

CENTER FOR SEX OFFENDER MANAGEMENT

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**The Comprehensive Assessment
Protocol: A Systemwide Review
of Adult and Juvenile Sex Offender
Management Strategies**

July 2007

PREPARED BY THE CENTER FOR SEX OFFENDER MANAGEMENT



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Jurisdictions across the country recognize clearly that the effective management of sex offenders requires more than supervision and treatment. Indeed, the effective management of sex offenders demands the thoughtful integration of these and other management components and, perhaps as importantly, ongoing collaboration among those who are responsible for carrying out these activities.

The Center for Sex Offender Management (CSOM) developed the *Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies (CAP)* to assist jurisdictions in the enhancement of their management approaches with this offender population. The CAP is a tool that, when used as designed, will guide its users through a deliberate and highly collaborative information-gathering and analysis process. It will identify with a high degree of specificity the strengths of a jurisdiction's sex offender management approach and the steps that can be taken to further enhance and strengthen its system.

► Introduction

The CAP: What it Is

The CAP is a tool designed to assist jurisdictions of all types and sizes – urban or rural, state, regional, county or tribal– to examine and improve their existing approaches to adult and juvenile sex offender management. The CAP is grounded in the theory that the complex nature of sex offending behavior and its management requires an informed, integrated, and comprehensive justice system response. The CAP is designed to assist jurisdictions who are committed to analyzing their sex offender management policies and practices thoroughly and using the data and information they collect through this analysis to identify and evaluate the strengths and gaps in their work with sex offender management across their criminal and juvenile justice systems, prioritize their identified need areas, and develop specific strategies to address those needs.

Populations Addressed by the CAP

The CAP addresses the effective management of adjudicated adult and juvenile male sex offenders. It is beyond the scope of this document to address adequately issues and challenges associated with female sex offenders, children with sexual behavior problems, and other special populations.¹

It should be noted that the term “juvenile sex offender” is used throughout this document for readability and economy of presentation to refer to youth who have been adjudicated for committing a sex offense. However, because data suggests that juvenile sex offenders are more amenable to changing their behavior, or desisting from criminal activity before becoming adults, it is important to be wary of the effects of labeling these youth as sex offenders.

The CAP as One Component of a Systemwide Assessment

The CAP is only one step in a much larger results-driven policy planning and implementation process outlined in the CAP’s companion document, *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners*². Users should be sure to address each of the following steps, as outlined in the Handbook, to take full advantage of the CAP:

- Establishing a multi-disciplinary collaborative team;
- Developing a vision for the future, and a mission for the team;
- Understanding current policy and practice, particularly in the context of a well-grounded understanding of the field of sex offender management;
- Assessing current policy and practice, and identifying targets for enhancement;
- Developing goals and objectives for carrying out change strategies; and
- Implementing and monitoring performance outcomes.

The *Handbook* provides information, guidance, and working tools to carry out each of these important steps, with one exception: the *Handbook* refers its users to this document, the CAP, for a summary of the most up-to-date literature and emerging practice in the field, and to conduct a jurisdiction-specific policy and practice analysis.

Prior to conducting the CAP, multi-disciplinary, collaborative teams are strongly urged to carry out the system analysis steps described in the Handbook. These pieces of work will lay a critical foundation for the work that the team will undertake in the CAP process and will result in:

- An analysis of the jurisdiction’s sex offender population that will provide important information about the volume of cases flowing through the criminal and/or juvenile justice system and the level of risk and criminogenic needs posed by the population.
- An inventory of the resources available to both offenders and victims of sexual assault, enabling the jurisdiction to identify the “match” between the needs of the population and the interventions available to service them.
- A “system map” describing the movement of cases through the criminal/juvenile justice system from arrest through post-release supervision. This map will promote a common understanding among team members about how the system operates, help to identify opportunities for efficient and increased communication, and facilitate future conversations about how best to integrate change strategies into the existing system.

The CAP: What it is Not

The CAP provides teams with a method to assess the strengths of their policies and practices against the most contemporary research and emerging practice in the field. In this way it is a working tool for self-assessment purposes. It has not been developed for use as an audit, or a method to find fault with the approach a particular jurisdiction is using. The CAP was not developed to provide protection from legal challenges. Neither was the CAP conceived of as a quick and easy assessment of one particular aspect of sex offender management. Rather, it is one part of a long-term strategic planning process that will help jurisdictions make the most informed and data-driven decisions about how to enhance public safety and prevent further victimization by improving their sex offender management strategies.

► *The Organization of the CAP*

The CAP describes five fundamental principles that represent the underpinnings of a “Comprehensive Approach” to adult and juvenile sex offender management. These principles are:

- Specialized knowledge and training;
- A victim-centered approach;
- Collaboration;
- Public education; and
- Monitoring and evaluation.

The Comprehensive Approach also highlights six key substantive areas of practice – or core components of a comprehensive sex offender management system. The CAP is organized around these core components:

- Investigation, Prosecution, and Disposition;
- Assessment;
- Supervision;
- Treatment;
- Reentry; and
- Registration and Community Notification.

In each section that pertains to these components, users will find:

- A narrative summary of the empirical research, other professional literature, and/or emerging practice relevant to adult and juvenile sex offender management. This information is provided as a foundation for teams conducting the CAP, to assure a common, well-grounded knowledge base among all members.
- A series of questions designed to assist jurisdictions to identify and understand their current policies and practices within each of the core components of sex offender management. These questions are separated into adult and juvenile categories, when applicable. The questions address both policy and practice issues, and ask teams to identify how commonly each set of practices is implemented in their jurisdiction (always or yes/typically/generally not/never or no). In some questions, only a “yes” or “no” response is appropriate, and “typically” or “generally not” answer options are not offered in these instances. Answers will point teams to those areas in which sex offender management practices are most – and least – consistent with the contemporary literature, and in turn, what their jurisdiction must address in order to improve its own practices.
- An extensive list of references, so that readers can seek additional information on sex offender management related topics.

► *Conducting the CAP*

Using the CAP as a Tool for Statewide, Regional, or Local Teams

The CAP was designed to meet the needs of teams of stakeholders examining sex offender management policy and practice at the state, regional, and/or local levels. The literature and policy and practice summaries — as well as the questions that follow these summaries — are germane to all sex offender management teams, regardless of size and scope. What may differ, however, is the composition of the teams, the approach teams will take in answering the questions, and the intended targets for change.

- **Local teams** are formed to assess and enhance policy and practice in a single jurisdiction (e.g., tribal jurisdiction, city, county).
- **Regional teams** are formed to assess and enhance policy and practice regionally. This approach is generally adopted by geographic regions that work closely together as a matter of course, share resources, and/or whose personnel (e.g., probation/parole officers, judges, prosecutors, treatment providers) work with more than one jurisdiction.
- **Statewide teams** are formed to assess and enhance policy and practice across an entire state. Given the extensiveness of the CAP (in terms of the range and depth of the substantive areas it addresses), conducting the CAP process statewide may pose both logistical and conceptual challenges. Following a careful review of the content of

the CAP, statewide teams should consider the approach that will best meet their needs. This might include: choosing to conduct the CAP in a limited number of ‘pilot’ jurisdictions that reflect the state’s geographic and population diversity, examining one offender population group (adults or juveniles) rather than both, or identifying methods to conduct the CAP across the entire state.

The *Handbook* provides guidance both on establishing teams to undertake this policy and practice work, as well as case studies reflecting the approaches three state, regional, and local jurisdictions have taken to this work.³

Preparatory Work

Establishing a Team

If a jurisdiction does not already have one in place, establishing a multidisciplinary team of professionals to conduct the CAP should be its first order of business. Team composition and early work activities of the team are described in depth in the *Handbook*. Teams should include individuals who will be responsible for leading and facilitating the group, coordinating the collection of data, and maintaining an accurate record of the group’s work.

Ensuring Adequate Leadership, Staff Support, and Team Commitment

As described above, the CAP will guide teams through the assessment of current sex offender management practices, one of the most challenging steps in a thoughtful planning and implementation process. In addition to establishing a team and completing the steps

THE CAP WILL GUIDE TEAMS THROUGH THE ASSESSMENT OF CURRENT SEX OFFENDER MANAGEMENT PRACTICES, ONE OF THE MOST CHALLENGING STEPS IN A THOUGHTFUL PLANNING AND IMPLEMENTATION PROCESS.

described in the *Handbook*, jurisdictions will also need to ensure that teams have:

- *Inspired leadership.* Teams will need to enlist a leader with the power, authority, and inspiration to convene the necessary participants and keep them involved, and to encourage other leaders to support the involvement of their agencies and staff. This individual should also have the skills necessary to lead people through collaborative team work sessions.
- *Sufficient staff resources.* Support staff must either be assigned from existing staff resources, or should be written into any proposals to support this assessment process (e.g., arranging meetings, facilitating work sessions, keeping accurate meeting records, collecting and analyzing data, etc.).
- *Commitment.* Participants will need to be prepared to attend and participate actively in meetings, and to seek out and contribute data and information.

Teams should understand from the outset that this process is both time consuming and labor intensive. Even with sufficient staff support, participants should be prepared for periods of intense involvement in data collection and analysis, and frequent committee and team meetings. The sharing of information and examination of gaps across agencies may demand significant meeting time, but will produce a wealth of information to which team members would likely otherwise not have had access.

Getting Started

Assuming that a team is in place and ready to engage in the policy and practice analysis process, these steps should be initiated to begin the work:

- *Review the team's vision, mission, and goals.* Without a vision for the outcome of the team's work and a roadmap to get there, team members may become frustrated or the work unfocused. Teams should ensure that members have a common focus and a shared commitment to the outcome.
- *Revisit the team's membership.* Teams should include all of the policymakers whose agencies affect or are affected by the management of sex offenders and can support and lead policy change; teams should also consider securing the participation of knowledgeable line staff who can answer questions about how policy is put into everyday practice.
- *Ensure that the team has the appropriate leadership and coordination in place to manage the work.* Teams should form a steering committee and/or core group of individuals to oversee the work of each subcommittee, when subcommittees are used for information collection and analysis.
- *Establish a results-driven structure.* The CAP will require adequate staff support and an efficient information collection and analysis system. Make sure that the team has a plan in place for how to ensure that the work can be completed.
 - *Consider establishing subcommittees to conduct the information collection portion of the CAP.* Some jurisdictions have completed the entire process together, using their regular meetings to identify data sources and answer questions. Most jurisdictions, however, have organized their subcommittees around the CAP sections (typically a subcommittee for each of the six substantive areas); others have created subcommittees around some of the basic principles (such as a victim-centered approach and public education). Some have decided to limit subcommittee membership to core team

members, while others have drawn on additional stakeholders (external to the team) to conduct the subcommittee work. How teams organize themselves will depend on the time and personnel available, and the preferred work style and culture of team members. The important issue is to ensure that information is collected and analyzed systematically, and is shared with the entire team.

- *Ensure that the work is coordinated and managed effectively.* Teams should enlist a person (the team’s leader and/or coordinator usually fulfills this role) or small group of people to ensure that questions in each component are being answered and that information is being shared across subcommittees.
- *Skim the CAP in its entirety.* Teams should get an idea of the types of questions that are asked, so that they are adequately positioned to start the work.

Subcommittee Work

When each individual subcommittee (or the entire team, if that is the method chosen) is ready to begin work on their sections of the CAP, consider the following suggestions:

- *Elect one person to be the “chair” of each subcommittee.* This person should be responsible for calling their subcommittee together, facilitating their meetings, keeping the smaller group on task, and sharing information with the larger group to ensure that the whole team is informed about their section’s work.
- *Task each member of the subcommittee with becoming expert in their core component area(s).* Then, create the expectation that the subcommittee will accept as part of its role to educate the full team members on

their topic. In the end, all members of the team will ideally be knowledgeable about each component of sex offender management.

- *Create mixed discipline subcommittees.* For example, do not assign only those team members who are involved in supervision to the Supervision subcommittee. Doing otherwise will provide a unique opportunity for cross-disciplinary learning, and will assure that there are checks and balances in the group’s information collection and analysis process.
- *Members of each subcommittee should review the relevant section of the CAP in its entirety, including the narratives and the questions, prior to their first meeting.* At the first meeting, subcommittee members should plan to review each question to determine what information will need to be collected in order to answer the question, where it can be found, and who can provide access to it. The point of the first meeting should not be to answer the questions, but to develop a strategy for answering the questions and developing a detailed workplan and timeline that can be shared with the entire team.

Subcommittees should continue to meet through the information collection and analysis process to ensure that the work is being carried out as planned, data is recorded in a useful manner, and difficulties with the information collection and analysis process are addressed early.

At the conclusion of the subcommittee’s work, the committee should be prepared to present its findings and recommendations to the entire team.

If a team chooses to work together on all of the component sections rather than working in subcommittees, a workplan and timeline for each section should be developed. Dividing the work among individual group members and

encouraging them to answer the questions independently – without at least processing them with the team – is not recommended. Doing so will provide only one person’s perspective, and is unlikely to give an accurate or comprehensive picture of policy and practice across the jurisdiction.

Guidance for Team Members about Answering the CAP Questions

It is important to consider each question as an opportunity to better understand the jurisdiction’s current sex offender management system, not as a task to accomplish quickly. After all, an ill-informed action plan is unlikely to change policies and practices in a way that will enhance public safety. The quality of the information collected will have tremendous bearing on the final work product of the team.

The information gathering process should be used as an opportunity to talk to others outside of the team structure, to educate them on the vision, mission, and goals of the policy team, and to learn their perspectives on the strengths and gaps in the current management approach. Doing so is likely to elicit valuable information that will facilitate the team’s analysis process, and to engender long-term support for the team’s work.

The following additional guidance is offered:

- *Decide how best to answer the questions in the CAP based upon the scope of the effort.* Obviously, attempting to answer the CAP questions for every county in a state can be daunting, particularly if practice varies widely from county to county. Some states have created surveys based on the CAP questions that have been sent to each coun-

IT IS IMPORTANT TO CONSIDER EACH QUESTION AS AN OPPORTUNITY TO BETTER UNDERSTAND THE JURISDICTION’S CURRENT SEX OFFENDER MANAGEMENT SYSTEM.

ty to answer (and those answers have been tabulated into a cohesive document about statewide practice); others have sampled a variety of representative jurisdictions in order to answer the questions. Either approach is viable, depending upon what it is the state hopes to learn or change as a result of the assessment process.

- *Do not rely solely on the expertise of subcommittee members to answer the questions.* If needed, subcommittees should feel free to call upon practitioners outside of the group to answer the CAP questions. Additionally, committees should seek concrete evidence to support the response to each question (e.g., reviewing completed PSI reports to evaluate their content, or reading the sex offender treatment provider’s manual to understand the treatment philosophy and approach to delivery of services).
- *Review of documents, followed by discussions with line staff, followed by observation, will prove to be the most reliable source of information.* A review of law enforcement’s written policies and procedures for community notification, followed by discussions with law enforcement personnel regarding how the notification process is carried out, followed by observation of one or more actual notifications (e.g., attending a community meeting, accompanying officers on a door-to-door notification) will provide additional corroboration to one person’s anecdotal experience. Whenever possible, documents that support the team’s findings should be gathered and multiple forms of

information collection (document reviews, interviews or focus groups, and observation) will net the best results.

- *Expect variability in practice.* It is not unusual to find that there is lack of uniformity within a jurisdiction with some practitioners or agencies doing things one way, and others doing it completely differently. With this kind of information, the CAP can help teams to achieve increased consistency in practice. Teams should decide together how to score items in which variability in practice exists.
- *In those cases where numerous individuals are involved in carrying out a particular function, committees might consider convening a focus group to understand the variety of approaches in use.* For example, it might be helpful to identify those prosecutors handling sex offense cases and interview them together in a focus group format to understand their management of these cases, rather than relying on the experience of one treatment provider or individually interviewing a number of treatment providers. This approach can be particularly helpful when conducting the CAP on a regional or statewide basis.
- *Team members should learn more about the basis for the policies currently in operation.* Subcommittee members should seek out the chief policy maker(s) in each substantive area in an effort to better understand the basis for policies (whether written or informal) and their operationalization.

As noted previously, team members should work closely together to answer the questions posed in the CAP. Scores should be derived as a result of a collaborative decisionmaking process among team members. The score ascribed to any particular item is much less important than the process the team uses to determine the score. Making a distinction between ‘typically’ and ‘generally not’ for any given question, for example, is not as important as the resulting conversation about critical system gaps and needs.

► **Processing the Findings of the CAP**

The team’s assessment of current sex offender management policy and practice will result in a large body of data and information about their system. During the process, teams will have examined their current policies and practices, case flow process, and offender population and resources. After having carefully considered this data and information, subcommittees (or the team as a whole) should document and share with one another their learnings. At this stage in the process, teams often schedule a “retreat” in order to allow sufficient time to synthesize all that they have learned together as a group, discuss strengths, identify priority gaps, and establish implementation priorities. If subcommittees have been working on the CAP components, they should present their findings to the full team in a structured and organized fashion.

The team will need to consider how these factors may influence their work on their needs and challenges, and determine the most appropriate order in which to address their needs and challenges.

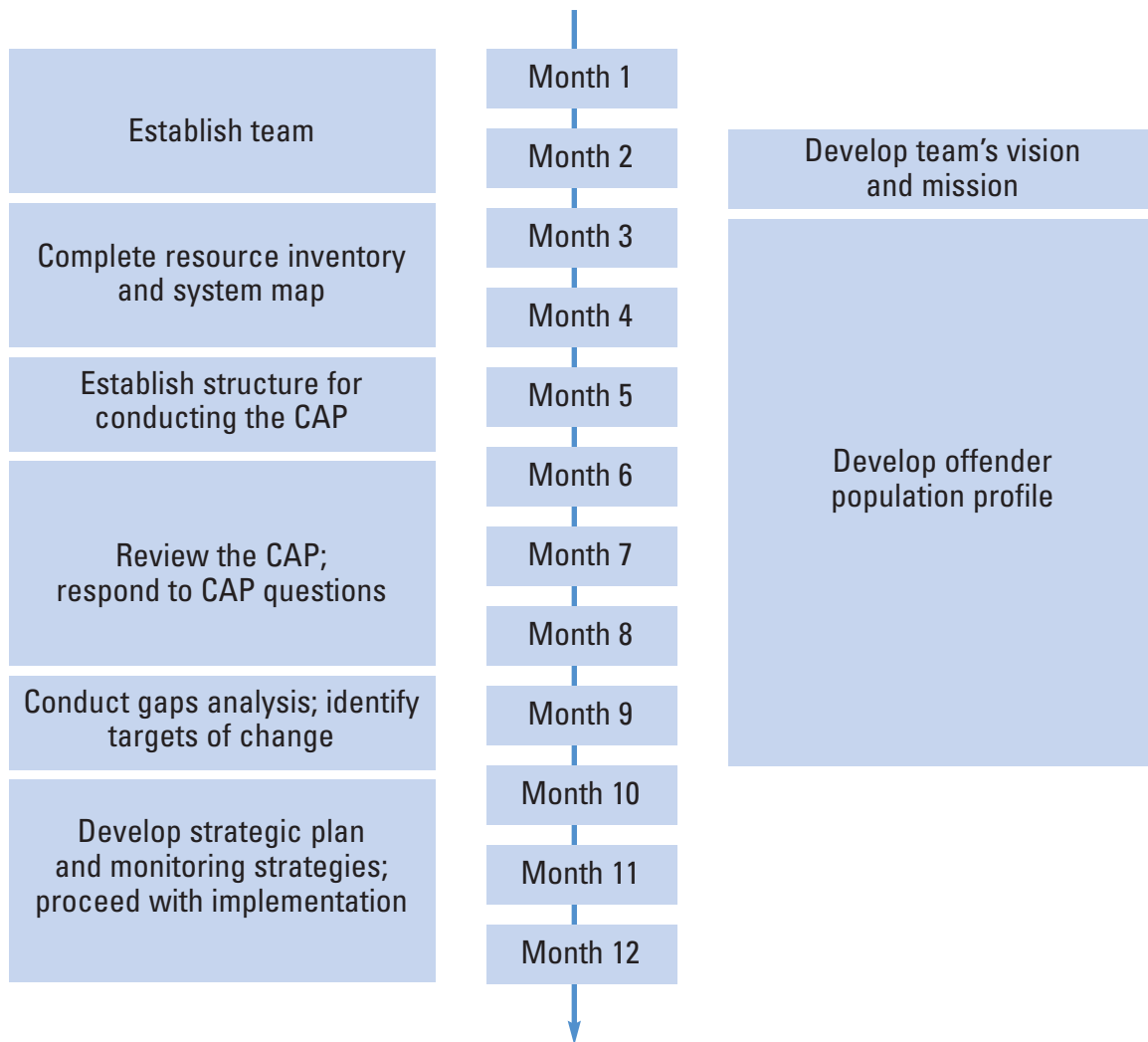
In addition, the subcommittees work worked on the various sections of the CAP will have iden-

THE SCORE ASCRIBED TO ANY PARTICULAR ITEM IS MUCH LESS IMPORTANT THAN THE PROCESS THE TEAM USES TO DETERMINE THE SCORE.

tified a variety of noteworthy strengths and assets related to how the jurisdiction manages sex offenders. Therefore, another important task for the larger team will be to examine how these strengths can be further enhanced, and how they may be utilized to address the identified needs and challenges. For example, if a jurisdiction identifies the presence of well-trained, specialized treatment providers as a strength, and a lack of specialized training among probation and parole staff as a high priority gap, it is possible that the clinicians may be very helpful training resources for supervision officers.

► *Implementation and Monitoring*

A critical activity that must occur prior to implementation is the translation of the team's processing of the CAP findings into a comprehensive strategic plan. This plan should include the specific activities that will be undertaken to address the team's high priority needs and challenges, and the ways in which team members will capitalize on the strengths that have been identified. Many teams have found it to be very helpful to assign members to specific tasks and to establish deadlines for their completion. This promotes shared ownership over



the implementation process and ensures that policy and practice changes will be made in a timely manner. Please see the *Handbook* for additional guidance and information regarding the development of a strategic plan.

In addition to creating and implementing a thorough, time-specific plan of action with specific team member assignments, it is necessary for the team to forge strategies to assess over time the impact of the changes that are made.

Ideally, both process and outcome evaluations are conducted so that the team is able to demonstrate the positive effects of their efforts and, in so doing, secure additional support and funding for management strategies that have been demonstrated to "work." For more information about developing a monitoring plan, please refer to the Handbook.

► *Timeline*

The timeline for completing this policy and practice analysis process varies between jurisdictions, depending upon the team's readiness, access to staff support and data, and other factors. The diagram on the previous page reflects an example of a timeline for completing a comprehensive assessment of a jurisdiction's sex offender management system, including conducting the CAP. Obviously, this timeline will be adjusted based on the particular jurisdiction's limitations (e.g., a statewide system assessment is likely to take longer than an assessment of a local system, or jurisdictions with automat-

ed data collection systems across all agencies are likely to be able to collect information more quickly).

► *Conclusion*

Virtually all of the jurisdictions that undertook this process as part of the CAP pilot found that they learned more about their system than they ever expected possible. As a result, they each implemented strategies that promised to achieve their ultimate outcome: reducing victimization in their communities. Perhaps not surprisingly, most of these teams remain in place today. Where they once came together as an assemblage of individuals involved in some way in the management of sex offenders, or united for a short time to take on a specific task, they became, over time, the local experts on the research in this field, and on the practices within their jurisdictions. Almost universally, these teams have come to envision a much larger role for themselves than simply conducting an assessment and implementing a few changes. Instead, they have adopted a much broader mission: to oversee the system that manages this offender population, and to do what they can to assure no more victims.

► *Contact Us*

Please contact askcsom@csom.org with any questions about how to use the CAP to effect change in your jurisdiction.

¹ See the *Additional Resources* section of this document for a reference list that addresses these offender populations.
² See the *Handbook* for specific questions and tasks related to each step; this document can be downloaded from <http://www.csom.org/pubs/managehandbook.pdf>.
³ Appendix 4 of the *Handbook* includes three case studies of jurisdictions who participated in the pilot test version of the CAP from 2003-2005. The case studies describe the work of these local, regional, and statewide teams in conducting the CAP.

The Comprehensive Approach to Adult and Juvenile Sex Offender Management: An Overview

► Introduction

Sexual victimization remains a significant and pervasive problem throughout the United States. It is estimated that one in every five girls and one in every seven boys are sexually abused by the time they reach adulthood (Finkelhor, 1994). Moreover, one in six adult women and one in every 33 adult men experience an attempted or completed sexual assault in their lifetimes (Tjaden & Thoennes, 2006).

While it is commonly believed that sexual assaults are committed by strangers, in actuality, the overwhelming majority of sexually abusive individuals victimize children, adolescents, and adults who are known to them (Catalano, 2005; Kilpatrick, Edmunds, & Seymour, 1992; Snyder & Sickmund, 2006; Tjaden & Thoennes, 2006).

Because of the intensely personal nature of sexual victimization and the unique dynamics involved in these cases, these crimes tend to remain underreported and largely undetected. Victims report rape, sexual assaults, and other types of sexual abuse to authorities at an exceptionally low rate (Catalano, 2005; Kilpatrick et al., 1992; Tjaden & Thoennes, 2006). Additionally, victimization studies reflect that in the rare event that a victim who knows his or her perpetrator does report their victimization, they are significantly less likely to report subsequent victimizations (Kilpatrick et al., 1992). Thus, it cannot be assumed that the absence of new allegations translates into the

absence of additional sexually abusive behavior. Taken together, these reporting trends serve as an important reminder to stakeholders involved in sex offender management efforts: the adult and juvenile sex offenders who come to the attention of authorities represent only a fraction of all sexually abusive individuals.

A commonly held myth by members of the public, some policymakers, and even some practitioners in the field is that there is a finite set of characteristics that can identify “the sex offender.” In reality, however, experts in the field have long argued that this is not the case, and that no such profile exists (see, e.g., Becker & Murphy, 1998; Marshall, 1996; Hunter, 2006). Rather, adult and juvenile sex offenders are heterogeneous groups; they can be male or female, adult or juvenile. Their crimes range from “hands off” offenses (e.g., exhibitionism, voyeurism) to “hands on” offenses (e.g., fondling, forcible rape). Moreover, their pathways to offending, intervention needs, and level of risk are varied. Just as the individuals who commit sex offenses

PATHWAYS TO OFFENDING, INTERVENTION NEEDS, AND LEVEL OF RISK ARE VARIED.

are diverse, so are the victims they target. Beyond their varied demographics, victims differ in terms of the impact that victimization has on them, their needs for intervention, and their desires to participate in the justice process.

At this point, a clear understanding of the etiology of adult and juvenile sex offending behaviors

remains lacking. Researchers and theorists agree that no single factor or simple combination of factors can fully explain the initiation or continuation of sex offending among juveniles or adults. Contemporary theories suggest that it is a complex and multifaceted issue (see, e.g., Barbaree & Marshall, 2006; Ward, Polaschek & Beech, 2006). As such, efforts to prevent sexual victimization and ensure community safety must be multifaceted – a “one size fits all” strategy will be both inefficient and ineffective.

► *Contemporary Sex Offender Management Strategies*

Acknowledging that that no single agency or entity can adequately address the complexities of managing adult and juvenile sex offenders, experts have long emphasized the critical need to develop coordinated, integrated, and multi-disciplinary responses (see, e.g., ATSA, 2005; English, Pullen, & Jones, 1996; NAPN, 1993; Ryan & Lane, 1997). Most recently, two key models have emerged in the field: The Containment Approach (English et al., 1996) and the Comprehensive Approach to Adult and Juvenile Sex Offender Management (see Carter, Bumby, & Talbot, 2004).

The Containment Approach

The Containment Approach is a widely recognized and influential model for the specialization of sex offender management. Addressing both philosophy and practice, the model pro-

poses five key elements as central to the effective management of sex offenders in the community. These include emphases on an overall philosophy and goal of community and victim safety, sex offender-specific containment strategies, interagency and interdisciplinary collaboration, consistent public policies, and quality control (English et al., 1996.) The Containment Approach postulates that by working together as a cohesive team, treatment providers, supervision officers, and polygraph examiners can effectively “contain” sex offenders as a means of promoting offender accountability and ensuring victim safety.

The Comprehensive Approach to Adult and Juvenile Sex Offender Management

Building upon the seminal work of English and her colleagues, the “Comprehensive Approach” – the framework for this systemwide assessment protocol – was developed in an effort to expand current thinking about how to most effectively manage this challenging offender population. Like the Containment Approach, the Comprehensive Approach recognizes the complex nature of adult and juvenile sex offending and the need for key system stakeholders to facilitate accountability, rehabilitation, and victim and community safety throughout all phases of the justice system. However, the Comprehensive Approach reaches beyond the primary focus on the treatment-supervision-polygraph triad, and expands to include a strategy that includes a broader sphere of influence.

THE COMPREHENSIVE APPROACH RECOGNIZES THE COMPLEX NATURE OF ADULT AND JUVENILE SEX OFFENDING AND THE NEED FOR KEY SYSTEM COMPONENTS TO FACILITATE ACCOUNTABILITY, REHABILITATION, AND VICTIM AND COMMUNITY SAFETY THROUGHOUT ALL PHASES OF THE JUSTICE SYSTEM.

Specifically, the Comprehensive Approach highlights the critical importance of six core components:

- Investigation, Prosecution, and Disposition;
- Assessment;
- Supervision;
- Treatment;
- Reentry; and
- Registration and Community Notification.

However, none of these components – in and of themselves – is sufficient in scope to address the magnitude and complexity of the problem. Nor are they considered as linear or unidirectional process; rather, the core components are highly interrelated and interdependent, each having implications for one another and the system as a whole. The Comprehensive Approach is, therefore, designed to represent the synergy created by the activities of a wide

range of stakeholders, all of whom share the common goal of reducing sexual victimization.

In addition, the Comprehensive Approach is grounded by five fundamental principles (victim-centeredness, specialized knowledge/training, public education, monitoring and evaluation, and collaboration) that reflect both a driving philosophy and a method of practice. When woven throughout each of the components, the model becomes a seamless whole.

Overall, the Comprehensive Approach addresses three critical questions:

- What should be done to manage sex offenders effectively?
- Who should be involved in sex offender management?
- How should we approach this work?



The first two questions are addressed by the core components; the final question is answered by the fundamental principles.

► *Fundamental Principles of the Comprehensive Approach*

Victim-Centeredness

In more traditional approaches, professionals responsible for the management of adult and juvenile sex offenders were offender-focused, with primary emphases on the development of treatment and supervision strategies to address the identified risk and needs of offenders in order to reduce the potential for reoffense. While the recognition of victims was generally implicit, there tended to be little evidence of explicit consideration and responsiveness to the needs and interests of the victims throughout the various aspects of the sex offender management process. Increasingly, however, professionals involved in sex offender management have made dedicated efforts toward addressing the risk and needs of offenders while concurrently prioritizing the needs and interests of victims (CSOM, 2000b; D'Amora & Burns-Smith, 1999; English et al., 1996). Referred to as victim-centeredness, adherence to this principle ensures that sex offender management strategies do not overlook the needs of victims, re-traumatize or otherwise negatively impact victims, or inadvertently jeopardize the safety of victims or other community members.

Criminal and juvenile 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 decisionmaking at all

phases of the management process, and strive to ensure that the impact 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 to the management of sex offenders (CSOM, 2000b, 2002; D'Amora & Burns-Smith, 1999; English et al., 1996).

Specialized Knowledge

The sex offender management field is ever-evolving. Indeed, within the past several years alone, significant advances relative to research, theory, and practice have increased professionals' understanding of critical issues for both adult sex offenders (see, e.g., Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005; Ward et al., 2006) and juveniles who have committed sex offenses (see, e.g., Barbaree & Marshall, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003, 2004; Longo & Prescott, 2006). Without a doubt, sex offender management has emerged as a highly specialized area within the criminal and juvenile justice fields. As such, all professionals who have a role in the process must possess specialized knowledge about sex offenders, victims, and effective interventions, and should make ongoing efforts to remain abreast of emerging research and promising practice in the field of sex offender management. Such knowledge is critical to facilitate informed and responsible decisionmaking by all parties, at all levels, and throughout all aspects of the offender management process.

In the absence of specialized knowledge, none of the components of the Comprehensive Approach can be implemented effectively or responsibly. Law enforcement agents and other

investigators require specialized knowledge about offenders and victims to ensure that – from the point of victims’ disclosures – the investigative process is conducted in a manner that reflects victim sensitivity, promotes the thorough collection of evidence, and facilitates the successful prosecution of cases. Prosecutors, defense attorneys, and judges need specialized knowledge to make informed decisions relative to the prosecution, adjudication, and sentencing/disposition phases in order to understand the impact of sex offenses on victims and to provide support for the interventions necessary for offender accountability, rehabilitation, and community safety. Supervision officers and mental health professionals require specialized knowledge to conduct appropriate and comprehensive assessments of offenders and to ensure that the strategies and interventions utilized will maximize the likelihood of reducing recidivism and ensuring safe communities. Community support networks, victim advocates, and other professionals must be specially trained about adult and juvenile sex offender risk factors and management strategies in order to ensure more effective and responsive participation in the offender management process. Policymakers and key decisionmakers need specialized knowledge in order to effectuate consistent and well-informed laws and policies that will afford practitioners the ability to balance offender accountability, rehabilitation, and victim needs and interests to promote public safety.

Public Education

Historically, sex offending has been considered the exclusive problem and responsibility of the criminal or juvenile justice systems with the general public remaining largely absent from a comprehensive approach to offender management. However, sex offending is perhaps best

viewed as a community problem; indeed, the notion of viewing sex offending by adults and juveniles as a public health problem (see, e.g., Berlin, 2000; Laws, 2003; McMahon & Puett, 1999). Just as efforts directed toward reduction of smoking, alcohol and drug abuse, automotive safety, and safe sexual practices have been more successful when addressed using a public health model, the strategy of addressing sexual assault from a public health perspective may enhance prevention efforts as well (Berlin, 2000; Laws, 2003; McMahon, 2000; McMahon & Puett, 1999; Wurtele, 1999). When considered as a public health issue, sex offending becomes a broad societal concern that requires active involvement and attention from the public at large.

Before the public can be engaged fully, they must receive accurate information. Presently, a variety of myths and misperceptions about adult and juvenile sex offenders and victims are widespread in communities throughout the nation. In part, this misinformation has fueled considerable negative sentiment, demands for increasingly punitive strategies, and a proliferation of restrictive sex offender-specific legislation – many of which have created additional challenges for those responsible for management efforts. As evidenced by these trends, in the absence of accurate information, public opinion and negative public sentiment can exacerbate existing barriers. Therefore, the key stakeholders who represent the core components of the Comprehensive Approach must take active steps to dispel myths about sex offenders and educate the public about the nature of sexual victimization, who is most likely to be targeted and by whom, and how effective management strategies can increase community safety and prevent further victimization.

Educating and partnering with the public increases community capacity in new and

THE GOALS OF EFFECTIVE SEX OFFENDER MANAGEMENT EFFORTS ARE TO REDUCE RECIDIVISM AND PROMOTE POSITIVE OUTCOMES FOR VICTIMS AND OFFENDERS.

important ways. Through their ability to inform, guide, and influence community leaders and policymakers, an educated public can have a profound impact on effective sex offender management (CSOM, 2000c). Moreover, from a public health perspective, an educated public can expand traditional offender management efforts through an emphasis on primary prevention in the community.

Monitoring and Evaluation

The goals of effective sex offender management efforts are to reduce recidivism and promote positive outcomes for victims and offenders. If successful, the result will be safer communities. If unsuccessful, community safety may be compromised, which in turn can translate into additional victims. The critical nature of this work, therefore, demands the incorporation of formalized monitoring and evaluative processes to ensure the integrity, quality, and efficacy of current interventions and strategies (English et al., 1996, 2003). Program monitoring and evaluation are perhaps best accomplished through the utilization of process and outcome examinations. Process reviews focus on the integrity of the service delivery system by examining the types of interventions and strategies delivered, population(s) served, and manner in which services are provided, including adherence to philosophies, policies, and procedures. Outcome evaluations provide important information about the efficacy of the programming, thus guiding potentially necessary program modifications. Put simply, process evalu-

ations examine what is delivered, how it is delivered, and how well it is implemented, whereas outcome evaluations assess whether and how much the services impact the overall program goals (e.g., enhanced functioning, reduced recidivism).

Funding decisions, resource deployment, legislative and policy decisions, offender success, public support, and community safety are all reliant on sound programming and services – and the data which demonstrates that they “work.” In the absence of monitoring and evaluation processes, incorrect assumptions are often made about the integrity and efficacy of interventions, which may ultimately have an unintended detrimental impact on victims, offenders, and community safety. Therefore, as the field evolves, the stakeholders responsible for the core components of the Comprehensive Approach must ensure that policies and practices are informed by, measured against, and adjusted in accordance with the contemporary research and practice literature.

Collaboration

For decades, criminal and juvenile justice systems and community agencies worked independently – and sometimes at odds with each other – in their efforts to manage sex offenders and protect victims. Not surprisingly, these fragmented efforts have been largely inadequate (CSOM, 2000a, 2000d, 2002; D’Amora & Burns-Smith, 1999; English et al., 1996). To ensure a more comprehensive, consistent, efficient, and effective approach to adult and juvenile sex offender management, collaboration is vital (ATSA, 2005; Berlin, 2000; CSOM, 2000a, 2000d, 2002; D’Amora & Burns-Smith, 1999; English et al., 1996, 2003; McGrath et al., 2003; NAPN, 1993). Collaboration requires agencies and individuals to recognize the importance of

diverse perspectives, share resources, and make a commitment to work together to enhance capacity toward attainment of a common goal.

While collaboration among supervision officers and treatment providers is essential to managing sex offenders, the Comprehensive Approach recognizes that a host of other justice system and community agencies and organizations must be included. In order to build successful collaboratives, it is critical to identify and include those individuals and agencies that affect or are affected by sexually abusive individuals, in order to ensure that their unique roles and perspectives can be considered within the context of a broader system. For effective sex offender management, collaboration is necessary on both policy and case management levels. At the policy level, key decisionmakers oversee the development of consistent policies and procedures, secure and deploy necessary resources, and provide critical support to individuals at the case management level. Collaboration on the case management level promotes effective day-to-day offender management through consistent information-sharing and the utilization of comprehensive data to inform decisionmaking. Moreover, collaboration fosters mutual understanding and support for the various components of the sex offender management process and creates an expanded network of informed and dedicated individuals to assist offenders and victims. Ultimately, collaboration results in more successful outcomes, as professionals involved in the management of these offenders can accomplish more together than when working independently.

COLLABORATION IS NECESSARY ON BOTH POLICY AND CASE MANAGEMENT LEVELS.

► *Key Components of the Comprehensive Approach*

As covered extensively in the individual sections that comprise this protocol, the key components provide the “substantive” foundation of the Comprehensive Approach, as highlighted below.

Investigation, Prosecution, and Disposition

The investigation, prosecution, and disposition of sex crimes is a key phase in the process because it sets the stage for the remainder of offenders’ contact with the criminal or juvenile justice system. As such, law enforcement and child welfare investigators require specialized knowledge about these types of cases and must collaborate with other key professionals involved in the investigative process; this will ensure that prosecutors have a well-informed basis for charging decisions and can more effectively bring these cases to resolution (see, e.g., APRI, 2003; Holmgren, 1999). Throughout the process, prosecutors must be committed to assuring victim-centeredness, considering carefully the potential implications of plea negotiations, and promoting accountability – all while balancing due process issues for defendants (see, e.g., Holmgren, 1999, Strate, Jones, Pullen, & English, 1999). Finally, when presiding over these challenging cases, judges can benefit from understanding the contemporary literature that has specific relevance to their day-to-day decisionmaking (see, e.g., Bumby & Maddox, 1999; English et al., 1996). In addition, by receiving specialized assessment information about individual offenders, judges are better positioned to make informed disposition

decisions that can enhance the system's overall ability to effectively manage adult and juvenile sex offenders (Holmgren, 1999).

Assessment

The diversity of adult and juvenile sex offenders requires that management decisions throughout the system and across agencies are informed by comprehensive assessment information. Using specialized and empirically-supported tools to identify risk levels and dynamic risk factors, and through collaboration and sharing of critical information, stakeholders are able to make assessment-driven decisions at specific points in time and on an ongoing basis that will enhance sex offender management efforts. Put simply, assessment is the key to informed decisionmaking.

Supervision

Specialized sex offender supervision is a hallmark of effective adult and juvenile sex offender management. The key tenets of specialized supervision include specialized knowledge and training to facilitate the management of specialized caseloads; assessment-driven case management plans with individually-tailored conditions of supervision to enhance offender accountability, victim protection, and community safety; and sex offender-specific supervision strategies (e.g., surveillance, use of external supports, polygraph) that are implemented based on level of risk (see, e.g., Cumming & McGrath, 2005; English et al., 1996; NAPN, 1993). Furthermore, the supervision of sexually abusive individuals requires collaboration among criminal justice system stakeholders, treatment providers, victim advocacy professionals, and others to ensure that decisions at all levels are informed by multiple sources of

information and a broader set of perspectives (see, e.g., Cumming & McGrath, 2005; English et al., 1996; NAPN, 1993).

Treatment

Because current research reveals that adult and juvenile sex offenders who receive treatment recidivate at lower rates than those who do not (see, e.g., Hanson, et al., 2002; Lösel & Schmucker, 2005; Reitzel & Carbonell, 2006), treatment plays an important role in promoting the success of these individuals and enhancing public safety. To be most effective, the nature, intensity, and targets of treatment should be assessment-driven, developmentally appropriate, and guided by the research about "what works" for adults and juveniles. Further, treatment cannot occur in isolation; providers must collaborate with other stakeholders to make sure that interventions are informed by a more complete "picture" of the individuals who are involved in the treatment process (see, e.g., Carter et al., 2004; Cumming & McGrath, 2005; English et al., 1996; NAPN, 1993).

Reentry

For the adult and juvenile sex offenders who are placed in correctional facilities or residential programs, planning for release should begin at the point of entry (see, e.g., Bumby, Talbot, & Carter, in press; CSOM, 2007; Spencer, 1999). This ensures that strategies to address any assessed needs and identified barriers to effective community reintegration can be developed well in advance of release. Collaboration between the key stakeholders involved within facilities and those in the community provides critical opportunities to promote continuity of interventions and a seamless and effective transition to the community.

Registration and Community Notification

Sex offender registries are, in large part, designed to offer law enforcement and community supervision officers a means of monitoring sex offenders and as an additional tool for investigating sex crimes. This is contingent upon maintaining thorough, accurate, and current information about the individuals on these registries (see, e.g., Matson & Lieb, 1996). The primary goal of community notification is to provide a mechanism through which citizens can become more aware of the sex offenders who are residing in their communities. Jurisdictions are encouraged to consider different levels of notification based on level of risk, and to incorporate multi-disciplinary public education efforts into notification practices in an effort to reduce unintended consequences (see, e.g., ATSA, 2005; Carter et al., 2004; CSOM, 2001). And for both registration and community notification, it is particularly important to consider how these laws are applied to juveniles, given what is known about the differences between adult and juvenile sex offenders, the low recidivism rates of these youth, and the potential for collateral consequences (see, e.g., Letourneau & Miner, 2005; Letourneau, 2006; Zimring, 2004).

► *Conclusion*

The problems of sexual victimization and sex offending are multifaceted and cross a wide range of disciplines and agencies. As such, strategies to address these issues must include the key agencies, organizations, entities, and individuals who have a stake and role in adult and juvenile sex offender management. The Comprehensive Approach addresses a wide spectrum of critical issues, in terms of principles, policies, and practices. Moving beyond more traditional and sometimes fragmented and inconsistent responses, it connects each of the essential components of a multi-disciplinary, collaborative, and systemic model. The Comprehensive Approach offers a promising and well-grounded framework upon which jurisdictions can consider the informed integration of policies and practices to promote the shared goal of ensuring victim and community safety.

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Investigation, Prosecution, and Disposition

► Overview

Few other types of crimes are the focus of as much attention and scrutiny as sex offenses, particularly with respect to the prosecution and ultimate disposition of these cases. Increasingly over the past several years – and largely as a function of heightened media attention – the public, victims and their families, and other key stakeholders are demanding increased accountability measures for sex offenders as a means of promoting public safety. Included among these expectations are longer sentences, harsher punishments, tighter supervision restrictions and, perhaps to a lesser degree, rehabilitative services for the individuals who commit these crimes.

Unfortunately, the handling of adult- and juvenile-perpetrated sex offense cases is not always informed by current research and accurate information, whether about victims, offenders, or effective management strategies. Because misinformation, myths, and biases can impact the ways in which sex offense cases progress through the system, specialized education is critical for all stakeholders involved in offender management efforts to ensure that policies and practices throughout the system are well-informed (English, Pullen, Jones, & Krauth, 1996; Holmgren, 1999). This is particularly salient during the early phases of the criminal justice process, during which practitioners are responsible for addressing multiple objectives, including the following:

- Delivering supportive and other necessary services to victims of sex offenses, beginning at the point of disclosure and continuing through subsequent court proceedings;
- Collecting critical forensic evidence, some of which is unique to crimes of a sexual nature;
- Ensuring due process for defendants;
- Resolving cases swiftly, fairly, and effectively; and
- Making informed disposition decisions that hold adult and juvenile sex offenders accountable, facilitate successful outcomes for victims and offenders, and promote community safety.

Of the multiple facets of a comprehensive and integrated approach to sex offender management, the investigation, prosecution, and disposition components are the most under-represented in the professional literature. As such, practices vary considerably both within and across jurisdictions. This limits the ability of the system to meet the aforementioned objectives and establish a solid framework for initial and ongoing management efforts.

Therefore, as jurisdictions examine the ways in which these types of cases proceed from the point of investigation and through the prosecution and disposition phases, close attention must be paid to the degree to which well-informed and consistent policies and practices are in place. This provides an important opportunity to enhance the quality and integrity of the process overall.

► *Investigation*

Because they are often the first to have contact with alleged victims and offenders, law enforcement officers and child welfare personnel play a key role in ensuring that quality investigations are conducted. Investigations are most effective when professionals are guided by specialized knowledge, sensitive to the needs and interests of victims, and committed to multidisciplinary collaboration.

Specialized Training

Without question, investigating sex crimes poses unique challenges for law enforcement and child welfare agencies (see, e.g., APRI, 2003; English et al., 1996; Hazelwood & Burgess, 2001; Myers, et al., 2002; Turvey & Savino, 2004; Vieth, Bottoms, & Perona, 2006). Included among these challenges are the dynamics of sexual victimization and the impact that it has on victims' disclosures and willingness to participate fully in the investigative process. In addition, the physical evidence distinct to sex crimes and, in many instances, the lack of corroborating evidence, create unique barriers to these investigations. And when children are the alleged victims, developmental issues (e.g., age, verbal abilities, memory, suggestibility) further complicate the investigative process.

Professional biases and stereotypes about victims and offenders can also influence the ways in which these cases are investigated. For example, research indicates that there is a significant association between a variety of victim-related factors and decisionmaking by law enforcement agencies (see, e.g., APRI, 2003; Myers et al., 2002; Simon, 2003). Specifically, familiar victim-offender relationships in rape cases and delays in reporting by victims of rape and other types of sexual abuse can lead to increased skepticism

on the part of investigators. When investigators question the credibility of a victim's report, the likelihood of a rigorous investigation is markedly reduced. Consequently, charges may not be filed and cases may not be prosecuted fully, even when the allegations are founded.

When juveniles are the focus of investigations, myths and misperceptions can impact the ways in which law enforcement, child welfare, and juvenile court personnel respond to allegations of sexual victimization. Indeed, for many years, juvenile-perpetrated sex crimes were largely overlooked, minimized, or dismissed because of widespread and uninformed sociocultural and professional attitudes, including a "boys will be boys" mentality and the belief that sexually problematic behaviors were simply a normal phase out of which adolescents would grow (Bala & Schwartz, 1993; Heinz & Ryan, 1997; NAPN, 1993). Law enforcement and child welfare officials have since begun to take allegations involving youthful offenders much more seriously. But unfortunately, in some instances, non-sexually abusive youth are now being referred for investigation and ultimately mislabeled as "dangerous sex offenders." This is, in part, a reflection of a limited understanding on the part of stakeholders from law enforcement and child welfare officials about sexual behaviors among adolescents, the difficulties these professionals experience in differentiating nominative inappropriate sexual conduct among youth, and a lack of knowledge about the differences between adults and juveniles who engage in sexually abusive behavior (see, e.g., Becker & Hicks, 2003; Chaffin, Letourneau, & Silovsky, 2002; Letourneau & Miner, 2005; Zimring, 2004). In the absence of accurate, research-based information about these youth, investigative personnel may be ill-equipped during the investigation process and may either fail to file, or inappropriately file, delinquency petitions in these cases.

Taken together, these and other challenges highlight the importance of specialized information and training (see, e.g., English et al., 1996; NAPN, 1993). Included among the targets for initial training and education for law enforcement and child welfare investigators are the following:

- Victimization trends, including the dynamics that impact the disclosure process for victims;
- Victims' rights and the needs of victims and their families;
- The heterogeneity of individuals who commit sex offenses, including the key differences between sexually abusive adults and juveniles;
- Differential and developmentally-appropriate forensic interviewing strategies for victims;
- Child development, particularly as it relates to verbal abilities, memory, and suggestibility;
- Interviewing techniques and strategies for alleged perpetrators and non-offending family members;
- Trends pertaining to Internet-related sex crimes, and the use of computer forensics for investigative purposes;
- Potential relationships between sexual victimization and other maltreatment within the home (e.g., child abuse, domestic violence);
- Sexual assault forensic examinations conducted by medical professionals; and
- Effective multidisciplinary collaboration and critical information-sharing.

