk for being victimized or who have been victimized previously, this concept refers to strategies designed to reduce a particular person's vulnerability or risk of being sexually assaulted. This may include strategies such as education on safety planning and rape avoidance for women (e.g., carry a whistle, install security lights at one's home, watching their drink when at a social event or at an establishment using alcohol, go on dates in groups); and for children, may include educational interventions such as learning appropriate terms for body parts, learning that people do not have the right to touch their private parts, and learning about good and bad secrets. However, great care must be taken to ensure that these strategies do not imply that individuals are somehow to blame for being victimized.

Victim advocates refer to such strategies as risk reduction in order to differentiate them from prevention strategies (though the two are often confused). These types of strategies, though important, are not considered to be prevention because they may appear to inadvertently shift the likelihood of sexual violence from one potential victim to another. When discussing prevention strategies, victim advocates focus the accountability on the person who is inclined to commit an act of sexual abuse or violence or on policies, procedures, and practices that organizations and groups can implement to keep sexual violence from occurring again or in the first place.

Safety Planning... is the process by which deliberate steps are taken and safeguards are put in place to ensure the safety and protection of victims and other vulnerable persons. For survivors/victims, this may mean having ready access to money, keeping important phone numbers and documents available, or changing locks or passwords. With respect to perpetrators, it refers to developing and adhering to individualized action plans that help minimize their potential to encounter situations or circumstances that place them at risk of engaging in sexually abusive behavior, and to learn and practice skills to effectively manage such circumstances should they arise. Effective safety planning requires collaboration between victim advocates and sex offender management professionals to ensure that safeguards and protective measures are tailored to the individual circumstances, needs, risk and protective factors, and interests of a given survivor and/or perpetrator.

Triggers... are specific catalysts that induce an emotional, physical, or other reaction, oftentimes automatically and subconsciously. The term has different meanings for those in the victim advocacy and services field when compared to those in the sex offender management field. For victims, triggers refer to specific stimuli such as sounds, sights, smells, touches, or locations that involuntarily evoke a memory of the sexual assault, and often lead to painful flashbacks. Triggers may have a further chilling effect on victims in that they may have to take conscious or unconscious steps to avoid or limiting life activities that were previously pleasurable or simply neutral. In the sex offender management arena, triggers refer to internal or external variables (e.g., emotional states, attitudes, thoughts, locations) that have been a factor in an individual's choice to offend sexually, regardless of whether these factors were in the offender's conscious awareness at the time. Some sexual abusers are victims of sexual abuse themselves, in which case this term takes on dual meanings.

Rape Culture... describes societal beliefs and conditions that contribute to the occurrence of sexual violence. It is steeped in rigid gender roles that indicate that boys and men are expected to demonstrate masculinity through aggression, dominance, and sexual conquests, whereas girls and women are expected to be passive, docile, submissive, and chaste/pure. These prescriptive views on gender roles negatively impact how sexual violence and consensual sex are viewed. Victim advocates, public health professionals, and others approach prevention strategies with a focus on changing societal beliefs and norms and challenging oppressions, in addition to addressing individual acts of violence and abuse. Knowledge of rape culture is essential to the underlying philosophy of advocacy as victim advocates work to decrease the shame and blame survivors feel and increase their choices and control. In addition, through their interactions and interventions with perpetrators, sex offender management practitioners must model and promote healthy attitudes about gender roles and challenge attitudes and beliefs that justify, excuse, or minimize their actions or that perpetuate victim blaming.

Prevention... refers to strategies designed to reduce or eliminate the potential for sexual violence to occur or reoccur in communities. Professionals generally agree that a comprehensive approach to sexual violence prevention requires interventions at many levels. This may include interventions with those who have perpetrated sexual violence or engaged in sex offending behavior in order to reduce the likelihood of re-offending; working with young people and those who influence them to change social norms about gender roles and healthy relationships; and working with individuals, organizations, and systems to develop policies and practices that encourage and enforce climates that are safe and respectful for all.

Oppression... is characterized by inequality, silencing of voices, and the abuse of power by one group over another. It can be based on individual or group characteristics such as gender identity or expression, sexual orientation, race or culture, abilities or disabilities, socioeconomic level, or other aspects of individuals' identities. One fairly common difference in philosophy between the two groups is that sex offender management professionals tend to believe that the cause of sexual violence is related primarily to the behaviors of individual people. Victim advocates, on the other hand, tend to believe that a root cause of sexual violence is due to systemic issues such as racism, misogyny, and homophobia, that privilege certain groups over others and cause inequities and power imbalances with certain groups being oppressed and others feeling entitled. This difference in philosophical approaches can lead to misunderstandings; and leads people to consider vastly different strategies related to preventing sexual violence. There is value and truth in both approaches and, by working together and reaching deeper understandings, we can develop more effective and comprehensive strategies for community safety.