In addition, particularly for law enforcement agents, specialized training about the proper procedures for collecting and preserving evidence is vital. Among the key sources of evidence that are often specific to sex crimes cases are DNA, clothing items, bedding, furniture (for trace evidence), and computer files. In the absence of specialized training in this area, investigators may overlook or mishandle evidence, which can ultimately compromise successful prosecution efforts.

Investigators should also become familiar with the various sex offense-related statutes within the jurisdiction (English et al., 1996). This awareness, or lack thereof, can impact the extent to which law enforcement officials and other investigators pursue evidence collection and inquiries during interviews with alleged victims and perpetrators. It can also provide a lens through which evidence, statements, and other details of the alleged offense are viewed and ultimately interpreted. Along a similar vein, if investigators understand the statutory provisions that define sex offenses and sexually-motivated crimes, possess specialized knowledge about the dynamics of some sex crimes, and use effective investigation techniques, they may be better able to recognize crimes that initially appear non-sexual in nature but that may have an underlying sexually-motivated component.

Victim-Centeredness

A key element of investigating cases involving sexual victimization is the ongoing assurance of victim-centeredness throughout the process. At the point of disclosure or identification, a full range of resources must be readily available in order to offer crisis intervention, support, education, referrals, and advocacy to victims. Advocacy and support – without compromising the truth-seeking process – is critical at this juncture, as victims and their families may experience a variety of concerns and fears that may impact their willingness or desire to participate in the investigative and subsequent court process. Indeed, practitioners who play a role in

**A KEY ELEMENT OF INVESTIGATING
CASES INVOLVING SEXUAL
VICTIMIZATION IS THE ONGOING
ASSURANCE OF VICTIM-CENTEREDNESS
THROUGHOUT THE PROCESS.**

these investigations must understand and appreciate the potential influences that may be operating, including the following (see, e.g., CSOM, 2006; OVC, 2000):

- Feelings of shame, guilt, and self-blame;
- Fears that they will not be believed, or may even be blamed by others;
- Lack of support by family members;
- The desire to keep the matter private;
- Insensitivity by law enforcement, child welfare, or medical professionals;
- Threats or harm by the abuser, or fears of retaliation;
- Attachment to the abuser;
- Fears about economic and other family hardships, particularly in intrafamilial cases; and
- Concerns about the system's ability to protect them.

When the alleged perpetrator is a juvenile and the case involves a sibling or other family member, investigators must also be sensitive to the potential reactions of parents and other members of the family. Families can become divided, either because some may believe the allegations while others do not, or because they feel compelled to "take a side." Child welfare investigators must also be sensitive to the responses and feelings of family members – and even victims – when the removal of the alleged perpetrator from the home is deemed necessary. These can include anger, confusion, and despair, including feeling torn because of perceived expectations that they must "choose" one child over another. Extreme guilt may even lead victims to recant the allegations, or they may be pressured by others to do so.

In those cases where investigators and the courts determine that separation of the alleged victim and offender is required, removal of the offender should almost always be the first

course of action. Understandably, removing the victim can cause further trauma, and the victim may perceive that they are responsible for the abuse or that they have engaged in wrongful behavior. Only in rare circumstances, when it has been determined to be in the best interest of the victim, should they be removed. Primary examples are when the investigation reveals that the non-offending parent refuses to acknowledge that abuse could have occurred, blames or harbors considerable resentment toward the child, is unable or unwilling to ensure the alleged abuser's departure or continued absence, or has demonstrated a continued pattern of failing to protect the child or other children from abuse.

Victim sensitivity is also critical during the forensic examination process in order to prevent system-induced trauma. Indeed, researchers have revealed that when victims present themselves to hospital emergency departments, multiple factors can contribute to or exacerbate the trauma they have already experienced (Ahrens, et al., 2000; Campbell, 1998; Campbell, et al., 1999). These factors include, but are not limited, to the following:

- Excessive delays for intervention or treatment;
- A chaotic and impersonal environment that is not conducive to support, comfort, and privacy;
- Invasive forensic examination procedures performed mechanically and without explanation about what the procedure will involve and why it is necessary; and
- Unanticipated costs associated with the forensic examination and other medical procedures.

In response to the need for more victim-sensitive procedures, Sexual Assault Nurse Examiner (SANE) and Forensic Nurse Examiner

(FNE) programs have been established throughout the country (Ahrens et al., 2000; Campbell, 1998; Campbell et al., 1999; Ledray, 1999, 2004). These programs, which are generally available at no cost to victims, assure that services are provided in a safe and supportive environment by professionals who are specially trained to understand victims' needs, conduct forensic examinations, and provide court testimony relative to the investigative process (Ahrens et al., 2000; Ledray, 1999, 2004). Another key feature of these types of programs is a single interview protocol – collaboratively designed by medical, law enforcement, and legal personnel – thus eliminating the need for victims to repeatedly describe their experience to multiple parties. Similarly, child advocacy centers offer discreet, child-friendly environments in which the forensic examinations and single interview protocols are available, thus minimizing the potential to further traumatize the child (see, e.g., Finkel & Giardino, 2001; Myers et al., 2002). Furthermore, many child advocacy centers are equipped to provide victims and their families with immediate supportive and counseling services, education about the court process, and community referrals for additional services.

The investment of time and resources in victim-sensitive investigative processes yields significant dividends in both the short and long term, including the following (Ahrens et al., 2000; APRI, 2003; Ledray, 2004; Myers et al., 2002; Turvey & Savino, 2002):

- Standardized and consistent protocols to guide and enhance the overall investigation process;

- Reliable forensic evidence collection;
- Minimized duplication of efforts;
- Efficient processing of cases;
- Reduced waiting times for victims and families;
- Increased linkages to victim advocacy and other community resources;
- Decreased system-induced trauma to victims and families; and
- Greater likelihood of effective prosecution.

Collaborative Partnerships and Information-Sharing

Multiple agencies are involved with sex crimes investigations, often with unique roles and responsibilities. However, they often share a common goal – to ensure reliable and valid findings that will lead to successful resolution of these cases. This is best accomplished through establishing multidisciplinary collaborative teams, commonly known as sexual assault response teams. These teams typically operate within the parameters of a formal protocol that guides the multiple facets of the investigation process and promotes information-sharing among law enforcement agents, child welfare personnel, victim advocates, medical professionals, and court officials.

Another key mechanism for information-sharing, and one that is distinct to sex crimes investigations, involves the coordination of local, statewide, and national sex offender registries. As part of the registration process, law enforcement and other officials collect identifying information (e.g., fingerprints, DNA samples) from convicted or adjudicated offenders;

MULTIPLE AGENCIES ARE INVOLVED WITH SEX CRIMES INVESTIGATIONS, OFTEN WITH UNIQUE ROLES AND RESPONSIBILITIES. HOWEVER, THEY OFTEN SHARE A COMMON GOAL – TO ENSURE RELIABLE AND VALID FINDINGS THAT WILL LEAD TO SUCCESSFUL RESOLUTION OF THESE CASES.

this information is subsequently entered into databases that can be accessed by law enforcement agents within and across jurisdictions. When accurate, up-to-date, and readily accessible, the information in these registries can be useful for linking known sex offenders to crimes that are currently under investigation or are otherwise unsolved. (For additional information about sex offender registries, see the Registration and Notification section of this protocol.) Along similar lines, states have been encouraged to participate in the Federal Bureau of Investigation's Combined DNA Index System (CODIS), a technology system that can assist federal, state, and local crime laboratories in solving crimes by comparing DNA found at crime scenes with DNA from convicted offenders.

Cross-Agency Data Analysis

Most agencies involved in the criminal/juvenile justice and social services fields collect a wide range of statistical information that has salience to their respective agencies (e.g., number of clients served per year, number of arrests by offense type, number of releases, average length of stay). When collected and reviewed across disciplines, and particularly when combined with information from system-wide assessments, these types of data can be instructive on multiple levels (e.g., better understanding what sex offenders within a given jurisdiction "look like," conducting process and outcome evaluations, implementing quality assurance measures) (see, e.g., CSOM, 2007).

With respect to the investigative component of a comprehensive approach to sex offender management, law enforcement, child welfare, and other systems will ideally have access to multiple data sources that can inform current practices, including the following:

- Number of sexual assault crisis intervention responses;
- Investigations conducted by child welfare agencies (e.g., number and nature of referrals, number of completed investigations);
- Investigations conducted by law enforcement agencies (e.g., number and nature of referrals, number of completed investigations);
- Demographic information about alleged victims and offenders (e.g., age, gender, race);
- Relationship between alleged victim and offender (e.g., family member, acquaintance, stranger);
- Case-specific information, such as the location of the alleged incident (e.g., home, outdoor/public location, school, childcare center) and use of force or a weapon;
- Number of forensic medical examinations conducted (including age and gender of victim);
- Number of child advocacy center encounters; and
- Outcomes of investigations (e.g., number of cases cleared through arrest, substantiated sexual abuse referrals, number of cases referred for prosecution, number of unsolved cases).

Taken together, these and other data provide key stakeholders throughout the jurisdiction with a common, data-driven understanding of the nature and scope of reported sexual victimization within their jurisdiction and the ways in which the system responds during this initial phase of the process. These data can also be useful for understanding cross-agency workloads, examining resource utilization, identifying potential staffing and other resource needs, and establishing funding priorities. Ultimately, this can inform the development of strategies that can increase the jurisdiction's overall ability to respond effectively to these cases.

In summary, the strength of investigative teams is dependent upon the individual and collective expertise of the team members and their willingness to work collaboratively to gather and analyze critical information. Through specialized training, well-informed protocols, and collaborative partnerships, the quality and quantity of information about each case can be increased significantly, thus ensuring more comprehensive and reliable investigations. In turn, these well-executed investigations lay the groundwork for appropriate charging decisions, lead to more effective prosecutions, and ultimately promote victim and community safety.

► Questions: Adult and Juvenile Cases

Investigative Processes Guided by Specialized Knowledge

Law Enforcement Agencies

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 1. | <input type="radio"/> | | | <input type="radio"/> | Do law enforcement agencies have policies or procedures in place to guide the investigation process for cases of alleged child sexual abuse? |
| 2. | <input type="radio"/> | | | <input type="radio"/> | Do law enforcement agencies have policies or procedures in place to guide the investigation process for cases involving alleged cases of adult sexual assault? |
| 3. | <input type="radio"/> | | | <input type="radio"/> | Do law enforcement agencies have specialized sexual assault or sex crime investigation units? |
| 4. | <input type="radio"/> | | | <input type="radio"/> | If so, do they include specialized units for investigating computer/Internet-related crimes? |
| 5. | | | | | Do law enforcement investigators receive specialized training regarding the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victimization trends, including the dynamics that impact the disclosure process for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victims' rights and the needs of victims and their families?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of individuals who commit sex offenses, including the key differences between sexually abusive adults and juveniles?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Differential and developmentally appropriate forensic interview strategies for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Child development, particularly as it relates to verbal abilities, memory, and suggestibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Interviewing techniques and strategies for alleged perpetrators and non-offending family members?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Trends pertaining to Internet-related sex crimes, and the use of computer forensics for investigative purposes?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential relationships between sexual victimization and other maltreatment within the home (e.g., child abuse, domestic violence)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sexual assault forensic examinations conducted by medical professionals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Effective multi-disciplinary collaboration and critical information-sharing?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 6. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do law enforcement investigators receive information or training to promote their understanding of the range of statutory definitions that explicate specific sex crimes? |
| 7. | <input type="radio"/> | | | <input type="radio"/> | Do investigative protocols within law enforcement agencies differ when <i>juveniles</i> are the alleged perpetrators?
If yes, please describe: _____
_____ |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are parents/guardians notified and allowed to be present during the interviewing process when <i>juveniles</i> are the alleged perpetrators (or is informed consent provided by the parents/guardians)? |
| 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do law enforcement investigators receive specialized training about <i>juveniles</i> who have committed sex offenses, including the differences between adult and juvenile offenders? |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do law enforcement investigators receive specialized guidance about discerning sexually problematic from developmentally normative behaviors among juveniles? |

Child Welfare Agencies

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 11. | <input type="radio"/> | | | <input type="radio"/> | Do child welfare agencies have policies or procedures in place to guide the investigation process for cases of alleged <i>child sexual abuse</i> ? |
| 12. | <input type="radio"/> | | | <input type="radio"/> | Do child welfare agencies have specialized sexual assault or sex crime investigation units? |
| 13. | | | | | Do child welfare agency investigators receive specialized training regarding the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victimization trends, including the dynamics that impact the disclosure process for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Interviewing techniques and strategies for alleged perpetrators and non-offending family members?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developmentally appropriate forensic interviewing strategies for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Child development, particularly as it relates to verbal abilities, memory, and suggestibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victims' rights and the needs of victims and their families?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential relationships between sexual victimization and other maltreatment within the home (e.g., child abuse, domestic violence)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sexual assault forensic examinations conducted by medical professionals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Effective multi-disciplinary collaboration and critical information-sharing?</i> |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do child welfare agency investigators receive information or training to promote their understanding of the range of statutory definitions that explicate specific sex crimes? |
| 15. | <input type="radio"/> | | | <input type="radio"/> | Do investigative protocols within child welfare agencies differ when <i>juveniles</i> are the alleged perpetrators?
If yes, please describe: _____
_____ |
| 16. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are parents/guardians notified and allowed to be present during the interviewing process when <i>juveniles</i> are the alleged perpetrators (or is informed consent provided by the parents/guardians)? |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do child welfare investigators receive specialized training about <i>juveniles</i> who have committed sex offenses, including the differences between adult and juvenile offenders? |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do child welfare investigators receive specialized guidance about discerning sexually problematic from developmentally normative behaviors among juveniles? |

Victim-Centeredness

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | At the point of disclosure or identification, are resources for victims readily available to offer crisis intervention, support, education, referrals, and advocacy? |
| 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based victim advocacy organizations exist within local jurisdictions? |
| 21. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do designated victim services units exist in local law enforcement agencies? |
| 22. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do victims receive assistance with providing victim statements to investigative personnel? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 23. | <input type="radio"/> | | | <input type="radio"/> | For <i>child victims</i> , does a safe, discreet, victim-sensitive environment exist to streamline the investigative process and minimize the negative impact on children and their families (e.g., child advocacy centers)? |
| 24. | <input type="radio"/> | | | <input type="radio"/> | For <i>adult victims</i> , does a safe, discreet, victim-sensitive environment exist to streamline the investigative process and minimize the negative impact? |
| 25. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are physicians and/or nurses specially trained to perform forensic examinations on victims in sexual assault cases? |
| 26. | <input type="radio"/> | | | <input type="radio"/> | Are Sexual Assault Nurse Examiner (SANE) or Forensic Nurse Examiner (FNE) programs in place? |
| 27. | <input type="radio"/> | | | <input type="radio"/> | Do investigative protocols address safety planning for victims? |
| 28. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are alleged victims and offenders separated as soon as possible after an allegation of sexual abuse has been made? |
| 29. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When necessary, are alleged offenders (rather than victims) removed from homes in which sexual abuse has occurred? |

Collaborative Partnerships

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|------------------|--------------------------|-----------------------|--|
| 30. | <input type="radio"/> | | | <input type="radio"/> | Are multidisciplinary sexual assault response teams in place to ensure coordinated responses to cases of alleged <i>child sexual abuse</i> ? |
| | | | | | If so, are the following individuals/agencies represented on the sexual assault response team(s): |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Law enforcement officer?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Juvenile/family court representative?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Guardian ad-litem/court-appointed special advocate?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Other victim advocate?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Child welfare professional?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Prosecutor or representative?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Mental health services provider?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Sexual Assault Nurse Examiner/Forensic Nurse Examiner?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Other (please list): _____</i> |

- always/yes* *typically* *generally not* *never/no*
31. Are there multidisciplinary sexual assault response teams in place to ensure coordinated responses to investigations for alleged cases of *adult sexual assault*?
- If so, are the following individuals/agencies represented on the sexual assault response team(s):
- Law enforcement officer?*
- Community-based victim advocate?*
- Prosecution-based victim advocate?*
- Prosecutor or representative?*
- Mental health services provider?*
- Sexual Assault Nurse Examiner/Forensic Nurse Examiner?*
- Other (please list): _____*
32. Do **policies or procedures** delineate mechanisms for critical information sharing among the entities involved with investigating and responding to sex crimes (e.g., child welfare professionals, law enforcement officials, SANE/FNE staff, prosecutors, victim advocates)?
33. **In practice**, is critical information shared across the entities involved with investigating and responding to sex crimes (e.g., child welfare professionals, law enforcement officials, SANE/FNE staff, prosecutors, victim advocates)?

Cross-Agency Data Analysis

- always/yes* *typically* *generally not* *never/no*
34. Are the following statistical data collected to maintain an understanding of trends relative to sexual abuse/sexual assault investigations:
- Number of sexual assault crisis intervention responses?*
- Investigations conducted by child welfare agencies (e.g., number and nature of referrals, number of completed investigations)?*
- Investigations conducted by law enforcement agencies (e.g., number and nature of referrals, number of completed investigations)?*
- Demographic information about alleged victims and offenders (e.g., age, gender, race)?*
- The relationship between the alleged victim and offender (e.g., family member, acquaintance, stranger)?*

always/
yes typically generally
not never/
no

- Case-specific information, such as the location of the alleged incident (e.g., home, outdoor/public location, school, childcare center) and use of force or weapon?*
- Number of forensic medical examinations conducted (including age and gender of victims)?*
- Number of child advocacy center encounters?*
- Outcomes of investigations (e.g., number of cases cleared through arrest, substantiated sexual abuse referrals, number of cases referred for prosecution, number of unsolved cases)?*

► *Prosecution*

Although adult and juvenile arrests for sex offenses represent only a small fraction of arrests for all types of crimes (FBI, 2006; Snyder & Sickmund, 2006), the absolute numbers are nonetheless considerable and require a significant investment of time and resources within the courts. The weight of managing these cases rests heavily on prosecutors, who bear the primary responsibility for making decisions about the charges or petitions to be filed, representing the state's interests if these cases proceed to trial, participating in plea negotiations, and offering disposition recommendations to the courts.

Pre-Trial Management

After charges are filed, decisions must be made about whether to detain defendants or release them to the community pending resolution of the case. The court must take into account a number of factors, including the nature and severity of the cases, history of violence or aggression, risk to abscond, and the threat of harm to self or others. Critically important to review are victim safety concerns, particularly when allegations involve stalking, domestic violence, or child victims within the home. Additional considerations might include current employment, the presence of appropriate community supports, and the potential hardship (e.g., financial) that the defendant's removal from the community may have on dependents. If a defendant who was initially detained is later deemed to be suitable for release, appropriate bail schedules (commensurate with the level of risk posed by the defendant) should be in place. No contact orders and other restrictions may then be necessary to protect alleged victims from pressure, intimidation, or harm, while assuring that due process safeguards are maintained for the defendant.

Similar factors warrant consideration during initial appearances/detention hearings with juveniles alleged to have committed sex offenses (e.g., seriousness of allegations, prior delinquency, suicide risk, history of running away). Several family and home variables must be assessed at this point as well, including the ability and willingness of parents or guardians to provide sufficient structure and supervision and the presence of parental risk factors such as substance abuse or current legal involvement. When allegations involve a child victim within the home, the juvenile and family courts must determine whether adequate safeguards can be established to ensure the ongoing safety of the child and other potentially vulnerable individuals within the home, or whether more appropriate alternative placements (e.g., extended family, foster care) are available. Sometimes, a significant period of time has elapsed between the time that the offenses were alleged to have occurred and the juvenile's ultimate appearance in court (either because of delayed disclosure or prolonged investigation). Under these circumstances, and if the juvenile remained in the community during that period, the court may take into account the juvenile's adjustment in school, at home, and in the community when deciding whether to release or detain the juvenile.

Prosecutorial Practices

To facilitate the consistent and effective handling of cases involving sex crimes, the philosophies and policies established within prosecutors' offices must be transparent; expectations of chief prosecutors and juvenile court officials should be clearly conveyed to their staff, including preferred approaches to managing caseloads, charging, and negotiating. For example, an ideal approach to caseload management is vertical prosecution, whereby a single prosecu-

tor follows the case from the point of charging, through witness preparation, pre-trial motions, trial, and disposition. Vertical prosecution for sex offense cases has multiple benefits, including the following (APRI, 2003; Holmgren, 1999):

- Reducing the number of individuals to whom the victim must provide statements;
- Maintaining consistency and continuity of case processing;
- Promoting prosecutor familiarity with the victim and the facts of each case;
- Ensuring the preservation of critical information that can be lost when cases are transferred; and
- Establishing victim trust and rapport.

Another important prosecutorial practice that is ideal for sex offense cases is the assurance that the charges filed accurately reflect the nature and seriousness of the allegations (Holmgren, 1999; NAPN, 1993; Schafran, Bayliff, & Baldini, 2001b; Simon, 2003; Strate, Jones, Pullen, & English, 1996). Beyond sending a clear message to the public that sex offenses are taken seriously, this charging practice can provide validation to victims, prevent minimization of the severity and impact of the crimes, and ultimately promote greater accountability for the individuals who have committed these offenses.

Creating specialized sex crimes units within prosecutors' offices can be an effective and efficient approach to ensuring that these and other philosophies and practices are implemented consistently (see, e.g., English et al., 1996; NAPN, 1993). By providing specialized training to a limited number of prosecutors, internal expertise and greater capacity can be developed and staff can be deployed more rationally. However, when staff resources are

limited, establishing dedicated sex crimes units may not be a viable option. As an alternative, individual prosecutors can be trained as specialists. At a minimum, all prosecutors who will be responsible for sex crimes should receive specialized training about these cases (Holmgren, 1999; NAPN, 1993).

Special Considerations with Juvenile Defendants

As is the case with adults who have committed sex offenses, experts suggest that some form of legal intervention can facilitate the effective management of sexually abusive youth, by providing necessary leverage to support compliance with treatment and supervision expectations (ATSA, 2000; NAPN, 1993). However, when juveniles are the defendants, the court officials responsible for prosecuting these cases must be particularly mindful of age, maturity, cognitive functioning, and other developmental factors that may impact mens rea (criminal intent) or competency issues. In those instances, deferred prosecution, informal adjustments, and juvenile court diversion may be appropriate options, particularly when expectations for treatment services are included as part of the disposition. Conversely, in some exceptional cases – such as when the offenses are particularly violent or serious, or when the juvenile has not responded to multiple previous interventions – the youth may be deemed to be beyond the scope of the juvenile justice system. This may result in transfer/waiver to the adult courts for prosecution.

At all times, it is important for prosecutors and other juvenile court officials to keep in mind that juvenile sex offenders are not identical to their adult counterparts and, as such, the ways in

AT A MINIMUM, ALL PROSECUTORS WHO WILL BE RESPONSIBLE FOR SEX CRIMES SHOULD RECEIVE SPECIALIZED TRAINING ABOUT THESE CASES.

which they are approached in the courts should be not be identical (see, e.g., Becker & Hicks, 2003; Letourneau, 2006; Letourneau & Miner, 2005; Zimring, 2004). Indeed, applying the same legal strategies to youth that were designed for adults may result in unintended negative consequences and could lead to undesirable outcomes (Becker & Hicks, 2003; Letourneau, 2006; Letourneau & Miner, 2005; Zimring, 2004). Thorough investigations and relevant forensic evaluations can assist prosecutors with making informed decisions about how best to proceed.

Victim-Centeredness

The progression of a case through the prosecution phase can be a particularly difficult time for many individuals who have been victimized sexually. As such, both system and non-system based victim advocates should be available to provide education, support, and assistance to victims and their families (see, e.g., CSOM, 2000, 2006; D'Amora & Burns-Smith, 1999; English et al., 1996; OVC, 2000). Among the services provided by victim advocates at this juncture include the following:

- Assessing victims' most critical needs;
- Orienting victims to the court process;
- Providing information about victims' rights;
- Informing victims about critical court dates and the status of cases;
- Assisting with victim compensation applications;
- Providing assistance with preparation of victim impact statements; and
- Accompanying victims to court proceedings.

Victims must always be allowed to determine their own level of participation in the various proceedings within the criminal justice system. For some victims, involvement may be therapeutic and facilitate recovery, while for others,

participation in the criminal justice process is not desired and may exacerbate the trauma already experienced. As such, it is incumbent upon those in the legal system to ensure that the desires and needs of victims are respected at all phases of the process. In many jurisdictions, specific provisions of victims' rights laws address these very issues.

Testifying in court can have a significant impact on victims for a host of reasons (English et al., 1996; Myers et al., 2002; Schafran, Baldini, & Bayliff, 2001a; Schafran et al., 2001b). Facing the defendant in court can be extremely difficult and intimidating for some victims, and recounting the victimization experience may be especially difficult for victims and their families. Moreover, the victim's reliability or credibility may be called into question, placing them in a defensive and uncomfortable position. When child victims are required to testify, these and other issues become even more pronounced. Therefore, defense attorneys, prosecutors, and judges must be sensitive to the age, maturity, development, and emotional adjustment of children so that they are better able to frame questions in an understandable and non-threatening manner, and so that they can communicate to children the importance of truthful responses.

Taken together, these concerns highlight the unfortunate reality that victims can be further traumatized by the court process. To minimize this potential, prosecutors and victim advocates should meet with victims and families early to explain the various steps in the court process, assess the ability and willingness of victims to testify, prepare them for the dynamics of the proceedings, and identify any allowable accommodations that may be necessary (APRI, 2003; D'Amora & Burns-Smith, 1999; Schafran et al., 2001a, 2001b). For example, prosecutors and other court officials should take steps to ensure that safe and separate waiting rooms or loca-

tions are available for victims and their families during the court proceedings.

Prosecutors and defense attorneys should work collaboratively to avoid unnecessary delays and continuances in the process; such delays are neither beneficial to the alleged offender nor the victim, and may increase the stress and potential trauma to victims and impact their ability to recall critical details (APRI, 2003; Myers et al., 2002; Schafran et al., 2001a, 2001b). In some circumstances, however, expediting a case before a victim is emotionally prepared can also have a negative impact on victims.

Judges can also play a key role in promoting victim-centeredness during the court proceedings while still remaining impartial (Schafran et al., 2001b). Specifically, they have significant influence over the following:

- Ensuring compliance with victims' rights legislation;
- Limiting pre-trial conferences, depositions, and evidentiary hearings that may intimidate victims;
- Being sensitive to the timing of trials;
- Allowing flexibility in court scheduling for victims;
- Minimizing court appearances for victims;
- Enforcing rape shield laws;
- Protecting privileged communications from victims' counseling sessions;
- Allowing support persons to be present for victims during the proceedings; and
- Demanding appropriate conduct by attorneys.

Plea Negotiations

Many cases involving sex offenses do not proceed to trial; rather, they are commonly resolved through plea negotiations. Plea nego-

TO THE EXTENT POSSIBLE, PLEA NEGOTIATIONS SHOULD ENSURE THAT THE SEXUALLY ABUSIVE ASPECTS OF THE CRIME REMAIN VISIBLE.

tiations can be beneficial in multiple ways, such as promoting the timely resolution of cases, minimizing the likelihood of system-induced trauma for victims and their families, avoiding the potential for a not-guilty verdict at trial, and limiting appellate issues.

Despite the advantages, however, certain aspects of plea negotiations must be taken into account when adult and juvenile sex offense cases are involved, namely because of the potential for unanticipated collateral consequences (see, e.g., Cumming & Buell, 1997; Holmgren, 1999; Klotz, Wexler, Sales, & Becker, 1992; NAPN, 1993; Strate et al., 1996). To illustrate, some plea agreements may eliminate the sex offense component of the case (e.g., reducing a charge from forcible rape to aggravated assault), which can inadvertently imply to the victim that the offense was actually less harmful or serious. And when cases involve multiple victims, agreeing to drop some of these charges in exchange for a guilty plea to a more limited set of charges can have the same effect. Furthermore, eliminating the sex offense nature of the crime through plea negotiations can limit the eventual applicability of common sex offender management strategies such as offense-specific treatment, specialized supervision and monitoring strategies, and sex offender registration and community notification laws (Holmgren, 1999; NAPN, 1993). Thus, to the extent possible, plea negotiations should ensure that the sexually abusive aspects of the crime remain visible.

The use of Alford and nolo contendere/no-contest pleas in sex offense cases can be similarly

problematic (Cumming & Buell, 1997; Klotz et al., 1992; Strate et al., 1996). Typically, when defendants offer a plea of guilty, the factual basis for the plea must be established, whereby the individual must acknowledge in open court the details contained in the allegations or charging document. With Alford pleas, however, criminal defendants are allowed, under certain circumstances, to plead guilty to an offense while maintaining their innocence. And with nolo contendere pleas, defendants agree to accept the consequences for a crime without either admitting or denying the facts of the crime. Much like charge bargaining, these types of plea agreements can invalidate victims' experiences in sex offense cases. Moreover, because the defendants are not required to acknowledge having committed the offenses for which they ultimately receive convictions, plea agreements of this nature can exacerbate offender denial and minimization, and undermine the treatment and supervision process (Cumming & Buell, 1997; Holmgren, 1999; Klotz et al., 1992).

In order to ensure that plea agreements are well-informed and appropriate for both offenders and victims, they must be guided by sufficient information about the defendant, the offense behaviors, and community safety needs (English et al., 1996; Holmgren, 1999; NAPN, 1993; Schafran et al., 2001b). Therefore, prior to engaging in plea negotiations, prosecutors should seek thorough assessments of the defendant (Holmgren, 1999; NAPN, 1993). (For additional information about these and other assessments, see the Assessment section of this protocol.)

Generally speaking, it is not recommended that forensic evaluators conduct specialized psychosexual evaluations prior to the adjudication process because of the potential for ethical and other controversies (e.g., self-incrimination, revealing additional undetected offenses that may be charged, undermining the presumption of innocence). However, these evalu-

ations can be potentially useful during the plea negotiation process under prescribed circumstances, such as when all parties agree to the evaluation to facilitate negotiations, or when the prosecution agrees not to file additional charges based on information disclosed during a pre-plea evaluation.

Ideally, victims should be consulted prior to reaching plea agreements; this is mandated in many states' victims' rights provisions. Furthermore, plea negotiations and alternative disposition recommendations should include requirements that sexually abusive individuals accept responsibility and demonstrate a willingness to fully engage in sex offense-specific treatment (Holmgren, 1999; NAPN, 1993; Schafran et al., 2001a, 2001b). Given the overarching goal of ensuring community safety, prosecutors may decide not to participate in plea negotiations. In the event that they do, judges may choose not to accept such pleas, particularly when defendants deny responsibility, fail to demonstrate treatment amenability, or refuse to cooperate with assessment processes (English, Jones, & Patrick, 2003; Holmgren, 1999; NAPN, 1993).

Plea negotiations will remain a common and sometimes necessary case management strategy at this phase in the criminal and juvenile justice process. As such, prosecutors, defense attorneys, and judges must understand the potential caveats of certain plea bargaining practices with sex offense cases, and ensure that any plea agreements appropriately balance due process, offender accountability, and victims' needs and interests in a way that promotes effective management efforts.

► Questions: Adult Cases

Pre-Trial Management

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 35. | | | | | Are the following factors considered when determining whether to detain or release defendants in sex offense cases: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Nature and severity of the allegations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>History of violence or aggression?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Flight risk?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Threat of harm to self or others?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Case-specific victim safety concerns (e.g., stalking, domestic violence, or child victims within the home)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Presence of appropriate community supports?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential hardship (e.g., financial) on defendants' family?</i> |
| 36. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do bail schedules (i.e., bail amounts) appropriately reflect the degree of risk that has been determined by the officer of the court? |
| 37. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If bail is granted, are release conditions reflective of the degree of risk that has been determined by the court? |
| 38. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When defendants remain in the community pre-trial, are special conditions (e.g., no contact orders) established to ensure victim safety, while maintaining due process? |

Prosecutorial Practices

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 39. | | | | | Do prosecutors receive specialized training about the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sexual victimization, including victim impact?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Effective sex offender management strategies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Child development, including memory and recall?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Needs and rights of victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Special evidentiary considerations unique to sex offense cases?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Effective collaboration and criminal information-sharing?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 40. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors consult with other key stakeholders (e.g., law enforcement, child welfare professionals, victim advocates) when making charging decisions? |
| 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is vertical prosecution used for sex offense cases? |
| 42. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors ensure that the nature and seriousness of the offense is reflected fully in the charges at the time of filing? |

Victim-Centeredness

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 43. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are victim advocates available to support, educate, and inform victims during the course of the prosecution and sentencing phases? |
| 44. | <input type="radio"/> | | | <input type="radio"/> | Do prosecutors' offices have designated victim services personnel? |
| 45. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors or their representatives meet with victims early in the court process to explain the various steps in the court process, assess the ability and willingness of victims to testify, prepare victims for the dynamics of the proceedings, and identify any specific considerations or accommodations that may be warranted? |
| 46. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures include provisions to ensure that interested victims and their families remain fully informed during the court proceedings? |
| 47. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are steps taken to ensure that interested victims and their families remain fully informed during the court proceedings? |
| 48. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures include provisions for victims and their families to have a voice during the court proceedings (e.g., through victim impact statements, testimony)? |
| 49. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do interested victims and their families have a voice during the court proceedings (e.g., through victim impact statements, testimony)? |
| 50. | | | | | Do court officials ensure that victim-centeredness is maintained throughout the court process in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring compliance with victims' rights legislation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Limiting pre-trial conferences, depositions, and evidentiary hearings that may intimidate victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Being sensitive to the timing of trials?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Allowing flexibility in court scheduling for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Minimizing court appearances for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Enforcing rape shield laws?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Protecting privileged communications from victims' counseling sessions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Allowing support persons to be present for victims during the proceedings?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring safe and separate waiting rooms or locations are available for victims and their families during the court proceedings?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Demanding appropriate conduct by attorneys?</i> |
| 51. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors ensure that victims and their families are consulted prior to finalizing plea agreements? |
| 52. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are victim compensation and restitution issues addressed during the case resolution process? |

Plea Negotiations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 53. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors ensure that the sexual nature of these cases remains visible (i.e., ensure that charges are not reduced to non-sex offenses) during plea negotiations? |
| 54. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of specialized assessments used to inform plea negotiations? |
| 55. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If specialized assessments are used to inform plea negotiations, are they conducted only under prescribed circumstances (e.g., agreement by all parties, prosecutorial immunity for additional disclosures)? |
| 56. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | During plea negotiations, do prosecutors avoid the use of nolo contendere/no contest and Alford pleas? |
| 57. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When plea agreements have been offered, do judges require that a factual basis of the plea is formally provided by the defendant during the court proceedings? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 58. | | | | | During the plea negotiation process, are the following addressed: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Consultation with victims and their families?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Review of victim impact statements?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Restitution considerations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specialized treatment and supervision conditions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Applicability of sex offender registration requirements?</i> |

Data Collection

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|------------------|--------------------------|-----------------------|--|
| 59. | | | | | Do prosecutors' offices maintain statistics on sex offense cases, including the following: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Arrests (e.g., by age, gender, offense category)?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Case-specific data about referrals for prosecution (e.g., age and gender of victims, victim-offender relationship)?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Conviction rates (e.g., by offense category)?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Cases disposed via trial?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Cases disposed via plea bargains?</i> |

► Questions: Juvenile Cases

Pre-Adjudication Management

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 60. | | | | | Are the following factors considered during initial appearances/detention hearings for youth who are alleged to have committed sex offenses: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Nature and severity of the allegations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prior delinquency?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>History of violence or aggression?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk to abscond/runaway history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Threat of harm to self or others?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Development, maturity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Criminal sophistication?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ability and willingness of parents or guardians to provide sufficient structure and supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parental/family risk factors (e.g., substance abuse, current legal involvement)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Presence of appropriate community supports?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adequate safeguards to promote victim safety when victims are in the home?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Availability of appropriate alternative placements (e.g., extended family, foster care)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adjustment in school and home, if youth has remained in the community prior to the filing of the petition and the subsequent detention hearing?</i> |
| 61. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When juvenile defendants remain in the community pre-adjudication, are special conditions (e.g., no contact orders, safety planning in schools) established? |
| 62. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors/juvenile court officers ensure that the sexual nature of these cases remains visible (i.e., ensure that charges are not reduced to non-sex offenses) during plea negotiations? |
| 63. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of specialized forensic assessments (e.g., psychosexual, competency) used to inform plea negotiations? |

Plea Negotiations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 64. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If psychosexual evaluations are used to inform plea negotiations, are they conducted only under prescribed circumstances (e.g., agreement by all parties, informed consent of parent/guardian, immunity for additional disclosures)? |
| 65. | | | | | During the plea negotiation process, are the following addressed: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Consultation with victims and their families?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Review of victim impact statements?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Restitution considerations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Need for family interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Amenability to treatment and supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specialized conditions of community supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Applicability of juvenile sex offender registration requirements?</i> |
| 66. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do judges require that a factual basis of the plea (i.e., official acknowledgement of the details of the allegations are true, description of the acts) is formally provided by the juvenile during the court proceedings? |

Victim-Centeredness

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 67. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are victim advocates available to support, educate, and inform victims during the course of the adjudication and disposition phases? |
| 68. | <input type="radio"/> | | | <input type="radio"/> | Do juvenile/family courts have designated victim services personnel? |
| 69. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors/juvenile court officers meet with victims early in the court process to explain the various steps in the court process, assess the ability and willingness of victims to testify, prepare victims for the dynamics of the proceedings, and identify any specific considerations or accommodations that may be warranted? |
| 70. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures include provisions to ensure that interested victims and their families remain fully informed during the juvenile court proceedings? |
| 71. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are steps taken to ensure that interested victims and their families remain fully informed during the juvenile court proceedings? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 72. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures include provisions for victims and their families to have a voice during the juvenile court proceedings (e.g., through victim impact statements, testimony)? |
| 73. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do interested victims and their families have a voice during the juvenile court proceedings (e.g., through victim impact statements, testimony)? |
| 74. | | | | | Do juvenile court officials ensure that victim-centeredness is maintained throughout the court process in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring compliance with victims' rights legislation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Limiting pre-trial conferences, depositions, and evidentiary hearings that may intimidate victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Being sensitive to the timing of trials?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Allowing flexibility in court scheduling for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Minimizing court appearances for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Enforcing rape shield laws?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Protecting privileged communications from victims' counseling sessions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Allowing support persons to be present for victims during the proceedings?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring that safe and separate waiting rooms or locations are available for victims and their families during the juvenile court proceedings?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Demanding appropriate conduct by attorneys?</i> |
| 75. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors ensure that victims and their families are consulted prior to finalizing plea agreements? |
| 76. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are victim compensation and restitution issues addressed during the case resolution process? |

Prosecution/Adjudication Practices

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 77. | | | | | Do prosecutors/juvenile court officers responsible for delinquency petitions receive specialized training about the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sexual victimization, including victim impact?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Differences between adult and juvenile sex offenders?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Effective juvenile sex offender management strategies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adolescent development?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Juvenile competency issues?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Needs and rights of victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Effective collaboration and critical information-sharing?</i> |
| 78. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors/juvenile court officers take into account juvenile competency issues during the adjudication phase? |
| 79. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors/juvenile court officers consult with other key stakeholders (e.g., law enforcement, child welfare professionals, mental health professionals, victim advocates) when filing delinquency petitions or making charging decisions? |
| 80. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prosecutors/juvenile court officers ensure that the nature and seriousness of the offense is reflected fully in the charges at the time of filing? |

Data Collection

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|------------------|--------------------------|-----------------------|--|
| 81. | | | | | Do juvenile courts maintain statistics on sex offense cases, including the following: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Case-specific data about referrals (e.g., age and gender of victims, victim-offender relationship)?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Overall adjudication/conviction rates?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Cases disposed via trial?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Cases disposed via plea bargains?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Juvenile court diversion/informal adjustments?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Transfers/waivers to the adult courts?</i> |

► *Disposition*

Criminal and juvenile court judges alike report experiencing more difficulty with decisionmaking in sex offense cases relative to other criminal and delinquency cases (Bumby & Maddox, 1999; Bumby, Talbot, West, & Darling, 2006). Included among the multiple factors that increase their difficulties presiding over these cases are the following (Bumby & Maddox, 1999; Bumby et al., 2006):

- Reduced judicial discretion;
- Greater public scrutiny;
- Lack of corroborating information;
- Often familiar nature of the victim-offender relationship;
- Complex dynamics;
- Inadequate assessment information to inform disposition decisions;
- Questions about sex offender recidivism; and
- Lack of specialized training about sex offenders.

Moreover, because the individuals who commit sex offenses are a very heterogeneous population, judges may be uncertain about what the most appropriate and effective disposition will be for each case. “One size fits all” or “standardized” sentencing or disposition packages will not be effective. Some sexually abusive individuals will require more intensive interventions (e.g., close supervision, specialized monitoring strategies, incarceration, or residential placement), whereas others may be more effectively managed in the community with less intensive interventions.

When judges make individually-tailored disposition decisions based on identified risk and needs, successful outcomes are more likely to be achieved (see, e.g., Cumming & McGrath, 2005; Holmgren, 1999). Therefore, to the extent

possible, members of the judiciary must take full advantage of opportunities to obtain specialized information – both in a broader sense and at the individual case level – that will assist them as they preside over these cases on a day-to-day basis (English et al., 1996; Holmgren 1999).

Specialized Information

Over the past decade, multiple advances in research and practice have been made with respect to understanding and managing adult and juvenile sex offenders, many of which have implications for judicial decisionmaking. Of particular significance are the development of sex offender-specific risk assessment tools (see Hanson, 2000; Prescott, 2006), additional research on the unique factors related to recidivism (see Hanson & Morton-Bourgon, 2005; Worling & Langstrom, 2006), and increasing evidence of “what works” with sex offenders (see, e.g., Aos, Phipps, Barnoski, & Lieb, 2006; Hanson, et al., 2002; Lösel & Schmucker, 2005; MacKenzie, 2006; Reitzel & Carbonell, 2006).

Unfortunately, although numerous training opportunities are available for other key professionals responsible for sex offender management (e.g., supervision officers, treatment providers), judicial education programs specifically tailored to meet the needs of judges tend to be very limited (CEPP, 2007; Schafran et al., 2001b). This often leaves them with the challenge of making disposition decisions without the benefit of specialized information pertinent to sex offense cases. Therefore, specialized education opportunities must be made available to members of the judiciary (Bumby & Maddox, 1999; Bumby et al., 2006; English et al., 1996; Holmgren, 1999). Included among the types of information that can be most beneficial to judicial education efforts are the following:

- Current data about sexual victimization trends, including the nature of the relationship between many victims and offenders, the underreporting of sexual victimization, and the impact of sex crimes on victims;
- The heterogeneity of the sex offender population, and the associated implications for management strategies;
- Differences between adults and juveniles who have committed sex offenses;
- Recidivism data, including variations in recidivism rates;
- Risk factors that are associated with recidivism among adult and juvenile sex offenders;
- The importance of assessment-driven decisionmaking, including the types of assessments that can be most useful for judges;
- The strengths and limitations of risk assessment methods, including specific tools designed for adult and juvenile sex offenders;
- Research-supported and promising management strategies for these populations; and
- The multiple roles that judges can play in promoting effective sex offender management.

Beyond receiving specialized training, members of the judiciary will be better equipped to make informed disposition decisions when they have ready access to comprehensive and quality assessment information (see, e.g., English et al., 1996; Holmgren, 1999). Specifically, a comprehensive pre-sentence/pre-disposition report and specialized psychosexual evaluation can offer critical insights into an individual's presumed level of risk, the types of interventions most likely to reduce reoffense potential for that individual, the level of structure or type of placement necessary for ensuring community safety, specific factors that may positively or negatively impact responses to treatment and supervi-

sion, and the individual's overall amenability to intervention. (For additional information about the use of assessments to inform decisionmaking throughout the system, see the Assessment section of this protocol.) Given the valuable information offered by these assessments, jurisdictions may wish to consider implementing policies that require such assessments to be available consistently to judges.

WHEN JUDGES MAKE
INDIVIDUALLY-TAILORED
DISPOSITION DECISIONS BASED
ON IDENTIFIED RISK AND NEEDS,
SUCCESSFUL OUTCOMES ARE
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Judicial Support for Effective Management Efforts

A comprehensive approach to adult and juvenile sex offender management cannot be fully implemented without judicial endorsement of research-based and other specialized management efforts. Despite the trends toward increasingly punitive approaches to managing sex offenders, often in the absence of research support, judges nonetheless have multiple opportunities to support evidence-based and promising interventions through their role and leverage in the system. For example, judges can rely on the growing body of empirical evidence and other professional literature that identifies 'what works' and what is promising when crafting disposition orders. This includes not only the contemporary research from the broader criminal and juvenile justice field and current research specific to adult and juvenile sex offenders, but also the research and practice literature pertaining to victims' needs and interests.

Judicial support for effective management efforts can be demonstrated tangibly in the following ways (see, e.g., CEPP, 2007; English et al., 1996; Holmgren, 1999; Schafran, 2001b):

- Promoting victim-centeredness throughout the court process;
- Handing down well-informed and assessment-driven dispositions that include evidence-based and promising management strategies;
- Reinforcing offender progress and compliance, as well as imposing appropriate sanctions for non-compliance;
- Using the leverage of the court to enlist the support or involvement of parents/caregivers in juvenile sex offense cases;
- Demanding accountability from the stakeholders responsible for offender management;
- Becoming familiar with local resources and assisting with capacity-building efforts when critical gaps are identified;
- Supporting multidisciplinary training events, as both an educator and a participant;
- Representing the courts as an active team member on collaborative initiatives; and
- Educating policymakers as a means of promoting evidence-based legislation.

► *Summary*

As highlighted throughout this section, cases involving sex offenses pose unique challenges to the criminal and juvenile court system, whether for the law enforcement or other professionals responsible for investigations, the officers of the court charged with bringing these cases to successful resolution, or the judges responsible for disposition decisions. Through informed policies and practices, meaningful partnerships and information-sharing with key agencies, and critical assessment data to drive decisionmaking, stakeholders in this initial phase of the sex offender management process can establish a solid foundation for ongoing and effective management efforts.