Multidisciplinary Collaboration... is an approach that involves stakeholders from different disciplines, agencies, or organizations who – despite different perspectives, roles, responsibilities, and philosophies – work together toward a common vision, mission, and/or mutually beneficial goals. Collaboration can occur at the policy level or at the field or case management level. It is characterized by mutual respect for the complementary nature of one another's expertise, roles, and responsibilities. It also reflects the agreement that more can be accomplished, resources can be maximized, and outcomes can be enhanced through meaningful partnerships, not just in theory or philosophy, but in practice. There is general consensus across stakeholders who are individually and collectively attempting to address a complex issue such as sexual violence that achieving goals cannot be accomplished by a single organization, entity, or discipline. From this perspective, collaboration ideally involves stakeholders representing victim advocacy, sex offense-specific treatment, and community supervision (e.g. probation/parole), and may include other relevant persons, all of whom share a common goal of creating safe communities and preventing and reducing sexual violence.

Victim-Centered Approach... is a philosophy, principle, and practice in which survivors' rights, needs, and interests are a paramount consideration when developing and implementing policies and strategies system-wide, including comprehensive approaches to sex offender management. Justice systems that value a victim-centered approach are responsive to victims' needs, provide requested information to victims and families, promote healing, ensure victim input in critical decision-making at all phases of the management process, and strive to ensure that the impact of sexual violence on victims is neither minimized nor exacerbated by policies or practices within the system. Toward that end, justice agencies and treatment providers in jurisdictions across the country have begun to join with victim advocacy programs and victim service organizations to promote a victim-centered approach.

IN FOCUS: JURISDICTIONS WITH PROMISING PARTNERSHIPS BETWEEN SEXUAL ASSAULT VICTIM ADVOCACY ORGANIZATIONS AND SEX OFFENDER MANAGEMENT PRACTITIONERS

In several jurisdictions around the country, efforts have been launched to encourage and enhance partnerships between sexual assault advocacy organizations/coalitions and local sex offender management practitioners/teams. Below are a select few examples of the many promising approaches nationwide.

Connecticut

In 1996, the State of Connecticut launched a promising initiative to include community-based victim advocates as members of sex offender management teams. This approach has since expanded statewide, and represents a unique and successful collaboration between the Court Support Services Division (CSSD, which houses probation), sex offender treatment providers, and victim advocates (who are employed by the Connecticut Alliance to End Sexual Violence but are hired with state funds). Victim advocates serve as part of the sex offender supervision team. In this model, victim advocates provide notification of offender releases, safety planning, short-term crisis counseling, and referrals for services (including information about how to access resources through victim compensation programs). They also:

- Gather pre-sentence investigation victim impact statements;
- Assist victims in filing for restitution or completing victim assistance applications;
- Provide information and guidance on civil matters;
- Help to organize and participate in the reunification process when desired and appropriate, as well as family meetings; and
- Provide information to offender family members and individuals close to them on the supervision process, as well as referrals for services when needed.

The advocate is also central to community notification and education activities, and accompanies probation officers during notifications and community meetings to discuss general issues regarding sex offenders and victims. Because of the efforts of victim advocates, team members have found that significant others may be more aware of an offender's risky patterns of behavior and potential non-compliance with supervision conditions, and in turn are more willing to cooperate with monitoring the offender's behavior to promote safety and accountability. Advocates report that the implementation of this model has yielded better outcomes for victims, has resulted in clearer communication and increased awareness in the community about sex offender management generally, and preliminary indicators have also suggested lower recidivism rates.

For more information about these efforts in Connecticut, contact Laura Cordes, Executive Director of the Connecticut Alliance to End Sexual Violence: laura@endsexualviolencect.org.

Iowa

In Iowa, the Director of the Iowa Coalition Against Sexual Assault (IowaCASA) is a member of the Iowa Board for the Treatment of Sex Offenders, which also includes representatives from local victim services and intra-familial victim services, and a survivor of sexual abuse (as well as corrections officials, community supervision representatives, treatment providers, human services, and representatives from the court, among others). The Board has developed sex offender treatment standards and a sex offender treatment provider accreditation process. The Director of IowaCASA recognizes the value in participating in visits to treatment programs because it allows her to provide feedback and recommendations about how treatment providers can maintain a focus on victim safety. The IowaCASA Director also serves on a state committee that makes recommendations about civil commitments for sex offenders, and is working with several state entities related to victim notification processes..