► Questions: Adult Cases

Specialized Information

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 82. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do judges in the criminal courts participate in specialized judicial education programs pertaining to adult sex offense cases? |
| 83. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are training opportunities about sex offender management specifically tailored to the meet the unique needs of judges? |
| 84. | | | | | Do judicial education programs address the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current data about sexual victimization trends, including the nature of the relationship between many victims and offenders, the underreporting of sexual victimization, and the impact of sex crimes on victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of the sex offender population, and the associated implications for management strategies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Differences between adults and juveniles who have committed sex offenses?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Recidivism data, including variations in recidivism rates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk factors that are associated with recidivism among adult and juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The importance of assessment-driven decisionmaking, including the types of assessments that can be most useful for judges?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The strengths and limitations of risk assessment methods, including specific tools designed for adult and juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Research-supported and promising management strategies for these populations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The multiple roles that judges can play in promoting effective sex offender management?</i> |
| 85. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that a pre-sentence investigation is completed for all sex offenders as a means of informing sentencing/disposition decisions? |
| 86. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do judges order pre-sentence investigations as a means of informing sentencing/disposition decisions? |
| 87. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are pre-sentence investigations of sufficient quality to be informative for judges? |
| 88. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are pre-sentence investigations delivered to the court in a timely manner? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 89. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that a specialized psychosexual evaluation is conducted for all sex offenders as a means of informing sentencing/disposition decisions? |
| 90. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do judges order psychosexual evaluations prior to sentencing/disposition as a means of informing sentencing/disposition decisions? |
| 91. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are psychosexual evaluations of sufficient quality to be informative for judges? |
| 92. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are psychosexual evaluations delivered to the court in a timely manner? |
| 93. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of <i>sex offender-specific</i> risk assessments used to inform sentencing/disposition decisions? |
| 94. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures afford judges discretion in the disposition/sentencing phase to allow for informed decisions based on sex offenders' risk and needs? |
| 95. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do judges use discretion during the disposition/sentencing phase to make informed decisions based on sex offenders' risk and needs? |

Judicial Support for Effective Management Strategies

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 96. | | | | | Is support for effective sex offender management strategies demonstrated tangibly by judges through the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Promoting victim-centeredness throughout the court process?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Handing down well-informed and assessment-driven dispositions that include evidence-based and promising management strategies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Reinforcing offender progress and compliance, as well as imposing appropriate sanctions for offender non-compliance?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Demanding accountability from the stakeholders responsible for offender management?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Becoming familiar with local resources for victims and offenders, including capacity and costs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assisting with capacity-building efforts when critical gaps are identified?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supporting multidisciplinary training events about sex offender management as both an educator and a participant?</i> |

*always/
yes* *typically* *generally
not* *never/
no*

- Representing the courts as an active team member on collaborative initiatives?*
- Educating policymakers as a means of promoting evidence-based legislation?*

► Questions: Juvenile Cases

Specialized Information

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 97. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile/family court judges participate in specialized judicial education programs pertaining to juvenile sex offense cases? |
| 98. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are training opportunities about juvenile sex offender management specifically tailored to the meet the unique needs of judges? |
| 99. | | | | | Do judicial education programs for juvenile/family court judges address the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current information about sexual victimization trends?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The needs and interests of victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of juveniles who commit sex offenses?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Differences between adults and juveniles who have committed sex offenses?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adolescent development, as it relates to considering juvenile sex offense cases?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Contemporary information about juvenile sex offender recidivism, including the unique risk factors for juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The importance of assessment-driven decisionmaking?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Strengths and limitations of risk assessment methods, including tools designed specifically for juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Research-supported and promising management strategies for juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The multiple roles that juvenile/family court judges can play in promoting effective juvenile sex offender management?</i> |
| 100. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that a pre-disposition report is completed for all juvenile sex offenders as a means of informing disposition decisions? |
| 101. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do juvenile/family court judges order pre-disposition reports as a means of informing disposition decisions? |
| 102. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are pre-disposition reports of sufficient quality to be informative for juvenile/family court judges? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 103. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are pre-disposition reports delivered to the juvenile/family court in a timely manner? |
| 104. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that a specialized psychosexual evaluation is conducted for all juvenile sex offenders as a means of informing disposition decisions? |
| 105. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do juvenile/family court judges order psychosexual evaluations as a means of informing disposition decisions? |
| 106. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are psychosexual evaluations of sufficient quality to be informative for juvenile/family court judges? |
| 107. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are psychosexual evaluations delivered to the juvenile/family court in a timely manner? |
| 108. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of juvenile sex offender-specific risk assessments used to inform disposition decisions? |
| 109. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile/family court judges order assessments of parents/caregivers as a means of informing disposition decisions? |
| 110. | <input type="radio"/> | | | <input type="radio"/> | Do statutes, policies, or guidelines afford juvenile/family court judges discretion in the disposition phase to allow for informed decisions based on juvenile sex offenders' risk and needs (and the needs of their families)? |
| 111. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do juvenile/family court judges use discretion during the disposition phase to make informed decisions based on juvenile sex offenders' risk and needs (and the needs of their families)? |

Judicial Support for Effective Management Strategies

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 112. | | | | | Is support for effective juvenile sex offender management strategies demonstrated tangibly by juvenile/family court judges through the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Promoting victim-centeredness throughout the court process?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Handing down well-informed and assessment-driven dispositions that include evidence-based and promising management strategies for juveniles and their families?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Using the leverage of the courts to enlist the support or involvement of parents/caregivers?</i> |

- | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------------------------|-----------------------|--------------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Reinforcing progress and compliance, as well as imposing appropriate sanctions for non-compliance?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Demanding accountability from the stakeholders responsible for juvenile offender management?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Becoming familiar with local resources for victims, juvenile sex offenders, and their families (including capacity and costs)?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assisting with capacity-building efforts when critical gaps are identified?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supporting multidisciplinary training events about juvenile sex offender management as both an educator and a participant?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Representing the juvenile/family courts as an active team member on collaborative initiatives?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Educating policymakers as a means of promoting evidence-based legislation?</i> |

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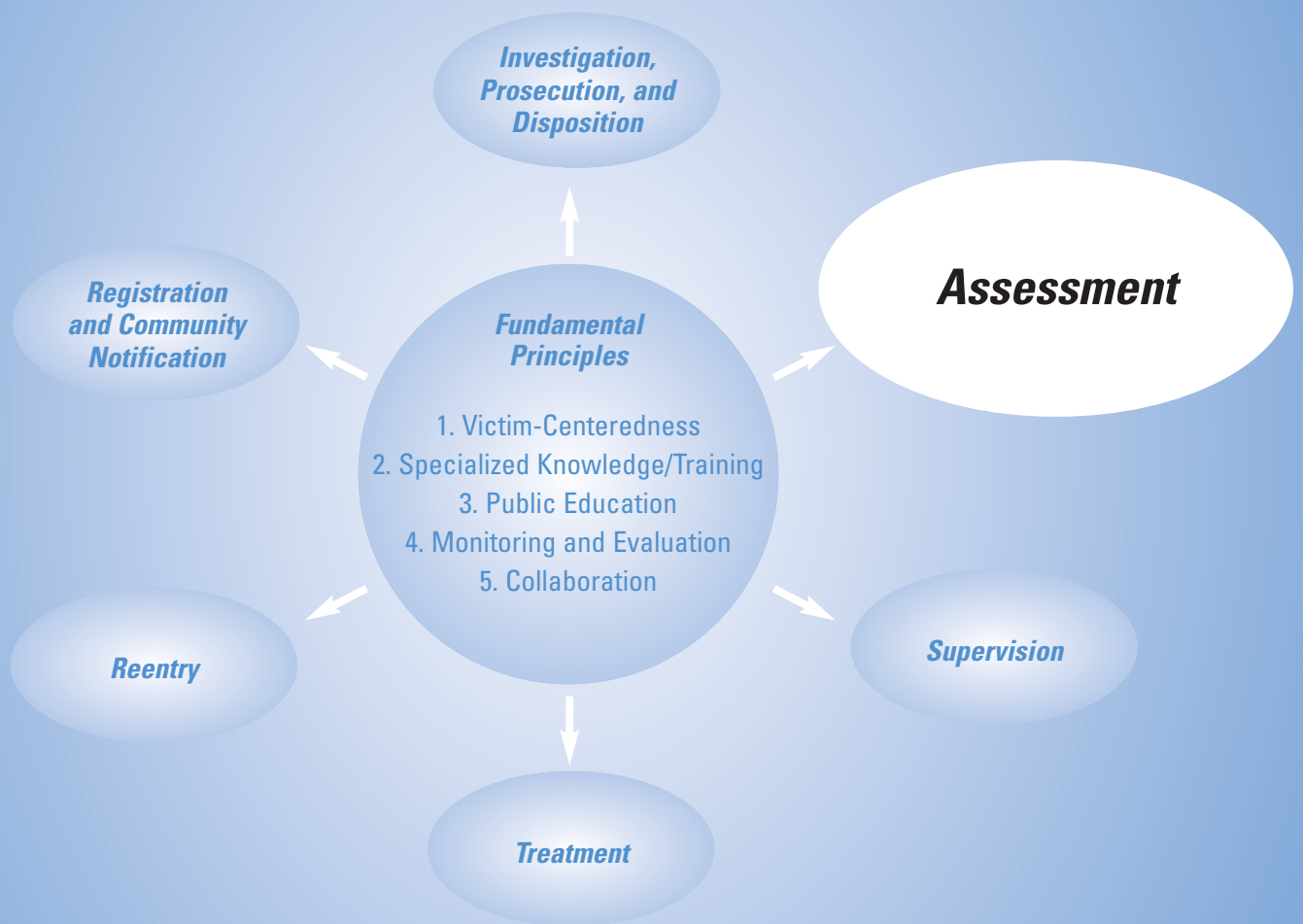
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► Overview

The term “sex offender” implies that the individuals who engage in sexually abusive behavior are all alike and can be managed in the same way. However, because adult and juvenile sex offenders are such diverse populations, “one size fits all” approaches are neither appropriate nor effective. Determining what to do with which offenders, how and when to do it, and why it should be done demands careful consideration to the varied levels of risk, needs, development, and functioning of these individuals. This requires having access to – and making good use of – comprehensive assessment information. Put simply, well executed assessments are the key to informed decisionmaking with adult and juvenile sex offenders.

The following are among the many decisions that can be guided by assessments throughout the criminal and juvenile justice process:

- Sentencing, disposition, and placement;
- Targets, intensity, and dosage of treatment;
- Release from correctional or residential settings;
- Level of community supervision, including contact requirements;
- Types of supervision conditions imposed; and
- Application of sex offender-specific legislation, such as registration and community notification.

Each of these decisions has significant implications for public safety and, as such, the stake-

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holders involved in sex offender management will benefit from having reliable and comprehensive assessment information upon which to base their decisions.

Some assessments with sexually abusive individuals occur at a specified point in time within the criminal or juvenile justice process (e.g., pre-sentencing, pre-release) and are intended to assist decisionmakers with a specific inquiry. Other assessments occur at routine intervals (e.g., every six months, every contact) and are designed to provide practitioners with an ongoing snapshot of an individual’s stability, adjustment, compliance, progress, and overall circumstances, such that case management strategies can be maintained or adjusted accordingly.

As jurisdictions begin to explore the ways in which assessments are approached and used within their current systems of adult and juvenile sex offender management, it is helpful to consider them within the context of four broad categories:

- Risk assessments, to estimate recidivism potential at given points in time;
- Criminal/juvenile justice assessments, conducted by court or correctional personnel to

inform initial decisions in the management process (e.g., disposition, initial supervision plans);

- Clinical assessments, conducted by specialized mental health professionals as a means of enhancing intervention planning; and
- Ongoing, multidisciplinary assessments, which involve cumulative information-gathering and information-sharing in order to focus and refine case management strategies over time.

None of these categories is mutually exclusive; important intersections and interactions are expected. Regardless of the category into which an assessment is placed, the quality and utility of most assessments often hinge on the synthesis of information from multiple parties.

By virtue of their distinct roles in the overall management process, different stakeholders tend to be limited to the kinds of information that they independently collect or observe about a given individual (e.g., from psychological testing, field contacts, treatment encounters, reports from victims), which provides a narrow and incomplete understanding of the adult or youthful offender. When key information is gathered and shared across disciplines and agencies, a more complete “picture” emerges. As a general rule, therefore, relying on a single data point or sole data source for critical decisionmaking is inadvisable.

Using multiple data sources as part of the assessment process enhances the reliability, validity, and ultimate usefulness of these assessments. Areas of convergence increase the confidence of professionals’ decisionmaking, whereas areas of divergence should lead to further exploration. When assessments of adult and juvenile sex offenders are comprehensive and reliable, stakeholders are better able to develop corresponding interventions

and responses that reduce the likelihood of future victimization, increase public safety, and maximize limited resources.

► *A Useful Framework to Guide Assessments*

Over the past several years, as policymakers and practitioners within the criminal and juvenile justice fields have become more invested in assessment-driven and evidence-based interventions, many have come to rely on three core principles of effective correctional intervention: risk, needs, and responsivity (see Andrews & Bonta, 2007; Cullen & Gendreau, 2000). When used as a framework for assessment with adult and juvenile sex offenders, these principles address the following questions:

- Which sex offenders will benefit most from treatment and supervision interventions?
- What are the specific targets of treatment and supervision that will have the greatest impact on reducing recidivism potential among sex offenders?
- How should treatment and supervision services for sex offenders be delivered in order to ensure maximum benefit from the interventions?

THE QUALITY AND UTILITY OF MOST ASSESSMENTS OFTEN HINGES ON THE SYNTHESIS OF INFORMATION FROM MULTIPLE PARTIES.

Risk Principle: Which Sex Offenders Will Benefit Most from Treatment and Supervision Interventions?

A wide range of potential interventions and strategies is available for managing sexually abusive individuals. However, attempting to employ all of these strategies (many of which are time and resource intensive) for all offenders is not a prudent approach, nor will it have the greatest potential to increase public safety. This is because researchers have found that better outcomes are achieved when the intensity of interventions is matched based on assessed level of risk (see Andrews & Bonta, 2007). Specifically, prioritizing higher risk adult and juvenile offenders for higher intensity services will have a greater impact on reducing recidivism than providing that same level of intervention to their lower risk counterparts; delivering intensive interventions to low risk offenders has limited to no impact and, in some cases, can actually result in increased rates of recidivism (see, e.g., Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, Goggin, Cullen, & Andrews, 2001).

Although the initial research supporting the risk principle involved “general” offenders, a growing body of evidence suggests that it is also applicable to individuals who have committed sex offenses (Friendship, Mann, & Beech, 2003; Gordon & Nicholaichuk, 1996; Hanson, 2006; Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005; Mailloux et al., 2003). This has significant implications for the ways in which sex offender management strategies are implemented.

Applying the risk principle does not mean that adult and juvenile sex offenders who pose a relatively low risk of recidivism should go untreated or unsupervised. Rather, it indicates

that – when faced with the challenges of growing numbers of sex offenders within prisons and residential facilities, increasing supervision caseloads in the community, and often limited resources – agencies and their staff will be best served by reserving the more intensive strategies (e.g., residential or prison-based treatment, intensive supervision, electronic monitoring) for those who pose a greater risk to reoffend. Simply put, the risk principle ensures that the agencies responsible for sex offender management will “get the most bang for their buck.” Therefore, a critical goal of the assessment process is to identify the individual levels of risk posed by adult and juvenile sex offenders so that interventions and strategies can be prioritized accordingly.

Need Principle: What Are the Targets of Treatment and Supervision that Will have the Greatest Impact on Reducing Recidivism Potential among Sex Offenders?

Working with sexually abusive individuals carries with it the considerable responsibility of ensuring community safety, which requires that practitioners focus their time and energy on the “right” problem areas. The need principle provides important guidance in this respect. According to this principle, the greatest impact occurs when programs and services target the changeable factors that are directly linked to recidivism among adult and juvenile offenders (Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, 1996). These crime-producing factors, also known as criminogenic needs, are comprised of two types: stable dynamic and acute dynamic risk factors. Stable dynamic risk factors are relatively enduring but nonetheless changeable, whereas acute dynamic factors can fluctuate rapidly.

Among the stable dynamic risk factors specific to adult sex offenders are intimacy deficits, pro-offending attitudes, pervasive anger, and deviant sexual interests; examples of acute dynamic risk factors are substance abuse, sexual preoccupations, access to victims, and non-compliance with supervision (Hanson & Harris, 2000b, 2001; Hanson & Morton-Bourgon, 2005). And for youthful sex offenders, similar dynamic factors (e.g., deviant interests, antisocial values, pro-offending attitudes, impulsivity) are associated with reoffending (see Prescott, 2006; Worling & Langstrom, 2006). Because of their relationship with recidivism both in the short and long term, identifying these criminogenic needs must be a key focus of assessment efforts. This will ensure that the efforts of practitioners are more efficient and effective. Applying the need principle assists supervision and treatment professionals with determining “what” to target and “when” to intervene (Hanson & Harris, 2000b, 2001; Krisberg, 2005; Lipsey & Wilson, 1998).

Responsivity Principle: How Should Treatment and Supervision Interventions for Sex Offenders be Delivered?

Assessments with adult and juvenile sex offenders should also be geared toward identifying specific client characteristics that may impact their response to interventions. Learning style, motivation to change, denial and level of functioning are key examples of these kinds of characteristics, which are known as responsivity factors. The responsivity principle indicates that when programs and services specifically take into account these factors, better outcomes are achieved (Andrews & Bonta, 2007; Cullen & Gendreau, 2000). Ways in which responsivity factors can be addressed include matching clients to specific services based on the content, format, modality, or

“teaching approach” used, and by matching clients to specific providers or officers based on skill sets, personality attributes, or style. Responsivity factors are, therefore, an important consideration in the assessment process with sex offenders.

Taken together, the principles of risk, need, and responsivity provide a useful underlying framework for assessments with adult and juvenile sex offenders, as they can guide management approaches in a manner that will preserve limited resources, maximize outcomes, and reduce recidivism.

► *Risk Assessment*

Estimating recidivism risk is perhaps the most common assessment issue raised during the sex offender management process. Indeed, risk estimates can be useful for informing many key decisions with adult and juvenile sex offenders, such as disposition or sentencing, the type of placement or required level of care, release from facilities, and the application of registration and community notification policies. In addition, as highlighted above, assessing risk is particularly helpful for guiding decisions about which individuals will benefit most from interventions and strategies that are both time and resource intensive (e.g., prison-based or residential sex offender treatment, intensive supervision, ancillary accountability measures such as electronic monitoring).

In order to assess risk, practitioners generally employ one of the following approaches:

- Unstructured clinical judgment;
- Empirically-guided; and
- Actuarial.

Unstructured Clinical Judgment

With the unstructured clinical approach, evaluators rely on their “instincts” or intuition about the individual who is the subject of the assessment. Although subjective judgments of some professionals may have some utility, research demonstrates that an unstructured method of assessing risk is not particularly reliable (Andrews, Bonta, & Wormith, 2006; Grove & Meehl, 1996; Grove, Zald, Lebow, Snitz, & Nelson, 2000). The purely subjective, and therefore inconsistent, nature of this assessment strategy means that different assessors may reach very different conclusions about a given offender. Because the potential implications of inaccurate assessments and the associated management decisions with sex offenders are significant (e.g., additional victims in the community, restricted liberties of an offender), all attempts should be made to increase the reliability of risk assessments within the context of sex offender management. Therefore, the exclusive use of unstructured clinical judgment is largely inadvisable.

Empirically-Guided

An alternative is the empirically-guided approach, in which the evaluator uses a structured scale or checklist to rate the presence or absence of specific risk factors associated with recidivism, and then makes an informed determination about the presumed level of risk. The Risk for Sexual Violence Protocol (RSVP), a modification of the Sexual Violence Risk-20 checklist (SVR-20) is one example of an empirically-guided approach to risk assessment with adult sex offenders (see Boer, Hart, Kropp, & Webster, 1997; Hart, Kropp, & Laws, 2004). The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen, 2001) and the Juvenile Sex Offender Assessment

Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) are the primary examples of this approach with youthful sex offenders.

Although the empirically-guided risk assessment strategy tends to be more reliable than unstructured clinical judgment with sex offenders (Hanson & Morton-Bourgon, 2007), inconsistency between assessors remains a noteworthy concern. This is in part because no specific direction is generally provided regarding how much “weight” should be given to each of the risk factors that is being considered within the assessment.

Actuarial

Yet another risk assessment strategy commonly employed in the sex offender management field is the actuarial approach, in which an assessor uses an empirically-validated instrument with a fixed and relatively small number of research-supported items. Each item is assigned a specific weight, and the items are summed to yield a total score that is associated with a broad risk category (e.g., low, moderate, high). Risk categories are linked to the known recidivism rates of groups of sex offenders who were followed at routine intervals (e.g., 5, 10, and 15 years).

Actuarial tools are grounded in extensive research to ensure that the tools predict what they are designed to predict (i.e., sexual or violent recidivism) and that different assessors will reach the same conclusion about the same offender when using the tools. As a result, actuarial tools provide more accurate estimates of risk than both the unstructured and empirically-guided approaches with sex offenders (see Hanson & Morton-Bourgon, 2007; Quinsey, Harris, Rice, & Cormier, 2006).

Multiple actuarial risk assessment tools specific to adult sex offenders have been developed over the past decade. Sex offender-specific instruments are necessary because although there is some overlap between risk factors for sex offenders and non-sex offenders, several factors are uniquely associated with sexual recidivism (Hanson & Bussiere, 1998). As such, simply using a tool designed to estimate recidivism risk with “general” offenders will provide only part of the picture, whereas actuarial tools designed for sex offenders specifically can offer more accurate estimates. The following are key examples of actuarial tools developed for use with adult sex offenders:

- Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR; Hanson, 1997);
- STATIC-99 (Hanson & Thornton, 1999);
- Sex Offender Risk Appraisal Guide (SORAG; Quinsey et al., 2006);

SEX OFFENDER-SPECIFIC INSTRUMENTS ARE NECESSARY BECAUSE ALTHOUGH THERE IS SOME OVERLAP BETWEEN RISK FACTORS FOR SEX OFFENDERS AND NON-SEX OFFENDERS, SEVERAL FACTORS ARE UNIQUELY ASSOCIATED WITH SEXUAL RECIDIVISM.

- Minnesota Sex Offender Screening Tool-Revised (MnSOST-R; Epperson et al., 2000); and
- Vermont Assessment of Sex Offender Risk (VASOR; McGrath & Hoke, 2002).

The actuarial approach is not without its own set of limitations. One of the most salient issues is that many of the most commonly used instrument, (e.g., RRASOR, STATIC-99) were constructed using only static or unchangeable factors (e.g., number of prior sex offenses, gender of victims). As a result, these tools do not take into account the various dynamic or change-

able risk factors that are also associated with recidivism among adult sex offenders. This not only makes the assessment of risk less comprehensive, but also limits professionals’ abilities to assess important changes in risk over time. Additionally, because the actuarial approach is, by design, a structured and objective strategy for assessing risk, idiosyncratic characteristics of a given offender are generally not taken into account when arriving at the risk determination.

Another important caveat regarding the use of actuarial tools is that they cannot indicate whether a particular individual will or will not recidivate; rather, these tools are simply designed to offer “relative” risk estimates. In other words, actuarials can assist practitioners with considering whether a given individual poses a greater or lesser risk of recidivism in comparison to other offenders based on their score on the tool. The risk categorization (i.e., low, moderate, or high) may or may not ultimately prove to be an accurate reflection of the offender’s risk to recidivate. For example, it is possible that an individual categorized as high risk will not ultimately reoffend (false positive), and that an offender rated as low risk will commit a new sex offense (false negative).

In summary, actuarial risk assessment tools are an extremely important innovation in the sex offender assessment process, but practitioners must be cognizant of and carefully consider the following issues:

- **Reliability and Validity** – All tools are not created equally. Some include more (and different types of) risk factors than others, some are more easily and consistently scored across raters, some are better at differentiating groups of sex offenders based

on known levels of risk, and some are better at predicting sexual recidivism than others. When agencies are considering which tool(s) to use, they should be familiar with the relevant research regarding the development of these tools, as well as the independent research that supports their utility.

- **Generalizability** – Available risk assessment instruments cannot be applied to all populations of sexually abusive individuals. The items on the majority of these tools, the cut-off scores used to determine risk categories, and the observed recidivism rates associated with scores on these tools were established based primarily on research with adult male sex offenders. Risk factors, and the relative contribution of these factors to recidivism potential, often differ across offender populations (e.g., juveniles, females) and, therefore, using tools that are not specifically developed for those populations is inadvisable.
- **Agency Preparedness** – Incorporating an actuarial risk assessment tool into the sex offender management practices of an agency or jurisdiction cannot be done hastily. It requires an understanding of the tool and its strengths, limitations, and potential uses. There must also be commitment and buy-in from key leadership and staff, and clear policies regarding how it will be used and how information will be shared within and across involved agencies. Finally, adequate staff training for those who will be scoring and using the results from these tools is essential.
- **The “Magic Bullet” Phenomenon** – When new and promising innovations become available, it is possible that agencies and their staff may view these innovations as the “answer” to their problems. With respect to

assessing risk among sex offenders, actuarial tools are undoubtedly a valuable resource. However, no instrument (or combination of instruments) can provide a complete picture of an individual sex offender, or provide all of the information necessary for effective management. Therefore, actuarial tools must be viewed as one of many key pieces of information to be considered as part of the assessment process.

Assessing Risk with Juvenile Sex Offenders

Although research on risk assessment with adult sex offenders has advanced significantly in recent years, the state of risk assessment for juvenile sex offenders remains in its infancy (see, e.g., Prescott, 2006). Challenges with assessing risk among juvenile sex offenders are a function of the low base rates of juvenile sexual recidivism, a lack of controlled, empirical studies pertaining to risk estimation with this population, and limited efforts to develop risk assessment tools specifically for juveniles to date (see, e.g., Worling & Langstrom, 2006; Prescott, 2006).

These conditions have affected professionals’ abilities to make research-based risk estimates about juveniles who have committed sex offenses. Consequently, some agencies and organizations have either developed their own internal risk assessment tools for juvenile sex offenders or relied on more generic and non-sex offense specific risk assessment tools that were designed for “general” justice-involved youth. These approaches, however, are unlikely to provide accurate risk estimates, in that they have not been established as reliable or valid measures for this population and fail to take into account the specific variables associated with sexual recidivism among these youth.

It is important to recognize that because the actuarial tools listed above (e.g., RRASOR, STATIC-99) were developed to assess risk with adult sex offenders, they are not automatically generalizable for use with juveniles who have committed sex offenses. Youthful sex offenders differ from adult sex offenders in multiple ways, and the risk factors associated with recidivism for adults and youth are not identical (see, e.g., Longo & Prescott, 2006; Prescott, 2006; Worling & Langstrom, 2006). Unfortunately, the extensive research necessary to develop and validate actuarial tools has not yet been sufficiently conducted within the juvenile sex offender field. At present, the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II; Epperson, Ralston, Fowers, DeWitt, & Gore, 2006) is the only tool that can be considered an actuarial instrument for youthful sex offenders; however, it has not been independently validated and, as such, it is only an experimental or research tool (Epperson et al., 2006).

The next best alternative is the empirically-guided approach to risk assessment. As previously mentioned, two empirically-guided risk assessment tools (i.e., ERASOR, J-SOAP-II) are available for use with juvenile sex offenders. Although additional information is needed, the research conducted on these tools thus far is very promising (Prentky, Harris, Frizzell, & Righthand, 2000; Righthand, et al., 2005; Worling, 2004). As such, these tools are likely better than the alternatives (i.e., relying solely on a non-research supported tool or using clinical judgment alone). Over the next several years, because of the growing interest in and need for additional research in this area, advances in risk prediction with youthful sex offenders are likely to be made. Practitioners will be well served by remaining abreast of these developments.

► Questions: Adult Sex Offenders

Risk Assessment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are formal risk assessments conducted as part of a broader assessment approach with sex offenders? |
| 2. | | | | | Do agency policies or procedures require the use of empirically-validated, sex offender-specific risk assessment tools (e.g., RRASOR, STATIC-99) to inform: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Sentencing decisions?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Levels of community supervision?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Treatment intensity?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Release decisionmaking?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Reentry planning?</i> |
| | | | | | <i>Which tools are used?</i> _____ |
| 3. | | | | | In practice , are validated, sex offender-specific risk assessment tools used to inform: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sentencing decisions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Levels of community supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment intensity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Release decisionmaking?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Reentry planning?</i> |
| | | | | | <i>Which tools are used?</i> _____ |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of validated, sex offender-specific actuarial risk assessments used to prioritize interventions for sex offenders (i.e., higher intensity services for higher risk offenders?) |
| 5. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is specialized training provided to the agency staff/other professionals who are responsible for conducting and using actuarial tools? |
| 6. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of risk assessments shared with key stakeholders across disciplines or agencies to inform decisionmaking? |
| 7. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the same risk assessment tools used/accepted across agencies (thus reducing duplication of assessment efforts and providing a common language for practitioners)? |

► Questions: Juvenile Sex Offenders

Risk Assessment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are formal risk assessments conducted as part of a broader assessment approach with juvenile sex offenders? |
| 9. | | | | | Do agency policies or procedures require the use of empirically-supported, risk assessment tools designed specifically for juvenile sex offenders (e.g., ERASOR, J-SOAP-II) to inform: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Disposition/placement decisions?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Levels of community supervision?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Treatment intensity?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Release decisionmaking?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Reentry planning?</i> |
| | | | | | <i>Which tools are used?</i> _____ |
| 10. | | | | | In practice , are empirically-supported risk assessment tools designed specifically for juvenile sex offenders (e.g., ERASOR, J-SOAP-II) used to inform: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Disposition/placement decisions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Levels of community supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment intensity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Release decisionmaking?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Reentry planning?</i> |
| | | | | | <i>Which tools are used?</i> _____ |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is specialized training provided to the agency staff/other professionals who are responsible for conducting and using risk assessment tools (e.g., ERASOR, J-SOAP-II) for juvenile sex offenders? |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of empirically-supported risk assessment tools designed specifically for juvenile sex offenders used to prioritize interventions for these youth (i.e., higher intensity services for higher risk youth?) |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of risk assessments shared with key stakeholders across disciplines or agencies to inform decisionmaking? |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the same risk assessment tools used/accepted across agencies (thus reducing duplication of assessment efforts and providing a common language for practitioners)? |

► *Assessments Specific to Criminal and Juvenile Justice Systems*

In addition to risk assessments, professionals in the sex offender management field can benefit greatly from other types of assessments, including criminal or juvenile justice-driven (versus clinically-driven) assessments that are designed primarily for use by the local courts, probation and parole offices, or other correctional and youth-serving agencies. The following are key examples of justice-driven assessments:

- Pre-sentence investigations/pre-disposition reports;
- Intake/classification assessments; and
- Assessments to develop initial supervision or case management plans.

Pre-Sentence/ Pre-Disposition Reports

The pre-sentence or pre-disposition report is often the first opportunity to obtain a fairly comprehensive assessment of the adult or juvenile sex offender who has come to the attention of the courts. It is typically conducted to provide judges and other interested parties with critical information about an individual offender and the circumstances surrounding the case, and to offer recommendations about potential disposition of the case that will balance offender accountability, offender needs, victim needs and desires, and community safety (Cumming & McGrath, 2005; Holmgren, 1999; NCJFCJ, 2005; Scott, 1997). The pre-sentence or pre-disposition report is usually completed by a community supervision officer or case manager, ideally one possessing specialized training and experience in sex offender management.

To conduct a thorough pre-sentence/pre-disposition report, a careful review of records is necessary, as are interviews with the adult or youthful offender. In addition, as some individuals may not be wholly forthcoming, collateral interviews should be conducted. To the extent possible, the interviewer should ensure that these collateral contacts are reliable and trustworthy (Cumming & McGrath, 2000, 2005). More than one interview is often necessary in order to compare and verify information gathered from the records, offender statements, and collateral contacts (Cumming & McGrath, 2005).

Multiple types and sources of information must be utilized in order to ensure that the report is both comprehensive and reliable. The following are examples of the types of information that should be included in the pre-sentence/pre-disposition assessment report (see Cumming & McGrath, 2005; NCJFCJ, 2005):

- Instant offense summary, including the offender's version of the offense(s) and victim impact statements;
- Prior criminal record, history of delinquency, or referrals to child protection agencies;
- Social history, including peer relationships and associates;
- Family, marital, and other social supports;
- Medical and mental health needs;
- Substance use/abuse;
- Employment and/or military history;
- School performance and conduct (for juveniles);
- Financial stability (primarily for adult offenders);
- Residential stability (for adult offenders) or stability in placement (for juvenile offenders);
- Estimated recidivism risk, both sexual and non-sexual;
- Strengths and assets;
- Findings from the psychosexual evaluation;

- Potential conditions of supervision, should the individual be placed in the community; and
- Mitigating or aggravating circumstances that should be taken into account.

With juvenile sex offenders, the pre-disposition report should include a careful review of systemic or contextual variables (e.g., family, school, and peers), because of their influence on the youths' adjustment, development, and stability (NAPN, 1993; NCJFCJ, 2005). For example, it is important to assess family strengths and needs, such as the ability and willingness of parents or guardians to provide adequate structure, supervision, and support. In the event that victims or vulnerable individuals are in the home, the pre-disposition assessment should also address victim safety needs, safeguards within the home, and risks and benefits associated with family preservation or reunification efforts. Furthermore, when juveniles are involved, the pre-disposition report should address the range of placement options that balance the least restrictive alternatives, proximity to the juvenile's home or community, specialized treatment needs, and community safety.

Recommendations to the court should always be supported by assessment information that has been outlined in the body of the report. Without an adequate and data-grounded foundation, recommendations will be overly subjective, less useful, and ultimately difficult to justify or defend.

Well-executed pre-sentence/pre-disposition assessment reports can provide judges with an informed rationale for sentencing and other disposition decisions, can offer supervision officers or case managers with a solid foundation for developing initial community supervision plans, and can provide multiple stakeholders with important baseline information against

which changes can be compared over time. Given the value of pre-sentence/pre-disposition assessment reports, jurisdictions may wish to consider developing policies to ensure that they are completed for all adult and juvenile sex offenders who come to the attention of the courts. If such policies are established, specific criteria should be included to promote consistency and comprehensiveness in these reports.

► Questions: Adult Sex Offenders

Pre-Sentence Investigations (PSI)

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 15. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the completion of a pre-sentence investigation (PSI) assessment report for every sex offender? |
| 16. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide specific guidance about PSI assessment reports involving sex offenders (e.g., when they are to be conducted, what information must be included, format for the report)? |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are PSI assessment reports completed for sex offenders who come to the court's attention? |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do the individuals responsible for conducting PSI assessment reports (e.g., community supervision officers, court officials) receive specialized training about sex offenders and sex offender management? |
| 19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are validated, sex offender-specific actuarial risk assessment tools used as part of the PSI assessment process?
Which tools are used? _____ |
| 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is a wide range of records (e.g., police reports, victim statements, prior arrest/court involvement, medical/mental health records) carefully reviewed to collect and verify information for the PSI? |
| 21. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is information from collateral contacts (e.g., family members, partners) incorporated into PSI reports? |
| 22. | | | | | Do PSI reports address the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Instant offense summary, including the offender's version of the offense(s) and victim impact statements?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prior criminal record, history of delinquency, or referrals to child protection agencies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social history, including peer relationships and associates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family, marital, and other social supports?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Medical and mental health needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance use/abuse?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment and/or military history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Financial stability?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Residential stability?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Estimated recidivism risk, both sexual and non-sexual?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Strengths and assets?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Findings from the psychosexual evaluation (when available)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential conditions of supervision, should the individual be placed in the community?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mitigating or aggravating circumstances that should be taken into account?</i> |
| 23. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are victim impact statements – either formal statements or documentation of interviews with victims – included in PSI reports? |
| 24. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are recommendations offered to the court supported by assessment information that is outlined in the body of the PSI report? |
| 25. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If offenders are sentenced to incarceration, do PSI reports become part of their records to ensure availability to intake/classification staff upon transfer to the institution? |
| 26. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If offenders are sentenced to community supervision, do PSI reports become part of their records to ensure availability to assigned community supervision officers? |
| 27. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When offenders are sentenced to community supervision, are PSI reports available to community-based treatment providers to inform treatment planning? |

► Questions: Juvenile Sex Offenders

Pre-Disposition Reports

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 28. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the completion of a pre-disposition report for juvenile sex offenders? |
| 29. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide specific guidance about pre-disposition reports involving juvenile sex offenders (e.g., when they are to be conducted, what information must be included, format for the report)? |
| 30. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are pre-disposition reports completed for juvenile sex offenders who come to the court's attention? |
| 31. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do the individuals responsible for conducting pre-disposition reports (e.g., juvenile probation officers, social services case managers) receive specialized training about juvenile sex offenders and juvenile sex offender management? |
| 32. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-guided juvenile sex offender-specific risk assessment tools used as part of the pre-disposition assessment process?
Which tools are used? _____ |
| 33. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is a wide range of records (e.g., police reports, victim statements, school records, child welfare/social services, medical/mental health records) carefully reviewed to collect and verify information for the pre-disposition report? |
| 34. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is information from collateral contacts (e.g., parents or guardians, other family members, child protection professionals, school officials) incorporated into pre-disposition reports? |
| 35. | | | | | Do pre-disposition reports address the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Instant offense summary, including the offender's version of the offense(s) and victim impact statements?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>History of delinquency?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Referrals to child protection agencies/maltreatment history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social history, including peer relationships and associates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family and other social supports?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Medical and mental health needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance use/abuse?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>School performance and conduct?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Stability in placement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Estimated recidivism risk, both sexual and non-sexual?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individual and family strengths and assets?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Findings from the psychosexual evaluation (when available)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential conditions of supervision, should the individual be placed in the community?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Expectations for parents/guardians?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mitigating or aggravating circumstances that should be taken into account?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Recommendations for placement options, including the least restrictive alternatives?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Proximity to home/community when out of home placement is required?</i> |
| 36. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are victim impact statements – either formal statements or documentation of interviews with victims or their families – included in pre-disposition reports? |
| 37. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do the pre-disposition reports include recommendations for the least restrictive placement option that ensures community safety? |
| 38. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do placement recommendations take into account proximity to youths' homes and communities? |
| 39. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are recommendations offered to the juvenile/family court supported by assessment information that is outlined in the body of the pre-disposition report? |
| 40. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If juvenile sex offenders are placed in a residential setting or juvenile justice facility, do pre-disposition reports become part of their records to ensure availability to intake/classification staff upon transfer to the facility? |
| 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If juvenile sex offenders are placed under community supervision, do pre-disposition reports become part of their records to ensure availability to the assigned probation or supervision officers? |
| 42. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When juvenile sex offenders are placed under community supervision, are pre-disposition reports available to community-based treatment providers to inform treatment planning? |

► *Intake Assessments*

Another point-in-time, justice-oriented assessment occurs upon an individual's entrance into a correctional or juvenile justice facility. These intake assessments are often designed to identify an individual's security classification, risk of being a target of victimization (or to victimize others), immediate or acute needs for medical or mental health services, and potential housing or rooming assignments, including the need for protective custody or close observation. In addition, screenings or other assessments to identify specific needs for programs and services (e.g., educational or vocational services, chronic health or mental health interventions, substance abuse treatment) should be conducted at this point, and the intake or case management personnel should provide information to offenders about how to access these services.

Ideally, empirically-supported tools to assess these types of non sex offense-specific intervention needs should be used. For example, an instrument such as the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) could be used for adults, and for juveniles, instruments such as the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 1997) or the Massachusetts Youth Screening Inventory-2 (MAYSI-2; Grisso & Barnum, 2001) are good examples. And to identify sex offender-specific intervention needs, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) can be used for adults, and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen, 2001) or the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) can be used for juveniles. In the event that multiple types of intervention needs are identified through the intake assessment process, recommendations about the sequencing of interventions should be addressed in an intake assessment summary.

For facilities in which sex offense-specific treatment is offered – and particularly when capacity is limited – the intake assessment process provides an ideal opportunity to differentiate sex offenders based on levels of risk and needs and to inform decisions about how to prioritize services accordingly. To facilitate this triaging process, an empirically-validated sex offense-specific risk assessment tool can be used at this juncture, in the event one has not been completed already.

Finally, as part of the intake assessment process, staff should begin to identify factors that may become barriers to successful reentry upon release. As such, case managers and other program staff can begin to consider how best to address these needs as they develop case management plans. With youthful sex offenders specifically, including parents or other caregivers in the assessment process at the point of entry into a residential or correctional facility is important. It offers a key opportunity for facility staff to engage the family by inviting them to offer their perspectives and goals pertaining to intervention needs, and by exploring potential needs that must be resolved prior to the juvenile's release.

Under ideal circumstances, pre-sentence/pre-disposition reports and psychosexual evaluations that were conducted prior to placement will be included in offenders' records at the point of entry into facilities. This provides intake/classification staff with fairly current and complete information about offenders at the outset and reduces duplication of assessment efforts. Ultimately, intake/reception assessments can provide correctional, juvenile justice, and clinical staff within institutions and facilities with a well-informed, assessment-driven basis for case management plans, including strategies to facilitate transition to the community.

► Questions: Adult Sex Offenders

Intake Assessments

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 43. | <input type="radio"/> | | | <input type="radio"/> | Do agency policies or procedures require that intake assessments are conducted for offenders entering correctional institutions? |
| 44. | <input type="radio"/> | | | <input type="radio"/> | Do agency policies or procedures provide specific guidance about intake assessments (e.g., timeframes, what information must be included, format for the report)? |
| 45. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do sex offenders undergo an intake assessment upon entry, or shortly after entry, into correctional facilities? |
| 46. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | As a part of the intake assessment process, are efforts made to identify offenders who may be particularly vulnerable to harassment or abuse within the institution (in order to inform housing/unit assignments)? |
| 47. | <input type="radio"/> | | | <input type="radio"/> | If not part of offenders' records at the point of arrival, do policies or procedures require that efforts are made to obtain PSI reports for intake purposes? |
| 48. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , if pre-sentence investigations were conducted, is the information contained in the PSI reports used to inform intake assessments? |
| 49. | <input type="radio"/> | | | <input type="radio"/> | If not part of offenders' records at the point of arrival, do policies or procedures require that efforts are made to obtain previously conducted psychosexual evaluations for intake purposes? |
| 50. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , if psychosexual evaluations were conducted, is the information contained in these evaluations used to inform intake assessments? |
| 51. | | | | | Does the intake assessment process include screenings or other tools to identify the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sex offense-specific treatment needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance use/abuse treatment needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Medical and mental health needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Suicide potential?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential for aggression or harm to others?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Educational and vocational needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Intellectual functioning?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Anticipated needs that may impact community reentry?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Strengths and assets?</i> |
| 52. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are validated assessment instruments (e.g., LS/CMI) used to identify “general” intervention needs during the intake process?
Which tool(s) are used? _____ |
| 53. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported assessment instruments (e.g., Sex Offender Treatment Needs and Progress Scale) used to identify sex offense-specific intervention needs during the intake process?
Which tool(s) are used? _____ |
| 54. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are validated, sex offender-specific risk assessments (e.g., RRASOR, STATIC-99) used as part of the intake assessment process for triaging sex offenders into treatment based on level of risk? |
| 55. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | During intake assessments, are responsivity factors (e.g., motivation, cognitive functioning) assessed in order to guide appropriate intervention strategies? |
| 56. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When multiple intervention needs are identified through the intake assessment process, are recommendations offered for the timing or sequencing of interventions? |

► Questions: Juvenile Sex Offenders

Intake Assessments

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 57. | <input type="radio"/> | | | <input type="radio"/> | Do agency/facility policies or procedures require that intake assessments are conducted for youth entering residential or juvenile correctional facilities? |
| 58. | <input type="radio"/> | | | <input type="radio"/> | Do agency/facility policies or procedures provide specific guidance about intake assessments (e.g., timeframes, what information must be included, format for the report)? |
| 59. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do juvenile sex offenders undergo an intake assessment upon entry, or shortly after entry, into residential or juvenile correctional facilities? |
| 60. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | As a part of the intake assessment process, are efforts made to identify youth who may be particularly vulnerable to harassment or abuse within the facility (in order to inform rooming or unit assignments)? |
| 61. | <input type="radio"/> | | | <input type="radio"/> | If not part of youths' records upon arrival, do policies or procedures require that efforts are made to obtain pre-disposition reports for intake purposes? |
| 62. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , if pre-disposition reports were conducted, is the information contained in the reports used to inform intake assessments? |
| 63. | <input type="radio"/> | | | <input type="radio"/> | If not part of youths' records upon arrival, do policies or procedures require that efforts are made to obtain psychosexual evaluations for intake purposes? |
| 64. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , if psychosexual evaluations were conducted, is the information contained in these evaluations used to inform intake assessments? |
| 65. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does the intake assessment process with youth include screenings or other tools to identify the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Juvenile sex offense-specific treatment needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance use/abuse treatment needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Medical and mental health needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Suicide potential?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential for aggression or harm to others?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Educational and vocational needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Intellectual functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Anticipated needs that may impact community reentry?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Strengths and assets?</i> |
| 66. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are validated assessment instruments (e.g., YLS/CMI, MAYSI-2) used to identify youths' intervention needs during the intake process?
Which tool(s) are used? _____ |
| 67. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported, juvenile-specific assessment instruments (e.g., ERASOR, J-SOAP-II) used to identify youths' sex offense-specific intervention needs during the intake process?
Which tool(s) are used? _____ |
| 68. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported, juvenile-specific risk assessments (e.g., ERA-SOR, J-SOAP-II) used as part of the intake assessment process to inform case management decisions, such as matching intensity of services to level of risk? |
| 69. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | During intake assessments, are responsivity factors (e.g., motivation, cognitive functioning) assessed in order to guide appropriate intervention strategies? |
| 70. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When multiple intervention needs are identified through the intake assessment process, are recommendations offered for the timing or sequencing of interventions? |
| 71. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are parents or caregivers included during the intake assessment process? |

► *Assessments to Develop Initial Supervision/Case Management Plans*

A final example of criminal or juvenile justice-based assessments involves the development of initial community supervision or case management plans. As a first step in the process, a formal risk assessment allows supervision officers to make an informed determination about the intensity of initial supervision efforts, such as the level of supervision and the use of specific monitoring strategies (e.g., electronic monitoring). As noted previously, interventions are most effective when delivered or applied according to level of risk (i.e., intensive supervision for higher risk sex offenders). For adult sex offenders, some jurisdictions use an empirically-validated sex offender-specific risk assessment tool (e.g., RRASOR, STATIC-99) for this purpose. And with youthful offenders, supervision officers can use the ERASOR or the J-SOAP-II as a means of identifying those youth who may require more intensive supervision based on presumed level of risk.

Beyond establishing risk levels, assessments at this phase are important for identifying the specific supervision targets and the types of risk factors that need to be addressed in the initial supervision or case management plan. A number of empirically-supported or promising assessment measures can be used by supervision officers for this purpose. For example, the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) is useful with adult offenders for determining “general” recidivism risk and identifying criminogenic needs or dynamic risk factors to be targeted through intervention. The parallel version for juveniles is the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 1997), which is widely used for assessing general risk and developing

individualized intervention plans among justice-involved youth. It should be noted that neither the LS/CMI nor the YLS/CMI are sex offender-specific instruments. These tools are valuable nonetheless for providing the broad foundation of initial supervision and case management plans, particularly in light of the research that demonstrates that when adult and juvenile sex offenders recidivate, it is more likely to be with non-sexual offenses (see, e.g., Langan, Schmitt, & Durose, 2003; Nisbet, Wilson, & Smallbone, 2004).

To assess the dynamic risk factors specifically relevant for supervision planning with adult sex offenders, the Sex Offender Need Assessment Rating (SONAR) – subsequently separated into the STABLE-2000 and ACUTE-2000 – is perhaps the most promising tool (Hanson & Harris, 2001). It was designed for supervision officers as a means of providing structure and focus for their monitoring efforts (Hanson & Harris, 2000b, 2001). In addition, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) can assist supervision officers with identifying dynamic risk factors that will need to be addressed in initial supervision plans, and establishing baseline levels of risk and needs against which changes can be gauged over time.

Similarly, for sexually abusive youth, the J-SOAP-II can be used by supervision officers or other case managers to develop individually-tailored supervision plans (the ERASOR is recommended for use by clinicians). Another assessment tool that can assist supervision officers with crafting case management plans for juvenile sex offenders is the Child and Adolescent Needs and Strengths-Sexual Development Scale (CANS-SD; Lyons, 2001). This needs assessment tool guides supervision officers through the exploration of a wide range of variables across a number of important

domains (e.g., risk behaviors, school functioning, supervision and monitoring needs, caregiver capacity, and family functioning) all of which are important considerations when crafting comprehensive case management plans.

When conducting interviews as part of the assessment process for supervision planning purposes, the style and approach used by the interviewer are important to consider, as they can have an impact on the offender's engagement in the overall intervention process (Cumming & McGrath, 2005). A specific approach that has become increasingly popular for justice-involved clients – and with sex offenders specifically – is Motivational Interviewing (Miller & Rollnick, 2002; Ginsburg, Mann, Rotgers, & Weekes, 2002). It is designed to help practitioners strategically tailor their approaches based on the client's level of motivation to change, which can reduce resistance and promote investment.

To facilitate the development of fully informed supervision plans, collaboration with the courts, treatment providers, and other members of case management teams is essential. For example, information-sharing policies should allow supervision officers to have access to the pre-sentence/pre-disposition assessment conducted by court personnel and the psychosexual evaluation conducted by a specialized mental health professional. This is important not only for ensuring that any previously identified needs and any unique sex offense-specific risk factors are taken into account in the case management plan, but also for eliminating the unnecessary duplication of assessment efforts. Furthermore, collaboration is important when creating supervision plans because what one practitioner “sees” with a given offender, and the type of assessment information that is accessible to that practitioner, may only provide part of the picture. Supervision plans should, therefore, include

WHAT ONE PRACTITIONER “SEES”
WITH A GIVEN OFFENDER,
AND THE TYPE OF ASSESSMENT
INFORMATION THAT IS ACCESSIBLE
TO THAT PRACTITIONER, MAY ONLY
PROVIDE PART OF THE PICTURE.

assessment information from the range of agencies or professionals involved in the management process.

In summary, through the use of general and offense-specific assessment tools and through multidisciplinary collaboration, supervision officers can ensure that initial case management plans are individually tailored, comprehensive, and focused around the specific targets that are most likely to be effective for reducing recidivism.

► Questions: Adult Sex Offenders

Assessments to Develop Initial Supervision Plans

- always/* *typically* *generally* *never/*
yes *not* *no*
72. Do agency **policies or procedures** provide specific guidance about how to develop initial supervision plans (e.g., timeframes, what information must be included, format)?
73. Do agency **policies or procedures** require that validated, sex offender-specific risk assessment tools (e.g., RRASOR, STATIC-99) are used to inform the development of initial supervision plans (e.g., to guide level of supervision, specific monitoring strategies) for sex offenders?
74. **In practice**, are the results of validated, sex offender-specific risk assessment tools used to inform the development of initial supervision plans (e.g., to guide level of supervision, specific monitoring strategies) with sex offenders?
75. Do agency **policies or procedures** require that validated tools (e.g., LS/CMI) are used to assess “general” criminogenic needs for targets of intervention when developing initial supervision plans with sex offenders?
76. **In practice**, are validated tools (e.g., LS/CMI) used to assess “general” criminogenic needs for targets of intervention when developing initial supervision plans with sex offenders?
77. Do **policies or procedures** require that empirically-supported tools (e.g., SONAR/STABLE- and ACUTE-2000; Sex Offender Treatment Needs and Progress Scale) are used to identify sex offender-specific monitoring targets when developing initial supervision plans?
78. **In practice**, are empirically-supported tools (e.g., STABLE- and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) used to identify sex offender-specific monitoring targets when developing initial supervision plans?
79. Are **policies or procedures** in place that allow for critical information-sharing (e.g., PSI, psychosexual evaluation, risk assessment, progress summaries) between agencies, so that initial supervision plans can be informed by this information?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 80. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If PSI reports were completed, are these reports available in sex offenders' records when cases are assigned to supervision officers? |
| 81. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the information from PSI reports used to inform the development of initial supervision plans with sex offenders? |
| 82. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If psychosexual evaluations were conducted, are these evaluations available in sex offenders' records when cases are assigned to supervision officers? |
| 83. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If psychosexual evaluations were conducted, are these evaluations used to inform the development of initial supervision plans? |
| 84. | <input type="radio"/> | | | <input type="radio"/> | If psychosexual evaluations were not conducted previously (or are not current) do agency policies or procedures require that supervision officers have such an evaluation conducted by a specialized evaluator in order to inform the development of initial supervision plans? |
| 85. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are responsivity factors considered to ensure that initial supervision plans can be effectively implemented? |
| 86. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers seek input from other involved professionals (e.g., treatment providers) to inform the development of initial supervision plans? |
| 87. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers seek input from collaterals (e.g., partners, family members) to inform the development of initial supervision plans? |
| 88. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders themselves involved in the development of initial supervision plans? |
| 89. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers use specialized interviewing strategies (e.g., Motivational Interviewing) as a means of engaging sex offenders in the assessment and supervision planning process? |

► Questions: Juvenile Sex Offenders

Assessments to Develop Initial Supervision or Case Management Plans

- always/ typically generally never/
yes not no
90. Do agency **policies or procedures** provide specific guidance about how to develop initial supervision or case management plans (e.g., time-frames, what information must be included, format)?
91. Do agency **policies or procedures** require that empirically-supported, juvenile sex offender-specific risk assessment tools (e.g., ERASOR, J-SOAP-II) are used to inform the development of initial supervision or case management plans (e.g., to guide level of supervision, specific monitoring strategies) for juvenile sex offenders?
92. **In practice**, are the results of empirically-supported, juvenile sex offender-specific risk assessment tools used to inform the development of initial supervision or case management plans (e.g., to guide level of supervision, specific monitoring strategies) with juvenile sex offenders?
93. Do agency **policies or procedures** require that validated tools (e.g., YLS/CMI) are used to assess “general” criminogenic needs for targets of intervention when developing initial supervision or case management plans with juvenile sex offenders?
94. **In practice**, are validated tools (e.g., YLS/CMI) used to assess “general” criminogenic needs for targets of intervention when developing initial supervision or case management plans with juvenile sex offenders?
95. Do **policies or procedures** require that empirically-supported tools (e.g., ERASOR, J-SOAP-II) or other relevant tools (e.g., CANS-SD) are used to identify juvenile sex offender-specific monitoring targets when developing initial supervision or case management plans?
96. **In practice**, are empirically-supported tools (e.g., ERASOR, J-SOAP-II) or other relevant tools (e.g., CANS-SD) used to identify sex offender-specific monitoring targets when developing initial supervision or case management plans?
97. Are **policies or procedures** in place that allow for critical information-sharing (e.g., pre-disposition reports, psychosexual evaluations, progress summaries) between youth-serving agencies, so that initial supervision or case management plans can be informed by this information?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 98. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If pre-disposition reports were completed, are these reports available in youths' records when cases are assigned to supervision officers or case managers? |
| 99. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the information from pre-disposition reports used to inform the development of initial supervision or case management plans with juvenile sex offenders? |
| 100. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If psychosexual evaluations were conducted, are these evaluations available in youths' records when cases are assigned to supervision officers or case managers? |
| 101. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If psychosexual evaluations were conducted, are these evaluations used to inform the development of initial supervision or case management plans? |
| 102. | <input type="radio"/> | | | <input type="radio"/> | If psychosexual evaluations were not conducted previously, (or are not current), do agency policies or procedures require that supervision officers or case managers have such an evaluation conducted by a specialized evaluator in order to inform the development of initial supervision or case management plans? |
| 103. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are responsivity factors considered to ensure that initial supervision or case management plans can be effectively implemented? |
| 104. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers or case managers seek input from other involved professionals (e.g., treatment providers, school officials) to inform the development of initial supervision or case management plans? |
| 105. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers or case managers involve parents, guardians, or other family members when developing initial supervision or case management plans? |
| 106. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the youth themselves involved in the development of initial supervision plans? |
| 107. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers use specialized interviewing strategies (e.g., Motivational Interviewing) as a means of engaging youth in the assessment and supervision planning process? |

► *Clinical Assessments*

Mental health professionals are frequently called upon to conduct specialized clinical assessments of adult and juvenile sex offenders, oftentimes at an early point in the management process. Because these evaluators are responsible for illuminating some of the complex and unique dynamics involved with the offenders in these cases, and because of the considerable weight that is often placed on these evaluations, the practitioners who conduct psychosexual evaluations must have specialized training and experience in the field (see, e.g., ATSA, 2005; NAPN, 1993). The primary forms of clinical assessments include the following:

- Psychosexual or sex offender-specific evaluations;
- Psychiatric assessments; and
- Physiological assessments of deviant arousal, interests, and preferences.

Psychosexual Evaluations

During the sentencing or disposition phase of the court process, psychosexual evaluations (sometimes referred to as sex offender-specific evaluations) are often requested. Generally speaking, psychosexual evaluations are designed to identify the following (see ATSA, 2005):

- Level of risk for sexual and non-sexual recidivism;
- Recommended types and intensity of interventions that will be most beneficial, including level of care (e.g., community versus more secure placement);
- The specific dynamic risk factors or criminogenic needs to be targeted through interventions;
- Amenability to interventions;

- Responsivity factors that may impact engagement in and response to interventions; and
- Strengths and protective factors relative to the individual, as well as those that exist within family, peer, and other community support systems.

Conversely, psychosexual evaluations should never be used for any of the following purposes:

- Determining guilt or innocence (which is well outside of the scope and boundaries of the mental health professional's role);
- Identifying whether an individual is or is not a "sex offender" (which is not an appropriate referral question, because no specific type of assessment or set of assessment tools is designed for making this determination); or
- Concluding whether an adult or juvenile meets the "profile" of a sex offender (which does not exist; research consistently demonstrates the diversity of adults and juveniles who have committed sex offenses).

Timing

Ideally, psychosexual evaluations are conducted pre-sentence or disposition and post-conviction or adjudication as a means of assisting judges and other interested parties with making well-informed disposition determinations. When conducted prior to the official ruling or finding by the trier-of-fact, several ethical and other controversies may arise. Included among these concerns are the potential for the defendant's self-incrimination pertaining to current allegations, the possibility of additional charges being pursued because of disclosures of previously undetected offenses, and the introduction of overly prejudicial information that undermines the presumption of innocence or that otherwise influences the court's finding.

In a limited number of circumstances, some of these concerns may be potentially mitigated, such as when the adult or juvenile admits to the allegations or agrees to the evaluation on the advice of counsel, when all parties agree to a pre-plea evaluation and agree to follow any recommendations as part of a plea negotiation process, or when the prosecution agrees not to file additional charges based on information disclosed during a pre-plea evaluation. Nonetheless, psychosexual evaluations are maximally useful and less subject to controversy when conducted following a conviction or adjudication.

Content and Strategy

Although similar to “general” psychological evaluations in some ways (e.g., conducting a social history, identifying potential mental health needs, using intellectual and/or personality testing, exploring harm to self or others), psychosexual evaluations are distinct in a number of ways. For example, the psychosexual evaluation is forensic in nature, which generally means that the subject is often non-voluntary and the referral stems from legal proceedings. In addition, a rather unique and critical component of the psychosexual evaluation is the detailed and thorough sexual history, which includes the exploration of sexual development, attitudes, fantasies, and adjustment. And as discussed later in this section, the selective use of physiological assessment tools (e.g., plethysmograph, viewing time, polygraph) to identify sexual arousal, interests, and preferences is specific to this specialized assessment process. Taken together, these and other elements set the psychosexual evaluation apart from the general psychological evaluation.

To enhance the reliability, comprehensiveness, and usefulness of psychosexual evaluations, multiple sources of data must be taken into

account. Important sources of information include relevant documentation (e.g., police reports, victim statements, prior treatment records, school records), interviews with the adult or juvenile sex offender, interviews with non-offending partners (or parents, when a juvenile is the subject of the evaluation), and both general and sex offense-specific assessment instruments.

**TO ENHANCE THE RELIABILITY,
COMPREHENSIVENESS, AND USEFULNESS
OF PSYCHOSEXUAL EVALUATIONS,
MULTIPLE SOURCES OF DATA MUST
BE TAKEN INTO ACCOUNT.**

When conducting psychosexual evaluations, assessors should explore offense-related factors such as the frequency, chronicity, and range of sexually abusive behaviors, the targets of the sex offenses, the individual’s (and victim’s) account of the offense, potential motivators and disinhibitors, and any previously undetected sexually abusive behaviors. Also important to consider are the presence or absence of social supports, current living arrangements – particularly with respect to access to victims or potentially vulnerable persons – and the ability and willingness of other responsible adults within the home to provide adequate safeguards as necessary.

Effective interviewing techniques are a vital aspect of the psychosexual evaluation. Because an overarching goal of an assessment is to collect quality information, evaluators must adopt a style and approach (e.g., non-adversarial, respectful, non-judgmental) that will ultimately facilitate engagement, active participation, and disclosure throughout the evaluation process. As highlighted previously, Motivational Interviewing offers a valuable framework for practitioners responsible for

assessment and intervention with sexually abusive individuals (Miller & Rollnick, 2002; Ginsburg et al., 2002).

As is the case with all clinical assessments, informed consent should be obtained from the individual (and from parents/guardians of youth or developmentally disabled persons). Practitioners must ensure that the subject understands the nature and purpose of evaluation, various techniques utilized, limits of confidentiality, and risks and benefits associated with participating.

Empirically-validated actuarial tools (e.g., RRA-SOR, STATIC-99) should be used to estimate risk for adult sex offenders and, for youthful sex offenders, the best empirically-supported tools (presently the ERASOR, J-SOAP-II, or J-SOR-RAT-II) should be used to inform risk determinations, keeping in mind the strengths and limitations of these tools. In addition, because researchers have identified dynamic variables that are linked with sexual recidivism among

THE USE OF TOOLS DESIGNED FOR JUVENILES IS CRITICAL, GIVEN THE DEVELOPMENTAL AND OTHER DIFFERENCES BETWEEN JUVENILES AND ADULTS.

individuals who have committed sex offenses, evaluators should consider those variables as well. Research-based assessment instruments such as the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003), and the Psychopathy Checklist-Revised (PCL-R; Hare, 2003) could be used to identify these types of risk factors with adults.

Juvenile-Specific Considerations

With respect to evaluating juveniles who have committed sex offenses, many of the previously identified dynamic risk factors (e.g., deviant sexual interests, antisocial values and behaviors, pro-offending attitudes, impulsivity) are important to consider because of their identified or suggested relationship with recidivism among youth (see Hunter, Figueredo, Malamuth, & Becker, 2003; Prescott, 2006; Worling & Langstrom, 2006). In addition, assessors of juvenile sex offenders should also take into account factors such as problematic parent-child relationships, social isolation, poor social skills, negative peer relationships, exposure to violence in the home, and access to sexually exploitative materials (see Hunter et al., 2003; Prescott, 2006; Worling & Langstrom, 2006).

Moreover, the multiple systems that have important influences on youths' development, such as family, school, peer, and community, must be carefully examined during the psychosexual evaluation process with juvenile sex offenders (see, e.g., Hunter, 2006; Prescott, 2006). For example, an assessment of a youth's parents or caregivers should be included as part of the psychosexual evaluation, including any parental risk factors (e.g., substance abuse, domestic violence, unaddressed mental health needs, criminal justice involvement), the level of structure and supervision within the home, and their willingness and ability to support intervention efforts.

As emphasized earlier, the use of tools designed for juveniles is critical, given the developmental and other differences between juveniles and adults and the need to increase the reliability and validity of assessment results (Fanniff & Becker, 2006b; Prescott, 2006; Worling & Langstrom, 2006). In addition to juvenile sex offense-specific tools (e.g., CANS-SD,

ERASOR, J-SOAP-II), several non sex offense-specific instruments for youth can be useful for evaluators as they attempt to explore multiple areas of risk and needs. For example, the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel, & Forth, 2002) and the Psychopathy Checklist-Youth Version (PCL-YV; Forth, Kosson, & Hare, 2003) can be used to estimate violent recidivism (not specific to sexual recidivism) and to identify the presence of psychopathic traits among juveniles, respectively.

At all times, evaluators must take into account the age, maturity, and level of functioning of the youth, not only in terms of selecting assessment tools, but also with respect to their interactions with the youth during the course of the evaluation and as they synthesize and present the findings in the written report.

► Questions: Adult Sex Offenders

Psychosexual Evaluations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 108. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that psychosexual evaluations are conducted for sex offenders? |
| 109. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are psychosexual evaluations conducted for sex offenders? |
| 110. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide guidance about minimum requirements for psychosexual evaluations (e.g., evaluator qualifications, timing, information to be included, instruments to be used)? |
| 111. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are the completion and use of psychosexual evaluations limited to the post-conviction, pre-sentencing phase? |
| 112. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are psychosexual evaluations conducted by qualified clinicians with specialized training and experience in sex offender management? |
| 113. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures allow for critical information-sharing across agencies or disciplines to ensure that comprehensive data from multiple sources can be accessed for psychosexual evaluations? |
| 114. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is critical information shared across agencies and disciplines to ensure that comprehensive assessment data from multiple sources can be incorporated into psychosexual evaluations? |
| 115. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are validated, sex offender-specific risk assessment tools (e.g., RRASOR, STATIC-99) included as a component of psychosexual evaluations? |
| 116. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported, sex offender-specific tools (e.g., Sex Offender Treatment Needs and Progress Scale) used during the psychosexual evaluation process in order to identify critical dynamic risk factors and targets of treatment? |
| 117. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do evaluators use specialized interviewing strategies (e.g., Motivational Interviewing) as a means of engaging sex offenders in the assessment process? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 118. | | | | | Do psychosexual evaluations include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Clinical interviews with offender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Interviews with collaterals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Review of documents specific to the offense (e.g., police reports, victim impact statements)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Review of relevant historical records (e.g., prior legal involvement)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mental health/health care needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Detailed sexual history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Level of psychosexual disturbance, including paraphilias?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Overall level of functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Estimated level of risk (sexual and non-sexual)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Criminogenic needs or dynamic factors to be targeted through treatment and supervision efforts?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Responsivity factors that may impact engagement in and response to treatment and supervision interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individual strengths and assets?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Recommended intensity of treatment interventions and level of care/placement required?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Amenability to treatment and supervision, including prior experiences and outcomes?</i> |
| 119. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of psychosexual evaluations shared with key stakeholders who are involved in the management process (e.g., correctional case-workers, community supervision officers) to inform case management decisions? |

► Questions: Juvenile Sex Offenders

Psychosexual Evaluations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 120. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that psychosexual evaluations are conducted for juvenile sex offenders? |
| 121. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are psychosexual evaluations conducted for juvenile sex offenders? |
| 122. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide guidance about minimum requirements for psychosexual evaluations (e.g., evaluator qualifications, timing, information to be included, instruments to be used)? |
| 123. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are the completion and use of psychosexual evaluations limited to the post-adjudication, pre-disposition phase? |
| 124. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are psychosexual evaluations conducted by qualified clinicians with specialized training and experience in adolescent development and juvenile sex offender management? |
| 125. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures allow for critical information-sharing across agencies or disciplines to ensure that comprehensive data from multiple sources can be accessed for psychosexual evaluations? |
| 126. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is critical information shared across agencies and disciplines to ensure that comprehensive assessment data from multiple sources can be incorporated into psychosexual evaluations? |
| 127. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported, juvenile-specific risk assessment tools (e.g., ERASOR, J-SOAP-II) included as a component of psychosexual evaluations to identify youths' risk and needs? |
| 128. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are developmentally-sensitive measures used to identify other intervention needs when conducting psychosexual evaluations of youth? |
| 129. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do evaluators use specialized interviewing strategies (e.g., Motivational Interviewing) as a means of engaging youth in the assessment process? |
| 130. | | | | | Do psychosexual or sex offender-specific evaluations include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent of the youth and parent(s)/guardian(s)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Clinical interviews with youth?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Interviews with parent(s)/guardian(s)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Review of documents specific to the offense (e.g., police reports, victim impact statements)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Review of relevant historical records (e.g., prior legal involvement, school)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social history, including peer relationships?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>School performance and conduct?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parent-child relationships?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Detailed sexual history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Cognitive development and maturity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Estimated level of risk (sexual and non-sexual)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Criminogenic needs or dynamic factors to be targeted through treatment and supervision efforts?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Responsivity factors that may impact engagement in and response to treatment and supervision interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individual strengths and assets?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family needs, strengths, and assets?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Recommended intensity of treatment interventions and level of care/ placement required?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Amenability to treatment and supervision, including prior experiences and outcomes?</i> |
| 131. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of psychosexual evaluations shared with key stakeholders who are involved in the management process (e.g., case managers, family therapists, supervision officers) to inform case management decisions with youth? |

Psychiatric Assessments

Co-occurring mental health difficulties are relatively common among criminal and juvenile justice-involved individuals, including those who have committed sex offenses. Therefore, specialized psychiatric assessments are an important component of a comprehensive assessment process. Indeed, adult and juvenile sex offenders should, at the very least, receive mental health screenings as they enter the criminal or juvenile justice systems. When these screenings identify potential concerns, prompt referrals for further evaluation should be made to qualified mental health professionals.

Ultimately, psychiatric assessments may lead to recommendations for adjunctive services such as psychotropic medication, individual therapy, and/or other interventions. Depending upon the nature and severity of these psychiatric concerns, recommended interventions may need to be initiated prior to or concurrent with offense-specific interventions. If left unaddressed, some mental health symptoms or disorders (e.g., attention-deficit/hyperactivity disorder or impulse control, psychotic, mood, or anxiety-related disorders) may interfere significantly with an individual's ability to engage in or benefit fully from interventions or to maintain stability in the community.

Thorough psychiatric assessments can also be useful for identifying potential links between certain disorders (i.e., paraphilias) and the onset or maintenance of sexually problematic behaviors, particularly for adult sex offenders. In those instances, an important goal of the assessment process is to identify an appropriate course of intervention, which may include the use of pharmacological agents such as antiandrogens or selective serotonin reuptake inhibitors (SSRIs) (Abel et al., 1987; Abel et al., 1989; Berlin, 2000; Kafka, 2001; Kafka and

Hennen, 2002; Prentky, 1997). Whether to manage mood disorders, mitigate psychotic symptoms, or reduce sexual urges or compulsions, these medications must be considered as an adjunct to a broader strategy of sex offender management (Berlin, 2000; Bradford & Greenberg, 1998; Grubin, 2000; Laws & O'Donohue, 1997; Prentky, 1997). (For additional information about these medications, see the Treatment section of this protocol.)

Finally, to ensure that the psychiatric needs of adult and juvenile sex offenders are understood and taken into account by all stakeholders who are responsible for management efforts, key information from these assessments must be shared, and their specific relevance to treatment and supervision interventions must be discussed. As always, when assessment information will be shared across agencies or disciplines, health/medical information-sharing policies must be established and/or reviewed, and relevant releases signed.

► Questions: Adult Sex Offenders

Psychiatric Assessments

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 132. | <input type="radio"/> | | | <input type="radio"/> | Do agency policies or procedures require mental health screenings as part of an overall assessment strategy with sex offenders? |
| 133. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are mental health screenings conducted as part of an overall assessment strategy with sex offenders? |
| 134. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are referrals for more thorough psychiatric assessments made promptly when mental health screenings identify potential needs? |
| 135. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do psychiatric assessments address potential needs for pharmacological interventions? |
| 136. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the psychiatric or other qualified mental health professionals who conduct such evaluations specially trained in forensic mental health issues, sexual deviance, and/or sex offender management? |
| 137. | <input type="radio"/> | | | <input type="radio"/> | When psychiatric assessments are conducted, do policies or procedures allow for critical information-sharing with key professionals responsible for the management of the cases? |
| 138. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are results from psychiatric assessments, including any specific implications for sex offender management strategies, shared with key professionals responsible for the management of the cases? |

► Questions: Juvenile Sex Offenders

Psychiatric Assessments

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 139. | <input type="radio"/> | | | <input type="radio"/> | Do agency policies or procedures require mental health screenings as part of an overall assessment strategy with juvenile sex offenders? |
| 140. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are mental health screenings conducted as part of an overall assessment strategy with juvenile sex offenders? |
| 141. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are referrals for more thorough psychiatric assessments made promptly when mental health screenings identify potential needs among youth? |
| 142. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do psychiatric assessments address potential needs for pharmacological interventions? |
| 143. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the psychiatric or other qualified mental health professionals who conduct such evaluations specially trained in adolescent mental health issues, sexual deviance, and/or juvenile sex offender management? |
| 144. | <input type="radio"/> | | | <input type="radio"/> | When psychiatric assessments are conducted, do policies or procedures allow for critical information-sharing with key professionals responsible for the management of the cases? |
| 145. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are results from psychiatric assessments, including any specific implications for juvenile sex offender management strategies, shared with key professionals responsible for the management of the cases? |

► *Physiological Assessments of Deviant Arousal, Interests, and Preferences*

Given the inherent fallibility of self-report, physiological tools have become increasingly popular as an independent and objective enhancement to the assessments of sexually abusive individuals. These types of assessments are particularly valuable when attempting to explore deviant sexual arousal, interests, or preferences. The following are the primary types of physiological assessment approaches used within the sex offender management field:

- Phallometry, or penile plethysmography;
- Viewing time; and
- Polygraphy (as an indirect measure).

Phallometry/Penile Plethysmography. The most longstanding, widely employed, and empirically-supported method of assessing deviant sexual arousal, interests, and preferences is phallometry, generally using the penile plethysmograph (Laws, 2003; Marshall & Fernandez, 2003). This process involves exposing an individual to different sets of audio and/or visual stimuli while measuring the physical changes that occur in erectile magnitude. These changes are interpreted as reflecting varied levels of sexual arousal and/or interests; greater levels of arousal to certain stimulus sets relative to others are suggestive of preferences.

Researchers have demonstrated strong associations between phallometric measures of deviant sexual arousal/interests and sexual and violent recidivism, primarily for men who sexually abuse children (Hanson & Bussiere, 1998; Laws, 2003; Marshall & Fernandez, 2003; Rice, Harris, & Quinsey, 1990; Rice, Quinsey, & Harris, 1991). In addition, phallometric assessments of sex offenders against children (and, in

some instances, sex offenders against adult women) have revealed greater deviant arousal/interests among those offenders than non-sexual offenders (Abel, Lawry, Karlstrom, Osborn, & Gillespie, 1994; Harris, Rice, Quinsey, Chaplin, & Earls, 1992; Lalumiere & Quinsey, 1994; Laws, 2003; Letourneau, 2002; Marshall & Fernandez, 2003).

Viewing Time. In comparison to phallometric assessment, the use of viewing time procedures is a relatively recent approach to the assessment of sexual interest and, as such, less evidence is available to support its validity and reliability (Letourneau, 2002). With viewing time assessments, the individual views computer-generated slides of children, adolescents, and adults on a screen and enters self-reported ratings of attractiveness for these pictures. Throughout the process, the subject is responsible for advancing to the next slide. The amount of time spent viewing any given picture is believed to provide an objective measure of sexual interest; longer viewing time suggests greater interest (Abel et al., 1994; Abel, Huffman, Warberg, & Holland, 1998; Abel, Jordan, Hand, Holland, & Phipps, 2001).

Some professionals favor viewing time assessments over phallometric assessments as these procedures are far less intrusive and the stimuli are less controversial (Abel et al., 1998). Published reports indicate that viewing time holds promise as a means of assessing deviant sexual interests, particularly with respect to interests in children (Abel et al., 1994, 1998; Letourneau, 2002), although additional independent research is clearly needed.

Polygraph. As an adjunct to the assessment process, the post-conviction or post-adjudication polygraph examination is potentially useful as an indirect assessment of deviant sexual interests through the sexual history disclosure

process. Prior to the examination, the offender generally provides detailed information to the polygraph examiner via a sexual history questionnaire and/or interview. During the actual polygraph examination, the subject responds to a limited number of “yes” or “no” questions about the sexual history, at which time the polygraph measures specific physiological changes (e.g., respiration, blood pressure, heart rate) believed to be associated with deception. Using standardized scoring techniques, the polygraph examiner reviews the results and subsequently renders an opinion as to whether the examinee appeared to be candid or deceptive. In the post-examination interview, the polygrapher discusses apparent discrepancies and other areas that may warrant follow-up. Practitioners often indicate that it is during the post-examination process that the most useful information is obtained.

Reports in the literature indicate that greater amounts of information about victims and behaviors are elicited through the polygraph examination process (Ahlmeyer, Heil, McKee, & English, 2000; Heil, Ahlmeyer & Simons, 2003; O’Connell, 2000). Within this context, this sexual history information may assist practitioners with considering deviant interests, either because it corroborates information obtained through other data sources, or because it raises questions that lead to further inquiry or assessment. Despite its growing popularity as an assessment tool with sex offenders, debates over the use of the polygraph continue, with yet unanswered questions regarding its validity and reliability (National Academies of Sciences, 2003) and the impact on sex offender management strategies. If used, the polygraph should be considered as one component of a broader and more comprehensive assessment approach.

Considerations with Juvenile Sex Offenders

The use of phallometric and viewing time assessment techniques is relatively common when conducting evaluations with adult offenders, as is the use of the polygraph to facilitate disclosure for the purpose of obtaining sexual history information (McGrath, Cumming, & Burchard, 2003). Utilization of such technology is less common and more controversial, however, when juveniles are the subjects of the assessment (see, e.g., Fanniff & Becker, 2006a; Hunter & Lexier, 1998; McGrath et al., 2003; Smith & Fisher, 1999).

At present, empirical research on the reliability and validity of these assessment strategies with juvenile sex offenders is lacking (Becker & Harris, 2004; Fanniff & Becker, 2006b; Hunter & Lexier, 1998; Letourneau & Miner, 2005). Moreover, whether the fluidity of juveniles’ development and maturity has an impact on the reliability and validity of these techniques remains an unanswered question. Finally, concerns regarding the intrusive nature of some of these methods and the exposure of juveniles to some of the stimuli have been raised as well (Becker & Harris, 2004; CSOM, 1999; Hunter & Lexier, 1998; Letourneau & Miner, 2005).

In light of these concerns, experts suggest that if such measures are to be incorporated as part of an assessment process with youthful sex offenders, they should be used selectively (Becker & Harris, 2004; Fanniff & Becker, 2006a, 2006b; Hunter & Lexier, 1998). The full informed consent of the juvenile and parent or caregiver should be obtained, ensuring that all parties, including the professionals involved, are aware of the limitations, risks, and caveats associated with the use of such measures. Generally, physiological assessments of sexual arousal, preference, or interest – as well as the use of

the polygraph as an assessment tool – should be restricted to older juveniles (i.e., 14 years of age or older) who report deviant sexual interests and/or those juveniles with extensive histories of sexual offending. Under these circumstances, such assessments may be useful for identifying juveniles with emergent paraphilic disorders (Becker & Harris, 2004; Fanniff & Becker, 2006a, 2006b; Hunter & Lexier, 1998).

In summary, while physiological assessments are increasingly common with adult and juvenile sex offenders, they are not without controversy. When considering the use of such assessment tools, a variety of issues warrant attention (ATSA, 2005; Blasingame, 1998; CSOM, 2000, 2002; Laws, 2003):

- Jurisdictions must ensure that clear policies are in place to guide the use of such measures. These policies should clarify which individuals should be considered for these examinations, any limits because of age or developmental/functional status, frequency of examinations, and how information will be used and shared, including additional disclosures that may ensue;
- Evaluators must possess the requisite specialized training, experience, and skills to conduct these assessments;
- Where applicable, professionals must adhere to any relevant guidelines or professional standards of practice that relate to the use of such tools;
- Practitioners must keep abreast of the developing literature, recognizing any currently identified limitations on reliability and validity; and
- As is the case with any particular tool or technology, physiological assessment measures should never be utilized in isolation or as a sole decisionmaking factor. Rather, they must be considered as part of an overall assessment strategy.

► Questions: Adult Offenders

Physiological Assessments of Sexual Arousal, Interests, and Preferences

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 146. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures address the use of physiological assessments of arousal, interests, and preferences as part of an overall assessment strategy with sex offenders? |
| 147. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are physiological assessments of sexual arousal, interests, and preferences used as part of an overall assessment strategy? |
| 148. | | | | | If physiological assessments of sexual arousal, interests, and preferences are conducted, are the following procedures utilized: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Penile plethysmograph?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Viewing time?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Polygraph (as an indirect measure through sexual history)?</i> |
| 149. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the practitioners who conduct physiological assessments specially trained in the use of such technologies? |
| 150. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is informed consent obtained when physiological assessments are conducted with sex offenders? |
| 151. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When physiological assessments are conducted, are the results shared with other professionals responsible for the management of these cases? |
| 152. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results and recommendations from physiological assessments used to inform the development of treatment and supervision plans as part of a more comprehensive approach to sex offender management? |
| 153. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do stakeholders in the sex offender management process understand the specific strengths and limitations associated with the various physiological tools? |
| 154. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures prohibit the results of physiological assessments from being used as the sole criterion for critical decisionmaking (e.g., release, treatment completion or termination, violation of supervision conditions)? |
| 155. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do these safeguards ensure that the results of physiological assessments are not used as the sole criterion for critical decisionmaking (e.g., release, treatment completion or termination, violation of supervision conditions)? |

► Questions: Juvenile Sex Offenders

Physiological Assessments of Sexual Arousal, Interests, and Preferences

- always/ typically generally never/
yes not no
156. Do **policies or procedures** address the use of physiological assessments of arousal, interests, and preferences as part of an overall assessment strategy with juvenile sex offenders?
157. **In practice**, are physiological assessments of sexual arousal, interests, and preferences used as part of an overall assessment strategy with juvenile sex offenders?
158. Do **policies or procedures** include restrictions on the use of physiological assessment techniques with juvenile sex offenders (e.g., based on age, developmental level, maturity, cognitive functioning)?
159. **In practice**, is the use of physiological assessment techniques with juvenile sex offenders restricted (e.g., based on age, developmental level, maturity, cognitive functioning)?
160. If physiological assessments of sexual arousal, interests, and preferences are conducted with youth, are the following procedures utilized:
- Penile plethysmograph?*
- Viewing time?*
- Polygraph (as an indirect measure through sexual history)?*
161. Are the practitioners who conduct physiological assessments specially trained in the use of such technologies?
162. Is informed consent from the youth and parents/guardians obtained when physiological assessments are conducted with juvenile sex offenders?
163. When physiological assessments are conducted with youth, are the results shared with other professionals responsible for the management of these cases?
164. Are the results and recommendations from physiological assessments used to inform the development of treatment and case management plans as part of a more comprehensive approach to juvenile sex offender management?

- always/
yes typically generally
not never/
no
165. Do stakeholders in the juvenile sex offender management process understand the specific strengths and limitations associated with the various physiological tools, particularly when used with youth?
166. Do **policies or procedures** prohibit the results of physiological assessments from being used as the sole criterion for critical decisionmaking (e.g., release, treatment completion or termination, violation of supervision conditions) with juvenile sex offenders?
167. **In practice**, do these safeguards ensure that the results of physiological assessments are not used as the sole criterion for critical decisionmaking (e.g., release, treatment completion or termination, violation of supervision conditions) with juvenile sex offenders?

► *Ongoing, Multidisciplinary Assessments*

Risk, needs, and circumstances change over time, in both positive and negative directions. As such, the formal point-in-time assessments that are often conducted at early stages in the process (e.g., pre-sentence/pre-disposition, intake, psychosexual) are necessary – but not sufficient – to guide ongoing management efforts with adult and juvenile sex offenders. Indeed, the initial risk estimates and initial targets of intervention identified through those early assessments may not accurately reflect the level of risk or needs posed by a given offender weeks, months, or years later. The emergence of new risk factors for an individual may increase reoffense risk markedly and, conversely, the mitigation of risk factors and the presence of protective factors may decrease reoffense potential significantly.

Therefore, to capture important changes and ensure that management strategies are maximally effective, practitioners must be committed to the philosophy and practice of assessment as an ongoing process. This ongoing assessment process requires information-sharing across disciplines and entities, not only in terms of the various professionals responsible for sex offender management, but also with respect to members of community support networks (e.g., family members, employers, school officials). Depending upon their roles and responsibilities, these individuals have different degrees of contact with offenders, have different purposes for their encounters, and have access to different types of assessment information. The limited observations of any given individual, while important, likely provide only a part of the “picture.” For example, what a supervision officer observes with a given offender during a field contact may be very different from what a treatment provider observes during a treatment session.

Ongoing assessments within correctional or residential settings require collaboration between caseworkers, offense-specific treatment providers, ancillary service providers, custody staff, and other involved parties. Each of these professionals should document and share critical information about institutional adjustment, response to structure, participation in programs and services, and overall functioning in order to inform case management decisions. Perhaps most salient is the use of ongoing assessment as a way to measure treatment progress against baseline levels of functioning. The assessment of within-treatment changes promotes more objective measurement of goal attainment, while identifying areas of continued need. Although research has not demonstrated that treatment progress is related to recidivism of sex offenders (Hanson & Morton-Bourgon, 2005), treatment progress – or lack thereof – is nonetheless important for guiding adjustments to treatment plans over time. In addition, assessing treatment progress ultimately assists community treatment providers with developing individualized and responsive treatment plans once these adults and juveniles return to the community.

Furthermore, because **PRACTITIONERS MUST BE COMMITTED TO THE PHILOSOPHY AND PRACTICE OF ASSESSMENT AS AN ONGOING PROCESS.** the vast majority of sexually abusive individuals will eventually return to communities, ongoing assessments within correctional or residential settings should be specifically geared toward identifying and anticipating potential barriers to effective community reintegration. This assessment process must begin at the point of intake and continue throughout the period of incarceration or residential placement, thus ensuring the opportunity to develop strategies, identify appropriate resources, and bolster community support networks far in advance of release.

In the community, ongoing assessment is a collaborative process that includes supervision officers, treatment providers, and other stakeholders. These practitioners continuously review the individual's ability to comply with treatment and supervision expectations, manage risk factors effectively, request assistance when warranted, and use community supports in positive and productive ways. As such, they become better equipped to implement and adjust community management strategies in response to any critical changes. As noted previously, current research indicates that the most effective targets of intervention with sexually abusive individuals are the changeable factors associated with recidivism, including the following key examples (see, e.g., Hanson & Harris, 2000a, 2001; Hanson & Morton-Bourgon, 2005):

- Deviant sexual arousal, interests, or preferences;
- Sexual preoccupation;
- Substance abuse;
- Pervasive anger and hostility;
- Victim access;
- Pro-offending or antisocial attitudes;
- Intimacy deficits and conflicts in intimate relationships; and
- Non-compliance with treatment or supervision.

Ongoing assessments for sex offender management should, therefore, focus on dynamic factors so that treatment and supervision strategies can be adjusted accordingly over time. As noted previously, to assess and monitor the dynamic risk factors relevant for adult

sex offenders, the STABLE-2000 and ACUTE-2000 (previously known as the SONAR) are perhaps the most promising instruments (Hanson & Harris, 2001). They were designed specifically for supervision officers as ongoing assessment tools; they provide structure and focus for monitoring efforts and assist officers with determining when to intervene in response to specific changes in risk factors (Hanson & Harris, 2000b, 2001). In addition, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) offers treatment providers and supervision officers alike a structured means of identifying and monitoring dynamic risk factors throughout the course of treatment and supervision.

Similarly, those responsible for managing youthful sex offenders must be aware of dynamic risk factors (e.g., deviant sexual interests, antisocial values and behaviors, pro-offending attitudes, impulsivity) over time (see Prescott, 2006; Worling & Langstrom, 2006). The ERASOR (Worling & Curwen, 2001) and the J-SOAP-II (Prentky & Righthand, 2003) are particularly useful tools for the ongoing assessment of dynamic risk factors. The J-SOAP-II is designed for use by supervision officers, case managers, and/or treatment providers, whereas the ERASOR is primarily designed for use by clinicians, as a means of assessing key changes over time. It is also essential that ongoing assessments with youth include routine monitoring of the family, school, peer, and other systems that are critical in a youth's development, so that interventions and strategies can be adjusted accordingly. In some instances, particularly when youth-serving agencies or entities are involved, confidentiality concerns may arise and may create barriers to information-sharing. However, this can often be addressed with standard release of information agreements signed by parents/guardians, or through the use of appropriate informed consent procedures.

ONGOING ASSESSMENTS FOR SEX
OFFENDER MANAGEMENT SHOULD FOCUS
ON DYNAMIC FACTORS SO THAT TREAT-
MENT AND SUPERVISION STRATEGIES CAN
BE ADJUSTED ACCORDINGLY OVER TIME.

► *Summary*

Throughout the criminal and juvenile justice systems, a wide range of stakeholders bear the responsibility for making key decisions that have important implications for sex offender management efforts. However, because the adults and juveniles who commit sex offenses are diverse populations, each of these decisions must be informed by current and relevant assessment information. Assessments are most useful when they are based on multiple types of data from multiple sources, when research-supported and developmentally-appropriate tools are used, and when they are conducted responsibly by professionals who are specially trained to conduct these assessments. Whether to inform decisions during the disposition phase, to guide the development of initial treatment, case management, or supervision plans, or to ensure that ongoing management strategies are most effective, assessments are a critical component of a comprehensive and integrated approach to adult and juvenile sex offender management.

► Questions: Adult Sex Offenders

Ongoing, Multidisciplinary Assessment

- always/* *typically* *generally* *never/*
yes *not* *no*
168. Do agency **policies or procedures** establish formal mechanisms (e.g., staffings, quarterly reviews) within correctional institutions to ensure that key information about offenders is shared on an ongoing basis, in order to promote responsive case management?
169. **In practice**, do practitioners within correctional institutions use these opportunities (e.g., staffings, quarterly reviews) to share key information about offenders on an ongoing basis, in order to promote responsive case management?
170. Do case managers within institutional settings assess changes in risk and criminogenic needs?
Which tools are used? _____
171. Do sex offender-specific treatment providers within institutional settings assess treatment progress using empirically-supported tools (e.g., Sex Offender Treatment Needs and Progress Scale)?
Which tools are used? _____
172. Do agency **policies or procedures** require community supervision officers to use empirically-supported measures (e.g., SONAR/STABLE- and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) to monitor critical dynamic risk factors on an ongoing basis?
Which tools are used? _____
173. **In practice**, do community supervision officers use empirically-supported measures (e.g., SONAR/STABLE- and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) to monitor critical dynamic risk factors on an ongoing basis?
Which tools are used? _____
174. Do community-based treatment providers use empirically-supported measures (e.g., Sex Offender Treatment Needs and Progress Scale) to assess key changes with sex offenders over time?
Which tools are used? _____
175. Do practitioners in the community have formal mechanisms in place (e.g., staffings, quarterly reviews) to ensure that key information from multiple stakeholders (e.g., treatment providers, supervision officers) is shared on an ongoing basis, in order to promote responsive case management?

176. always/
yes typically generally
not never/
no **In practice**, do practitioners in the community use these opportunities (e.g., staffings, quarterly reviews) to share key information about offenders on an ongoing basis, in order to promote responsive case management?

► Questions: Juvenile Sex Offenders

Ongoing, Multidisciplinary Assessment

- always/ typically generally never/
yes not no
177. Do agency **policies or procedures** establish formal mechanisms (e.g., staffings, quarterly reviews) within residential/juvenile correctional settings and other key stakeholders to ensure that key information about youth is shared on an ongoing basis, in order to promote responsive case management?
178. **In practice**, do practitioners within residential/juvenile correctional settings use these opportunities (e.g., staffings, quarterly reviews) to share key information about youth on an ongoing basis, in order to promote responsive case management?
179. Do case managers within residential/institutional settings assess changes in youths' risk and criminogenic needs?
Which tools are used? _____
180. Do juvenile sex offender-specific treatment providers within residential/juvenile correctional settings assess treatment progress using empirically-supported tools (e.g., ERASOR, J-SOAP-II)?
Which tools are used? _____
181. Do agency **policies or procedures** require case managers or community supervision officers to use empirically-supported measures (e.g., J-SOAP-II) to monitor critical dynamic risk factors on an ongoing basis?
Which tools are used? _____
182. **In practice**, do case managers or community supervision officers use empirically-supported juvenile measures (e.g., J-SOAP-II) to monitor critical dynamic risk factors on an ongoing basis?
Which tools are used? _____
183. Do community-based treatment providers use empirically-supported juvenile measures (e.g., ERASOR, J-SOAP-II) to assess key changes with juvenile sex offenders over time?
Which tools are used? _____
184. Do practitioners in the community have formal mechanisms in place (e.g., staffings, quarterly reviews) to ensure that key information from multiple stakeholders (e.g., treatment providers, supervision officers, schools, child welfare agencies) is shared on an ongoing basis, in order to promote responsive case management?

185. always/
yes typically generally
not never/
no **In practice**, do practitioners in the community use these opportunities (e.g., staffings, quarterly reviews) to share key information on an ongoing basis, in order to promote responsive case management?

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► Overview

Although both the assessment and treatment of sex offenders have been the focus of considerable attention in the professional literature for several decades, it was not until the framework of relapse prevention was applied to sex offender management that the critical functions of supervision officers were elucidated and the need for collaboration between supervision officers and treatment providers became explicit (Pithers, Kashima, Cumming, Beal, & Buell, 1988; Pithers, Martin, & Cumming, 1989). The initial application of relapse prevention to sex offender treatment included only the internal, self-management component, in which offenders were taught to recognize risk factors and develop skills and competencies to cope with these factors. Given that many sex offenders mask their high-risk behaviors in secrecy, the need to develop strategies that were not exclusively dependent on offenders' willingness to disclose became evident. Subsequently, the external supervisory dimension of relapse prevention was created, with the following goals (NAPN, 1993; Pithers et al., 1988, 1989; Pithers & Cumming, 1989):

- Increasing the efficacy of community supervision by training officers about sex offender management and targeting the specific factors presumed to be associated with reoffending;
- Creating an informed and committed network of collateral supports to assist supervision officers in the monitoring process; and
- Developing a collaborative relationship between supervision officers and treatment

providers, and promoting the need to exchange information and share responsibility toward the common goal of community safety.

Since that time, supervision strategies have become inextricably linked with assessment and treatment to form the cornerstones of the community management of adult and juvenile sex offenders (CSOM, 2000, 2002a; Cumming & McGrath, 2000, 2005; English, Pullen, & Jones, 1996; Green, 1995; Scott, 1997). Moreover, as the field has progressed, it has become increasingly clear that some of the traditional supervision practices used with non-sex offenders may not adequately address the risk factors that are unique to sex offenders. As a result, specialized supervision strategies are essential (CSOM, 1999, 2000, 2002a; Cumming & McGrath, 2000, 2005; English et al., 1996; Scott, 1997).

Furthermore, supervision is one critical component of a broader, comprehensive approach to sex offender management that is based on a victim-centered philosophy, with the overarching goal of enhancing community safety. Effective supervision requires collaboration among criminal and juvenile justice system actors, treatment providers, victim advocates, and others (includ-

SUPERVISION IS ONE CRITICAL COMPONENT OF A BROADER, COMPREHENSIVE APPROACH TO SEX OFFENDER MANAGEMENT THAT IS BASED ON A VICTIM-CENTERED PHILOSOPHY, WITH THE OVERARCHING GOAL OF ENHANCING COMMUNITY SAFETY.

ing members of community support networks) to ensure that officers' or case managers' decisions are informed by a diverse set of perspectives and that multiple parties share ownership in the larger management process.

Although examinations of the impact of specialized supervision strategies and collaborative, multidisciplinary approaches to sex offender management remain untested to a large extent from an empirical perspective, there is compelling evidence from the general criminal justice literature of the efficacy of supervision approaches for both adult and juvenile offenders that balance monitoring activities with treatment and rehabilitative efforts (Aos, Miller, & Drake, 2006; Aos, Phipps, Barnoski, & Lieb, 2001; Cullen & Gendreau, 2000; Gendreau, Goggin, & Fulton, 2000; Gendreau, Little, & Goggin, 1996; Petersilia & Turner, 1993). In addition, the literature suggests that such approaches have applicability to sex offenders as well (Gordon & Packard, 1998; McGrath, Cumming, Livingston, & Hoke, 2003; McGrath, Hoke, & Vojtisek, 1998; Pithers & Cumming, 1989).

Therefore, when working to promote the effective supervision of adult and juvenile sex offenders in the community, jurisdictions should explore the extent to which agency policies, procedures, and practices reflect and include:

- Specialized caseloads that are managed by supervision officers or case managers who possess specialized knowledge;
- Individualized supervision case plans that contain information from multiple stakeholders, address the dynamic risk factors of sex offenders, and include specialized conditions of supervision; and
- Supervision strategies that are designed to balance monitoring and surveillance with the importance of rehabilitative efforts.

► *Specialization*

Specialized Caseloads

In the absence of specialized knowledge about adult and juvenile sex offenders and effective management practices, supervision officers may not be fully equipped to detect concerns and develop timely strategies to address the unique criminogenic needs that are associated with recidivism among these offenders. Indeed, early efforts to supervise sex offenders using traditional approaches resulted in limited impact, in part due to the inability of officers to recognize, understand, and respond to the dynamics and critical risk factors associated with sex offending (Cumming & McGrath, 2005; English, 1998; English et al., 1996; Green, 1995; Pithers & Cumming, 1995; Pithers et al., 1988, 1989).

In jurisdictions throughout the country, therefore, supervision agencies have taken active steps to create specialization among supervision officers to manage adult and juvenile sex offender caseloads more effectively, either by establishing specialized sex offender supervision units within existing agency structures or by designating officers or case managers who are specially trained to manage such cases (CSOM, 1999, 2000; Cumming & McGrath, 2000, 2005; English et al., 1996; English, Jones, & Patrick, 2003; Green, 1995; Scott, 1997). The development of specialized caseloads affords supervision agencies and officers the expertise and dedicated personnel necessary to address the unique needs of adult and juvenile sex offenders, and to formulate differentiated supervision strategies based on assessed levels of risk and identified needs. In addition, officers who are specialized possess increased knowledge of – and familiarity with – key local resources (e.g., sex offender-specific treatment) that provide important services to this offender population.

Selecting officers for specialized sex offender caseloads and establishing caseload limits are critical to the success of sex offender supervision. To promote sustainability, effectiveness, and commitment, the assignment of officers to specialized caseloads ideally should be voluntary, following a thorough exploration of officers' desires and interests to work with this population (see, e.g., Cumming & McGrath, 2005; English et al., 1996, 2003).

In addition, specialized caseloads should be limited in size because sex offender supervision is most effective when it includes routine monitoring of offenders in their natural environments (e.g., home, work, school, leisure time) (Cumming & McGrath, 2005; English et al., 1996, 2003). Recognizing that exposure to potential risks in a variety of settings is ongoing, supervision officers must be consistently vigilant regarding offenders' day-to-day activities, behaviors, and community adjustment. While sex offenders may attend scheduled appointments as required and appear cooperative, it is incumbent upon supervision officers to verify compliance by conducting both scheduled and unscheduled field contacts in multiple settings, and by communicating frequently with other key stakeholders who are involved in the management process (e.g., treatment providers, school officials in juvenile sex offense cases). For example, beyond requiring offenders to attend scheduled appointments in the probation or parole office, supervision officers should conduct field visits with adult offenders at their places of residence or employment; similarly, contacts with juvenile sex offenders should occur periodically at school and in the home.

It is incumbent on supervision agency administrators to develop policies and procedures that ensure frequent, spontaneous, and needs-based field contacts while affording flexibility in officers' work schedules to allow for monitoring

outside of traditional business hours (including on holidays and during weekends). As described later in this section, surveillance officers can be particularly helpful in this regard.

As supervision officers and case managers become more specialized and immersed in sex offender management, there is an increased likelihood of experiencing secondary trauma and burnout (Cumming & McGrath, 2005; Pullen & Pullen, 1996; Thorpe, Righthand, & Kubik, 2001). Specifically, officers are often exposed to descriptions of sexual abuse and offenders' attitudes and statements that support this abuse. In addition, they frequently hear and read about the significant impact of sex offenses on victims. This may subsequently lead officers to manifest the same or similar symptoms (e.g., sleep disturbance, loss of appetite, anxiety, depression, helplessness) as the victims with whom they directly and indirectly interact (Conrad & Perry, 2000; Dane, 2000; Figley, 1995; Thorpe et al., 2001). Contributing to secondary trauma are the burden of responsibility for community safety, excessive caseloads that do not allow for sufficient "recovery time," and a lack of training and support to manage job impact effectively (Conrad & Perry, 2000; Dane, 2000; Figley, 1995; Thorpe et al., 2001). It is critical, therefore, that agency administrators and supervision officers are aware of the increased potential for secondary trauma and burnout when supervising caseloads of sex offenders, and receive training about managing this impact. Active steps must be taken to preserve the emotional and psychological welfare of officers through training and other supports, thus facilitating the stability in the workforce necessary to work effectively with this population and protect the community (Cumming & McGrath, 2005; Pullen & Pullen, 1996; Thorpe et al., 2001).

Specialized Knowledge and Training

While in larger jurisdictions the ability to create specialized units or caseloads may be more easily accomplished, such an approach may not be practical or feasible in areas in which resources are limited. Regardless of whether specialized units or specialized caseloads have been established, it is essential that all supervision officers who are responsible for working with sex offenders receive training regarding a variety of topics related to sex offender management (CSOM, 2000; Cumming & McGrath, 2000, 2005; English, 1998; Green, 1995; Greer, 1997; NAPN, 1993; Scott, 1997). Beyond equipping officers with the necessary skills and information to improve their effectiveness – and thus enhance community safety – specialized training provides them with a common language to use to communicate with offense-specific treatment providers and others about critical sex offender risk management issues (Cumming & McGrath, 2005; English, 1998; English et al., 1996, 2003; Gray & Pithers, 1993; NAPN, 1993; Pithers & Cumming, 1995; Scott, 1997). Among the most critical training topics for officers are the following:

- Dynamics of sex offending;
- Diversity of sex offenders;
- Similarities and differences between adult sex offenders and their juvenile counterparts;
- Balancing monitoring and surveillance activities with a focus on promoting offenders' engagement in programming and services;
- Principles of sex offender treatment;
- Involving community support networks (including the parents/caregivers of juvenile sex offenders);
- Assessment of sex offender risk and needs, with a specific focus on the dynamic risk factors that are associated with recidivism;

- Collaborating to enhance sex offender supervision;
- Developing and adjustment of specialized conditions; and
- Using a continuum of responses to address violations or risk factors.

Overall, focused training and job specialization for supervision officers and case managers promotes expertise, maximizes limited resources, and improves consistency.

Because the sex offender management field is constantly evolving, specialized training should not occur as a singular event. Instead, it is essential that supervision officers receive ongoing training to remain abreast of critical developments in research and practice, such that policies and practices can be adjusted as warranted.