For more information about the work underway in Iowa, contact Beth Barnhill, Director of the Iowa Coalition Against Sexual Assault: director@iowacasa.org.

Rhode Island

In Rhode Island, victim advocates serve as members of sex offender supervision teams. Their goal is to establish a single communication link, or one point of contact, for victims. Specifically, advocates in sex offender supervision units provide information to the victim, victim's family, or other appropriate secondary victims who were affected by a given offender in the unit. They share information about an offender's status, supervision conditions, and pending court action to victims and provide direct support services, information, and referrals to victims and their families as needed. When deemed appropriate, they also play a role in offender treatment programs to generally provide a "victim presence" (their participation is not a platform to discuss specific cases or any pending court proceedings connected to an individual case) and accompany supervision unit staff on offender home visits. Victim advocates are active participants in monthly re-entry staff meetings; and, as part of their core mission, provide advocacy, referrals and support for victims as offenders are returning to the community.

Victim advocates in Rhode Island recommend several action steps that sex offender management practitioners and advocates can take to advance their efforts to collaborate, including:

- Identifying who the victim advocates, treatment providers, and/or supervision officers are in one's community to reach out and make a connection;
- Making an appointment to visit one another's offices and agencies;
- Attending one another's staff meetings to provide an overview of respective roles, responsibilities;
- Co-sponsoring, developing, and/or participating in cross-training events and workshops;
- Developing local "system maps" that delineate where practices could be improved to be more victim-centered;
- Participating in multidisciplinary sex offender management teams;
- Identifying promising practices in other jurisdictions and considering adapting or implementing those approaches in one's own jurisdiction; and
- Developing joint grant or funding proposals to address the shared goal of ending sexual victimization.

For more information about the Rhode Island model, contact Kimberly Maciel, Crime Victim Advocate with the Rhode Island Department of Corrections: kimberly.maciel@doc.ri.gov.

Hawai'i

Hawai'i, through its legislative mandate Statewide Sex Offender Management Team (SOMT) has a longstanding history of collaboration to promote consistent, evidence-based and promising sex offender management strategies. The SOMT includes criminal justice and sex offender management administrators and practitioners, including the courts, sex offender treatment providers, specialized supervision officers, and health department representatives – as well as victim advocates – from around the state. The SOMT has been responsible for ensuring that specialized training opportunities are open to representatives across agencies – including those who represent the perspectives and interests of victims – to support cross training and collaboration. The SOMT has developed a Master Plan to guide the treatment and supervision of sex offenders, and they are currently in the process of updating the Master Plan to reflect current research and best practices. In addition, the SOMT has developed statewide standards for the assessment, treatment, and overall management of sex offenders. Victim-centeredness and collaboration are among the underlying principles of the SOMT's efforts, recognizing that victim advocates' perspectives can help to ensure that victim-centered language, policies, and practices are included in this comprehensive plan and support effective treatment and management of sex offenders under community supervision. As part of this ongoing and evolving effort, a recently developed strategic plan will guide these expanding efforts over the next decade, and sexual assault prevention agencies will be asked to partner with other agencies (judiciary, parole, law enforcement, and prosecutors) to promote public education in order to help prevent additional instances of sexual assault. To this end, several agencies in Hawai'i have collaborated to produce "Shots" – a video project about sexual violence representing several different perspectives, including those of the victim and the offender. These

collaborations are designed not only to ensure victim-centered strategies to address sexual violence once it has happened, but also to support primary prevention.

For more information about the innovative work in Hawai'i, contact Leanne Gillespie, Coordinator of the Hawai'i Sex Offender Management Team: Leanne.N.Gillespie@hawaii.gov.

FOR MORE INFORMATION

To access additional resources and information about collaboration between sex offender management practitioners and sexual assault victim advocates, and on the issues of sex offender management and responding to sexual violence, please visit the following websites:

Center for Sex Offender Management

www.csom.org

National Sexual Violence Resource Center

www.nsvrc.org

Resource Sharing Project

www.resourcesharingproject.org

Association for the Treatment of Sexual Abusers

www.atsa.com

Office on Violence Against Women

www.justice.gov/ovw

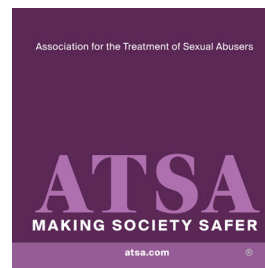
Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART)

www.smart.gov

Please contact Leilah Gilligan, Project Manager with the Center for Sex Offender Management, at lgilligan@cepp.com with questions about this document.

Promoting Collaboration Between Victim Advocates and Sex Offender Management Professionals: A Resource Package

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