► Questions: Adult Sex Offenders

Specialized Caseloads

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 1. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide for specialized sex offender caseloads? |
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , have specialized sex offender caseloads been established? |
| 3. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures establish a process for selecting supervision officers to work with sex offenders? |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is the assignment of supervision officers to specialized caseloads voluntary? |
| 5. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are specialized caseloads limited in size to enhance the ability of supervision officers to work with sex offenders effectively and to conduct casework in the community? |
| 6. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision officers to conduct field contacts with sex offenders under supervision? |
| 7. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures specify field contact requirements (e.g., frequency, location)? |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers conduct field contacts with sex offenders under supervision? |
| 9. | | | | | If field visits are conducted by supervision officers, are the following locations included: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Residence?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment groups?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 10. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that field contacts occur outside of traditional business hours? |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , when supervision officers conduct field visits, do contacts occur outside of traditional business hours? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are supervision officers afforded flexible schedules to allow for supervision activities that occur outside of traditional business hours? |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are field contacts informed by the specific risk factors, needs, and circumstances of each offender? |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are a portion of the field contacts unscheduled or unannounced? |
| 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are supervision agency administrators aware of the increased potential for secondary trauma and burnout among supervision officers who work with sex offenders? |
| 16. | <input type="radio"/> | | | <input type="radio"/> | Have formal responses been developed within the supervision agency to identify and address symptoms of secondary trauma or burnout among supervision officers? |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers receive specific training to prevent or mitigate the symptoms of secondary trauma or burnout? |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are resources readily available for supervision officers who are experiencing secondary trauma or burnout? |

Specialized Knowledge and Training

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 19. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision officers who work with sex offenders to receive specialized training on issues related to sex offender management? |
| 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers who work with sex offenders receive specialized training on issues related to sex offender management? |
| 21. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is the training ongoing? |
| 22. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision agency administrators receive specialized training on issues related to sex offender management? |
| 23. | | | | | Does the specialized training that supervision officers receive address the following key issues: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dynamics of sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Diversity of sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Similarities and differences between adult sex offenders and their juvenile counterparts?</i> |

- | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------------------------|-----------------------|--------------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Balancing monitoring and surveillance activities with a focus on promoting offenders' engagement in programming and services?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Principles of sex offender treatment?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Involving community support networks?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessing sex offender risk and needs, with a specific focus on the dynamic risk factors associated with recidivism?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Collaborating to enhance sex offender supervision?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing and adjusting specialized conditions?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Using a continuum of responses to address violations or risk factors?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

► Questions: Juvenile Sex Offenders

Specialized Caseloads

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 24. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide for specialized juvenile sex offender caseloads? |
| 25. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , have specialized juvenile sex offender caseloads been established? |
| 26. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures establish a process for selecting supervision officers or case managers to work with juvenile sex offenders? |
| 27. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is the assignment of supervision officers or case managers to specialized caseloads voluntary? |
| 28. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are specialized caseloads limited in size to enhance the ability of supervision officers or case managers to work with juvenile sex offenders effectively and to conduct casework in the community? |
| 29. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision officers or case managers to conduct field contacts with juvenile sex offenders under supervision? |
| 30. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures specify field contact requirements (e.g., frequency, location)? |
| 31. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers or case managers conduct field contacts with juvenile sex offenders under supervision? |
| 32. | | | | | If field visits are conducted by supervision officers, are the following locations included: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Home?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>School?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment groups?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 33. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that field contacts occur outside of traditional business hours? |
| 34. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , when supervision officers conduct field visits, do contacts occur outside of traditional business hours? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 35. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are supervision officers afforded flexible schedules to allow for supervision activities that occur outside of traditional business hours? |
| 36. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are a portion of the field contacts unscheduled or unannounced? |
| 37. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are field contacts informed by the specific risk factors, needs, and circumstances of each juvenile offender? |
| 38. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile supervision agency administrators aware of the increased potential for secondary trauma and burnout among supervision officers or case managers who work with juvenile sex offenders? |
| 39. | <input type="radio"/> | | | <input type="radio"/> | Have formal responses been developed within the supervision agency to identify and address symptoms of secondary trauma or burnout among supervision officers or case managers? |
| 40. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers or case managers receive specific training to prevent or mitigate the symptoms of secondary trauma or burnout? |
| 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are resources readily available for supervision officers or case managers who are experiencing secondary trauma or burnout? |

Specialized Knowledge and Training

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 42. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision officers or case managers who work with juvenile sex offenders to receive specialized training on issues related to juvenile sex offender management? |
| 43. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers or case managers who work with juvenile sex offenders receive specialized training on issues related to juvenile sex offender management? |
| 44. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the training that supervision officers or case managers receive ongoing? |
| 45. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile supervision agency administrators receive specialized training on issues related to juvenile sex offender management? |
| 46. | | | | | Does the specialized training that juvenile supervision officers or case managers receive address the following key issues: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dynamics of juvenile sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Diversity of juvenile sex offenders?</i> |

- | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------------------------|-----------------------|--------------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Similarities and differences between adult and juvenile sex offenders?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Balancing monitoring and surveillance activities with a focus on promoting juvenile offenders' engagement in programming and services?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Principles of sex offender treatment for juveniles?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Involving community support networks (including the parents or caregivers of juvenile sex offenders)?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessing juvenile sex offender risk and needs, with a specific focus on the dynamic risk factors associated with recidivism?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Collaborating to enhance juvenile sex offender supervision?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing and adjusting specialized conditions?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Using a continuum of responses to address violations or risk factors?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

► *Supervision Case Planning and Management*

Assessment-Driven Case Planning

The effective supervision of sex offenders is contingent upon the timely development and implementation of individualized case plans that are responsive to their differing risk levels, diverse needs, and circumstances. Research has established that better outcomes are achieved when the intensity of interventions is matched to offenders based on assessed level of risk (see, e.g., Andrews & Bonta, 2007). Specifically, prioritizing higher risk adult and juvenile offenders for higher intensity supervision will likely have a greater impact on reducing recidivism than providing that same level of supervision to their lower risk counterparts. In fact, delivering intensive interventions to lower risk offenders has limited to no impact and, in some cases, may actually result in increased rates of recidivism (see, e.g., Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, Goggin, Cullen, & Andrews, 2001).

Although the initial research supporting the differential approaches based upon assessed level of risk involved “general” offenders, a growing body of evidence suggests that it is also applicable to sex offenders (Friendship, Mann, & Beech, 2003; Gordon & Nicholaichuk, 1996; Hanson, 2006; Mailloux et al., 2003). This has significant implications for sex offender supervision. Therefore, a critical goal of the initial supervision case planning process is to identify the risk posed by adult and juvenile sex offenders so that supervision levels can be matched accordingly. This also helps to ensure that supervision agencies maximize the impact of their limited resources.

Agency policies and procedures should require the inclusion of a formal risk assessment in the development of all sex offender supervision case plans. Ideally, for adult sex offenders, one or more empirically-validated sex offender-specific risk assessment tools should be used. Examples include the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR; Hanson, 1997) and the STATIC-99 (Hanson & Thornton, 1999). With youthful sex offenders, officers or case managers can administer the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) as a means of identifying those youth who may require more intensive supervision based on level of risk. In some instances, these instruments may have been administered by others and, as such, their results (assuming that they are current) can be simply integrated into the supervision case plan.

There are a number of other important written sources of data that can be particularly helpful during the initial supervision case planning process. Pre-sentence investigations or pre-disposition reports and psychosexual evaluations often provide helpful information about sex offenders’ needs and circumstances that guide the creation of the supervision case plan. (See the Assessment section of this protocol for a detailed description of the pre-sentence investigation or pre-disposition report, and the psychosexual evaluation.)

A CRITICAL GOAL OF THE INITIAL SUPERVISION CASE PLANNING PROCESS IS TO IDENTIFY THE RISK POSED BY ADULT AND JUVENILE SEX OFFENDERS SO THAT SUPERVISION LEVELS CAN BE MATCHED ACCORDINGLY.

The involvement of and input from collaterals are also key in the creation of responsive and individualized supervision plans. Family members, members of the faith community, mentors, and other significant others in the lives of offenders can provide important insights into key issues that are likely to be related to community stability and should be addressed in supervision case plans. Examples of these critical considerations include daily activities, employment difficulties, concerns with peers and associates, family problems, and transportation needs (see, e.g., Cumming & McGrath, 2005). For juvenile sex offenders in particular, supervision plans should include a strong emphasis on the parent/family, peer, school, and environmental factors that contemporary research indicates are associated with general juvenile delinquency (see, e.g., Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2004). Furthermore, while policies and procedures should ensure that supervision plans for youthful sex offenders comprehensively address the multiple domains that may be associated with their risk to reoffend, it is also critically important that plans identify strengths of the juveniles and their families, and outline strategies to build upon these.

Supervision plans should also be generated with active and explicit consideration of victim safety needs. Indeed, policies and procedures should identify victim-impact statements and input solicited directly from victim advocates as important information sources to be utilized in supervision case planning (Barbaree & Cortoni, 1993; CSOM, 2000; D'Amora & Burns-Smith, 1999; Jones, et al., 1996; NAPN, 1993). With juvenile sex offenders, ensuring victim protection and sensitivity may be especially challenging – when developing supervision plans, as many victims of juveniles are in the family or home environment.

Sex offenders themselves are also essential stakeholders in the case planning process. Their active involvement promotes investment and ownership, and ensures that they are fully aware of and clearly understand the imposed expectations and restrictions (Cumming & McGrath, 2000, 2005; Gray & Pithers, 1993; NAPN, 1993). When creating supervision plans for juvenile sex offenders, it is important that officers or case managers also recognize parents or caregivers and other family members as “experts” in their families, and include their perspectives in the development of case plans (Gray & Pithers, 1993; Jenkins, 1998; Longo & Prescott, 2006; Ryan, 1997b; Worling, 1998).

Assessment-Driven Case Management

In addition to establishing risk levels and providing guidance about the intensity of supervision at the outset of the process, assessments are important in identifying specific supervision targets – the dynamic risk factors that are present and require attention in the case plan and must be monitored by officers or case managers over time. As discussed in other sections of this protocol, there are a number of promising research-supported assessment measures that can be used by officers for this purpose, and that should be included in supervision policies and procedures. For example, the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) is helpful with adult offenders for determining “general” recidivism risk and identifying criminogenic needs to be targeted through supervision and other interventions. The parallel version for juveniles is the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 1997), which is widely used for assessing general risk and developing individualized supervision plans among justice-

involved youth. It should be noted that neither the LS/CMI nor the YLS/CMI is a sex offender-specific instrument. However, these tools are very instructive nonetheless because they can provide a broad foundation for case management plans, particularly in light of the research that demonstrates that when adult and juvenile sex offenders recidivate, their crimes are more likely to be non-sexual in nature (see, e.g., Langan, Schmitt, & Durose, 2003; Waite et al., 2005; Worling & Curwen, 2000).

Unlike the research on “general” recidivism risk, until recently, much of the professional literature on sex offender-specific risk assessment emphasized static – or unchangeable – risk factors. Although useful for establishing risk levels and providing guidance about the intensity of supervision at the outset of the process, static variables provide little guidance with respect to the elements that, if targeted by supervision officers over time, may have an impact on reducing sexual recidivism risk. Contemporary empirical examinations have, however, begun to provide very valuable insights into some of the dynamic or changeable risk factors related to sex offending that warrant close monitoring and intervention by supervision officers (Beech, Friendship, Erickson, & Hanson, 2002; Dempster & Hart, 2002; Hanson, 2000; Hanson & Harris, 2000a, 2000b, 2001; Hanson, Morton, & Harris, 2003; Hanson & Morton-Bourgon, 2005; Hudson, Wales, Bakker, & Ward, 2002; Prescott, 2006; Thornton, 2002; Worling & Langstrom, 2006).

There are two types of dynamic risk factors that are related to sexual recidivism: acute and stable (Hanson & Harris, 2000a, 2000b, 2001; Hanson & Morton-Bourgon, 2005). Acute dynamic risk factors are elements that change rapidly and have been found to differentiate sex offenders who recidivate sexually from those who do not. They include (Hanson & Harris, 2000a, 2000b, 2001):

- Disengagement from supervision;
- Demonstration of deceitful or manipulative behaviors;
- Consistent tardiness or failure to attend scheduled appointments;
- Overall non-cooperativeness and noncompliance; and
- Opportunities for victim access.

These acute dynamic risk factors have significant implications for supervision officers, in that close and continuous monitoring should occur in order to identify their presence (Cumming & McGrath, 2005; Hanson & Harris, 2000a, 2000b, 2001). Once identified, supervision officers must be poised to provide timely and effective responses to reduce the short-term risk of reoffending (Cumming & McGrath, 2005; Hanson & Harris, 2000a, 2000b, 2001).

Stable dynamic factors are more enduring in nature, and are associated with longer-term sexual recidivism risk. While they may not be specific targets of the day-to-day work of supervision officers, they are, nonetheless, critically important in the sex offender management process. They include (Hanson & Harris, 2000a, 2000b, 2001; Hanson and Morton-Bourgon, 2005):

- Substance abuse;
- Intimacy deficits and conflicts in intimate relationships;
- Antisocial or otherwise negative lifestyle factors;

- Attitudes tolerant of sex offending;
- Problems with sexual self-regulation;
- Problems with general self-regulation; and
- Poor overall appearance.

These elements are generally addressed in treatment. Supervision officers are ideally poised to assist treatment providers to monitor them and to reinforce the important work done to address them in the clinical setting.

To assess the dynamic risk factors specifically relevant to ongoing supervision strategies with adult sex offenders, the Sex Offender Need Assessment Rating (SONAR) – subsequently separated into the STABLE-2000 and ACUTE-2000 – is a very promising tool (Hanson & Harris, 2000a, 2000b, 2001). It was designed for supervision officers as a means of providing structure and focus for their monitoring efforts (Hanson & Harris, 2000a, 2000b, 2001). In addition, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) can assist supervision officers with identifying dynamic risk factors that will need to be addressed in initial supervision plans and establishing baseline levels of risk and needs against which changes can be gauged over time. Both tools are designed to be re-administered at regular intervals, so that increases or decreases in risk level and changes in needs can be identified, and appropriate responses and interventions can be implemented by officers.

The empirical research on dynamic risk factors with juvenile sex offenders is somewhat limited.

However, a considerable body of literature exists on the prediction of non-sexual offending among juveniles, which may be useful for identifying areas of intervention for juvenile sex offenders who are under supervision. Among the strongest predictors of juvenile delinquency and youth violence are substance abuse, aggressive behavior, lack of social ties, antisocial peers, negative attitudes about school, poor academic performance, and negative parent-child relationships (Hawkins, et al., 1998; Lipsey & Derzon, 1998). These elements – in combination with those that are believed to be important considerations in the context of sexual recidivism (e.g., social competency deficits, antisocial values and behaviors, deviant sexual interests, impulsivity, non-compliance with treatment) – may hold particular promise as targets of supervision for juvenile sex offenders (Worling & Langstrom, 2006).

For sexually abusive youth, the J-SOAP-II can be used by supervision officers or case managers to monitor changes in risk level over time and to adjust supervision intensities and strategies accordingly (Prentky & Righthand, 2003). There are four subscales on this instrument, two of which include dynamic risk factors that are particularly relevant to supervision officers and case managers (Prentky & Righthand, 2003). Another promising instrument for youth is the Child and Adolescent Needs and Strengths–Sexual Development Scale (CANS-SD; Lyons, 2001). This needs assessment instrument guides supervision officers or case managers through a comprehensive exploration of a wide range of variables across a number of important domains (e.g., risk behaviors, school functioning, supervision and monitoring needs, caregiver capacity, family functioning), all of which are important considerations when supervising juvenile sex offenders. One of the benefits of the CANS-SD is that it provides a structured and consistent method for officers or case managers to assess the strengths and assets of youth and their family members.

IN ADDITION TO UTILIZING RESEARCH-SUPPORTED ASSESSMENT INSTRUMENTS TO GUIDE SUPERVISION PRACTICES AND THE ONGOING CASE MANAGEMENT PROCESS, INFORMATION FROM OTHER SOURCES IS ESSENTIAL.

Both the J-SOAP-II and the CANS-SD are intended to be used at regular intervals so that the efforts of officers or case managers are responsive to the risk level, unique needs, and circumstances of each case.

In addition to utilizing research-supported assessment instruments to guide supervision practices and the ongoing case management process, information from other sources is essential. It is, therefore, critical that agency policies and procedures define the stakeholders from different agencies and disciplines whose perspectives are important in the ongoing case management process. Individuals who over time can offer particularly valuable insights into the adjustment and stability of adult and juvenile sex offenders include professionals such as treatment providers and victim advocates, as well as members of community support networks. Input from these parties should inform the supervision plan and the strategies that supervision officers and case managers employ on a daily basis to manage the risk that adult and juvenile sex offenders pose, and to support their participation in programming and services.

Specialized Conditions of Supervision

Standard conditions and restrictions of supervision (e.g., scheduled office visits, school attendance for juveniles, curfews, prohibitions against associating with negative peers or associates) are necessary but not sufficient to monitor and intervene effectively with the critical areas of risk that are unique to adult and juvenile sex offenders (Bumby & Talbot, 2007; CSOM, 2000, 2002a, 2002b; Cumming & McGrath, 2000, 2005; English et al., 1996, 2003; Heinz & Ryan, 1997; Scott, 1997). Therefore, specialized conditions of supervision have become commonplace in many jurisdictions. Agency policies and pro-

cedures should support the selective application of specialized conditions such as:

- Prohibiting contact with victims;
- Prohibiting or limiting contact with minors;
- Participating in sex offender-specific treatment;
- Close monitoring of and limiting access to the Internet;
- Establishing employment and residence restrictions that limit access to potential victims;
- Restricting movement within and outside of the community; and
- Submitting to polygraph examinations (when appropriate).

With juvenile sex offenders, additional conditions may be warranted, including those that address extracurricular activities, and television programming and video games with violent or sexual themes. Family participation in treatment and supervision is also likely to be an important expectation (Barbaree & Cortoni, 1993; Bumby & Talbot, 2007; Heinz & Ryan, 1997; Longo & Prescott, 2006).

Because sex offenders are diverse and “one size fits all” approaches to supervision may not be effective, application of specialized supervision conditions should reflect the varying levels of risk posed – and the dynamic risk factors that are presented – by each offender. This will help to ensure that resources are maximized and supervision interventions are more likely to reduce recidivism.

THE DEVELOPMENT AND APPLICATION
OF SPECIALIZED SUPERVISION
CONDITIONS SHOULD REFLECT THE
VARYING LEVELS OF RISK POSED – AND
THE DYNAMIC RISK FACTORS THAT ARE
PRESENTED – BY EACH OFFENDER.

When selectively applying conditions, it is necessary for supervision officers and case managers to think beyond prohibitions and placing restrictions on the behavior and activities of sex offenders. It is also important for officers to remember the importance of balancing surveillance and monitoring activities with a focus on treatment. Consistent with the rehabilitation-oriented approach to supervision, case plans should identify positive goals and activities that sex offenders can work towards and that will increase the likelihood that they will live fulfilling and positive lives in the community. Referred to as “approach goals” (see, e.g., Hunter & Longo, 2004; Mann, Webster, Schofield, & Marshall, 2004; Thakker, Ward, & Tidmarsh, 2006), examples include participating in pro-social leisure activities, achieving and maintaining positive school adjustment (for juveniles), establishing pro-social peers or associates, and gaining and maintaining appropriate employment. These goals are vital because their achievement increases adult and juvenile sex offenders’ stability in the community, enhances the likelihood that their needs can be met in constructive ways (and not at the expense of others), reduces the likelihood that they engage in inappropriate or risky behaviors, and ultimately enhances community safety.

► Questions: Adult Sex Offenders

Assessment-Driven Case Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 47. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures outline a process for developing individualized supervision case plans for sex offenders? |
| 48. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require completing individualized supervision case plans within a specified time frame following sex offenders' placement under community supervision? |
| 49. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are initial case plans developed immediately after placement under supervision? |
| 50. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision case plans for sex offenders to be individualized based on their assessed level of risk and their identified needs (e.g., higher risk of offenders are supervised more intensively than low risk youth)? |
| 51. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are supervision case plans for sex offenders individualized based upon their assessed level of risk and their identified needs? |
| 52. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the use of one or more empirically-validated sex offense-specific risk assessment tools (e.g., RRASOR, STATIC-99) in the development of supervision case plans for sex offenders? |
| 53. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is one or more empirically-validated sex offense-specific assessment tool (e.g., RRASOR, STATIC-99) utilized in the development of supervision case plans for sex offenders? |
| 54. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the results of the formal risk assessment to be utilized to determine the level of supervision? |
| 55. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are the results of the formal risk assessment utilized to determine the level of supervision? |
| 56. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures mandate that other written sources of data (e.g., pre-sentence investigations, psychosexual evaluations) are used to inform the development of supervision case plans? |
| 57. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are other written sources of data (e.g., pre-sentence investigations, psychosexual evaluations) used to inform the development of supervision case plans? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 58. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is information from sex offenders' collaterals (e.g., family members, mentors, members of the faith community, etc.) included in the development of supervision case plans? |
| 59. | | | | | Are the following issues addressed in supervision case plans for sex offenders: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Daily activities?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Educational and vocational needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment difficulties?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Concerns with peers and associates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family problems?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Transportation and travel needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 60. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that supervision case plans are generated with active and explicit consideration of victim safety needs? |
| 61. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are victim-impact statements and input from victim advocates utilized in supervision case planning? |
| 62. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders actively involved in the development of their supervision case plans? |

Assessment-Driven Case Management

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 63. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require dynamic risk factors to be identified in supervision case plans for sex offenders? |
| 64. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require officers to use promising, empirically-validated risk assessment tools that include dynamic risk factors for determining "general" recidivism risk (e.g., LS/CMI)? |
| 65. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do officers use promising, empirically-validated risk assessment tools that include dynamic risk factors for determining "general" recidivism risk (e.g., LS/CMI)? |
| 66. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are acute dynamic risk factors identified in supervision case plans? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 67. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures mandate the use of a research-supported sex offense-specific tool (e.g., STABLE-2000 and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) that includes dynamic risk factors? |
| 68. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is a research-supported sex offense-specific tool (e.g., STABLE-2000 and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) that includes dynamic risk factors? |
| 69. | | | | | Are ongoing supervision efforts informed by information from other key stakeholders who are involved in sex offender management, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment providers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim advocates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Law enforcement officers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Polygraph examiners (if applicable)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 70. | | | | | Are ongoing supervision efforts informed by information from members of community support networks, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Partners and family members?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mentors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Members of the faith community?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Landlords?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

Specialized Conditions of Supervision

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 71. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require specialized conditions to be used with sex offenders? |
| 72. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are specialized conditions used with sex offenders? |
| 73. | | | | | Are the following specialized conditions utilized with sex offenders: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prohibiting contact with victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participating in sex offender-specific treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Close monitoring of and limiting access to the Internet?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing employment and residence restrictions that limit access to potential victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Restricting movement within and outside of the community?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Submitting to polygraph examinations (if applicable)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 74. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures allow supervision conditions to be applied selectively, commensurate with risk, needs, and circumstances? |
| 75. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are supervision conditions applied selectively, commensurate with risk, needs, and circumstances? |
| 76. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers monitor sex offenders' compliance with conditions of supervision? |
| 77. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are specialized conditions adjusted based upon changes in sex offenders' level of risk, their needs, and their circumstances? |
| 78. | <input type="radio"/> | | | <input type="radio"/> | Consistent with the rehabilitation-orientation of supervision, do policies or procedures mandate that supervision officers include positive goals and activities in supervision plans (e.g., participating in pro-social leisure activities, gaining and maintaining appropriate employment)? |
| 79. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers include positive goals and activities in supervision plans that (e.g., participating in pro-social leisure activities, gaining and maintaining appropriate employment)? |

► Questions: Juvenile Sex Offenders

Assessment-Driven Case Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 80. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures outline a process for developing supervision case plans for juvenile sex offenders? |
| 81. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the completion of individualized supervision case plans within a specified time frame following juvenile sex offenders' placement under community supervision? |
| 82. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are initial case plans developed immediately following juvenile sex offenders' placement under supervision? |
| 83. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision case plans for juvenile sex offenders to be individualized based on their assessed level of risk and their identified needs (e.g., higher risk youth are supervised more intensively than low risk youth)? |
| 84. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are supervision case plans for juvenile sex offenders individualized based upon their assessed level of risk and their identified needs? |
| 85. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the use of an empirically-validated juvenile sex offense-specific risk assessment tool (e.g., J-SOAP-II) in the development of supervision case plans for juvenile sex offenders? |
| 86. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is an empirically-validated juvenile sex offense-specific assessment tool (e.g., J-SOAP-II) utilized in the development of supervision case plans for juvenile sex offenders? |
| 87. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the results of the formal risk assessment to be utilized to determine the level of supervision? |
| 88. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are the results of the formal risk assessment utilized to determine the level of supervision? |
| 89. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures mandate that other written sources of data (e.g., pre-disposition reports, psychosexual evaluations) are used to inform the development of supervision case plans? |
| 90. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are other written sources of data (e.g., pre-disposition reports, psychosexual evaluations) are used to inform the development of supervision case plans? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 91. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is information from juvenile sex offenders' collaterals (e.g., parents or caregivers, other family members, etc.) included in the development of supervision case plans? |
| 92. | <input type="radio"/> | | | <input type="radio"/> | Do case plans for juvenile sex offenders include a strong emphasis on parent/family, peer, school, and environmental factors? |
| 93. | | | | | Are the following issues addressed in supervision case plans for juvenile sex offenders: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Daily activities?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Educational needs and challenges?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Vocational needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Concerns with peers and associates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family stability and problems?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Transportation and travel needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 94. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures mandate that case plans for juvenile sex offenders identify strengths of these youth and their families? |
| 95. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers or case managers include strengths of juvenile sex offenders and their families in case plans? |
| 96. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require that supervision case plans are generated with active and explicit consideration of victim safety needs? |
| 97. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are victim-impact statements and input from victim advocates utilized in supervision case planning? |
| 98. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders actively involved in the development of their supervision case plans? |
| 99. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the parents, caregivers, and other family members of juvenile sex offenders viewed as "experts" in their families involved in the development of supervision case plans? |
| 100. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require dynamic risk factors to be identified in supervision case plans for juvenile sex offenders? |

Assessment-Driven Case Management

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 101. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require officers or case managers to use promising, research-based risk assessment tools that include dynamic factors that are helpful in determining “general” recidivism risk (e.g., YLS/CMI)? |
| 102. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do officers or case managers use promising, research-based risk assessment tools that include dynamic risk factors that are helpful in determining “general” recidivism risk (e.g., YLS/CMI)? |
| 103. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures mandate the use of a research-supported juvenile sex offense-specific assessment tool (e.g., J-SOAP-II) that includes dynamic risk factors and/or relevant needs to provide structure and a focus over time for supervision efforts? |
| 104. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is a research-supported juvenile sex offense-specific assessment tool (e.g., J-SOAP-II) that includes dynamic risk factors and/or relevant needs used to provide structure and focus over time for supervision efforts? |
| 105. | | | | | Are ongoing supervision efforts informed by information from other stakeholders who are involved in juvenile sex offender management, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment providers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim advocates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Law enforcement officers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Polygraph examiners (if applicable)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |
| 106. | | | | | In practice , are ongoing supervision efforts informed by the perspectives of – and information from – members of community support networks, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parents, caregivers, and other family members?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mentors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Members of the faith community?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Volunteers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>School personnel (e.g., counselors, coaches, teachers)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

Specialized Conditions of Supervision

always/ typically generally never/
yes not no

107. Do **policies or procedures** require specialized conditions to be used with juvenile sex offenders?
108. **In practice**, are specialized conditions used with juvenile sex offenders?
109. Are the following specialized conditions utilized with juvenile sex offenders:
- Prohibiting contact with victims?*
- Participating in treatment?*
- Close monitoring of and limiting access to the Internet?*
- Restricting movement within and outside of the community?*
- Limiting extracurricular activities depending on appropriateness?*
- Restricting television programming and video games with violent or sexual themes?*
- Participating in family therapy?*
- Submitting to polygraph examinations (if applicable)?*
- Others? _____*
110. Do **policies or procedures** require supervision conditions to be applied selectively, commensurate with risk, needs, and circumstances?
111. **In practice**, are supervision conditions applied selectively, commensurate with risk, needs, and circumstances?
112. Do supervision officers or case managers monitor juvenile sex offenders' compliance with conditions of supervision?
113. Are specialized conditions adjusted based upon changes in juvenile sex offenders' level of risk, their needs, and their circumstances?
114. Consistent with the rehabilitation-orientation of supervision, do **policies and procedures** mandate that supervision officers or case managers include positive goals and activities in supervision plans (e.g., achieving and maintaining positive school adjustment, identifying and spending time with pro-social peers)?
115. **In practice**, do supervision officers include positive goals and activities in supervision plans (e.g., achieving and maintaining positive school adjustment, identifying and spending time with pro-social peers)?

► *Supervision Strategies*

Multidisciplinary Collaboration

As indicated above, the initial and most influential strategies of sex offender supervision – the external supervisory dimension of relapse prevention (NAPN, 1993; Pithers et al., 1988, 1989) and the Containment Approach (English et al., 1996, 2003) – were developed in response to the recognized need for specialized approaches to the management of sex offenders. As initially applied to sex offender management, relapse prevention relied primarily on internal self-management. Practitioners quickly realized that sole reliance on sex offenders to monitor their own behaviors was insufficient and, as a result, the external supervisory dimension was developed (Cumming & Buell, 1997; Cumming & McGrath, 2000; Marques, Nelson, Alarcon, & Day, 2000; NAPN, 1993; Pithers et al., 1988, 1989; Pithers & Cumming, 1995). This critical component provided for the training of supervision officers regarding sex offender management, the development of external controls and supports to assist in monitoring and accountability, and multidisciplinary collaboration to ensure offender accountability and victim safety. For each sex offender, supervision officers must understand the various precursors associated with offending patterns, identify high risk situations for each offender, monitor progress or concerns, work closely with offenders and others to facilitate offenders' use of adaptive coping skills to manage risk, and intervene with external controls when warranted.

Similarly, the Containment Approach and the Comprehensive Approach to sex offender management are based on the recognition that adequate safeguards for victims and communities are implemented most effectively when consistent and informed policies, specialized training, multidisciplinary collaboration, and the use of

external leverage are in place (Carter, et al., 2004; English, 1998; English et al., 1996, 2003). The common thread of these strategies is the shared goal and primary emphasis on victim and community safety, accomplished through multidisciplinary collaboration and the use of various external supports and controls.

A recent national survey of adult and juvenile sex offender treatment programs indicates that collaboration is very common in adult and juvenile sex offender management efforts, especially between supervision and treatment professionals (McGrath, Cumming, & Burchard, 2003). More than 80 percent of the residential/institutional and community-based programs surveyed share information on a consistent basis with supervision officers and case managers. In addition, 40% of the programs indicated that officers and case managers visit treatment groups. On rare occasions, providers reported that officers co-facilitate groups with them. However, this is a controversial practice, as concerns have been raised regarding confidentiality and the blurring of the important and separate roles of clinicians and supervision officers (ATSA, 2005).

Consequently, policies and procedures should clearly articulate and define the roles and responsibilities of supervision officers, treatment providers, and others in the context of the collaborative working relationships that are critical to successful sex offender management (ATSA, 2005). The efforts of treatment providers and supervision officers in the context of a comprehensive approach to sex offender management should support and complement one another while maintaining very clear boundaries. For example, if officers attend treatment groups, their observations should be scheduled in advance to avoid causing unnecessary disruptions in the therapeutic process. In addition, treatment providers should obtain informed consent from group members, recognize the potential of these

visits to impact clients in negative ways, and take steps to prevent and mitigate such effects.

Reliance on Community Support Networks

The presence of prosocial influences is a key protective factor that reduces the likelihood of recidivism in adult and juvenile offenders of all types, including sex offenders (see, e.g., Hanson & Morton-Bourgon, 2005; Hawkins et al., 1998; Petersilia, 2003; Prescott, 2006; Worling & Langstrom, 2006). As described briefly above, routine and open communication with sex offenders' support networks (e.g., family members, employers, school personnel, mentors, members of the faith community, etc.) can provide invaluable information to enhance supervision practices. Information from collateral contacts can provide insights into the day-to-day activities, attitudes, and adjustment of sex offenders, and offer support for or refute the veracity of their reports (Bumby & Talbot, 2007; CSOM, 2002a, 2002b; Cumming & McGrath, 2000, 2005).

Critical to this process is creating a diverse network of responsible and informed individuals who serve as the "eyes and ears" of supervision officers in the community on a regular basis, while promoting the stability and adjustment of adult and juvenile sex offenders. Ideally, network members support offenders in adhering to the expectations of treatment and supervision, maintaining positive lifestyles, and avoiding high risk behaviors and situations. They should intervene when problem behaviors occur and communicate frankly with supervision officers regarding their identified concerns.

To maximize the value of community support networks, supervision agency policies should require officers to address community support networks as part of the supervision planning

process. This policy-driven process should outline expectations pertaining to whom should be considered as network members, the specific criteria that must be met to be an appropriate community support, specialized training for them, and expectations regarding their role in community supervision. Ideally, network members (Cumming & McGrath, 2000, 2005; Ryan, 1997a, 1997b, Ryan & Lane, 1997):

- Believe the offender committed the offense(s);
- Hold the offender solely responsible;
- Assume a positive role in the offender's life;
- Are aware of and can recognize the offender's risk factors;
- Agree to disclose risky behaviors manifested by the offender; and
- Are willing to discuss the offender's activities and any identified concerns with the supervision officer.

When appropriate support networks have been established, supervision officers should ensure that these individuals are familiar with principles and expectations of treatment and supervision (Cumming & McGrath, 2005; Hudson, Wales, & Ward, 1998; Ryan, 1997b). It is also important that community supports understand how information from them will be used and with whom it will be shared. Over time, insights from these individuals can inform modifications and updates to supervision plans.

For adult sex offenders, employers can be particularly important members of the community support networks. Routine contacts by supervision officers with employers are critical to verify offenders' attendance and conduct in the workplace (Bumby, Talbot, & Carter, in press; CSOM, 2002b; Cumming & McGrath, 2005; English et al., 2003). The frequency and nature of employment contacts should depend on offenders' supervision needs, progress in treatment, employment environment, and other risk

factors. Initial contacts between officers and employers may be more frequent, decreasing as offenders exhibit appropriate work-related behaviors and progress through their terms of supervision and treatment. Monitoring should include a combination of on-site visits, telephone contacts, and reviews of payroll stubs to verify attendance (CSOM, 2002b).

A particularly promising approach to utilizing community support networks involves recruiting and training volunteers (Wilson & Picheca, 2005). This model, known as Circles of Support and Accountability (COSA), is unique in that it is designed to target high risk sex offenders who are being released from prison following the expiration of their full sentence and who do not have existing natural supports or accountability structures in the communities to which they are returning. The COSA model uses both professional and citizen volunteers to work closely with sex offenders following their release to the community, matching them to needed support and resources, and holding them accountable for their behaviors (CSC, 2002). Outcomes are very positive, with program participants reoffending at lower rates than a matched group of sex offenders who did not participate in the program (Wilson & Picheca, 2005).

Juvenile Considerations

Establishing community support networks can be particularly beneficial for juvenile sex offenders. Additional members of community support networks for juvenile sex offenders can include youth care workers, mentors, social service aides, and volunteers. These paraprofessionals are able to assume a role that extends beyond simple monitoring, including paraprofessional counseling, support/guidance, role modeling, and transportation functions. Furthermore, these individuals can serve as liaisons between supervision officers or case managers, and juveniles and their families.

Eliciting the involvement of juvenile sex offenders' parents/caregivers and other family members as members of community support networks is particularly important as well (Bumby & Talbot, 2007; CSOM, 1999; Fanniff & Becker, 2006; Hunter & Lexier, 1998; Lane, 1997; NAPN, 1993; Ryan, 1997b; Ryan & Lane, 1997; Worling, 1998); however, for a variety of reasons, parents and other family members may be reluctant or resistant. For example, the complex and overwhelming nature of the juvenile justice and social services systems, considerable stigma associated with sex offending, multiple demands and expectations from different agencies and individuals, and in some cases, significant family dysfunction, are among the host of factors that may impact the willingness of family members to actively participate in the sex offender management process. Moreover, as many victims of juvenile sex offenders are within the family, parents may struggle considerably with attempts to balance the needs of both the offender and the victim.

To facilitate the engagement of parents and other family members in the supervision process, it is critical that supervision officers and case managers maintain an empathic, respectful, supportive, and firm approach, rather than interacting in an overly controlling or authoritative manner (Gray & Pithers, 1993; Jenkins, 1998; Lane, 1997; Worling, 1998), and process the issues that likely contribute to their resistance. For example, in their interactions with parents, officers or case managers can:

- Label the behavior and not the youth;
- Stress that parents can play a very significant role in ensuring that their children are responsive to the expectations of the juvenile justice system and that they receive the services that they need to be successful;
- Emphasize that having a child who commits a sex offense does not make a parent a failure;

- Teach parents about sex offending behavior and debunk common myths (e.g., all sex offenders recidivate, juveniles who commit sex crimes go on to perpetrate as adults);
- Ask parents to talk about their fears, concerns, and questions, and take the time to respond to them; and
- Identify common ground and common goals to work towards together (e.g., success of the youth, no more offending).

Many jurisdictions have also found that offering ongoing education classes, support groups, and workshops specifically designed to address the needs of parents can be very beneficial.

Aside from the home, school is likely to be the location in the community where juveniles spend most of their time on a daily basis. Therefore, as has been emphasized already, collaboration with schools early during the period of supervision (and in an ongoing way thereafter) and the participation of education staff as community support network members are essential. There are a number of important considerations that can help to support the involvement of school personnel in the community supervision process (see, e.g., Colorado Sex Offender Management Board and Colorado Department of Education, 2003):

- *A policy-driven approach* – Some school districts and state school boards have developed written policies and procedures that explicate the process by which school staff will be involved in the day-to-day supervision of juvenile sex offenders.
- *Individualized school management plans* – As is the case with broader supervision efforts, supervision strategies in the school setting should be based on the risk level, needs, and circumstances of each juvenile, and should prioritize the safety needs of victims and those who may be vulnerable. Therefore, class schedules, lunch and breaks between

classes, arrival and departure times, modes of travel, participation in physical education and extracurricular activities, and other necessary behavioral restrictions, are critical issues to be addressed in school management plans for youthful sex offenders.

- *Specialized training* – Jurisdictions in which schools are directly involved in and supportive of the community management process report that education staff at all levels have received extensive specialized training regarding youthful sex offenders, promising supervision and treatment strategies, dynamic risk factors, promoting the safety of victims and those who are vulnerable in the school setting, and their specific roles and responsibilities in the context of a multidisciplinary, collaborative approach to the community management of these youth. The school personnel who serve as support network members usually receive the most intensive training. In some jurisdictions, training for education staff is provided by a multidisciplinary team that includes a specialized supervision officer, an offense-specific treatment provider, and a victim advocate, among others.

Indeed, ongoing specialized training is particularly important for all members of support networks who work with sex offenders. Critical topics include (see, e.g., Cumming & McGrath, 2005; English, et al., 1996; Ryan & Lane, 1997):

- The dynamic factors that are related to recidivism risk and the importance of close monitoring of them over time;
- Effective sex offender management approaches;
- The criminal or juvenile justice process;
- The roles of the various professionals involved in the management process; and
- The expectations, roles, and responsibilities associated with serving as a community support network member.

► Questions: Adult Sex Offenders

Multidisciplinary Collaboration

- always/ typically generally never/
yes not no
116. Do **policies or procedures** require a multi-disciplinary team for sex offender management?
117. **In practice**, do multidisciplinary sex offender management teams exist?
118. Is membership on these teams diverse (e.g., supervision officer, treatment provider, victim advocate, polygraph examiner, others)?
119. Do **policies or procedures** clearly articulate and define the roles and responsibilities of supervision officers, treatment providers, and others in the context of the collaborative working relationships that are critical to successful sex offender management?

Reliance on Community Support Networks

- always/ typically generally never/
yes not no
120. Do **policies or procedures** require the development of community support networks as part of an overall supervision strategy for sex offenders?
121. Do **policies or procedures** specify monthly field contact requirements (i.e., frequency, location) with members of community support networks?
122. **In practice**, are community support networks developed to enhance supervision practices with sex offenders?
123. Do supervision officers conduct field contacts with members of community support networks?
124. Do supervision officers educate members of community support networks about principles and practices of effective sex offender management, with a focus on the dynamic risk factors that must be monitored over time?
125. Are members of community support networks informed about how information that is shared with supervision officers may be used?
126. Do community support networks have diverse memberships that allow for monitoring and support in multiple settings?

always/ *typically* *generally* *never/*
yes *not* *no*

127. Do supervision officers assess the appropriateness of the individual members of community support networks?
128. Do members of community support networks understand the individual risk factors and patterns of the offenders whom they are assisting?
129. Are members of community support networks familiar with the supervision case plans of the offenders with whom they are working?
130. Do supervision officers utilize information obtained from community support networks to inform case management decisions over time?

► Questions: Juvenile Sex Offenders

Multidisciplinary Collaboration

- always/* *typically* *generally* *never/*
yes *not* *no*
131. Do **policies or procedures** require a multi-disciplinary team in the management of sex offenders?
132. **In practice**, do multidisciplinary juvenile sex offender management teams exist?
133. Is membership on these teams diverse (e.g., supervision officer or case manager, treatment provider, victim advocate, school representative, others)?
134. Do **policies or procedures** clearly articulate and define the roles and responsibilities of juvenile supervision officers or case managers, treatment providers, and others in the context of the collaborative working relationships that are critical to successful sex offender management?

Reliance on Community Support Networks

135. Do **policies or procedures** require the development of community support networks as part of an overall supervision strategy for juvenile sex offenders?
136. Do **policies or procedures** specify monthly field contact requirements (i.e., frequency, location) with members of community support networks?
137. In practice, are community support networks developed to enhance supervision practices with juvenile sex offenders?
138. Do supervision officers or case managers conduct field contacts with members of community support networks?
139. Do supervision officers or case managers work to educate members of community support networks about principles and practices of effective juvenile sex offender management, with a focus on the dynamic risk factors that must be monitored over time?
140. Are members of community support networks informed about how information that is shared with supervision officers or case managers may be used?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 141. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community support networks have diverse memberships that allow for monitoring and support in multiple settings? |
| 142. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers or case managers assess the appropriateness of the individual members of community support networks? |
| 143. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do members of community support networks understand the individual risk factors and patterns of the juvenile offenders whom they are assisting? |
| 144. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are members of community support networks familiar with the supervision case plans of the juvenile offenders with whom they are working? |
| 145. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers utilize information obtained from community support networks to inform case management decisions over time? |
| 146. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures specifically include the expectation that parents will be involved in the supervision process as members of community support networks? |
| 147. | <input type="radio"/> | | | <input type="radio"/> | In practice , are concerted efforts made to include parents as members of community support networks? |
| 148. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers or case managers facilitate active the engagement of parents/caregivers in the supervision process? |
| 149. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures specifically include the expectation that school personnel (e.g., counselors, coaches, teachers) will be involved in the supervision process as members of community support networks? |
| 150. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are concerted efforts made to include school personnel as members of community support networks? |
| 151. | <input type="radio"/> | | | <input type="radio"/> | Have local schools developed policies or procedures that explicate the process by which education staff members will be involved in the day-to-day supervision of juvenile sex offenders? |
| 152. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are management plans in the school setting individualized and based on the risk levels, needs, and circumstances of juvenile sex offenders? |
| 153. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If the victim and the juvenile offender attend the same school and it is determined that the safety and well-being of the victim cannot be assured, is the offender required to find an alternative educational arrangement? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 154 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do management plans in the school setting prioritize the needs of vulnerable individuals? |
| 155. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do school personnel who are involved in the supervision of juvenile sex offenders receive specialized training, with a focus on the dynamic risk factors that must be monitored? |

► *Adjunctive Use of Surveillance and Monitoring Strategies*

Surveillance Officers

The utilization of specialized surveillance officers can augment and support sex offender supervision efforts considerably. Specifically, through intensive field work, surveillance officers can provide routine monitoring of sex offenders' activities and adherence to case plans and specialized conditions, subsequently increasing the amount of time assigned supervision officers can dedicate to other critical case management responsibilities and collaborative activities (Cumming & McGrath, 2005; English et al., 1996, 2003; Pettett & Weirman, 1996; Scott, 1997).

Generally, when monitoring adult sex offenders, surveillance functions are performed by individuals from law enforcement, public safety, or community supervision agencies; for juvenile sex offenders, trackers or public safety officials employed by juvenile courts, juvenile justice agencies, or juvenile supervision agencies may be utilized to augment the supervision activities of juvenile officers. To ensure effective partnering and monitoring, surveillance officers should be trained by specialized supervision officers and other professionals on victimization issues, the etiology and dynamics of sex offending, and effective sex offender management practices. Surveillance officers must also have a clear understanding of the specific offense patterns and dynamic risk factors for each offender for whom they have monitoring responsibility.

Surveillance officers should focus on developing productive working relationships with offenders and their collaterals. This enables surveillance officers to assess more thoroughly sex offenders' engagement in treatment, compliance with supervision, status and nature

of significant relationships, potential high risk factors or behaviors, access to victims, and effective or ineffective use of coping skills (CSOM, 2002a, 2002b; Cumming & McGrath, 2000, 2005; English, 1998; English et al., 1996, 2003; Hudson et al., 2002; Marques et al., 2000; Pettett & Weirman, 1996; Scott, 1997). Hence, where utilized, surveillance officers can play a critical role on sex offender case management teams. Through immersion in the field of sex offender management and the day-to-day activities of specific offenders, surveillance officers become well positioned to identify concerns or problems and can subsequently alert supervision officers and other team members to the need for intervention. Beyond identifying risks posed by offenders, surveillance officers should also be expected and willing to recognize and provide important information that reflects offenders' progress and successes (Cumming & McGrath, 2000, 2005).

Electronic Monitoring

The use of surveillance technologies, including electronic monitoring and global positioning systems has recently become increasingly popular to enhance the risk management efforts of supervision officers with sex offenders (see, e.g., DeMichele, Payne, & Button, 2007; English et al., 2003; ICAOS, 2007; Lyons, 2006; Schlank & Bidelman, 2001). More than half of states in the U.S. have created policies or passed legislation that stipulates that electronic monitoring can be used to manage these offenders (DeMichele et al., 2007; ICAOS, 2007).

Currently, however, there is a lack of research that demonstrates the impact of electronic monitoring when used with sex offenders. To date, there have only been limited efforts to examine the efficacy of electronic monitoring with general criminal offenders, with the existing studies

indicating that it does not affect recidivism (see, e.g., Aos et al., 2006; Bonta, Wallace-Capretta, & Rooney, 2000; Renzema & Mayo-Wilson, 2005).

More research is needed to examine the impact of electronic monitoring with sex offenders. In the meantime, if it is implemented, jurisdictions would be well served to utilize the technology as a part of a larger, multidisciplinary, and comprehensive approach to managing sex offenders in the community that focuses both on monitoring their behavior and supporting their successful participation in treatment. Because of the research that indicates that outcomes are enhanced and recidivism is reduced when higher risk offenders with significant needs receive more intensive services and interventions (see, e.g., Andrews & Bonta, 2007), electronic monitoring is, perhaps, most appropriately used with sex offenders who are assessed to be more dangerous and likely to commit additional crimes in the future.

Polygraph

Supervision officers and treatment providers often use the polygraph as one component of an overall sex offender management strategy, primarily to assess compliance with supervision and treatment (Blasingame, 1998; CSOM, 2000; Cumming & McGrath, 2000; English, 1998; English et al., 1996, 2003; McGrath, Cumming, & Burchard, 2003; Madsen, Parsons, & Grubin, 2004; O'Connell, 2000; Scott, 1997). The polygraph can be particularly useful as a means of gathering information about sex offenders' compliance with supervision conditions and treatment expectations (Blasingame, 1998; English et al., 1996, 2003; Madsen et al., 2004; O'Connell, 2000). (See the Assessment section of this protocol for more information on the polygraph.)

For the purpose of enhancing existing community supervision practices, two common types

of polygraph examinations may be used: the single/specific issue examination and the monitoring/maintenance examination. The single issue polygraph examination may be required by the supervision officer when concerns about specific high risk behaviors arise during the course of supervision. For more general and periodic assessments of compliance with supervision conditions and treatment expectations, the monitoring or maintenance polygraph examination may be conducted. Included among the focus of inquiries are risk factors such as victim access, substance abuse, use of pornography, or masturbation to deviant sexual fantasies.

It should be noted, however, that the polygraph remains somewhat controversial. Therefore, stakeholders should be fully aware of the limitations, caveats, and potential risks and benefits of its use before making decisions about implementing such technology, and should not make supervision-related decisions exclusively based on polygraph examinations (ATSA, 2005; Blasingame, 1998; CSOM, 2000, 2002a).

Because of the potential impact of age, functioning, development, maturity, and co-occurring behavioral health concerns on the reliability and validity of polygraphy, questions remain about the use of the polygraph with juvenile sex offenders (CSOM, 1999; Fanniff & Becker, 2006; Hunter & Lexier, 1998; Lane, 1997; NAPN, 1993; Worling, 1998). Despite these questions, its use to enhance supervision and treatment practices with juvenile sex offenders is increasing nationwide (McGrath et al., 2003). Consequently, it has been suggested that, if used, polygraph examinations should be restricted to older juveniles (i.e., 14 years of age or older) who are more developmentally stable, and with the informed consent of the juvenile, parent/caregiver, and referral source. Therefore, clear policies and procedures are necessary to ensure the cautious and responsible use of such technology.

► Questions: Adult Sex Offenders

Adjunctive Use of Surveillance and Monitoring Strategies

Surveillance Officers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 156. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures facilitate the inclusion of surveillance officers for monitoring of sex offenders? |
| 157. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are surveillance officers utilized to support the efforts of supervision officers?

If surveillance officers are not used, move to the next section. |
| 158. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures specify the roles and responsibilities of surveillance officers with respect to sex offender supervision? |
| 159. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do surveillance officers receive specialized training about sex offenders and their management? |
| 160. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are surveillance officers provided detailed information (e.g., relevant risk factors, support network membership) about the individual sex offenders they monitor? |
| 161. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are surveillance officers actively involved in collaborative sex offender case management teams? |
| 162. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do surveillance officers routinely share critical information with supervision officers and other team members in a timely manner? |

Electronic Monitoring

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 163. | <input type="radio"/> | | | <input type="radio"/> | If electronic monitoring is used as a sex offender management tool, do policies or procedures guide how it is implemented?

If electronic monitoring is not used, move to the next section. |
| 164. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If electronic monitoring is used, is it a part of a larger, comprehensive, and collaborative approach to sex offender management? |
| 165. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If electronic monitoring is used, is it reserved for higher risk sex offenders? |

Polygraph

always/ typically generally never/
yes not no

166. Do **policies or procedures** allow for the use of the polygraph as a sex offender management tool?
167. **In practice**, is the polygraph used as a sex offender management tool?
- If the polygraph is not used, move to the next section.
168. Is the polygraph used selectively (e.g., for higher risk offenders) as a sex offender management tool?
169. Are decisions to require polygraph examinations made within the context of sex offender case management teams?
170. Are single/specific issue polygraph examinations utilized to inform the supervision process?
171. Are monitoring/maintenance polygraph examinations utilized to inform the supervision process?
172. Are the results of polygraph examinations shared routinely with members of sex offender case management teams?

► Questions: Juvenile Sex Offenders

Adjunctive Use of Surveillance and Monitoring Strategies

Surveillance Officers/Trackers

always/ typically generally never/
yes not no

173. Do **policies or procedures** facilitate the inclusion of surveillance officers or trackers to enhance the supervision and monitoring of juvenile sex offenders?

174. **In practice**, are surveillance officers or trackers utilized routinely to assist supervision officers with the supervision and monitoring of juvenile sex offenders?

If surveillance officers or trackers are not used, move to the next section.

175. Do **policies or procedures** specify the role of surveillance officers or trackers with respect to juvenile sex offender supervision?

176. Do surveillance officers or trackers receive specialized training about effective juvenile sex offender management?

177. Are surveillance officers or trackers provided detailed information (e.g., relevant risk factors, support network membership) about the individual juvenile sex offenders they monitor?

178. Are surveillance officers or trackers actively involved in juvenile sex offender case management teams?

179. Do surveillance officers or trackers routinely share critical information with supervision officers and other team members in a timely manner?

Polygraph

always/ typically generally never/
yes not no

180. Is the polygraph used selectively (e.g., with older offenders, developmentally stable, higher risk offenders) as a juvenile sex offender management tool?

If the polygraph is not used, move to the next section.

181. Do **policies or procedures** restrict the use of the polygraph with juvenile sex offenders?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 182. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures explicate how the information collected during polygraph exams is used? |
| 183. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is informed consent of the juvenile and parent/caregiver obtained prior to the use of the polygraph with juvenile sex offenders? |
| 184. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are decisions to require polygraph examinations made within the context of juvenile sex offender case management teams? |
| 185. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are single/specific issue polygraph examinations utilized to inform the supervision process? |
| 186. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are monitoring/maintenance polygraph examinations utilized to inform the supervision process? |
| 187. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of polygraph examinations shared routinely with members of juvenile sex offender case management teams? |
| 188. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the results of polygraph examinations used routinely to inform supervision case management decisions for juveniles? |

Responses to Violation Behaviors

Agency policies and procedures should provide for a continuum of sanctions and other responses to violation behaviors in order to guide decisionmaking. Depending upon the nature and seriousness of the behavior or violation, supervision officers should discuss violation behaviors with other members of the collaborative case management team and strive to develop a coordinated response, keeping in mind that it is important to respond to all violations and non-compliance as quickly as possible (Cumming & McGrath, 2000, 2005; Greer, 1997; Ryan, 1997a, 1997b; Scott, 1997).

In addition, officers should keep in mind that – as discussed in other sections of this protocol – most sex offenses are not spontaneous or unplanned. Rather, there are often identifiable precursors such as thoughts, emotions, and behaviors that come before them. As such, officers can work proactively to anticipate problems, intervene before they become worse, and thereby reduce the likelihood of a more serious transgression or reoffense.

Decisions about the types of responses to risk factors, non-compliance, and violation behaviors that occur during the course of supervision should be driven, in part, by the following (Cumming & McGrath, 2000, 2005; English et al., 1996, 2003; NAPN, 1993; NCJFCJ, 2005):

- Seriousness of the behavior;
 - Relationship of the behavior to sex offending;
 - Risk level of the offender;
 - Degree to which community and/or victim safety was jeopardized;
 - Whether the offender voluntarily disclosed the behavior or maintained secrecy;
 - Level of responsibility assumed by the offender;
 - Awareness and disclosure of the behavior by members of the support network;
- Ability and willingness of parent/caregiver to provide adequate support and structure (for juveniles);
 - Ability and willingness of the offender to develop and adhere to a realistic plan to address the behavior; and
 - Presence of assets or services to assist the offender in maintaining compliance.

It is also important that supervision officers recognize that some non-compliance is to be expected in their work with sex offenders, and that one of the goals of their responses and interventions is to provide these offenders with sufficient opportunity to disclose concerns or problems voluntarily, develop and practice effective and appropriate coping skills, modify their behaviors, and ultimately maintain placement in the community. Thus, it is preferable that supervision officers utilize a range of pre-conviction interventions, responses, or graduated sanctions, including:

- Additional restrictions or specialized conditions to address newly identified risk factors, or an increase in risk level or community instability;
- Increases in the frequency of office visits or other contacts;
- Earlier curfews;
- Restrictions on movement in the community;
- Limits on recreational activities;
- Home detention/house arrest; and/or
- Electronic monitoring.

There are also viable treatment- and programming-based options, such as:

- Requiring that the issue be addressed specifically in treatment;
- Participating in residential or institutional programming as a “day treatment” option; and
- Enrolling in new or different community-based services.

It is also recognized that in some circumstances (e.g., multiple or repeated instances of non-compliance, very high risk activities, new criminal behavior), an immediate and severe response may be required in order to ensure victim and community safety, including potential revocation of community supervision and subsequent incarceration. With juveniles, if parents or caregivers are unable or unwilling to provide adequate structure or support to manage the juvenile sex offender's behaviors, an out-of-home placement in a more restrictive setting may be required to ensure victim and community safety (Bengis, 1997; NAPN, 1993; NCJFCJ, 2005; Ryan, 1997a, 1997b).

► Questions: Adult Sex Offenders

Responses to Violations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 189. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide specific direction to supervision officers with respect to responding to violation behaviors? |
| 190. | <input type="radio"/> | | | <input type="radio"/> | Is a continuum of responses available to respond effectively to offenders' violation behaviors? |
| 191. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers provide responses or sanctions (either formal or informal) to all violations? |
| 192. | | | | | Do responses to violations take into consideration the following factors: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Seriousness of the behavior?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relationship of the behavior to sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk level of the offender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Degree to which community and/or victim safety was jeopardized?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Whether the offender voluntarily disclosed the behavior or maintained secrecy?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Level of responsibility assumed by the offender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Awareness and disclosure of the behavior by members of the community support network?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ability and willingness of the offender to develop and adhere to a realistic plan to address the behavior?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Presence of assets or services to assist the offender in maintaining compliance?</i> |
| 193. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures include a range of pre-revocation interventions, responses, and graduated sanctions that can be used with sex offenders? |
| 194. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are the following pre-revocation interventions, responses, and graduated sanctions used with sex offenders: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Additional restrictions or specialized conditions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Increases in the frequency of office visits or other contacts?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Earlier curfews?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Restrictions on movement in the community?</i> |

always/
yes typically generally
not never/
no

- Limits on recreational activities?*
- Home detention/house arrest?*
- Electronic monitoring?*

- 195. **In practice**, are the following treatment- and programming-based options used with sex offenders?

 - Requiring that the issue be addressed specifically in treatment?*
 - Participating in residential or institutional programming as a “day treatment” option?*
 - Enrolling in new or different community-based services?*

- 196. What percentage of sex offenders under community supervision are violated for purely technical matters? _____%

- 197. What percentage of sex offenders under community supervision are violated for engaging in new criminal behavior? _____%

- 198. What percentage of sex offenders under community supervision are violated for new sex crimes? _____%

- 199. What percentage of sex offenders under community supervision are revoked and subsequently incarcerated or returned to incarceration for purely technical violations? _____%

- 200. What percentage of sex offenders under community supervision are revoked and subsequently incarcerated or returned to incarceration for engaging in new, non-sexual criminal behavior? _____%

- 201. What percentage of sex offenders under community supervision are revoked and subsequently incarcerated or returned to incarceration for engaging in a new sex offense? _____%

► Questions: Juvenile Sex Offenders

Responses to Violations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 202. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures provide specific direction to supervision officers or case managers with respect to responding to violation behaviors? |
| 203. | <input type="radio"/> | | | <input type="radio"/> | Is a continuum of responses available to respond effectively to juvenile offenders' violation behaviors? |
| 204. | <input type="radio"/> | | | <input type="radio"/> | Do supervision officers or case managers provide responses or sanctions (either formal or informal) to all violations? |
| 205. | | | | | Do responses to violations take into consideration the following factors: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Seriousness of the behavior?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relationship of the behavior to sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk level of the juvenile offender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Degree to which community and/or victim safety was jeopardized?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Whether the juvenile offender voluntarily disclosed the behavior or maintained secrecy?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Level of responsibility assumed by the juvenile offender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Awareness and disclosure of the behavior by members of the community support network?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ability and willingness of the juvenile offender to develop and adhere to a realistic plan to address the behavior?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Presence of assets or services to assist the juvenile offender in maintaining compliance?</i> |
| 206. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures include a range of pre-revocation interventions, responses, and graduated sanctions that can be used with juvenile sex offenders? |
| 207. | | | | | In practice , are the following pre-revocation interventions, responses, and graduated sanctions used with juvenile sex offenders: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Additional restrictions or specialized conditions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Increases in the frequency of office visits or other contacts?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Earlier curfews?</i> |

always/
yes typically generally
not never/
no

 Restrictions on movement in the community?

 Limits on recreational activities?

 Home detention/house arrest?

 Electronic monitoring?

208. **In practice**, are the following treatment- and programming-based options used with juvenile sex offenders?

 Requiring that the issue be addressed specifically in treatment?

 Participating in residential or institutional programming as a “day treatment” option?

 Enrolling in new or different community-based services?

209. What percentage of juvenile sex offenders under community supervision are violated for purely technical matters? _____%

210. What percentage of juvenile sex offenders under community supervision are violated for engaging in new criminal behavior? _____%

211. What percentage of juvenile sex offenders are violated for a new sex crime? _____%

212. What percentage of juvenile sex offenders under community supervision are revoked and subsequently placed in residential or institutional facilities for purely technical violations? _____%

213. What percentage of juvenile sex offenders under community supervision are revoked and subsequently placed in residential or institutional facilities for engaging in new, non-sexual criminal behavior? _____%

214. What percentage of juvenile sex offenders under community supervision are revoked and subsequently placed in residential or institutional facilities for engaging in a new sex offense? _____%

Documenting Supervision Activities

Case files should provide documentation of all case management and supervision activities that occur throughout the period of supervision, including the date and nature of all contacts, the officers' assessments of offenders at each contact, and any identified concerns or risk factors. Also included in case files should be regular updates and summaries of treatment participation and progress, registration verification, polygraph examination disclosures and results, all contacts with collaterals or members of community support networks, and victim impact statements. Furthermore, when violations occur, such behaviors – as well as the responses or sanctions, whether formal or informal – should be documented. Overall, the case file serves as a permanent record of offenders' behavior throughout the course of supervision. This information proves critical in the event that a case is transferred to another officer or agency, when legal actions arise, when determining the appropriateness of adjusting supervision requirements, or when violation behaviors or new criminal/delinquent activity requires a response.

► *Summary*

The successful supervision of adult and juvenile sex offenders in the community is contingent on an understanding of the diversity of this offender population, and the selective application of supervision strategies based on the risk level, needs, and circumstances of each case. Furthermore, public safety is enhanced when more dangerous offenders receive higher intensity supervision and lower risk individuals are provided less stringent supervision interventions. In addition, officers and case managers must balance monitoring activities with a focus on rehabilitation and promoting the success of sex offenders. When they go on to live crime-free, pro-social lives, community safety is served.

In jurisdictions across the country, practitioners recognize the importance of multi-disciplinary collaboration to enhance and support community supervision efforts. Indeed, officers and case managers must work closely with treatment providers, victim advocates, members of community support networks, and others to hold sex offenders accountable and to ensure that they are receiving services that increase community stability and decrease the likelihood of recidivism. With juvenile sex offenders, officers and case managers must pay particular attention to the unique developmental needs of these youth and make every effort to include parents and family members in the community management process.

► Questions: Adult Sex Offenders

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 215. | | | | | Do case files contain the following information: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Confidentiality waivers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Criminal history (i.e., record check)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Index offense records (e.g., affidavits, victim impact statements, sentencing records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pre-sentence investigation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prior sex offense records (e.g., affidavits and victim statements)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Registration verification?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment history?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Reports from other agencies (e.g., institutional records, psychiatric hospitalization reports, prior treatment summaries, juvenile record, etc.)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk assessment results?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Psychosexual or sex offender-specific evaluation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim impact statements?</i> |
| 216. | | | | | Do case files contain ongoing supervision and treatment documents, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Polygraph examination disclosures and results?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Record of offenders' violation behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Record of officers' responses to violation behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed and reviewed case plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dates of all contacts with offenders and collaterals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The nature of all contacts with offenders and collaterals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment progress reports?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment termination summaries?</i> |

► Questions: Juvenile Sex Offenders

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----------------------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 217. | | | | | Do case files contain the following information: |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Confidentiality waivers?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed parent/caregiver consents?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Delinquency history?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social service/child welfare investigations?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Index offense records (e.g., affidavits, police reports, victim impact statements)?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pre-sentence investigation?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prior sex offense records (e.g., affidavits and victim statements)?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Registration documentation?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Reports from other agencies (e.g., institutional records, psychiatric hospitalization reports, prior treatment summaries, school records, juvenile records)?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk assessment results?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Psychosexual or sex offender-specific evaluation?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim impact statements?</i> |
| 218. | | | | | Do case files contain ongoing supervision and treatment documents, including: |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed and reviewed case plans?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parent/caregiver informed consent?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dates of all contacts with offenders and collaterals?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The nature of all contacts with offenders and collaterals?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment progress reports?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment termination summaries?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Polygraph examination disclosures and results (if applicable)?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Record of offenders' violation behaviors?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Record of officers' responses to violation behaviors?</i> |

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► Overview

Treatment has been a consistent feature of adult and juvenile sex offender management efforts for decades. However, the underlying structure, delivery, and philosophies of sex offender treatment in the field have been much less consistent. Early treatment methods varied widely, based on theories and techniques that ranged from psychodynamic to strict behaviorism (see Laws & Marshall, 2003 for a review). Programming then became grounded within a cognitive-behavioral framework, and eventually incorporated an emphasis on relapse prevention (see Marshall & Laws, 2003). Even today, sex offender treatment continues to evolve. Indeed, the relapse prevention model, which had been standard practice for many years, has become less influential in favor of more contemporary models of treatment that take into account multiple “pathways” to offending for adults and juveniles (see, e.g., Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003, 2004; Ward & Hudson, 1998, 2000; Ward & Siegert, 2002; Ward, Polaschek, & Beech, 2006).

Despite these ongoing transformations within the sex offender treatment field, one feature has remained constant – the desire and expectation that through intervention, problem sexual behaviors will be reduced and community safety will be enhanced. And current research suggests that, depending upon the underlying theoretical model and the specific techniques used, some forms of treatment come closer to

meeting that goal than others (Aos, Miller, & Drake, 2006; Hanson et al., 2002; Reitzel & Carbonell, 2006; Walker, McGovern, Poey, & Otis, 2004). Therefore, as stakeholders begin to critically consider the ways in which treatment is approached within their jurisdictions, the following should be taken into account:

- Availability, capacity, and accessibility of programs along a continuum of care;
- Guiding frameworks and goals;
- Modes, methods, and targets of intervention;
- Treatment planning, including documentation of progress and completion;
- Specialized knowledge and experience for treatment providers; and
- Support from key stakeholders throughout the system.

► Availability, Capacity, and Accessibility

Because adult and juvenile sex offenders are diverse populations with varied levels of risk and needs, jurisdictions should have a continuum of treatment services available, ranging from an array of options in the community, to services in group homes and moderate care facilities, and ultimately including treatment in secure correctional or residential facilities (see, e.g., Bengis, 1997; Berenson & Underwood, 2000; Hunter, Gilbertson, Vedros, & Morton, 2004; Marshall et al., 2006a; Schwartz,

2003). Keeping in mind that interventions are more likely to reduce recidivism when matched to the level of risk posed by individuals, community-based sex offender treatment is more likely to be effective for low risk offenders; more intensive treatment within correctional or juvenile justice facilities is best reserved for those who pose a higher risk for recidivism (see, e.g., Berenson & Underwood, 2000; Friendship, Mann, & Beech, 2003; Gordon & Nicholaichuk, 1996; Mailloux et al., 2003; Nicholaichuk, 1996).

A continuum of care is particularly important when considering treatment and placement options for juvenile sex offenders (Bengis, 1986, 1997; Hunter, 2006; Hunter et al., 2004). Juvenile facilities tend to be over-relied upon for treating juvenile sex offenders, even when youth pose a low risk, often because of a lack of dedicated treatment capacity in communities (Hunter et al., 2004). Yet research indicates that when delinquent youth are placed together for intervention purposes, recidivism may potentially increase because of the impact of negative peer influences (see Dodge, Dishion, & Lansford, 2006). Moreover, no evidence suggests that this level of care is more effective than other settings in reducing recidivism. On the other hand, family- and community-based interventions with juvenile sex offenders have very positive outcomes (see, e.g., Borduin & Schaeffer, 2002; Hunter et al., 2004; Saldana, Swenson, & Letourneau, 2006).

Ideally, when making decisions about levels of care, the courts and other justice professionals

will have the benefit of pre-sentence investigations and comprehensive psychosexual evaluations that specifically address risk and needs in a valid and reliable manner. (For additional information about the use of assessments to inform decisionmaking, see the Assessment section of this protocol.) Following the initial placement, should circumstances warrant (e.g., significant increases or decreases in risk), policies and procedures should be in place that afford correctional and juvenile justice agencies the latitude to make informed adjustments to the level of care accordingly. To the extent possible, treatment settings for juveniles should also take into account the least restrictive alternative, proximity to the home and community, and family strengths and needs.

Prison-Based Sex Offender Treatment

The majority of states offer some form of prison-based sex offender treatment in one or more of their facilities (West, Hromas, & Wenger, 2000). In some jurisdictions, correctional agencies are legislatively or otherwise mandated to maintain treatment programs and, in some instances, legislation requires sex offenders to participate in these programs in order to be considered for conditional release or parole. Regardless, although prison-based sex offender treatment programs are generally available, their actual capacity may be quite limited (see, e.g., Gordon & Hover, 1998; West et al., 2000). These capacity concerns, coupled with the ever-increasing numbers of convicted sex offenders entering prisons (Harrison & Beck, 2006), mean that it will be a greater challenge to ensure that all of the sex offenders who can benefit from prison-based treatment will be able to access it.

A CONTINUUM OF CARE IS PARTICULARLY IMPORTANT WHEN CONSIDERING TREATMENT AND PLACEMENT OPTIONS FOR JUVENILE SEX OFFENDERS.

To increase availability, capacity, and accessibility, program administrators and staff have begun to develop a range of prison-based sex offender-specific interventions that vary in nature and intensity (see, e.g., Gordon & Hover, 1998; Marshall et al., 2006b; Schwartz, 2003). This may include services such as psychoeducational classes, “outpatient” or “call out” groups, or intensive treatment programs such as therapeutic communities (see, e.g., Gordon & Hover, 1998; Marshall et al., 2006b; Schwartz, 2003; West et al., 2000). When a range of services exists, sex offenders should be channeled into those services based on their assessed level of risk. This increases the potential impact of interventions while maximizing limited resources (see, e.g., Gordon & Hover, 1998; Mailloux et al., 2003; Marshall et al., 2006b; Nicholaichuk, 1996; Schwartz, 2003).

As jurisdictions attempt to expand the reach of prison-based sex offender treatment, policies should be established that:

- Define eligibility criteria and any mandates (e.g., legislative, agency) for participation;
- Make available a range of prison-based sex offender treatment services that vary in intensity;
- Provide all incarcerated sex offenders with information about the available sex offender treatment services and how to access such services if they are interested;
- Delineate a formal, assessment-driven process by which individual sex offenders are matched to intensity of services based on risk level (e.g., higher risk offenders receive more intensive services);
- Prioritize access into sex offender treatment based on release dates;
- Reassess the level of interest of those individuals who are not participating in any of the available services and encourage them to engage in treatment; and

- Transition sex offenders to lower levels of care or security when they have progressed sufficiently in treatment.

Facility-Based Treatment for Juveniles

Within the juvenile justice system, well over one-third of publicly operated institutions and facilities are over capacity (Snyder & Sickmund, 2006). Indeed, during the past several years, state-operated facilities experienced a 20% increase in the placement of juvenile sex offenders and privately-operated facilities saw an increase of 68% (Snyder & Sickmund, 2006). This surge in the placements of juvenile sex offenders is noteworthy given the decrease in facility placements for other justice-involved youth (Snyder & Sickmund, 2006). It is not known whether the increase is a function of reduced availability and/or capacity of juvenile sex offender-specific programming within state-operated facilities, a greater capacity for such programming within the privately-operated placements, or both. Nonetheless, the substantial increase in juvenile sex offenders entering both public and private juvenile facilities will likely pose challenges with respect to treatment capacity.

For those agencies and facilities who receive juveniles in need of residential or other facility-based sex offender treatment, several factors should be considered as a means of balancing the treatment needs of these youth with the limited specialized treatment capacity (see, e.g., Bengis, 1997; Bengis et al., 1999; Berenson & Underwood, 2000; Wieckowski, Waite, Pinkerton, McGarvey, & Brown, 2004). For example, clear policies, procedures, or guidelines should be developed in order to:

- Establish the specific admission and exclusionary criteria to ensure that the

secure/residential structure is appropriate based on the risk and needs posed by the juvenile;

- Consider facility placements that take into account proximity to the juvenile's home community and that are accessible to families;
- Ensure a range of juvenile sex offense-specific treatment options exists within the system (e.g., secure, moderate, low);
- Delineate a process by which juvenile sex offenders receive the intensity of interventions that is commensurate with their assessed level of risk and needs;
- Develop specific, measurable, risk management-related goals that will allow juveniles to be safely transitioned for continued services in a less restrictive setting, including the community; and
- Immediately recommend transfer to less restrictive alternatives when juveniles no longer require the current level of structure or care.

Community-Based Programs for Adult and Juvenile Sex Offenders

Throughout the country, community-based sex offender treatment programs for adults and juveniles far outnumber prison-based and other residential treatment programs (McGrath, Cumming, & Burchard, 2003). This apparent increase in availability and capacity is a positive trend, especially because some research suggests that community-based treatment has a greater impact than institutional treatment with adults, and because family- and community-based interventions are among the most promising interventions for juvenile sex offenders (see, e.g., Aos, Phipps, Barnoski, & Lieb, 2001; Aos et al., 2006; Lösel & Schmucker, 2005; Reitzel & Carbonell, 2006; Worling & Curwen, 2000).

While increased availability and capacity is desirable, larger numbers of programs and providers may pose challenges related to the assurance of quality, integrity, consistency, and effectiveness of community-based treatment services. To address this concern, jurisdictions may wish to establish formal mechanisms to ensure that minimum expectations or standards for treatment are met and maintained. Some states have developed statewide standards or formal certification processes (e.g., Colorado, Illinois, Tennessee, Texas, Utah), and professional membership organizations and other interested entities have also proposed guidelines for treatment (see, e.g., AACAP, 1999; ATSA, 2005; NAPN, 1993). Another strategy to promote quality and consistency can be implemented when criminal and juvenile justice agencies contract with community-based treatment providers. In these instances, specific requirements can be outlined in the request for proposals, including minimum provider qualifications, the program model to be used, expectations for quality assurance, and requirements for tracking outcomes.

The following factors may also be helpful as stakeholders critically examine the community-based sex offender treatment programs that exist in their jurisdictions:

- *Scope of Practice.* With increased demands for specialized treatment, providers may be asked to expand the scope of their existing services to accommodate new referrals. This could apply to treatment providers that do not currently provide services to sex offenders, or to sex offender treatment providers who focus only on a specific subgroup of sex offenders (e.g., adult males, juvenile males). Without the requisite training, experience, and expertise, providers may be ill-equipped to provide treatment to those referrals. Providers must be willing to acknowledge

the limitations of their training and expertise, set clear boundaries for the types of clients that they can serve, and make referrals to qualified treatment providers.

- *Access for Non Justice-Involved Individuals.* Traditionally, sex offender treatment programs are designed to serve individuals who have been adjudicated or convicted. In some instances, programs may actually exclude individuals who have not been formally processed through the courts. However, a number of adults and juveniles who have engaged in sexually abusive behavior never proceed through the court process and instead are managed through child welfare or other social/human services agencies. Given the overarching goal of preventing victimization, treatment should be accessible regardless of an individual's status in the system. Access should also extend to other individuals who may not have been detected, or even those who have never engaged in sexually abusive behavior but are concerned about their potential to do so.
- *Demonstrated Commitment to Collaboration.* The safety of victims and communities is dependent upon key stakeholders involved in community management of sex offenders working together effectively (see, e.g., ATSA, 2005; Carter, Bumby, & Talbot, 2004; English, Pullen, & Jones, 1996; NAPN, 1993). This requires treatment providers to partner with supervision officers, family therapists, child welfare professionals, and others to share assessment information, discuss levels of risk and needs, review treatment progress and compliance with treatment and supervision expectations, and coordinate day-to-day case management efforts to ensure that critical decisions are made based on the most current and comprehensive information. This commitment must also

include mechanisms for timely information-sharing to ensure that treatment providers and others are poised to intervene when necessary.

- *Continuity of Interventions Along the Continuum.* Many individuals enter community-based treatment programs following release from institutional or residential settings. Conversely, some individuals participating in community-based treatment will be placed in a correctional facility or residential program, either because of a new criminal or delinquent offense, revocation of conditional release, repeated probation violations, or other significant changes in risk or needs. In these scenarios, continuity of care is critical to ensure that offenders are able to continue in treatment as they move in either direction. This continuity should prevent unnecessary gaps in treatment and duplication of treatment efforts, both on the part of offenders and providers. As discussed below, this is contingent not only on assessment-driven treatment planning and critical information-sharing about treatment progress, but also on the use of a common framework or model of treatment.

► Questions: Adult Sex Offenders

Availability, Capacity, and Accessibility

Continuum of Care

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does a range of treatment options exist for sex offenders, from community- to prison-based services? |
| 2. | | | | | Are sentencing/placement decisions for sex offenders informed by: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pre-sentence investigations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Psychosexual evaluations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Validated, sex offender-specific risk assessment tools?</i> |
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sentencing/placement decisions for sex offenders informed by the assessed risk level (e.g., secure correctional facilities for higher risk offenders)? |
| 4. | <input type="radio"/> | | | <input type="radio"/> | Are policies or procedures in place that afford correctional agencies the latitude to make well-informed adjustments to the level of care based on significant changes (e.g., increases or decreases) in sex offender risk? |

Prison-Based Sex Offender Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 5. | <input type="radio"/> | | | <input type="radio"/> | Does legislation or do other mandates require corrections agencies to offer prison-based sex offender treatment? |
| 6. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders required to participate in prison-based sex offender treatment? |
| 7. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are parole/early release considerations for sex offenders contingent upon their successful participation in prison-based sex offender treatment? |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is sex offender treatment available within correctional facilities? |
| 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | During intake/reception, are sex offenders notified about the availability of sex offender treatment services and the ways to access such services? |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders able to access prison-based sex offender treatment in a timely manner? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the capacity of prison-based sex offender treatment programs sufficient to allow sex offenders to complete treatment prior to their release date? |
| 12. | <input type="radio"/> | | | <input type="radio"/> | Do standards or guidelines outline the ways in which prison-based sex offender treatment should be delivered? |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is a range of sex offender treatment services available within correctional facilities (e.g., psychoeducational services, intensive programming)? |
| 14. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures delineate a process by which sex offenders are assigned to prison-based sex offender treatment based on assessed level of risk (intensive programming for higher risk sex offenders)? |
| 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are sex offenders assigned to prison-based sex offender treatment based on assessed level of risk (intensive programming for higher risk sex offenders)? |
| 16. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures delineate a process for prioritizing sex offenders for prison-based sex offender treatment based upon presumed release dates? |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are sex offenders prioritized for prison-based sex offender treatment based upon presumed release dates? |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders who are not participating in prison-based treatment reassessed periodically to re-evaluate their level of interest and to encourage them to engage in treatment? |
| 19. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures allow sex offenders to be transitioned to less secure settings after progressing in treatment? |
| 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are sex offenders transitioned to less secure settings after progressing in treatment? |
| 21. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based sex offender treatment programs allow for offenders not incarcerated for sex offenses to access these services if such a need is evident? |
| 22. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment refusals documented in each offender's record? |
| 23. | <input type="radio"/> | | | <input type="radio"/> | Does legislation or do other mandates require sex offenders who are placed directly on probation to participate in community-based sex offender treatment? |

Community-Based Programs

always/ typically generally never/
yes not no

24. Does legislation or do other mandates require sex offenders under supervision post-release from prison to participate in community-based sex offender treatment?
25. Is sex offender treatment available in the community?
26. Are sex offenders who are placed directly on probation able to access community-based sex offender treatment immediately?
27. Are sex offenders who are released from prison able to access community-based sex offender treatment immediately?
28. Do standards or guidelines outline the ways in which community-based sex offender treatment should be delivered?
29. Do community-based and prison-based sex offender treatment programs use the same model of treatment (to promote continuity of care)?
30. Do community-based treatment providers limit their scope of services only to those clients whom they are qualified to treat?
31. Can non justice-involved individuals access community-based sex offender treatment, if needed?
32. Do community-based sex offender treatment providers demonstrate a commitment to collaborate with supervision officers, family therapists, child welfare professionals, and others to:
- Share assessment information?*
- Discuss levels of risk and needs?*
- Review treatment progress and compliance with treatment and supervision expectations?*
- Coordinate day-to-day case management efforts?*

► Questions: Juvenile Sex Offenders

Availability, Capacity, and Accessibility

Continuum of Care

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 33. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require juveniles to receive treatment in the least restrictive setting allowable based on assessed level of risk? |
| 34. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are juvenile sex offenders treated in the least restrictive setting allowable based on assessed level of risk? |
| 35. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does a range of treatment programming exist for juvenile sex offenders, from community-based options to services in residential and juvenile correctional facilities? |
| 36. | | | | | Are sentencing/placement decisions for juvenile sex offenders informed by:
<input type="radio"/> <i>Pre-disposition reports?</i>
<input type="radio"/> <i>Psychosexual evaluations?</i>
<input type="radio"/> <i>Research-supported, juvenile sex offender-specific risk assessment tools?</i> |
| 37. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sentencing/placement decisions for juvenile sex offenders informed by the assessed risk level (e.g., secure residential or juvenile correctional facilities for higher risk youth, community-based options for those who are lower risk)? |
| 38. | <input type="radio"/> | | | <input type="radio"/> | Are policies or procedures in place that afford juvenile justice or youth corrections agencies the latitude to make well-informed adjustments to the level of care based on significant changes (e.g., increases or decreases) in risk and need? |

Facility-Based Treatment for Juveniles

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 39. | <input type="radio"/> | | | <input type="radio"/> | Does legislation or do other mandates require specialized, offense-specific treatment for juvenile sex offenders who are in the custody of juvenile justice agencies? |
| 40. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is specialized sex offender treatment for juveniles available within juvenile correctional facilities? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders able to access sex offender treatment within residential or juvenile correctional facilities in a timely manner? |
| 42. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the treatment capacity in juvenile facilities sufficient to accommodate the number of juvenile sex offenders in need of those services? |
| 43. | <input type="radio"/> | | | <input type="radio"/> | Do standards or guidelines outline the ways in which sex offender treatment in residential or juvenile correctional facilities will be delivered to juveniles? |
| 44. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is there a range of sex offender treatment services available in juvenile correctional facilities (e.g., psychoeducational services, intensive programming)? |
| 45. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do private residential treatment centers provide specialized sex offender treatment to juveniles? |
| 46. | | | | | Do policies or procedures require consideration of the following factors when making facility placement decisions for juvenile sex offenders: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Least restrictive alternative?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Proximity to home and/or community?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Caregiver capacity and involvement?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Access to victims?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Risk and needs of the juvenile?</i> |
| 47. | | | | | In practice , are the following factors considered when making facility placement decisions for juvenile sex offenders: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Least restrictive alternative?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Proximity to home and/or community?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Caregiver capacity and involvement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Access to victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk and needs of the juvenile?</i> |
| 48. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the establishment of specific, measurable, risk management-related treatment goals for each juvenile sex offender that will allow for the safe transition to less restrictive settings (including the community) to receive continuing services? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 49. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are juvenile sex offenders transferred in a timely manner to less restrictive alternatives when they no longer require the current level of structure or care? |
| 50. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Can juveniles who are placed in residential treatment centers or juvenile correctional facilities for a non-sex offense access sex offender treatment if that need is subsequently identified? |
| 51. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment refusals documented in the juveniles' records? |

Community-Based Programs for Juvenile Sex Offenders

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 52. | <input type="radio"/> | | | <input type="radio"/> | Does legislation or do other mandates require juvenile sex offenders who are placed directly on probation to participate in community-based sex offender treatment? |
| 53. | <input type="radio"/> | | | <input type="radio"/> | Does legislation or do other mandates require juvenile sex offenders under supervision post-release from a facility to participate in community-based sex offender treatment? |
| 54. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is juvenile sex offender treatment available in the community? |
| 55. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders who are placed directly on probation able to access community-based sex offender treatment immediately? |
| 56. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders who are released from facilities able to access community-based sex offender treatment immediately? |
| 57. | <input type="radio"/> | | | <input type="radio"/> | Do standards or guidelines outline the ways in which community-based treatment for juvenile sex offenders should be delivered? |
| 58. | <input type="radio"/> | | | <input type="radio"/> | Do community-based and facility-based juvenile sex offender treatment programs use the same model of treatment (to promote continuity of care)? |
| 59. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the parents or caregivers of juvenile sex offenders expected to be actively involved in the community-based treatment process? |
| 60. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based providers limit their scope of services only to those juveniles whom they are qualified to treat? |
| 61. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Can non juvenile justice-involved youth access community-based sex offender treatment if such a need is identified? |

always/ typically generally never/
yes not no

62.

Do sex offender treatment providers who work with juveniles demonstrate a commitment to collaborate with case managers, supervision officers, family therapists, child welfare professionals, and others to:

- Share assessment information?*
- Discuss levels of risk and needs?*
- Review treatment progress and compliance with treatment and supervision expectations?*
- Coordinate day-to-day case management efforts?*

► *Guiding Frameworks and Goals*

To facilitate consistency, integrity, and effectiveness, sex offender treatment programs must have a clearly articulated model of change or theoretical approach that outlines both the underlying philosophy and method of intervention. At present, the cognitive-behavioral approach is the most widely employed model of treatment for both adult and juvenile sex offenders (see McGrath et al., 2003). Cognitive-behavioral treatment addresses the inter-relatedness of thoughts, emotions, and behaviors – specifically as they relate to sex offending and other problem behaviors. Through skill building, reinforcement, and practice, interventions center around replacing maladaptive thoughts and unhealthy coping methods with positive strategies. This approach is designed to assist clients with meeting several goals, including the following (see, e.g., ATSA, 2005; Longo & Prescott, 2006; Marshall et al., 2006a, 2006b):

- Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors;
- Dealing with emotions and impulses in positive ways;
- Developing or enhancing healthy interpersonal and relationship skills, including communication, perspective-taking, and intimacy;
- Managing deviant sexual arousal or interest, while increasing appropriate sexual interests;
- Practicing healthy coping skills that address identified risk factors;
- Establishing or expanding positive support systems;
- Addressing one's needs in positive ways and not at the expense of others; and
- Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending.

Research demonstrates that cognitive-behavioral approaches designed for sex offenders result in significant reductions in recidivism with both adults and juveniles (Hanson et al., 2002; Lösel & Schmucker, 2005; MacKenzie, 2006; Reitzel & Carbonell, 2006; Walker et al., 2004).

Another treatment model that appears promising for juvenile sex offenders is Multisystemic Therapy (MST) (Borduin & Schaeffer, 2002; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Letourneau, Borduin, & Schaeffer, in press; Saldana et al., 2006). MST is a community-based model that targets multiple key influences (e.g., individual, family, peer, school) with the goals of improving family functioning, enhancing parenting skills, increasing positive peer involvement, improving school performance, and building upon community supports (Henggeler et al., 1998). An extensive body of research demonstrates its efficacy with justice-involved youth, not only with respect to reducing recidivism, but also in terms of increasing other positive outcomes for youth and their families (see Henggeler et al., 1998). Research suggests that using MST as the framework for intervention with juvenile sex offenders can yield similarly positive outcomes (see, e.g., Borduin, Henggeler, Blaske, & Stein, 1990; Borduin & Schaeffer, 2002; Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 1999; Letourneau et al., in press; Reitzel & Carbonell, 2006).

TREATMENT PROGRAMS MUST HAVE A CLEARLY ARTICULATED MODEL OF CHANGE OR THEORETICAL APPROACH THAT OUTLINES BOTH THE UNDERLYING PHILOSOPHY AND METHOD OF INTERVENTION.

Given the current available research, jurisdictions that are invested in implementing research-supported models of treatment are well-advised to use a cognitive-behavioral approach with adult sex offenders. And with juveniles, the contemporary literature indicates that employing either Multisystemic Therapy or cognitive-behavioral treatment is a logical choice (see, e.g., Reitzel & Carbonell, 2006; Walker et al., 2004).

► *Modes, Methods, and Targets*

Most treatment programs for adult and juvenile sex offenders deliver interventions within a group setting (McGrath et al., 2003). Group treatment is advantageous for several reasons, not the least of which are resource and time efficiency. It also provides the opportunity for participants to embark on the change process with other individuals who can relate to them, increases their receptiveness to feedback because it comes from peers, allows for modeling and practicing positive skills with peers, and instills hope and self-efficacy through observing the progress and success of others (ATSA, 2005; Berenson & Underwood, 2000; Jennings & Sawyer, 2003; Marshall, Anderson, & Fernandez, 1999; Marshall et al., 2006b; NAPN, 1993; Sawyer, 2002; Schwartz, 1995). The following are key issues related to modes and methods of treatment.

- *Co-Facilitation of Treatment Groups.* When used as a mode of treatment, group therapy is ideally facilitated by two clinicians. Among other benefits, co-facilitation prevents important details from being overlooked from both a process and content perspective, promotes balance and objectivity because the information from the groups is

filtered through different lenses, and ensures continuity of service delivery when one of the clinicians is unable to be present. It can also prevent therapist burnout (Marshall et al., 1999). In some jurisdictions, treatment providers and supervision officers co-facilitate treatment groups (see McGrath et al., 2003). There is controversy in the field over this practice. While some argue that it promotes multidisciplinary collaboration, enhances information-gathering, and demonstrates a unified partnership to the individuals on these common caseloads, others express concerns about the potential for blurring of roles, ethical questions regarding non-clinically qualified supervision officers providing treatment, and the impact on clients' participation or willingness to disclose fully during the group (see, e.g., ATSA, 2005). As such, it may be less problematic for supervision officers to schedule occasional "observations" of treatment groups, ensuring that participants are informed in advance that the officer will be present and that the role of the officer is appropriately clarified (ATSA, 2005).

- *Heterogeneity versus Homogeneity of Groups.* One question that often arises when conducting groups is whether they should be heterogeneous (composed of different types of sex offenders) or homogeneous (made up of very similar offenders). Heterogeneity takes multiple forms when considering the composition of sex offender treatment groups: type of victim or sex crime, age, gender, functional status, and risk level. In many treatment programs, treatment groups tend to be comprised of a heterogeneous "mix" of sex offenders (e.g., individuals who have victimized adults and those who have targeted children). This is often a function of convenience, supply and demand, and the availability and capacity of

treatment resources. And because no clear evidence indicates that this type of heterogeneity in the group context has a detrimental impact on treatment outcomes, it remains common practice.

It is, however, important to note that not all subpopulations of sex offenders should be placed in treatment groups together. For example, it is inadvisable to combine female offenders with male offenders, lower functioning clients with highly sophisticated individuals, or juveniles with adults. Distinct populations have unique intervention needs, and placing them together in treatment can create dynamics that may undermine treatment.

Other types of heterogeneity in treatment groups (i.e., mixing offenders who have varied levels of risk) can actually decrease the effectiveness of treatment, whereas homogeneous treatment groups (i.e., comprised of offenders with similar risk levels) may lead to better outcomes. This has been best illustrated through the application of the risk principle, which reveals that when interventions are delivered in accordance with assessed level of risk, they have a greater impact of reducing recidivism (see, e.g., Andrews & Bonta, 2007; Gordon & Nicholaichuk, 1996; Mailloux et al., 2003; Nicholaichuk, 1996). Stated differently, intensive services delivered to a treatment group comprised of high risk sex offenders (i.e., a homogenous group) will be more effective than providing the same intensive interventions to a treatment group comprised of sex offenders whose risk levels vary from low to high.

While commonly used, group therapy also presents disadvantages. For example, even when groups are limited to an ideal size of 8-10 members, they offer only a limited amount of

time for participants to address multiple needs and issues during each treatment encounter. Groups may also be suboptimal for participants with specific responsivity considerations such as cognitive impairments, varied learning styles, low motivation, or denial. The group setting is also not conducive to discussing sensitive issues or addressing family or marital difficulties. Finally, with juvenile sex offenders specifically, treatment providers must remain cognizant of the research on aggregating juveniles for intervention (see, e.g., Chaffin, 2006; Dodge et al., 2006; Hunter, 2006; Hunter et al., 2004b). In some instances, the strong negative peer influences that exist when juveniles are treated in group settings may mitigate or even nullify the potential benefits of intervention (Dodge et al., 2006).

Although most empirical examinations that demonstrate treatment effectiveness include programs with group therapy as a primary mode of treatment, the research does not suggest that group treatment alone is superior to other modes of specialized treatment for sex offenders (Lösel & Schmucker, 2005; Reitzel & Carbonell, 2006). Indeed, the success of MST and other family- and community-based interventions with juvenile sex offenders clearly indicates that the use of group therapy is not the only means of achieving positive outcomes.

For these and other reasons, treatment for adult and juvenile sex offenders should not be limited to a group modality. Rather, depending upon the needs and circumstances of each client, programs should also employ the following treatment modalities:

- Individual therapy;
- Couples or marital therapy; and
- Family therapy.

Indeed, in sex offender treatment programs throughout the country, the overwhelming majority of programs report using individual, couples, and family therapy (McGrath et al., 2003).

Primary Treatment Targets

Within the context of the principles of effective correctional intervention, the need principle states that recidivism is most likely to be reduced when interventions primarily target crime-producing or criminogenic needs (see, e.g., Andrews & Bonta, 2007). In order to maximize the likelihood that interventions will be effective for adult and juvenile sex offenders, therefore, treatment providers should focus their efforts on the changeable factors that are known to be associated with sexual recidivism (i.e., criminogenic needs). These dynamic factors are often identified through extensive research designed to identify the characteristics and factors that differentiate sexual recidivists from non-recidivists. This provides clinicians with insight into the kinds of factors that, if targeted in treatment, will significantly reduce reoffense potential. It also allows treatment providers to be aware of the types of factors that may not require a considerable investment of time and energy during the course of treatment, as they may not yield significant dividends in the long term.

Current research indicates that the following clusters of dynamic risk factors are linked to sexual recidivism, and, therefore, are important targets of treatment for sex offenders (see, e.g.,

Hanson & Bussiere, 1998; Hanson & Harris, 2000, 2001; Hanson & Morton-Bourgon, 2005; Worling & Langstrom, 2006):

- *Sexual deviance variables.* Included among these factors are deviant sexual interests, arousal, or preferences (e.g., sexual interest in young children) as well as sexual preoccupations. Although many individuals who commit sex offenses do not display deviant interests, for those offenders who do, treatment interventions (i.e., behavioral techniques) are designed to enhance behavioral control and reduce the likelihood of acting on such interests.
- *Antisocial orientation.* Variables within this category include antisocial personality and traits, psychopathy, negative social supports, and a history of rule violations. Also included are pervasive hostility, impulsivity, and employment instability.
- *Intimacy deficits.* These include an overall absence of intimate relationships, conflicts in intimate relationships, emotional identification with children, attachment difficulties, and distorted schemas and perceptions about individuals and relationships.
- *Pro-offending attitudes and schemas.* This category includes beliefs and attitudes that support sexually abusive and other problem behaviors, and can include cognitive distortions such as minimizations and justifications, as well as implicit theories or world views that may support sex offending behaviors (Mann & Beech, 2003; Ward, Hudson, Johnston, & Marshall, 1997; Ward & Keenan, 1999).

It should be noted that although these broader categories of dynamic risk factors are associated with sexual recidivism, not all of the individual variables that are or can be included in

TREATMENT PROVIDERS SHOULD FOCUS THEIR EFFORTS ON THE CHANGEABLE FACTORS THAT ARE KNOWN TO BE ASSOCIATED WITH SEXUAL RECIDIVISM.

these categories are independently correlated with recidivism.

Other Common Targets of Treatment

Even though some dynamic factors do not predict long term recidivism, they may predispose an individual to begin sex offending (persistence factors versus initiation factors). Understandably then, many treatment programs address those variables. In addition, treatment programs focus on elements that can equip adult and juvenile sex offenders with the skills and competencies that will allow them to lead “good lives” (Mann, Webster, Schofield, & Marshall, 2004; Thakker, Ward, & Tidmarsh, 2006; Ward & Fischer, 2006; Ward & Stewart, 2003). These factors may not be directly linked to recidivism but will lead to improved quality of life, which is arguably an important goal of treatment.

Put simply, the emphasis on criminogenic needs provides the major thrust of intervention for sex offender treatment, but many current treatment programs also target non-criminogenic needs, including the following (Marshall et al., 2006b; McGrath et al., 2003; Rich, 2003; Worling, 2004):

- Self esteem;
- Social skills;
- Problem-solving;
- Stress management;
- Sex education;
- Trauma resolution;
- Offense responsibility; and
- Victim awareness.

Providers must keep in mind the research on the need principle, which reveals that when non-criminogenic needs outweigh crimino-

genic needs in treatment, the overall impact of the interventions is undermined significantly (Andrews & Bonta, 2007; Dowden & Andrews, 2000).

Special Considerations with Juvenile Sex Offenders

When treatment programs for juvenile sex offenders rapidly developed approximately two decades ago, they mirrored programs for adult sex offenders. This occurred primarily because the differences between adult and juvenile sex offenders were not fully understood and the assumption was made that adults and juveniles were alike in most ways (see, e.g., Bumby & Talbot, 2007; Chaffin, Letourneau, & Silovsky, 2002; Longo & Prescott, 2006). But because the period of adolescence is characterized by cognitive, emotional, social, moral, and biological processes that are qualitatively different from those in adulthood, the treatment approaches and other management strategies designed for adults cannot simply be applied to juvenile sex offenders (see, e.g., ATSA, 2000; Chaffin, et al., 2002; Fanniff & Becker, 2006; Letourneau & Miner, 2005). Over the past several years, researchers have begun to further illuminate characteristics and features that differentiate juvenile from adult sex offenders (Barbaree & Marshall, 2006; Caldwell, 2002; Fanniff & Becker, 2006; Hunter et al., 2003, 2004a; Knight, 2004; Miranda & Corcoran, 2000; Worling & Langstrom, 2006). More specifically, this research suggests that juveniles:

**TREATMENT APPROACHES AND OTHER
MANAGEMENT STRATEGIES DESIGNED
FOR ADULTS CANNOT SIMPLY BE
APPLIED TO JUVENILE SEX OFFENDERS.**

- Have greater fluidity in sexual arousal, rather than having “fixed” patterns;
 - Tend to have more social competency difficulties;
 - Experience more family difficulties;
 - Have been exposed to more violence, maltreatment, or other trauma;
 - Are more likely to commit offenses within the family;
 - Have fewer victims;
 - Commit less intrusive sex offenses; and
 - Have lower sexual recidivism rates.
- Offense acknowledgement and responsibility;
 - Cognitive distortions;
 - Awareness of victim impact;
 - Healthy sexuality and sex education;
 - Social skills and assertiveness;
 - Self-esteem;
 - Antisocial attitudes, values, and associates;
 - Emotional management;
 - History of trauma;
 - Impulse control;
 - Family functioning; and
 - Deviant sexual arousal, for those youth who evidence these patterns.

Moreover, the available evidence indicates that juvenile sex offenders may be more similar to other justice-involved juveniles than to adult sex offenders, which means that treatment for juvenile sex offenders should take into account the broader juvenile delinquency research (Fanniff & Becker, 2006; Letourneau & Miner, 2005; Nisbet, Wilson, & Smallbone, 2004; Seto & Lalumiere, 2006; Smallbone, 2006). This has resulted in greater emphasis on and sensitivity to socio-ecological theories that recognize the multiple determinants of delinquent behavior (e.g., individual, family, peer, school, community) when approaching treatment for juvenile sex offenders (see, e.g., Borduin & Schaeffer, 2002; Longo & Prescott, 2006; Hunter et al., 2004b; Letourneau & Miner, 2005; Saldana et al., 2006).

To some extent, however, intervention targets addressed in “traditional” juvenile sex offender treatment programs will likely still resemble targets for adult sex offenders, because some of the risk factors believed to be associated with initiation and persistence for juveniles are similar to those for adult sex offenders (see, e.g., Bumby & Talbot, 2007; Prescott, 2006; Worling & Langstrom, 2006). The following are common targets of treatment currently employed in juvenile sex offender treatment programs throughout the country (McGrath et al., 2003):

► Questions: Adult Sex Offenders

Guiding Frameworks and Goals

Prison-Based Sex Offender Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 63. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based sex offender treatment programs use a cognitive-behavioral approach? |
| 64. | | | | | Are prison-based sex offender treatment programs designed to assist clients with meeting the following goals: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dealing with emotions and impulses in positive ways?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing or enhancing healthy interpersonal and relationship skills, including communication, perspective-taking, and intimacy?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Managing deviant sexual arousal or interest, while increasing appropriate sexual interests?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Practicing healthy coping skills that address identified risk factors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing or expanding positive support systems?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Addressing needs in positive ways and not at the expense of others?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending?</i> |

Community-Based Sex Offender Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 65. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs use a cognitive-behavioral approach? |
| 66. | | | | | Are community-based sex offender treatment programs designed to assist clients with meeting the following goals: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dealing with emotions and impulses in positive ways?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing or enhancing healthy interpersonal and relationship skills, including communication, perspective-taking, and intimacy?</i> |

- | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------------------------|-----------------------|--------------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Managing deviant sexual arousal or interest, while increasing appropriate sexual interests?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Practicing healthy coping skills that address identified risk factors?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing or expanding positive support systems?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Addressing needs in positive ways and not at the expense of others?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending?</i> |

Prison-Based Sex Offender Treatment: Modes, Methods, and Targets

Modes and Methods of Delivery

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 67. | | | | | Are the following treatment modalities used for prison-based sex offender treatment: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Group?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individual?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Couples or marital?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family?</i> |
| 68. | | | | | When groups are utilized for prison-based sex offender treatment, do practices reflect the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Co-facilitation by two clinicians?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Limited in size to 8-10 clients?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>High risk clients separated from low risk clients?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Males separated from females?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Higher functioning sex offenders separated from those who are lower functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adults separated from juveniles?</i> |

Primary Treatment Targets (Criminogenic Needs)

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|------------------|--------------------------|----------------------|---|
| 69. | | | | | Do prison-based sex offender treatment programs target the following: |

- | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------------------------|-----------------------|--------------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sexual deviance variables?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Antisocial orientation?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Intimacy deficits?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pro-offending attitudes and schemas?</i> |

Other Common Targets of Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 70. | | | | | Do prison-based sex offender treatment programs target the following non-criminogenic needs: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Self-esteem?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social skills?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Problem-solving?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Stress management?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sex education?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Trauma resolution?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Offense responsibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim awareness?</i> |
| 71. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based sex offender treatment programs target more criminogenic needs than non-criminogenic needs? |

Community-Based Sex Offender Treatment: Modes, Methods, and Targets

Modes and Methods of Delivery

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 72. | | | | | Are the following treatment modalities utilized for community-based sex offender treatment: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Group?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individual?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Couples or marital?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 73. | | | | | When groups are utilized for community-based sex offender treatment, do practices reflect the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Co-facilitation by two clinicians?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Limited in size to 8-10 clients?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>High risk clients separated from low risk clients?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Males separated from females?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Higher functioning sex offenders separated from those who are lower functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adults separated from juveniles?</i> |

Primary Treatment Targets (Criminogenic Needs)

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 74. | | | | | Do community-based sex offender treatment programs target the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sexual deviance variables?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Antisocial orientation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Intimacy deficits?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pro-offending attitudes and schemas?</i> |

Other Common Targets of Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 75. | | | | | Do community-based sex offender treatment programs target the following non-criminogenic needs: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Self-esteem?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social skills?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Problem-solving?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Stress management?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Sex education?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Trauma resolution?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Offense responsibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim awareness?</i> |
| 76. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs target more criminogenic needs than non-criminogenic needs? |

► Questions: Juvenile Sex Offenders

Guiding Frameworks and Goals

Residential/Juvenile Correctional Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 77. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile sex offender treatment programs in residential/juvenile correctional facilities use a cognitive-behavioral approach? |
| 78. | | | | | Are juvenile sex offender treatment programs in residential/juvenile correctional facilities designed to assist clients in meeting the following goals: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dealing with emotions and impulses in positive ways?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing or enhancing healthy interpersonal skills (e.g., communication, assertiveness, social)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Managing deviant sexual arousal or interest, while increasing appropriate sexual interests?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Practicing healthy coping skills that address identified risk factors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Improving family functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Promoting positive school achievement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing or expanding positive peer relationships and other support systems?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Addressing needs in positive ways and not at the expense of others?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending?</i> |

Community-Based Treatment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 79. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based juvenile sex offender treatment programs use a cognitive-behavioral approach? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 80. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based programs utilize Multisystemic Therapy (MST) as a framework for intervening with juvenile sex offenders? |
| 81. | | | | | Are community-based treatment interventions for juvenile sex offenders designed to assist clients in meeting the following goals: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Dealing with emotions and impulses in positive ways?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing or enhancing healthy interpersonal skills (e.g., communication, assertiveness, social)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Managing deviant sexual arousal or interests, while increasing appropriate sexual interests?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Practicing healthy coping skills that address identified risk factors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Improving family functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Promoting positive school achievement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing or expanding positive peer relationships and other support systems?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Addressing needs in positive ways and not at the expense of others?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending?</i> |

Residential/Juvenile Correctional Treatment for Juvenile Sex Offenders: Modes, Methods, and Targets

Modes and Methods of Delivery

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 82. | | | | | Are the following treatment modalities used for residential/juvenile correctional sex offender treatment programs: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Group?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individual?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family?</i> |
| 83. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional facilities offer parent education/support groups? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 84. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are visitation periods with juveniles and their parents/families used as therapeutic opportunities? |
| 85. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is family therapy initiated while juvenile sex offenders are in residential/juvenile correctional facilities? |
| 86. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is parent/family involvement an explicit focus of treatment for juvenile sex offenders in residential/juvenile correctional facilities? |
| 87. | | | | | If treatment groups are used for residential/juvenile correctional sex offender treatment programs, do practices reflect the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Co-facilitation by two clinicians?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Limited in size to 8-10 clients?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>High risk juveniles separated from low risk juveniles?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Juvenile males separated from juvenile females?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Higher functioning juveniles separated from lower functioning juveniles?</i> |

Treatment Targets

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 88. | | | | | Do residential/juvenile correctional sex offender treatment programs target the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Antisocial values and behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social isolation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Poor social skills?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pro-offending attitudes and schemas?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Impulsivity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Problematic parent-child relationships?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Self-esteem?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Emotion management?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Healthy sexuality and sex education?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Trauma resolution?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Offense acknowledgement and responsibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Awareness of victim impact?</i> |

always/
yes typically generally
not never/
no

- Family functioning?*
- Deviant sexual interests?*

89. Are residential/juvenile correctional sex offender treatment programs designed to be developmentally-sensitive (i.e., do they take into account the unique characteristics and intervention needs of juveniles)?

Community-Based Treatment for Juvenile Sex Offenders: Modes, Methods, and Targets

Modes and Methods of Delivery

always/
yes typically generally
not never/
no

90. Are the following treatment modalities used for community-based juvenile sex offender treatment programs:
- Group?*
- Individual?*
- Family?*
91. Do community-based treatment programs for juvenile sex offenders offer parent education/support groups?
92. If treatment groups are used for community-based juvenile sex offender programs, do practices reflect the following:
- Co-facilitation by two clinicians?*
- Limited in size to 8-10 clients?*
- High risk juveniles separated from low risk juveniles?*
- Juvenile males separated from juvenile females?*
- Higher functioning juveniles separated from lower functioning juveniles?*

Treatment Targets

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 93. | | | | | Do community-based juvenile sex offender treatment programs target the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Antisocial values and behaviors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Social isolation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Poor social skills?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Pro-offending attitudes and schemas?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Impulsivity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Problematic parent-child relationships?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Self-esteem?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Emotion management?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Healthy sexuality and sex education?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Trauma resolution?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Offense acknowledgement and responsibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Awareness of victim impact?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family functioning?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Deviant sexual interests?</i> |
| 94. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are community-based juvenile sex offender treatment programs designed to be developmentally-sensitive (i.e., do they take into account the unique characteristics and intervention needs of juveniles)? |
| 95. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is parent/family involvement an explicit focus of community-based treatment for juvenile sex offenders? |

► “Positive” Treatment Approaches

The program model, modalities employed, and targets of intervention in sex offender treatment are very important, as they establish the foundation for the “substance” of treatment. However, process-related variables must be taken into account as well, including therapist characteristics and the therapeutic climate (see, e.g., Fernandez, 2006). Roughly a decade ago, experts raised concerns about the highly aggressive, harshly confrontational, and shame-inducing approaches that were commonly used in treatment programs and suggested that these strategies may actually increase resentment, hostility, and externalization of responsibility, while decreasing disclosure, motivation, and engagement (see, e.g., Bumby, Marshall, & Langton, 1999; Kear-Colwell & Pollack, 1997; Marshall, 1996; Marshall et al., 1999).

Perhaps not surprisingly, research has since confirmed that employing these types of aggressive and confrontational approaches is associated with poorer treatment outcomes, whereas clinicians who demonstrate empathy and encouragement, are firm but flexible, and create a cohesive and positive therapeutic climate are more likely to facilitate positive treatment gains and outcomes (see, e.g., Beech &

Hamilton-Giachritsis, 2005; Marshall et al., 2003; Marshall et al., 2005). Therefore, treatment programs must ensure that providers practice skills, techniques, and strategies that will facilitate clients’ engagement and success in treatment.

One such strategy is Motivational Interviewing (Ginsburg, Mann, Rotgers, & Weekes, 2002; Miller & Rollnick, 2002). This approach emphasizes the need for clinicians to modify their interactions with clients based on the level of motivation and readiness for change demonstrated by those clients. Through Motivational Interviewing techniques, clients are encouraged to explore their own internal reasons to change, which ultimately results in decreased resistance and increased investment during the intervention process (Miller & Rollnick, 2002). Over the past several years, it has become increasingly popular for working with sex offenders (Ginsburg et al., 2002).

Just as the process-related variables in sex offender treatment have begun to shift in a more positive direction, so have the overall philosophies of treatment (see, e.g., Fernandez, 2006; Marshall et al., 2005; Thakker et al., 2006; Ward & Fischer, 2006; Ward & Stewart, 2003). A positive approach to sex offender treatment recognizes the importance of addressing risk factors and effective coping skills, but reframes them within a strengths-based model that is designed around establishing “approach” goals (Thakker et al., 2006; Ward & Stewart, 2003). In other words, treatment is not built around teaching individuals how to prevent themselves from continuing to lead “bad lives,” so to speak. Rather, the focus of treatment is to assist sexually abusive individuals with developing skills, competencies, and values that will allow them to lead “good lives” that are incompatible with sex offending (Mann et al., 2004; Thakker et al., 2006; Ward & Fischer, 2006; Ward

EMPHASES ON MORE POSITIVE APPROACHES TO SEX OFFENDER TREATMENT CAN FACILITATE CLIENTS’ INVESTMENT IN THE INTERVENTION PROCESS, MINIMIZE ATTRITION FROM TREATMENT, AND ULTIMATELY PROMOTE SUCCESSFUL COMPLETION OF TREATMENT.

& Stewart, 2003). This is a change from the traditional approach to treatment that focused almost exclusively on deficits, problems, and lifelong risk management techniques (e.g., escape and avoidance goals) as a means of promoting long-term success.

Taken together, these emphases on more positive approaches to sex offender treatment can facilitate clients' investment in the intervention process, minimize attrition from treatment, and ultimately promote successful completion of treatment. This is important because research demonstrates that adults and juveniles who complete sex offender treatment are less likely to recidivate than treatment non-completers (see, e.g., Hanson et al., 2002; Hunter & Figueredo, 1999; Lösel & Schmucker, 2005).

Therapeutic Climate in Facility-Based Treatment Programs

Ensuring a positive climate in sex offender treatment is important regardless of the setting. However, when programs are based within correctional, juvenile justice, or other residential facilities, administrators and staff must be especially mindful of environmental influences that can either enhance or undermine treatment efforts. Because they are able to observe and interact with clients across multiple contexts, at all hours, and on a daily basis, the correctional officers and youthcare workers within facilities can potentially play an important role in the overall treatment process.

If empowered through practical training and included as contributing members of treatment teams, they can provide clinical staff with invaluable information about behaviors that occur outside of the treatment setting, assist clients with practicing communication and problem-solving skills, reinforce and reward

positive behaviors, and intervene when necessary to prevent problems from escalating. This type of involvement can enhance the integrity, generalizability, and sustainability of treatment within institutional and residential programs, and may mitigate some of the negative influences that can directly and indirectly undermine treatment (Fernandez & Marshall, 2000; Gordon & Hover, 1998). As noted previously, this is particularly salient within juvenile facilities, in light of the research that highlights the potential for negative outcomes when delinquent youth are aggregated in treatment programs and other settings (see Dodge et al., 2006). (For additional information about mitigating the impact of long-term placement, see the Reentry section of this protocol.)

► Questions: Adult Sex Offenders

Prison-Based Sex Offender Treatment: “Positive” Treatment Approaches

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 96. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are formal expectations in place for prison-based treatment providers to use strategies that facilitate clients’ engagement and success in treatment (e.g., Motivational Interviewing)? |
| 97. | | | | | Do prison-based treatment providers recognize the importance of therapist variables by demonstrating the following in treatment: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Firmness, fairness, and flexibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Empathy?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Genuineness?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Warmth?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Encouragement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Respectful confrontation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>A therapeutic climate?</i> |
| 98. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based sex offender treatment programs explicitly operate within a “good lives” framework? |
| 99. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are approach goals an emphasis of prison-based sex offender treatment? |

Therapeutic Climate in Prison-Based Treatment Programs

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 100. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional officers receive practical, skills-based training regarding their role in supporting and reinforcing the treatment process in the “off hours” (e.g., evenings/weekends, outside of the formal treatment context)? |
| 101. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional officers serve as contributing members of treatment teams? |

Community-Based Sex Offender Treatment: “Positive” Treatment Approaches

102. Are formal expectations in place for community-based treatment providers to use strategies that facilitate clients’ engagement and success in treatment (e.g., Motivational Interviewing)?
103. Do community-based treatment providers recognize the importance of therapist variables by demonstrating the following in treatment:
- Firmness, fairness, and flexibility?*
- Empathy?*
- Genuineness?*
- Warmth?*
- Encouragement?*
- Respectful confrontation?*
- A therapeutic climate?*
104. Do community-based sex offender treatment programs explicitly operate within a “good lives” framework?
105. Are approach goals an explicit emphasis of community-based sex offender treatment?

► Questions: Juvenile Sex Offenders

Residential/Juvenile Correctional Programs: “Positive” Treatment Approaches

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 106. | <input type="radio"/> | | | <input type="radio"/> | Are formal expectations in place for treatment providers to use strategies that facilitate engagement and success of juveniles and their families in treatment (e.g., Motivational Interviewing)? |
| 107. | | | | | Do treatment providers recognize the importance of therapist variables by demonstrating the following with juveniles and their families in treatment: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Firmness, fairness, and flexibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Empathy?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Genuineness?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Warmth?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Encouragement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Respectful confrontation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>A therapeutic climate?</i> |
| 108. | <input type="radio"/> | | | <input type="radio"/> | Do juvenile sex offender treatment programs explicitly operate within a “good lives” framework? |
| 109. | <input type="radio"/> | | | <input type="radio"/> | Are approach goals an emphasis of juvenile sex offender treatment? |

Therapeutic Climate in Residential/Juvenile Correctional Treatment Programs

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 110. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do youthcare workers and custody staff receive training about the impact of negative peer influences within facilities and how they can intervene to potentially mitigate these effects? |
| 111. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do youthcare workers and custody staff receive skills-based training on how to support treatment during “off-hours” (i.e., evenings/weekends, outside of the formal treatment context)? |
| 112. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do youthcare workers and custody staff serve as contributing members of treatment teams? |

Community-Based Juvenile Sex Offender Treatment: "Positive" Treatment Approaches

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 113. | <input type="radio"/> | | | <input type="radio"/> | Are formal expectations in place for community-based treatment providers to use strategies that facilitate engagement and success of juveniles and their families in treatment (e.g., Motivational Interviewing)? |
| 114. | | | | | Do community-based treatment providers recognize the importance of therapist variables by demonstrating the following with juveniles and their families in treatment: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Firmness, fairness, and flexibility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Empathy?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Genuineness?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Warmth?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Encouragement?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Respectful confrontation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>A therapeutic climate?</i> |
| 115. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based juvenile sex offender treatment programs explicitly operate within a "good lives" framework? |
| 116. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are approach goals an explicit emphasis of community-based sex offender treatment for juveniles? |

► *Pharmacological Interventions*

As part of a broader approach to treatment, the use of pharmacological agents on a voluntary basis may be helpful adjuncts to treatment for some sexually abusive individuals. For example, adults or juveniles who experience co-occurring psychiatric conditions such as anxiety, depression, thought disorders, or attention-deficit hyperactivity disorder may not respond as effectively to interventions because of interfering symptoms. These types of mental health issues tend not to be underlying factors that lead to sex offending and they are generally not related to sexual recidivism (Hanson & Morton-Bourgon, 2005). Rather, these symptoms are potential responsivity factors, and medication intervention is designed to reduce symptoms and increase functional status so that individuals are better able to participate in and benefit from the treatment process.

For other individuals, however, pharmacological interventions may be necessary to manage psychiatric disorders that are more closely linked to offending. Specifically, some adults and juveniles experience recurring and intense sexual drives and urges (e.g., paraphilias) that exacerbate or even fuel sex offending behaviors. In these instances, medications such as antiandrogens or other hormonal agents can reduce the intensity and/or frequency of sexual drives, urges, preoccupations, or compulsions that have not responded sufficiently to behavioral or cognitive-behavioral interventions (Berlin, 2000; Bradford & Fedoroff, 2006; Glaser, 2003; Grubin, 2000; Kafka, 2001; Kafka & Hennen, 2002). Recent research indicates that the use of hormonal agents is associated with recidivism reductions among sex offenders (Lösel & Schmucker, 2005; MacKenzie, 2006), although other research has raised questions about their use (Hanson & Harris, 2000).

The use of selective serotonin reuptake inhibitors (SSRIs) can be beneficial when treating some sex offenders, particularly those with co-occurring mood, anxiety, or impulse-control disorders. This is because SSRIs not only lessen symptoms of those disorders, but also have common side effects such as reduced sexual drives and urges (AACAP, 1999; Berlin, 2000; Bradford & Fedoroff, 2006; Bradford & Greenberg, 1998; Greenberg & Bradford, 1997; Grubin, 2000; Sheerin, 2004).

The primary goal of pharmacological interventions is to assist offenders with gaining control over problematic sexual drives, urges, and behaviors – not to eliminate sexual behaviors altogether (Bradford & Greenberg, 1998; Laws & O'Donohue, 1997). The use of pharmacological interventions is not without controversy; questions exist regarding the potential range of side effects, the provision of informed consent with often involuntary clients, and the failure to use these agents as part of a more comprehensive and integrated treatment strategy (Glaser, 2003). Some experts argue that neither the positive benefits nor negative side effects of hormonal agents are understood fully (Glaser, 2003; Sheerin, 2004). Moreover, none of the classes of pharmacological agents has been sanctioned for use in the treatment of sexual deviance by the respective regulatory bodies in the United States, Canada, United Kingdom, or most other Western countries (Bradford & Fedoroff, 2006).

Pharmacological interventions with juvenile sex offenders should be utilized judiciously (Hunter & Lexier, 1998; Morenz & Becker, 1995). While the use of psychotropic medications to ameliorate symptoms of common disorders of justice-involved youth (e.g., attention-deficit hyperactivity disorder, anxiety and depressive disorders) is less controversial, the appropriateness of antiandrogens and hormonal agents

continues to be very questionable with juvenile sex offenders except in extreme cases (AACAP, 1999; Bradford & Fedoroff, 2006; Hunter & Lexier, 1998). Because of the potential additive value under limited circumstances, some pharmacological interventions may be appropriate when included as part of a broader treatment regimen for certain juveniles who have committed sex offenses – namely older, more impulsive youth, and those who clearly evidence symptoms of paraphilic disorders (Bradford & Fedoroff, 2006; Hunter & Lexier, 1998; Sheerin, 2004). And despite the promise of SSRIs, the U.S. Food and Drug Administration, the federal oversight agency in the United States that is responsible for regulating medications, recently warned about their overall use with adolescents because of the increased potential for increased self-harm and aggression toward others (U.S. Food and Drug Administration, 2004). Further research is clearly needed. In the meantime, careful risks-benefits analyses must be conducted before using pharmacological agents with juveniles, and close monitoring by qualified and experienced medical professionals is required in the event that such medications are deemed necessary (Bradford & Fedoroff, 2006; CSOM, 1999; Hunter & Lexier, 1998).

When pharmacological interventions are warranted, it is important that the medical or psychiatric professionals providing care to sex offenders work collaboratively with the other professionals involved in the sex offender management process. In so doing, supervision and offense-specific treatment providers can become better educated about potential benefits and limitations of these interventions and can also assist medical professionals with monitoring critical issues such as potential side effects and medication non-compliance. Furthermore, collaboration ensures that pharmacological agents are not used as the exclu-

sive mode of treatment; rather, such interventions should be used to complement and enhance offense-specific treatment and treatment (Berlin, 2000; Bradford & Greenberg, 1998; Grubin, 2000; Laws & O'Donohue, 1997).

► Questions: Adult Sex Offenders

Pharmacological Interventions

Prison-Based Programs

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 117. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are incarcerated offenders prescribed psychotropic medications as warranted when “general” co-occurring psychiatric difficulties (e.g., depression, anxiety, psychotic disorders) are identified through the assessment process? |
| | | | | | If so, are they prescribed under the following conditions: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>After informed consent/assent is provided by the offender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>As part of a broader, holistic approach to treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>With close monitoring by a qualified medical professional?</i> |
| 118. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are antiandrogens or hormonal agents (e.g., Provera, Lupron) prescribed for adult sex offenders in prison-based programs as warranted? |
| 119. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are they incorporated as part of a broader sex offender treatment approach (e.g., as an adjunct to cognitive-behavioral treatment)? |
| 120. | | | | | If antiandrogens or hormonal agents are ever used with adult sex offenders in correctional facilities, describe the circumstances, procedures, and safeguards below:
<hr/> <hr/> <hr/> |
| 121. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are SSRIs prescribed for adult sex offenders in prison-based programs to assist offenders with managing paraphilic symptoms (specifically because of the sexual side effects)? |
| 122. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are they incorporated as part of a broader sex offender treatment approach (e.g., as an adjunct to cognitive-behavioral treatment)? |
| 123. | | | | | If pharmacological interventions are used with adult sex offenders explicitly as a “sex offender intervention,” are they used under the following conditions: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>On a voluntary basis?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----------------------|------------------------|-----------------------|--------------------------|----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <i>After offenders provide informed consent and following patient education about the strengths, limitations, risks, and benefits?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <i>With close monitoring by qualified medical professionals?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <i>With the prescribing medical professionals playing an active role on sex offender treatment teams?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <i>With sex offender program staff receiving education about the strengths, limitations, risks, and benefits of these interventions?</i> |

Community-Based Programs

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 124. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are antiandrogens or hormonal agents (e.g., Provera, Lupron) prescribed for adult sex offenders in community-based programs as warranted? |
| 125. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are they incorporated as part of a broader sex offender treatment approach (e.g., as an adjunct to cognitive-behavioral treatment)? |
| 126. | | | | | If antiandrogens or hormonal agents are ever used with adult sex offenders in community-based settings, describe the circumstances, procedures, and safeguards below:

_____ |
| 127. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are SSRIs prescribed for adult sex offenders in community-based settings to assist offenders with managing paraphilic symptoms (specifically because of the sexual side effects)? |
| 128. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are they incorporated as part of a broader sex offender treatment approach (e.g., as an adjunct to cognitive-behavioral treatment)? |
| 129. | | | | | If pharmacological interventions are used with adult sex offenders explicitly as a "sex offender intervention" in the community, are they used under the following conditions: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>On a voluntary basis?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>After offenders provide informed consent and following patient education about the strengths, limitations, risks, and benefits?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>With close monitoring by qualified medical professionals?</i> |

always/
yes

typically

generally
not

never/
no

- With the prescribing medical professionals playing an active role on sex offender case management teams (e.g., with treatment providers, supervision officers, community supports)?*
- With treatment providers, supervision officers, and members of community support networks receiving education about the strengths, limitations, risks, and benefits of these interventions?*

► Questions: Juvenile Sex Offenders

Pharmacological Interventions

Residential/Juvenile Correctional Programs

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 130. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles prescribed psychotropic medications as warranted when “general” co-occurring psychiatric difficulties (e.g., ADHD, depression, anxiety, psychotic disorders) are identified through the assessment process? |
| | | | | | If so, are they prescribed under the following conditions: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>After informed consent/assent is provided by the juvenile and parent/guardian?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>As part of a broader, holistic approach to treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>With close monitoring by a qualified medical professional?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>With an awareness of the FDA warnings about SSRIs with juveniles?</i> |
| 131. | | | | | If antiandrogens or hormonal agents are ever used with juvenile sex offenders in residential/juvenile correctional facilities, describe the circumstances, procedures, and safeguards below (including age restrictions, diagnoses, informed consent process, patient/parent/staff education, monitoring):
<hr/> <hr/> <hr/> |
| 132. | | | | | If SSRIs are ever used with juvenile sex offenders in residential/juvenile correctional facilities as a means of managing paraphilic symptoms, describe the circumstances, procedures, and safeguards below (including age restrictions, diagnoses, informed consent process, patient/parent/staff education, monitoring):
<hr/> <hr/> <hr/> |

Community-Based Programs

always/ typically generally never/
yes not no

133. If antiandrogens or hormonal agents are ever used with juvenile sex offenders in community-based settings, describe the circumstances, procedures, and safeguards below (including age restrictions, diagnoses, informed consent process, patient/parent/staff education, monitoring):

134. If SSRIs are ever used with juvenile sex offenders in community-based settings as a means of managing paraphilic symptoms, describe the circumstances, procedures, and safeguards below (including age restrictions, diagnoses, informed consent process, patient/parent/staff education, monitoring):

► *Diverse and Special Needs Populations*

As has been emphasized repeatedly in the professional literature and throughout this protocol, sex offenders are a diverse group of individuals with a wide range of unique needs to which treatment interventions must be responsive. Among other key factors, this diversity relates to culture and gender. For example, gender-responsive treatment programs must be developed for female sex offenders, based on an understanding of the unique risks and needs of justice-involved women and adolescent girls (see, e.g., CSOM, 2007). In addition, staff training and client programming may need to be tailored to address special needs populations such as hearing- or visually-impaired clients, individuals with low cognitive functioning, those with serious and persistent mental illness or medical disabilities, or incarcerated offenders in protective custody or segregation status. Although it is beyond the scope of this protocol to review treatment approaches or other management strategies for diverse and special needs populations, the importance of taking into account these critical issues must be emphasized for all who have a role in sex offender management. Unfortunately, this is an area that remains considerably underdeveloped within the research and practice literature (see Haaven, Little, & Petre-Miller, 1990; Laws, Hudson, & Ward, 2000; Longo & Prescott, 2006; Marshall, Fernandez, Hudson, & Ward, 1998; and O'Reilly, Marshall, Carr, & Beckett, 2004 for reviews of interventions with several special populations).

Another special population in some jurisdictions is the group of high risk sex offenders who have been civilly committed. Under this scheme, individuals determined to have a mental abnormality that predisposes them to commit sexually violent or predatory offenses, who

are unable to control their behaviors, and who are determined to pose a high risk to reoffend are committed through civil proceedings at the expiration of their prison sentences. This is an area of controversy because of constitutional questions, high operational costs, limited numbers of releases, differing policies and practices, and a lack of evidence-based guidance for programs (see, e.g., Janus, 2006; LaFond, 2005; Schlank, 2001; Schlank & Cohen, 1999; Winick & LaFond, 2003). Specialized policy and practice considerations must, at a minimum, take into account the following:

- Notice to incarcerated sex offenders about the civil commitment statute and its potential relevance to their status;
- The screening and referral process;
- Approaches to forensic evaluations for commitment proceedings;
- The type of treatment(s) to be offered for those who are ultimately committed;
- Treatment planning and the assessment of treatment progress;
- Assessment of changes in risk over time;
- Release decisionmaking; and
- Transition and reentry planning.

Given the unique issues associated with this management strategy, jurisdictions considering civil commitment should carefully review the available research, practice literature, and relevant case law, and consult with states who have engaged in rigorous policy analysis and program implementation relative to this special population.

► **Questions: Adult Sex Offenders**

Prison-Based Programs: Diverse and Special Needs Populations

- always/ typically generally never/
yes not no*
135. Do **policies or procedures** require prison-based sex offender treatment programs to be tailored specifically to address the following key diversities:
- Culture?*
 - Gender?*
 - Others? _____*
136. **In practice**, are prison-based sex offender treatment programs available that are tailored specifically to address the following key diversities:
- Culture?*
 - Gender?*
 - Others? _____*
137. Do **policies or procedures** require prison-based sex offender treatment programs to be tailored specifically for the following special needs clients:
- Low functioning/MRDD?*
 - Youthful offenders?*
 - Severely/persistently mentally ill?*
 - Hearing impaired?*
 - Visually impaired?*
 - Medically disabled?*
 - Protective custody status?*
 - Segregation status?*
 - Others? _____*
138. **In practice**, are prison-based sex offender treatment programs available that are tailored specifically for the following special needs clients:
- Low functioning/MRDD?*
 - Youthful offenders?*

- | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------------------------|-----------------------|--------------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Severely/persistently mentally ill?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Hearing impaired?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Visually impaired?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Medically disabled?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Protective custody status?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Segregation status?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

139. Do **policies or procedures** require that staff members in correctional facilities receive training on the following:

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <i>Culturally competent programs and services?</i> |
| <input type="radio"/> | <input type="radio"/> | <i>Gender responsive programs and services?</i> |
| <input type="radio"/> | <input type="radio"/> | <i>Working with severely and persistently mentally ill offenders?</i> |
| <input type="radio"/> | <input type="radio"/> | <i>Working with low functioning/MRDD clients?</i> |
| <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

140. **In practice**, do staff members in correctional facilities receive training on the following:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Culturally competent programs and services?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Gender responsive programs and services?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Working with severely and persistently mentally ill offenders?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Working with low functioning/MRDD clients?</i> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

Civil Commitment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|------------------|--------------------------|----------------------|--|
| 141. | | | | | If a civil commitment process exists for certain high risk sex offenders, do policies or procedures take into account the following key issues:

If not applicable, skip to the next section. |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Notice to incarcerated sex offenders about the civil commitment statute and its potential relevance to their status?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>The screening and referral process?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Approaches to forensic evaluations and proceedings?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>The type of treatment(s) to be offered for those who are ultimately committed?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Treatment planning and the assessment of treatment progress?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Assessment of changes in risk over time?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Release decisionmaking?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Transition and reentry planning?</i> |

Community-Based Treatment Programs: Diverse and Special Needs Populations

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 142. | | | | | Do policies or procedures require community-based sex offender treatment programs to be tailored specifically to address the following key diversities: |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Culture?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Gender?</i> |
| | <input type="radio"/> | | | | <input type="radio"/> <i>Others? _____</i> |
| 143. | | | | | In practice , are community-based sex offender treatment programs available that are tailored specifically to address the following key diversities: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Culture?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Gender?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others? _____</i> |

always/ typically generally never/
yes not no

144. Do **policies or procedures** require community-based sex offender treatment programs to be tailored specifically to address the following special needs categories:

- Low functioning/MRDD?*
- Severely/persistently mentally ill?*
- Hearing impaired?*
- Visually impaired?*
- Others? _____*

145. **In practice**, are community-based sex offender treatment programs available that are tailored specifically for the following special needs clients:

- Low functioning/MRDD?*
- Severely/persistently mentally ill?*
- Hearing impaired?*
- Visually impaired?*
- Others? _____*

146. Do community-based sex offender treatment providers receive training on the following:

- Culturally competent programs and services?*
- Gender responsive programs and services?*
- Working with severely and persistently mentally ill offenders?*
- Working with low functioning/MRDD clients?*
- Others? _____*

► **Questions: Juvenile Sex Offenders**

Residential/Juvenile Correctional Programs: Diverse and Special Needs Populations

- always/yes* *typically* *generally/not* *never/no*
147. Do **policies or procedures** require residential/juvenile correctional sex offender treatment programs to be tailored specifically to address the following key diversities:
- Culture?*
- Gender?*
- Others? _____*
148. **In practice**, are residential/juvenile correctional sex offender treatment programs available that are tailored specifically to address the following key diversities:
- Culture?*
- Gender?*
- Others? _____*
149. Do **policies or procedures** require residential/juvenile correctional sex offender treatment programs to be tailored specifically for the following special needs clients:
- Low functioning/MRDD?*
- Youth with mental health difficulties?*
- Hearing impaired?*
- Visually impaired?*
- Others? _____*
150. **In practice**, are residential/juvenile correctional sex offender treatment programs available that are tailored specifically for the following special needs clients:
- Low functioning/MRDD?*
- Youth with mental health difficulties?*
- Hearing impaired?*
- Visually impaired?*
- Others? _____*

151. *always/yes* *typically* *generally/not* *never/no* Do staff members in residential/juvenile correctional facilities receive training on the following:
- Culturally competent programs and services?*
 - Gender responsive programs and services?*
 - Working with youth with mental health difficulties?*
 - Working with low functioning/MRDD clients?*
 - Others? _____*

Community-Based Treatment Programs: Diverse and Special Needs Populations

152. *always/yes* *typically* *generally/not* *never/no* Do **policies or procedures** require community-based juvenile sex offender treatment services to be tailored specifically to address the following key diversities:
- Culture?*
 - Gender?*
 - Others? _____*

153. **In practice**, are community-based juvenile sex offender treatment services available that are tailored specifically to address the following key diversities:
- Culture?*
 - Gender?*
 - Others? _____*

154. Do **policies or procedures** require community-based juvenile sex offender treatment services to be tailored specifically to address the following special needs categories:
- Low functioning/MRDD?*
 - Youth with mental health difficulties?*
 - Hearing impaired?*
 - Visually impaired?*
 - Others? _____*

always/ typically generally never/
yes not no

155. **In practice**, are community-based juvenile sex offender treatment services available that are tailored specifically for the following special needs clients:

- Low functioning/MRDD?*
- Youth with mental health difficulties?*
- Hearing impaired?*
- Visually impaired?*
- Others? _____*

156. Do community-based juvenile sex offender treatment providers receive training on the following:

- Culturally competent programs and services?*
- Gender responsive programs and services?*
- Working with youth with mental health difficulties?*
- Working with low functioning/MRDD clients?*
- Others? _____*

► *Treatment Planning*

Because of the nature of the behaviors to be addressed in sex offender treatment and the types of risk factors that are often the focus of intervention, many offenders will likely have multiple treatment goals and expectations in common. Yet the diversity that exists among the adult and juvenile sex offender populations means that a number of unique treatment goals will also need to be developed as offenders enter the treatment process. Individualized treatment plans must be formulated based on the specific circumstances of each offender.

For example, researchers indicate that the extent to which a given sex offender experiences difficulties in several interacting clusters of symptoms (e.g., emotional management difficulties, interpersonal problems, antisocial attitudes and beliefs, and deviant sexual fantasies or arousal) reflects a specific pathway to offending (see, e.g., Ward et al., 2006; Ward & Hudson, 1998, 2000; Ward, Hudson, & Keenan, 1998; Ward & Siegert, 2002). Differences in motivations and goals, self-management strategies, thoughts and behaviors, and contextual factors also influence the pathways that lead to sex offending among adults (see Ward et al., 2006; Ward & Siegert, 2002). Similarly, for juvenile sex offenders, experts suggest that a range of personality characteristics, developmental experiences, and risk factors are associated with different developmental pathways to sex offending (see, e.g., Hunter, 2006; Hunter et al., 2003, 2004a). Taking into account these varied pathways can be a useful way of conceptualizing individualized treatment plans for adult and juvenile sex offenders (Fanniff & Becker, 2006; Hunter, 2006; Ward et al., 2006; Ward & Siegert, 2002).

As is the case in all other treatment contexts, in order to be most effective, treatment plans for

adult and juvenile sex offenders must be driven by comprehensive assessment information. Because they are invaluable sources of assessment information, specialized psychosexual evaluations and thorough pre-sentence or pre-disposition reports should be readily accessible to treatment providers when an individual presents for treatment. (For additional information about these and other types of assessments, see the Assessment section of this protocol.)

When developing treatment plans, it is important to involve the offender (as well as the parents or guardians when juveniles are the clients). This helps to ensure that the clients' perspectives, interests, and goals are included, which in turn can promote their investment and ownership in the intervention process. Areas that warrant attention must be outlined, and specific, measurable, and understandable goals should be listed. Treatment plans should indicate the specific interventions and modalities to be used to address each goal, person or agency responsible for providing the interventions, and target dates for goal attainment.

Recognizing that offender needs may change over time, and that progress toward goals is expected, treatment plans should be reviewed and modified routinely (e.g., every 3-6 months). Ideally, policies include the use of research-supported, sex offender-specific assessment tools designed to identify changes in important variables throughout the course of treatment. For example, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) is a promising tool for adult sex

**TREATMENT PLANS FOR ADULT AND
JUVENILE SEX OFFENDERS MUST BE
DRIVEN BY COMPREHENSIVE
ASSESSMENT INFORMATION.**

offenders that can be used by treatment providers to monitor important variables throughout the course of treatment and supervision. And for juvenile sex offenders, treatment providers can conduct reassessments to identify important changes using the ERASOR (Worling & Curwen, 2001) or the J-SOAP-II (Prentky & Righthand, 2003).

► *Treatment Completion and Termination*

To ensure clarity and consistency with respect to treatment expectations, programs must articulate the formal criteria, goals, and objectives that individuals must meet in order to complete the treatment program, including the ways in which progress and completion will be measured. These criteria must be easily understood and readily articulated by program participants and program staff. In some programs, treatment “contracts” are developed and signed as a method for ensuring and documenting clients’ acknowledgment and understanding of the overall program expectations, clients’ responsibilities, and providers’ roles and responsibilities. With juveniles, parents or guardians should also sign these treatment contracts, indicating their understanding of the program expectations and their role in the treatment process.

Given the association between treatment non-compliance, failure to complete treatment, and recidivism risk, programs must ensure – to the extent possible – that offenders are provided sufficient opportunities to be successful in treatment (Hanson & Harris, 2000, 2001; Hunter & Figueredo, 1999; Lösel & Schmucker, 2005). Decisions to terminate offenders from treatment must be made judiciously, and only after efforts to address concerns have been

exhausted. Therefore, treatment programs should delineate policies relative to treatment termination, including the specific behaviors that may subject offenders to termination, potential remedies and interventions that precede termination, and the potential ramifications or implications of termination from treatment. Ideally, policies and procedures provide for a variety of intermediate remedies and options (e.g., probationary status, additional treatment assignments, individual interventions) prior to the ultimate termination of an offender from treatment. Under ideal circumstances, termination decisions are made following consultation with a case management or multidisciplinary treatment team, although it is recognized that certain conduct (i.e., significant safety concerns, new criminal offense) may require immediate termination in the absence of team decisionmaking.

Finally, as a part of program monitoring and evaluation practices, programs should maintain statistics related to program completion and termination. Such data can be particularly useful for stakeholders, and can provide insight for administrators into areas of programmatic strength and need. For example, when the proportion of offenders terminated from treatment unsuccessfully is high relative to successful completions, program staff should attempt to identify potential contributing factors. In the absence of such data, the ability to conduct meaningful program evaluations may be limited.

► Documentation

Critical to effective programming is the assurance of clear documentation of services and offender progress. Policies and procedures should outline specific requirements for documentation, including the types of official information that must be maintained in client records and the content, format and frequency of routine documentation (e.g., following each clinical contact, routine treatment plan/progress reviews). Informed consent for treatment is a critical element of documentation as well. It should outline the types of interventions and procedures that will be used and any potential risks and benefits of treatment. In addition, limits of confidentiality must be clearly explained, and any expected/required information-sharing policies should be addressed (e.g., Health Insurance Portability and Accountability Act (HIPAA)). Signed releases of information can be useful for ensuring that critical information can be shared with the supervision officer or other key stakeholders in the sex offender management process.

Of particular importance with respect to information-sharing and confidentiality limits is the manner in which additional disclosures that arise through the course of treatment will be handled. Depending upon the age and identifying information that was provided, mandated reporting laws may apply. However, with limited information, new disclosures may not reach the threshold for mandatory reporting. In some jurisdictions, prosecutors may agree not to file additional charges based on information disclosed during the course of treatment, provided that the disclosed offenses occurred prior to the case(s) for which the offender is currently involved in the justice system.

Through clear and consistent documentation, treatment providers can identify patterns, veri-

fy critical events, review progress, and use treatment progress information to guide treatment planning. In addition, careful, thorough, and ongoing documentation, stakeholders can demonstrate to others the rationale for interventions provided and key decisions made throughout the course of treatment (e.g., program completion, terminations from treatment). Documentation can also benefit offenders and their families, as it provides tangible evidence of what has been accomplished thus far and what the goals are for the short and long term. And when cases are transferred from the institution to the community, or when changes in providers occur, clear documentation provides the necessary information to develop, continue, or modify treatment and supervision plans. Documentation to be maintained in clients' files should include, but is not limited to, the following:

- Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication);
- Relevant current and historical records (e.g., police reports, court orders, prior treatment records);
- Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment);
- Signed treatment contract;
- Individual treatment plan;
- Summaries of each treatment encounter;
- Key communications with other stakeholders (e.g., supervision officer); and
- Treatment completion or termination summary.

► Questions: Adult Sex Offenders

Prison-Based Treatment Programs

Treatment Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 157. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures guide the development of individualized treatment plans for sex offenders participating in prison-based treatment? |
| 158. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are individualized treatment plans developed for sex offenders participating in prison-based treatment? |
| 159. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment plans assessment-driven? |
| 160. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders involved in the development of their treatment plans? |
| 161. | | | | | Do treatment plans include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific intervention needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals in treatment plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Professional responsible for delivering interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 162. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 163. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 164. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-validated sex offender-specific assessment tools (e.g., Sex Offender Needs and Progress Scale) used to assess within-treatment changes over time? |
| 165. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders involved in their treatment plan reviews? |
| 166. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based treatment providers seek input about offender progress from multiple sources (e.g., caseworkers, security staff)? |

Completion and Termination

always/ typically generally never/
yes not no

167. Do prison-based sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment?
168. Are participating sex offenders able to articulate the specific goals and criteria that must be met in order to complete prison-based sex offender treatment?
169. Do prison-based sex offender treatment programs have clearly delineated termination policies?
170. Are participating sex offenders able to articulate the specific factors that may subject them to unsuccessful termination from the prison-based sex offender treatment program?
171. Do prison-based sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants?
172. If so, are sex offenders expected to sign these treatment contracts to acknowledge their understanding of the program expectations?
173. When concerns arise during the course of treatment, do prison-based sex offender programs use graduated levels of interventions/remedies prior to terminating offenders?
174. Are offenders who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams?
175. Are sex offenders afforded multiple opportunities for prison-based treatment if they have previously refused, been terminated, or voluntarily withdrawn from sex offender treatment?
176. Do prison-based sex offender treatment programs maintain statistics on the following:
- Number of sex offenders served in treatment?*
 - Number of successful completions?*
 - Number of unsuccessful terminations?*
 - Length of stay in treatment?*

Documentation

- always/ typically generally never/
yes not no
177. Do *policies or procedures* require standard documentation (e.g., progress notes) for each sex offender following each service delivery encounter?
178. **In practice**, is standard documentation (e.g., progress notes) entered in each offender's treatment record following each encounter?
179. Do sex offenders' prison-based treatment files include the following:
- Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?*
- Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?*
- Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?*
- Signed treatment contract?*
- Individualized treatment plan?*
- Summaries for each treatment encounter?*
- Key communications with other stakeholders?*
- Treatment completion or termination summary?*

Community-Based Treatment Programs

Treatment Planning

- always/ typically generally never/
yes not no
180. Do **policies or procedures** guide the development of individualized treatment plans for sex offenders participating in community-based treatment?
181. **In practice**, are individualized treatment plans developed for sex offenders participating in community-based treatment?
182. Are treatment plans assessment-driven?
183. Are sex offenders involved in the development of their treatment plans?
184. Do treatment plans include the following:
- Specific intervention needs?*

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals in treatment plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 185. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 186. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 187. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-validated sex offender-specific assessment tools (e.g., Sex Offender Needs and Progress Scale) used to assess within-treatment changes over time? |
| 188. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders involved in their treatment plan reviews? |
| 189. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based treatment providers seek input about offender progress from multiple sources (e.g., supervision officers, members of community-support networks)? |

Completion and Termination

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 190. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment? |
| 191. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are participating sex offenders able to articulate the specific goals and criteria that must be met in order to complete community-based sex offender treatment? |
| 192. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs have clearly delineated termination policies? |
| 193. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are participating sex offenders able to articulate the specific factors that may subject them to unsuccessful termination from the community-based sex offender treatment program? |
| 194. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants? |
| 195. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are sex offenders expected to sign these treatment contracts to acknowledge their understanding of the program expectations? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 196. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When concerns arise during the course of treatment, do community-based sex offender programs use graduated levels of interventions/remedies prior to terminating offenders? |
| 197. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are offenders who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams? |
| 198. | | | | | Do community-based sex offender treatment programs maintain statistics on the following: |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of sex offenders served in treatment?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of successful completions?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of unsuccessful terminations?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Length of stay in treatment?</i> |

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 199. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require standard documentation (e.g., progress notes) for each sex offender following each service delivery encounter? |
| 200. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is standard documentation (e.g., progress notes) entered in each offender's treatment record following each encounter? |
| 201. | | | | | Do sex offenders' community-based treatment files include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed treatment contract?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individualized treatment plan?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Summaries for each treatment encounter?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Key communications with other stakeholders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment completion or termination summary?</i> |

► Questions: Juvenile Sex Offenders

Residential/Juvenile Correctional Treatment Programs

Treatment Planning

- always/* *typically* *generally* *never/*
yes *not* *no*
202. Do **policies or procedures** guide the development of individualized treatment plans for juvenile sex offenders participating in residential/juvenile correctional treatment?
203. **In practice**, are individualized treatment plans developed for juvenile sex offenders participating in residential/juvenile correctional treatment?
204. Are treatment plans assessment-driven?
205. Are juvenile sex offenders and their parents/guardians involved in the development of their treatment plans?
206. Do treatment plans include the following:
- Specific intervention needs?*
 - Observable, measurable goals in treatment plans?*
 - Specific interventions and modalities to address each need?*
 - Professional responsible for delivering interventions?*
 - Target dates for goal attainment?*
207. Do **policies or procedures** require routine (e.g., quarterly) treatment plan reviews and updates?
208. **In practice**, are treatment plans reviewed and updated routinely (e.g., quarterly)?
209. Are empirically-validated juvenile sex offender-specific assessment tools (e.g., ERASOR, J-SOAP-II) used to assess within-treatment changes over time?
210. Are juveniles and their parents/guardians involved in treatment plan reviews?
211. Do residential/juvenile correctional treatment providers seek input about juveniles' progress from multiple sources (e.g., youthcare workers, educators)?

Completion and Termination

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 212. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment? |
| 213. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians able to articulate the specific goals and criteria that must be met in order to complete residential/juvenile correctional sex offender treatment? |
| 214. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment programs have clearly delineated termination policies? |
| 215. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians able to articulate the specific factors that may lead to unsuccessful termination from the residential/juvenile correctional sex offender treatment program? |
| 216. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants? |
| 217. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are juveniles and their parents/guardians expected to sign these treatment contracts to acknowledge their understanding of the program expectations? |
| 218. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When concerns arise during the course of treatment, do residential/juvenile correctional sex offender programs use graduated levels of interventions/remedies prior to terminating juveniles? |
| 219. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams? |
| 220. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles afforded multiple opportunities for residential/juvenile correctional treatment if they have previously refused, been terminated, or voluntarily withdrew from sex offender treatment? |
| 221. | | | | | Do residential/juvenile correctional sex offender treatment programs maintain statistics on the following: |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of juvenile sex offenders served in treatment?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of successful completions?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Number of unsuccessful terminations?</i> |
| | <input type="radio"/> | | <input type="radio"/> | | <i>Length of stay in treatment?</i> |

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 222. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require standard documentation (e.g., progress notes) for each juvenile following each service delivery encounter? |
| 223. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is standard documentation (e.g., progress notes) entered in each juvenile's treatment record following each encounter? |
| 224. | | | | | In practice , do juveniles' residential/juvenile correctional treatment files include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed treatment contract?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individualized treatment plan?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Summaries for each treatment encounter?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Key communications with other stakeholders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment completion or termination summary?</i> |

Community-Based Treatment Programs

Treatment Planning

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 225. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures guide the development of individualized treatment plans for juveniles participating in community-based treatment? |
| 226. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are individualized treatment plans developed for juveniles participating in community-based treatment? |
| 227. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are treatment plans assessment-driven? |
| 228. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians involved in the development of their treatment plans? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 229. | | | | | Do treatment plans include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific intervention needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Observable, measurable goals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specific interventions and modalities to address each need?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Target dates for goal attainment?</i> |
| 230. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require routine (e.g., quarterly) treatment plan reviews and updates? |
| 231. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are treatment plans reviewed and updated routinely (e.g., quarterly)? |
| 232. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are empirically-supported juvenile sex offender-specific assessment tools (e.g., ERASOR, J-SOAP-II) used to assess within-treatment changes over time? |
| 233. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians involved in their treatment plan reviews? |
| 234. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based treatment providers seek input about juveniles' progress from multiple sources (e.g., case managers, school officials, supervision officers, members of community-support networks)? |

Completion and Termination

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 235. | <input type="radio"/> | | | <input type="radio"/> | Do community-based juvenile sex offender treatment programs have clearly delineated goals and objectives that individuals must meet in order to complete treatment? |
| 236. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles and their parents/guardians able to articulate the specific goals and criteria that must be met in order to complete community-based sex offender treatment? |
| 237. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based juvenile sex offender treatment programs have clearly delineated termination policies? |
| 238. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are participating juveniles and their parents able to articulate the specific factors that may lead to unsuccessful termination from the community-based sex offender treatment program? |
| 239. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment programs use treatment contracts that outline responsibilities and expectations for participants? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 240. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are juveniles and their parents expected to sign these treatment contracts to acknowledge their understanding of the program expectations? |
| 241. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When concerns arise during the course of treatment, do community-based sex offender programs use graduated levels of interventions/remedies prior to terminating juveniles? |
| 242. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles who are subject to potential termination from treatment reviewed by case management or multidisciplinary treatment teams? |
| 243. | | | | | Do community-based juvenile sex offender treatment programs maintain statistics on the following: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Number of juveniles served in treatment?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Number of successful completions?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Number of unsuccessful terminations?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Length of stay in treatment?</i> |

Documentation

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 244. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require standard documentation (e.g., progress notes) for each juvenile following each service delivery encounter? |
| 245. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is standard documentation (e.g., progress notes) entered in each juvenile's treatment record following each encounter? |
| 246. | | | | | In practice , do juveniles' community-based treatment files include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Relevant current and historical records (e.g., police reports, court orders, prior treatment records)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Signed treatment contract?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Individualized treatment plan?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Summaries for each treatment encounter?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Key communications with other stakeholders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment completion or termination summary?</i> |

► *Specialized Knowledge and Experience for Treatment Providers*

At this point, it should be fairly evident that providing treatment for adult and juvenile sex offenders is in many ways a distinctive undertaking. Although some aspects of sex offender treatment are similar to other types of treatment, other components are quite different. Even experienced sex offender treatment providers can find themselves challenged, perhaps most notably because of the ever-evolving nature of the field. As noted previously, the models that drive treatment for adult and juvenile sex offenders have changed considerably over time, based on new research and theories about the individuals who commit these offenses. Contemporary theories suggest that sex offending behaviors among adults and juveniles are the result of a complex interaction of socio-cultural, biological, and psychological processes (see Ward, Polaschek, & Beech, 2006 for a review of theories). And as new research and theories emerge, the field will continue to transform. To illustrate, treatment for adult and juvenile sex offenders has been influenced in recent years by several key advances in the field, including the following (see, e.g., Hanson & Morton-Bourgon, 2005; Hanson & Harris, 2000, 2001; Hunter et al., 2003, 2004a; Ward et al., 2006; Worling & Langstrom, 2006):

- Greater insights into the multiple and interacting influences believed to be associated with the onset of sex offending behaviors among both adults and juveniles;
- Enhanced understanding of the unique risk factors linked to recidivism among sex offenders specifically;
- Increased awareness of key dynamic risk factors which, if targeted effectively, have the potential to reduce recidivism in the short and long term;

- Greater appreciation for the differences between adult and juvenile sex offenders, and the various implications for treatment and other management approaches; and
- The importance of process-related variables on treatment outcomes.

Taken together, these complexities underscore the need for specialized knowledge and experience for those who intend to provide treatment for adult and juvenile sex offenders (see, e.g., ATSA, 2005; Carter et al., 2004; English et al., 1996). Obtaining that specialized knowledge and experience, however, is not an easy endeavor. Ideally, practitioners who intend to work with adult sex offenders should have specialized training and experience with forensic assessment, forensic mental health or correctional psychology, involuntary clients, sex offender management, group dynamics, and cognitive-behavioral therapy. For those who plan to work with juvenile sex offenders, specialized knowledge and experience should include juvenile justice, adolescent development, adolescent mental health, family dynamics and family-based interventions, and sex offender management, including a thorough understanding of the differences between adult and juvenile sex offenders.

With few exceptions, graduate training programs do not typically offer focused coursework pertaining to sex offender treatment. This leaves most interested students without a specialized focus in this area. In some instances, graduate students may have the benefit of a forensic specialization track through their programs, which may allow them to gain valuable experience within criminal or correctional psychology, juvenile justice, and other psycho-legal settings. These types of experiences provide an important foundation for understanding the interface between the mental health or psychology field and the court process, criminal

and juvenile justice systems, and forensic mental health environments.

Forensic rotations in field placements, practicum settings, and pre- and post-doctoral internships provide a much greater likelihood of exposure to the field, but even then, opportunities to work in an intensive environment with the benefit of specialized clinical supervision and guidance may be limited. It is often upon their actual entrance into the workforce following graduate school that interested clinicians will have the greatest opportunities to become fully immersed in the provision of sex offender treatment. Ironically, most novice clinicians will have had relatively limited experience with sex offender treatment at that point in time. Therefore, rigorous on-the-job training, clinical oversight, and ongoing supervision are essential so that these practitioners develop the necessary skills and competencies to provide quality treatment for adult and juvenile sex offenders. Moreover, they must always remain abreast of advancements in the research and practice literature, and continuing education is critical.

In an attempt to promote consistency, specialization, and quality service delivery, some states have created certification processes, statewide standards, and policy-driven guidelines within agencies that establish minimum qualifications for sex offender treatment providers. And some professional membership and affiliate organizations have also established practice standards and guidelines for their members (see, e.g., AACAP, 1999; ATSA, 2005; NAPN, 1993). Even with standards and guidelines, rarely are there monitoring or oversight entities to provide assurances that qualifications “on paper” translate into quality service delivery. And in states where no standards or guidelines have been promulgated, the variability in expertise is likely to be considerable.

► Questions: Adult Sex Offenders

Specialized Knowledge and Experience for Treatment Providers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|------------------|--------------------------|-----------------------|---|
| 247. | <input type="radio"/> | | | <input type="radio"/> | Do state standards establish minimum education, training, and experience requirements for sex offender treatment providers? |
| 248. | <input type="radio"/> | | | <input type="radio"/> | Is a formal certification process required for sex offender treatment providers? |
| 249. | <input type="radio"/> | | | <input type="radio"/> | Does a formal monitoring or oversight entity exist to review credentials for sex offender treatment providers? |
| 250. | <input type="radio"/> | | | <input type="radio"/> | Is an "approved provider" list maintained? |

Prison-Based Treatment Providers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 251. | | | | | Do prison-based sex offender treatment providers receive specialized training about the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Etiological theories of sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of sex offenders (e.g., typologies, pathways)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk factors associated with recidivism?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specialized risk assessment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Contemporary models of treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Process-related variables (e.g., important therapist features, therapeutic climate)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment outcome research?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supervision and other key sex offender management strategies?</i> |
| 252. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do prison-based sex offender treatment providers receive routine (e.g., weekly, biweekly) clinical supervision? |
| 253. | <input type="radio"/> | | | <input type="radio"/> | Are new treatment providers required to observe experienced treatment providers before delivering services? |
| 254. | <input type="radio"/> | | | <input type="radio"/> | Are new providers required to be under the direct supervision of an experienced provider for an established period of time? |
| 255. | <input type="radio"/> | | | <input type="radio"/> | Are prison-based treatment providers required to obtain continuing education/ongoing training? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 256. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are funds offered to support continuing education/ongoing training for prison-based providers? |
| 257. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is contemporary research and practice literature available on site and updated routinely? |
| 258. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are staff meetings or other opportunities used to discuss contemporary research and practice literature? |
| 259. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does peer consultation occur between prison-based treatment providers? |

Community-Based Treatment Providers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 260. | | | | | Do community-based sex offender treatment providers receive specialized training about the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Etiological theories of sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of sex offenders (e.g., typologies, pathways)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk factors associated with recidivism?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specialized risk assessment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Contemporary models of treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Process-related variables (e.g., important therapist features, therapeutic climate)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment outcome research?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supervision and other key sex offender management strategies?</i> |
| 261. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment providers receive routine (e.g., weekly, biweekly) clinical supervision? |
| 262. | <input type="radio"/> | | | <input type="radio"/> | Are new treatment providers required to observe experienced treatment providers before delivering services? |
| 263. | <input type="radio"/> | | | <input type="radio"/> | Are new providers required to be under the direct supervision of an experienced provider for an established period of time? |
| 264. | <input type="radio"/> | | | <input type="radio"/> | Are community-based treatment providers required to obtain continuing education/ongoing training? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 265. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are funds offered to support continuing education/ongoing training for community-based treatment providers? |
| 266. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are staff meetings/provider network meetings used to discuss contemporary research and practice literature? |
| 267. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does peer consultation occur between community-based providers? |

► Questions: Juvenile Sex Offenders

Specialized Knowledge and Experience for Treatment Providers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|------------------|--------------------------|-----------------------|--|
| 268. | <input type="radio"/> | | | <input type="radio"/> | Do state standards establish minimum education, training, and experience requirements for juvenile sex offender treatment providers? |
| 269. | <input type="radio"/> | | | <input type="radio"/> | Is a formal certification process required for juvenile sex offender treatment providers? |
| 270. | <input type="radio"/> | | | <input type="radio"/> | Does a formal monitoring or oversight entity exist to review credentials for juvenile sex offender treatment providers? |
| 271. | <input type="radio"/> | | | <input type="radio"/> | Is an "approved provider" list maintained? |

Residential/Juvenile Correctional Treatment Providers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 272. | | | | | Do residential/juvenile correctional sex offender treatment providers receive specialized training about the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Etiological theories of juvenile sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of juvenile sex offenders (e.g., emerging typologies, pathways)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adolescent development?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Differences between juvenile and adult sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk factors associated with recidivism of juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specialized risk assessment of juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Contemporary models of treatment for juveniles?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family-based interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Process-related variables (e.g., important therapist features, therapeutic climate)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment outcome research with juveniles?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supervision and other key juvenile sex offender management strategies?</i> |
| 273. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/juvenile correctional sex offender treatment providers receive routine (e.g., weekly, biweekly) clinical supervision? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 274. | <input type="radio"/> | | | <input type="radio"/> | Are new treatment providers required to observe experienced treatment providers before delivering services? |
| 275. | <input type="radio"/> | | | <input type="radio"/> | Are new providers required to be under the direct supervision of an experienced provider for an established period of time? |
| 276. | <input type="radio"/> | | | <input type="radio"/> | Are residential/juvenile correctional treatment providers required to obtain continuing education/ongoing training? |
| 277. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are funds offered to support continuing education/ongoing training for residential/juvenile correctional providers? |
| 278. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is contemporary research and practice literature available on site and updated routinely? |
| 279. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are staff meetings or other opportunities used to discuss contemporary research and practice literature? |
| 280. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does peer consultation occur between residential/juvenile correctional treatment providers? |

Community-Based Treatment Providers

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 281. | | | | | Do community-based sex offender treatment providers receive specialized training about the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Etiological theories of juvenile sex offending?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>The heterogeneity of juvenile sex offenders (e.g., emerging typologies, pathways)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Adolescent development?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Differences between juvenile and adult sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Risk factors associated with recidivism of juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Specialized risk assessment of juvenile sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Contemporary models of treatment for juveniles?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family-based interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Process-related variables (e.g., important therapist features, therapeutic climate)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment outcome research with juveniles?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supervision and other key juvenile sex offender management strategies?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 282. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment providers receive routine (e.g., weekly, biweekly) clinical supervision? |
| 283. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are new treatment providers required to observe experienced treatment providers before delivering services? |
| 284. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are new providers required to be under the direct supervision of an experienced provider for an established period of time? |
| 285. | <input type="radio"/> | | | <input type="radio"/> | Are community-based treatment providers required to obtain continuing education/ongoing training? |
| 286. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are funds offered to support continuing education/ongoing training for community-based treatment providers? |
| 287. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are staff meetings/provider network meetings used to discuss contemporary research and practice literature? |
| 288. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does peer consultation occur between community-based providers? |

► *Support for Treatment*

A final area for stakeholders to explore is the degree to which treatment is supported within the broader system of sex offender management. Indeed, while the effectiveness of interventions is largely a function of the structure and quality of the existing treatment programs, the potential impact of these programs cannot be fully realized in the absence of external support. In many jurisdictions, treatment is mandated for sex offenders, either through legislation, agency policies, or court orders. However, in and of themselves, treatment mandates are not necessarily indicative of support. Rather, support for treatment – and the ways in which that support is demonstrated – depends heavily upon an appreciation of its value in enhancing community safety.

One way to highlight the value of treatment is to engage key stakeholders in an open and ongoing dialogue about the current empirical evidence for ‘what works,’ what does not work, and what remains unknown with respect to sex offender management strategies. Providing an objective and user-friendly synthesis of the ever-expanding body of treatment effectiveness research can quickly illuminate the significant impact treatment has on reducing recidivism. In addition, it can highlight the diversity of the sex offender population and provide helpful insight into differential risk factors and their influence on recidivism rates, which ideally emphasizes the potential pitfalls of “one size fits all” strategies. Furthermore, when the known impact of treatment for adult and juvenile sex offenders is viewed within the context

of the limited research on other sex offender management strategies, the value of treatment is drawn into even sharper focus.

Another powerful strategy for demonstrating the value of sex offender treatment, and thereby garnering support for treatment, is through the use of cost-benefits analyses. Cost-benefits analyses within the sex offender treatment field compare the costs associated with providing sex offender treatment against the tangible costs associated with new reoffenses (e.g., medical and mental health services for victims, the investigation and prosecution of these cases, incarceration/placement) (see, e.g., Cohen & Miller, 1998; Donato & Shanahan, 2001; Prentky & Burgess, 1990; Shanahan & Donato, 2001). Researchers have repeatedly demonstrated that the cost of treatment programs is far outweighed by the benefits to victims, communities, the courts, and criminal justice systems (Aos et al., 2001; Cohen & Miller, 1998; Donato & Shanahan, 2001; Prentky & Burgess, 1990; Shanahan & Donato, 2001). In addition to tangible costs for victims, there are a number of intangible but nonetheless very real costs (e.g., emotional, psychological, and other internalized effects on victims, families, and communities). When factored into these analyses, the benefits of treatment increase dramatically (Donato & Shanahan, 2001; Shanahan & Donato, 2001).

Therefore, treatment providers, researchers, and others should ensure that legislators and key agency policymakers – particularly those who have responsibility for allocating resources – have access to this compelling data. And to bring the point closer to home, state and local agencies should collect treatment effectiveness data from in-state programs and conduct local cost-benefits analyses to examine the impact and implications of treatment specific to their own jurisdictions. This

ANOTHER POWERFUL STRATEGY FOR DEMONSTRATING THE VALUE OF SEX OFFENDER TREATMENT IS THROUGH THE USE OF COST-BENEFIT ANALYSES.

same data can be vital for public education efforts as a means of garnering additional support for treatment services and other necessary resources within the community.

As has been emphasized throughout this protocol, multidisciplinary collaboration and specialized understanding of research about victims, offenders, and management strategies are vital to supporting evidence-based policies and practices. The following are just a few examples of how multiple disciplines, entities, and individuals throughout the system can demonstrate the recognized value of and ongoing support for sex offender treatment as part of an integrated approach:

- *Court support.* Prosecutors can ensure that charging decisions and plea negotiations do not inadvertently undermine treatment, and defense attorneys can support the success of their clients by eliminating barriers to the kinds of treatment that can reduce their clients' likelihood of recidivating. Judges can become familiar with local resources and use the leverage of the courts to require treatment and support the involvement of family members. Court officials can serve as an educators and participants during treatment conferences, invite treatment providers and researchers to speak at judicial education events, craft individualized dispositions that are well-informed by the treatment and other sex offender management literature, and promote timely responses in instances of non-compliance with interventions. (For more information about the role that court officers can play in effective sex offender management, refer to the Investigation, Prosecution, and Disposition section of this protocol).
- *Agency support.* Corrections, juvenile justice, and community supervision administra-

tors can embrace a philosophy and culture that supports treatment and other rehabilitation efforts as a means of enhancing community safety. This means that administrators and other officials must secure necessary resources (e.g., staff, program capacity, ongoing funding) that allow programming to be delivered – and delivered well – by appropriately trained staff. Indeed, agencies can demonstrate support for quality treatment by ensuring that treatment staff are well-equipped through specialized pre-service training, routine on-site clinical supervision, and ongoing continuing education. Moreover, agency policies and procedures can be designed to promote information-sharing and collaboration within and across agencies so that all parties are able to make informed decisions based on complete information. This can also include the use of common assessment tools to drive treatment and other case management plans. Finally, as noted previously, when treatment services are contracted, agencies can use the leverage of the request for proposals and vendor selection process to require evidence-based and research-supported interventions, minimum qualifications for treatment providers, and formal expectations for program monitoring and evaluation.

- *Public support.* Well-informed community members can support treatment efforts by working with local government officials and agencies to expand community-based resources for victims and their families, influencing policymakers to enact rehabilitation-oriented legislation, serving as members of community support networks for sex offenders, and facilitating community reintegration by eliminating barriers to employment and housing so that they are able to access and pay for treatment services. In order to foster public support, treatment

providers and other partners must take active steps to dispel myths and misperceptions about sex offenders and victims through community meetings, media outreach, and prevention efforts.

- *Legislative support.* Policymakers can demonstrate support for treatment by prioritizing funding for prevention efforts and rehabilitative services within correctional, juvenile justice, and social services agencies, by allocating resources to fund treatment mandates, and by requiring agencies to implement evidence-based programs and document outcomes. Legislative bodies in some states have demonstrated support for treatment efforts by creating sex offender management boards, endorsing state guidelines, standards, or certification processes for treatment providers. In addition, they can partner with researchers and experts in the field of sex offender management to develop evidence-based policies that can maximize community safety and minimize the potential for unintended collateral consequences and other anti-therapeutic outcomes.

Beyond eliciting the support of external stakeholders, treatment providers themselves can ensure that treatment remains an influential component of a broader sex offender management strategy in multiple ways, including the following:

- Participating on multidisciplinary case management teams as a means of eliminating unnecessary barriers to critical information-sharing, increasing transparency regarding the treatment process for other professionals, and facilitating well-informed and collaborative case management decisions;
- Expanding graduate training capacity by providing didactic presentations, specialized coursework, field placements, and clinical supervision;

- Establishing networks or alliances to create cross-training activities, peer consultation venues, and informal and formal opportunities to keep abreast of current research and practices;
- Ensuring that facility-based and community-based treatment interventions are complementary of one another in order to facilitate continuity of care;
- Instituting quality assurance mechanisms and participating in treatment outcome evaluations; and
- Practicing ethically and responsibly, and ensuring the ethical and responsible practice of colleagues, thereby maintaining the integrity and credibility of the treatment community overall.

► *Summary*

The treatment of adult and juvenile sex offenders is a key component of a comprehensive approach. Its value and impact can be maximized when it is available and accessible on a continuum, driven by research-supported models of change, focused on variables that are likely to reduce recidivism, individualized based on assessed risk and needs, delivered by qualified providers in a way that facilitates engagement, and supported by key stakeholders throughout the system.

► Questions

Support for Treatment

- always/ typically generally never/
yes yes not no
289. Do the following policymakers/key stakeholders receive specialized training about contemporary research pertaining to adult and juvenile sex offenders, victims, and effective management practices (e.g., sex offender treatment outcomes, cost-benefit analyses):
- Legislators?*
 - Corrections administrators?*
 - Community supervision administrators?*
 - Juvenile justice agency administrators?*
 - Judges and magistrates?*
 - Parole boards?*
 - Child welfare administrators?*
 - Social services administrators?*
 - Prosecuting attorneys/district attorneys?*
 - Defense attorneys?*
 - Leaders from the victim advocacy community?*
290. Do key policymakers/agency administrators receive program data (e.g., recidivism, treatment outcomes, cost-benefit analyses) about statewide/local adult and juvenile sex offender treatment programs?
291. Are active steps taken to provide the public with specialized information about sex offenders, victims, and effective management practices (e.g., treatment outcomes, cost-benefit analyses)?
292. Do the courts and court officers demonstrate support for sex offender treatment in the following ways:
- Ensuring that charging decisions and plea negotiations do not inadvertently undermine sex offender treatment?*
 - Becoming familiar with local sex offender treatment resources?*
 - Attending/providing information at treatment conferences?*
 - Inviting treatment providers to speak about adult and juvenile sex offender management at judicial education events?*
 - Requiring/ordering specialized treatment when warranted?*

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 293. | | | | | Do criminal and juvenile justice agencies support sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Embracing a rehabilitation-oriented philosophy as a means of enhancing community safety?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Securing necessary resources to develop, maintain, or expand sex offender treatment capacity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring ongoing specialized training is available for treatment staff?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing policies that promote collaboration and information-sharing?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Using the leverage of the contracting process to increase expectations and accountability for treatment providers (when sex offender treatment is contracted)?</i> |
| 294. | | | | | Do members of the public support adult and juvenile sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Working with local government officials to expand community-based resources for victims and their families?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Influencing policymakers to enact rehabilitation-oriented legislation as a means of enhancing public safety?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Serving as members of community support networks?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Eliminating barriers to employment and housing for sex offenders?</i> |
| 295. | | | | | Do legislators support adult and juvenile sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prioritizing funding for prevention efforts and rehabilitative services as a means of enhancing public safety?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Requiring agencies to implement evidence-based programming?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Requiring agencies to demonstrate outcomes?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing sex offender management boards, endorsing guidelines or standards, or supporting certification processes for treatment providers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Partnering with researchers and other stakeholders to develop evidence-based policies?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 296. | | | | | Do treatment providers facilitate the support of adult and juvenile sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participating on multidisciplinary case management teams as an equal and open partner?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Expanding graduate training capacity by providing didactic presentations, specialized coursework, field placements, and clinical supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing networks or alliances to create cross-training activities, peer consultation venues, and informal and formal opportunities to keep abreast of current research and practices?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring that facility-based and community-based treatment interventions are complementary of one another in order to facilitate continuity of care?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Instituting quality assurance mechanisms and participating in treatment outcomes evaluations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Practicing ethically and responsibly, and ensuring the ethical and responsible practice of colleagues/peers?</i> |

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► Overview

Approximately 150,000 adult sex offenders are currently incarcerated in state and federal prisons throughout the United States, representing between 10% and 30% of prison populations in some states (see, e.g., Bynum, Huebner, & Burgess-Proctor, 2002; Greenfeld, 1997; Harrison & Beck, 2006a). During the past decade, there has been an 80% increase in the number of sex offenders in the nation's prisons (Beck & Gilliard, 1995; Harrison & Beck, 2006b). And while many sex offenders are entering prisons each year, large numbers are also being released; between 10,000 and 20,000 return to communities each year (CSOM, 2007).

Yet in a recent national analysis of release and reincarceration trends with sex offenders, it was revealed that well over 30% of released sex offenders returned to prison within three years (Langan, Schmitt, & Durose, 2003). However, the overwhelming majority of these returns to prison were not because of new sex crimes. Only 5.1% had been rearrested – and only 3.5% were reconvicted – of a new sex offense. Most of the sex offenders were sent back to prison for technical violations or non-sex crimes (Langan et al., 2003). Nonetheless, the high rates of reincarceration, regardless of reason, indicate that successful reentry for sex offenders is a significant challenge.

Similarly, the number of juvenile sex offenders entering juvenile facilities or residential settings has risen dramatically, with recent statis-

tics indicating that during the past decade, there was roughly a 30% increase in the number of these youth in justice-related placements (Snyder & Sickmund, 2006). This trend is particularly noteworthy, given that the number of non-sex offending youth placed in juvenile facilities has actually decreased (Sickmund, 2006; Snyder & Sickmund, 2006). As is the case with adult sex offenders, because more juvenile sex offenders are entering facilities, greater numbers will be returning to the community in the coming years.

A number of important issues and challenges make the successful transition and community reintegration of adult and juvenile sex offenders particularly difficult. They include, but are not limited to, the following (see, e.g., Bumby, Talbot, & Carter, in press; Levenson & Cotter, 2005a, 2005b; Tewksbury, 2005):

- Negative public sentiment about sex offenders;
- Myths and misperceptions about adult and juvenile sex offenders and the victims of these offenses;
- Highly publicized cases involving sex crimes;
- Limited housing and placement options; and
- Tighter residency restrictions specific to sex offenders.

With the heightened national focus on promoting successful reentry in recent years, promising strategies, informed by contemporary correctional and juvenile justice research with “general” offenders, have begun to emerge

(see, e.g., Altschuler & Armstrong, 2001; Petersilia, 2003; Travis, 2005; Travis, Solomon, & Waul, 2001). Many of these broader strategies are applicable to reentry efforts with sex offenders when tailored to address the challenges unique to this specialized population (see Bumby et al., in press; CSOM, 2007).

When considering how to promote the successful return of adult and juvenile sex offenders to communities, jurisdictions should explore the extent to which agencies and organizations have begun to:

- Adopt an “in to out” philosophy of adult and juvenile sex offender management;
- Use early and ongoing assessments to begin guiding reentry;
- Invest in evidence-based strategies and other key services within facilities to support reentry;
- Enhance reentry outcomes through informed release decisionmaking;
- Ensure comprehensiveness in the transition phase;
- Plan for community supervision prior to release; and
- Educate and involve the public as a means of reducing barriers common to sex offender reentry.

► *Adopt an “In to Out” Philosophy of Adult and Juvenile Sex Offender Management*

Those who have a role in adult and juvenile sex offender management generally possess a shared goal that drives their efforts and transcends the physical boundaries of their respective locations in the system (i.e., “inside” or “outside” of facilities); this goal is to enhance community safety. In some jurisdictions, however, practitioners within facilities and those in the community work toward this goal independently, and sometimes without consideration of one another. Stated differently, correctional and juvenile justice agencies and their staff members may see their responsibilities with sex offender management as relevant only within the walls of the facility and independent of what ultimately occurs when sex offenders return to the community. Conversely, community-based agencies and practitioners may consider their roles in sex offender management as relevant only when sex offenders enter the community. This “in or out” philosophy and practice (in which inter- and intra-agency collaboration tends to be notably absent) often results in fragmented, inefficient, and ineffective approaches to sex offender reentry.

It is, therefore, critical that all stakeholders, whether facility- or community-based, recognize their respective roles as part of a seamless “in to out” process that works toward a common goal – successful reentry as means of enhancing community safety. Operationalizing such an approach requires correctional and juvenile justice administrators to establish complementary policies that:

- Prioritize reentry as a key agency mission;
- Articulate the roles and responsibilities of staff across agencies through the lens of successful reentry; and

THOSE WHO HAVE A ROLE IN ADULT AND JUVENILE SEX OFFENDER MANAGEMENT POSSESS A SHARED GOAL – COMMUNITY SAFETY.

- Emphasize inter- and intra-agency collaboration as a necessary ingredient in their work.

In practice, this requires collaboration not only within facilities and within the community, but also across facility and community lines (Bumby et al., in press; Bumby & Talbot, 2007; Marshall, Serran, and Fernandez, 2006; Spencer, 1999). An example of collaboration within facilities involves critical information-sharing among institutional case managers, treatment providers, educators, and custody staff to inform ongoing case management decisions, including release decisionmaking. Collaboration in the community is exemplified through ongoing communication and partnerships among community-based treatment providers and supervision officers to monitor and address dynamic risk factors (see, e.g., Cumming & McGrath, 2005; Hanson & Harris, 2000; Marshall et al., 2006). And collaboration across the facility lines is demonstrated through “reach out” and “reach in” efforts to develop transition and release plans, and strategies to link sex offenders and their families to needed community resources well in advance of release (Bumby et al., in press; Marshall et al., 2006).

Although these kinds of policies and practices exist already in some jurisdictions (see CSOM, 2007; Cumming & McGrath, 2000; Marshall et al., 2006), it may be necessary for policymakers and practitioners in other jurisdictions to revise their current strategies. This entails assisting agency administrators, legislators, and other policymakers with gaining a well-informed understanding of adult and juvenile sex offenders, effective management approaches, and promising approaches to sex offender reentry. It also demands that agencies join forces (e.g., through inter-agency agreements, charters, executive orders) to address the challenges associated with the transition and community reintegration of sex offenders.

► Questions: Adult Sex Offenders

Adopt an “In to Out” Philosophy of Sex Offender Management

Correctional Agency

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 1. | <input type="radio"/> | | | <input type="radio"/> | Does the correctional agency specifically address successful reentry within its formal mission? |
| 2. | <input type="radio"/> | | | <input type="radio"/> | Do the correctional agency’s policies or procedures specifically address the roles that all staff within facilities – regardless of job titles – play in promoting successful reentry? |
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do all staff within correctional facilities – regardless of their job titles – view themselves as having a specific role in promoting successful reentry? |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do identified staff (e.g., caseworkers) within correctional facilities collaborate and share information with key external agency/organizations outside of the corrections agency as a means of promoting successful reentry? |

Community Supervision Agency

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 5. | <input type="radio"/> | | | <input type="radio"/> | Does the community supervision agency specifically address successful reentry within its formal mission? |
| 6. | <input type="radio"/> | | | <input type="radio"/> | Do the community supervision agency’s policies or procedures specifically address the roles that supervision officers play in promoting successful reentry? |
| 7. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers view themselves as having a specific role in promoting successful reentry? |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers collaborate and share information with other key agencies/organizations as a means of promoting successful reentry? |

Inter-Agency

always/ typically generally never/
yes not no

9. Is an interagency charter or executive order in place that formalizes a collaborative partnership across state departments (e.g., corrections, parole, health, mental health, education, housing, employment) to promote successful reentry efforts statewide?
10. If so, does it require agency heads to:
- Have routine meetings (e.g., monthly, quarterly)?*
 - Explore current barriers to successful reentry?*
 - Collaboratively identify effective strategies to address barriers to successful reentry?*
 - Develop complementary agency policies to support successful reentry?*
 - Address the unique challenges for special offender populations (e.g., sex offenders)?*
11. Are efforts made to assist agency administrators, legislators, and other policymakers with gaining an understanding of sex offenders, effective management approaches, and promising approaches to sex offender reentry (e.g., development and distribution of informational materials, delivery of training)?

► Questions: Juvenile Sex Offenders

Adopt an “In to Out” Philosophy of Sex Offender Management

Juvenile Justice Agency

- always/ typically generally never/
yes not no*
12. Does the juvenile justice agency specifically address successful reentry within its formal mission?
13. Do the juvenile justice agency’s **policies or procedures** specifically address the roles that all staff within facilities – regardless of job titles – play in promoting successful reentry?
14. **In practice**, do all staff within juvenile facilities – regardless of their job titles – view themselves as having a specific role in promoting successful reentry?
15. To promote successful reentry, do the juvenile justice agency’s **policies or procedures** include specific requirements pertaining to collaboration and information-sharing with key external agencies/organizations that have a role in reentry?
16. **In practice**, do identified staff (e.g., caseworkers) within facilities collaborate and share information with key external agency/organizations outside of the juvenile justice agency as a means of promoting successful reentry?
17. Do **policies or procedures** specifically address the roles that supervision officers/case managers play in promoting successful reentry?
18. **In practice**, do supervision officers/case managers view themselves as having a specific role in promoting successful reentry?

Inter-Agency

- always/ typically generally never/
yes not no*
19. Is an interagency charter or executive order in place that formalizes a collaborative partnership across state departments (e.g., juvenile justice, health, mental health, education, housing, employment, social services) to promote successful reentry efforts statewide?

always/ typically generally never/
yes not no

20. If so, does it require agency heads to:
- Have routine meetings (e.g., monthly, quarterly)?*
 - Explore current barriers to successful reentry?*
 - Collaboratively identify effective strategies to address barriers to successful reentry?*
 - Develop complementary agency policies to support successful reentry?*
 - Address the unique challenges for special offender populations (e.g., juvenile sex offenders)?*
21. Are efforts made to assist agency administrators, legislators, and other policymakers with gaining an understanding of juvenile sex offenders, effective management approaches, and promising approaches to their transition and community reintegration (e.g., development and distribution of informational materials, delivery of training)?

► *Use Early and Ongoing Assessments to Begin Guiding Reentry*

Because reentry planning should begin early in an individual's placement in a correctional or residential setting, policies and procedures should require the use of assessments, beginning at the point of intake, to guide sex offender reentry efforts (Bengis et al., 1999; Marshall et al., 2006). This ensures that recidivism risk, intervention needs, and anticipated barriers are identified at the outset, such that informed case management plans that begin to address some of the unique challenges of sex offender reentry can be developed well in advance of release. Because a number of risk factors are unique to adult and juvenile sex offenders, these early assessments should include research-supported sex offender-specific tools to identify the targets of intervention that are most likely to result in risk reductions and successful reintegration with adult and juvenile sex offenders (see, e.g., Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005; Prescott, 2006; Worling & Langstrom, 2006). (For additional information about the use of assessment tools to inform decisionmaking throughout the criminal and juvenile justice systems, see the Assessment section of this protocol.)

Agency policies or procedures should also require the use of repeated assessments to ensure that ongoing case management decisions, as well as release decisions, are based on current levels of risk and needs. Ideally, the various agencies involved in the overall sex offender management process adopt the same adult or juvenile sex offender-specific risk and needs assessment instruments. This reduces unnecessary duplication of assessment efforts and provides a common language among facility providers, community-based practitioners, and release decisionmakers during the transition and release planning process.

► *Invest in Evidence-Based Strategies and Other Key Services within Facilities to Support Sex Offender Reentry*

Years ago, in response to the belief that “nothing works” in rehabilitating offenders, criminal and juvenile systems shifted toward more punitive philosophies and practices, and reduced their investments in rehabilitative programs and services (see, e.g., Petersilia, 2003). These more punishment-driven approaches, however, have not translated into recidivism reductions (see, e.g., Cullen & Gendreau, 2000). More recently, with the growing awareness of evidence-based interventions as a means of reducing recidivism, a renewed interest in a more rehabilitative orientation has begun to emerge (see, e.g., Cullen & Gendreau, 2000; Petersilia, 2003). This renewed interest is particularly evident in jurisdictions that recognize the value of evidence-based interventions in successful reentry.

The prevailing responses to sex offenders, however, continue to move towards longer sentences, tighter restrictions, and more intensive monitoring, often at the expense of treatment. This remains the case despite the growing body of research demonstrating that adult and juvenile sex offenders who receive treatment recidivate at significantly lower rates than those who do not (Aos, Phipps, Barnoski, & Lieb, 2001; Aos, Miller, & Drake, 2006; Hanson, et al., 2002; Lösel & Schmucker, 2005; MacKenzie, 2006; Reitzel & Carbonell, 2006). To maximize the potential for effective reentry strategies with adult and juvenile sex offenders, jurisdictions should invest in interventions that demonstrate the potential for reduced recidivism.

Ideally, this investment extends beyond sex offender-specific treatment and takes into

account the multiple needs of justice-involved individuals which, if targeted through appropriate interventions, will result in positive outcomes (see, e.g., Aos et al., 2001, 2006; Lipsey, Wilson, & Cothorn, 2000; MacKenzie, 2006; Seiter & Kadela, 2003). Such interventions include:

- Cognitive skills training;
- Substance abuse treatment;
- Family-based interventions;
- Educational services;
- Vocational skills training; and
- Health and mental health services.

In addition, as described later in this section, attention to the continuity of service delivery must be addressed by both correctional/juvenile justice and community-based agencies. Research indicates that reentry efforts are more likely to be successful when evidence-based and other key programs and services within institutional settings are linked with parallel services in the community (see, e.g., Altschuler & Armstrong, 1996; Petersilia, 2003; Seiter & Kadela, 2003).

Mitigate the Potential Negative Impact of Long Term Placements in Facilities

Experts agree that the longer individuals remain in institutional or residential facilities, the more they become detached from positive community supports and influences; in turn, this decreases their likelihood of reintegrating successfully post-release (see, e.g., Altschuler & Armstrong, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Petersilia, 2003). With adult and juvenile sex offenders, this has particular salience. Adults with sex offense convictions are imprisoned nearly twice as long as other types of incarcerated criminals (Greenfeld, 1997; Langan et al., 2003; Langan & Levin, 2002);

REENTRY EFFORTS ARE MORE LIKELY TO BE SUCCESSFUL WHEN EVIDENCE-BASED AND OTHER KEY PROGRAMS AND SERVICES WITHIN INSTITUTIONAL SETTINGS ARE LINKED WITH PARALLEL SERVICES IN THE COMMUNITY.

juvenile sex offenders also spend longer periods of time in facilities than other types of youthful offenders (Snyder & Sickmund, 2006).

Providing evidence-based rehabilitative programs and services may be one means of mitigating these potential effects. However, agency administrators should also implement specific strategies to include non-treatment staff (e.g., custody officers, youthcare workers) in supporting reentry efforts with adult and juvenile sex offenders. As noted earlier, administrators must demonstrate a commitment to ensuring that all staff members recognize their vital role in sex offender reentry. This commitment can be reinforced through training efforts geared toward empowering custody staff and youthcare workers to share ownership in the larger effort to promote successful transition through their work with sex offenders in facilities. The following are examples of issues and concerns that must be addressed (Bumby et al., in press; CSOM, 2007; Spencer, 1999):

- *Providing education about adult and juvenile sex offenders and effective management strategies.* Education can dispel myths and misperceptions custody staff may hold about sex offenders (Weekes, Pelletier, & Beaudette, 1995). When custody staff and youthcare workers have misinformation about adult and juvenile sex offenders, it may fuel negative attitudes, drive unproductive interactions, and interfere with or undermine treatment efforts (see, e.g., Fernandez & Marshall, 2000; Spencer, 1999).
- *Increasing awareness of the potential for facility violence.* This is particularly important because convicted sex offenders are more likely to be victimized than other offenders in facilities (Austin, Fabelo, Gunter, & McGinnis, 2006; Human Rights Watch, 2001; Owen & Wells, 2006; Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson, 1996). Critical considerations include training for custody staff and youthcare workers about preventing rape and other assaults within these facilities, and how to respond effectively (e.g., connecting victims with medical and/or mental health services) when they do occur. Like any other victims, individuals who are sexually assaulted or otherwise victimized while in a residential/institutional facility can experience a range of short- and long-term negative outcomes. If unaddressed, the impact of victimization can affect overall adjustment and stability, which ultimately can be associated with additional difficulties post-release.
- *Recognizing the potential negative implications of sexually exploitative materials within facilities.* For some sexually abusive individuals, the nature and content of these types of materials have the potential to exacerbate deviant interests, pro-offending attitudes, and sexual preoccupations that are associated with recidivism among sex offenders (see, e.g., Hanson & Morton-Bourgon, 2005). Through collaboration with treatment providers within adult and juvenile facilities, custody staff and youthcare workers can learn more about the differences between what may be considered healthy sexual outlets and the types of materials that could undermine the treatment process. Furthermore, staff can take opportunities to reinforce the treatment process when some of these issues arise.
- *Maximizing the use of visitation practices as a mechanism for strengthening family relationships and other sources of community support.* Visitation provides opportunities to engage families in the overall intervention process, including transition planning. At the same time, custody staff and youthcare workers should ensure that visits and other contacts do not occur with victims or others for whom no-contact orders are in place, and that inappropriate contacts with other vulnerable individuals are prevented during visits.

Juvenile Considerations

As will be discussed later in this section, clear policies and procedures must be in place to prevent and mitigate the effects of juvenile sex offenders' prolonged exposure to negative influences in residential/institutional facilities. To begin to address this, it is important to train youthcare workers and custody staff about the potential for negative peer influences within these facilities that can result in increased recidivism post-release, even when these youth are placed together for intervention purposes (see, e.g., Dodge, Dishion, & Lansford, 2006). Because youthcare workers and custody

staff interact with these juveniles throughout the day and evening hours, and routinely observe the interactions between youth, they are uniquely positioned to address delinquent attitudes, values, and behaviors as they arise. Conversely, they can learn how to reinforce and support juveniles when they engage in prosocial behaviors and assist them with practicing the positive skills (e.g., communication, problem solving, anger management) that they are being taught in treatment, which may ultimately serve them well upon release.

► Questions: Adult Sex Offenders

Use Early and Ongoing Assessments to Begin Guiding Reentry

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 22. | <input type="radio"/> | | | <input type="radio"/> | Within correctional facilities, do policies or procedures require the use of assessments at intake, or shortly thereafter with an eye towards reentry efforts? |
| 23. | <input type="radio"/> | | | <input type="radio"/> | If so, do these policies or procedures include the use of research-supported sex offender-specific assessment tools? |
| 24. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require the use of research-supported sex offender-specific tools to assess changes over time, as sex offenders approach release? |
| 25. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do staff within correctional facilities use research-supported sex offender-specific tools to assess risk and identify targets of intervention specific to sex offenders early during the period of incarceration (e.g., at intake)? |
| 26. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do staff within correctional facilities use research-supported sex offender-specific tools to assess changes over time, as sex offenders approach release? |
| 27. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require correctional agencies and community supervision agencies to use a common assessment tool(s) to guide their respective case management decisions with sex offenders – from placement through reentry? |
| 28. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do correctional staff and supervision officers use a common tool(s) to guide ongoing case management decisions with sex offenders – from institutional placement through reentry into the community? |

► Questions: Juvenile Sex Offenders

Use Early and Ongoing Assessments to Begin Guiding Reentry

- always/ typically generally never/
yes not no
29. Within juvenile facilities, do **policies or procedures** require the use of assessments at intake or shortly thereafter with an eye toward reentry efforts?
30. If so, do these **policies or procedures** include the use of research-supported juvenile sex offender-specific assessment tools?
31. Do **policies or procedures** require the use of research-supported juvenile sex offender-specific tools to assess changes over time, as juvenile sex offenders approach release?
32. **In practice**, do staff within facilities use research-supported juvenile sex offender-specific tools to assess risk and identify targets of intervention specific to juvenile sex offenders early during these youths' tenure in facilities (e.g., at intake)?
33. **In practice**, do staff within juvenile facilities use research-supported juvenile sex offender-specific tools to assess changes over time, as juvenile sex offenders approach release?
34. Do **policies or procedures** require staff in juvenile facilities and community supervision officers/case managers to use a common assessment tool(s) to guide their respective case management decisions with juvenile sex offenders from residential institutional placement through reentry into the community?
35. **In practice**, do staff in juvenile facilities and supervision officers/case managers use a common assessment tool(s) to guide ongoing case management decisions with sex offenders – from residential/institutional placement through reentry into the community?

► **Questions: Adult Sex Offenders**

Invest in Evidence-Based Strategies and Other Key Services within Facilities to Support Sex Offender Reentry

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 36. | <input type="radio"/> | | | <input type="radio"/> | Has the correctional agency made a policy-level commitment to implement evidence-based interventions within facilities? |
| 37. | <input type="radio"/> | | | <input type="radio"/> | Is sex offender-specific treatment available within the correctional institution(s)? |
| 38. | | | | | Are the following additional rehabilitative services provided within the correctional institution(s): |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Cognitive skills training?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance abuse treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Education?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Vocational skills training?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Healthcare services?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mental health services?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other? _____</i> |
| 39. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are pre-release classes offered to sex offenders to ensure that they possess the basic life and independent living skills that will support successful reintegration? |
| 40. | | | | | If such classes are offered, do they focus on: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Managing finances?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Job interviewing?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parenting?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Maintaining hygiene?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other? _____</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is there a process in place that supports sex offenders' efforts to obtain personalized identification (e.g., social security card, driver's license, state identification card) prior to release? |
| 42. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the unique barriers associated with sex offender reentry (e.g., coping with negative community reactions) addressed in pre-release programming, in order to assist offenders with developing effective coping skills to manage those issues when they arise? |

Mitigate the Potential Negative Impact of Long Term Placements in Facilities

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 43. | <input type="radio"/> | | | <input type="radio"/> | Do correctional agency policies or procedures outline the roles that non-treatment staff members (e.g., custody officers) can play in supporting treatment and reentry efforts? |
| 44. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is ongoing training provided to non-treatment staff (e.g., custody officers) to enhance their ability to recognize issues that are unique to sex offenders and intervene in ways that can support treatment and reentry efforts with these offenders? |
| 45. | | | | | If so, are the following topics covered: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Myths and misperceptions about sex offenders?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Understanding effective sex offender management strategies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Impact of prison violence (particularly with respect to sex offenders as targets) and staff's role in prevention and intervention?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential negative implications of sexually exploitative materials within facilities?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Strategies to support the use of visitation as a mechanism for building or strengthening family relationships and other sources of community support?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other? _____</i> |

► **Questions: Juvenile Sex Offenders**

Invest in Evidence-Based Strategies and Other Key Services within Facilities to Support Sex Offender Reentry

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 46. | <input type="radio"/> | | | <input type="radio"/> | Has the juvenile justice agency made a policy-level commitment to implement evidence-based interventions within facilities? |
| 47. | <input type="radio"/> | | | <input type="radio"/> | Is sex offender-specific treatment provided within juvenile facilities? |
| 48. | | | | | Are the following additional rehabilitative services provided within juvenile facilities: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Cognitive skills training?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance abuse treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Education?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Vocational skills training (if applicable)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Healthcare services?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mental health services?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 49. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are pre-release classes offered to juvenile sex offenders to ensure that they possess the basic life and independent living skills that will support successful reintegration? |
| 50. | | | | | If such classes are offered, do they focus on: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Managing finances?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Completing employment applications?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Job interviewing skills?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parenting (if applicable)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Maintaining hygiene?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 51. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is there a process in place that supports juvenile sex offenders' efforts to obtain personalized identification (e.g., social security card, driver's license, state identification card) prior to release? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 52. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the unique barriers associated with juvenile sex offender reentry (e.g., coping with negative community reactions) addressed in pre-release programming, in order to assist juveniles (and their families) with preparing for those barriers and identifying effective coping skills to manage those issues when they arise? |

Mitigate the Potential Negative Impact of Long Term Placements in Facilities

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 53. | <input type="radio"/> | | | <input type="radio"/> | Do juvenile justice policies or procedures outline the roles that non-treatment staff members (e.g., youthcare workers) have in the juvenile sex offender reentry process? |
| 54. | <input type="radio"/> | | | <input type="radio"/> | Do juvenile justice administrators require ongoing training for non-treatment staff (e.g., youthcare workers) to enhance their ability to support juvenile sex offender treatment and reentry? |
| 55. | | | | | If so, are the following topics covered: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Myths and misperceptions about juvenile sex offenders, including the dynamics of sexual abuse and effective management strategies?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Potential negative implications of sexually exploitative materials within facilities?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Strategies to support the use of visitation as a mechanism for building or strengthening family relationships and other sources of community support?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 56. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile justice agency administrators understand the potential impact of negative peer influences in residential/institutional facilities? |
| 57. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is training provided to residential/institutional facility staff regarding the potential negative impact of deviant peer influences in facilities? |
| 58. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are staff members equipped with the skills necessary to reinforce youthful sex offenders' participation in treatment and support the efforts of these youth to practice new skills that are critical to their successful transition and community reintegration? |

► *Enhance Reentry Outcomes Through Informed Release Decisionmaking*

Research demonstrates that discretionary release practices – whereby current assessments of risk and needs, participation in facility-based programs and services, and comprehensive release plans that inform release considerations – are associated with better outcomes post-release (Petersilia, 2003; Seiter & Kadela, 2003). Discretionary release allows for the selective early release of individuals before the expiration of their sentences and includes a period of post-release supervision which, if balanced with adequate supports and rehabilitative efforts in the community, promotes successful reentry (see, e.g., Petersilia, 2003). When discretionary release is not an option, sex offenders who exit residential/institutional facilities are under no obligation to participate in evidence-based programming (despite its demonstrable effect on recidivism reduction), and they are not supervised by the criminal justice system in the community.

For unmotivated sex offenders who would otherwise not participate in sex offender programming within facilities, discretionary release provides an incentive to engage in treatment. For sex offenders who are already committed to treatment, it provides an additional reinforcement. Furthermore, when sex offenders engage in offense-specific programming within facilities, observed motivational levels may increase, which in turn can have a positive impact on their willingness to participate in community-based sex offender treatment post-release (Barrett, Wilson, & Long, 2003; Spencer, 1999). Beyond providing a compelling incentive and boosting motivation to participate in treatment, another way that release decisionmakers can use their influence to enhance reentry outcomes is through the use of specialized post-

release supervision conditions, which would otherwise not be required if a sex offender had simply been released at the expiration of their sentence. Such conditions can be particularly effective when they are applied selectively based on the assessed level of risk and the identified needs of each sex offender.

However, release decisionmakers report having difficulty weighing release considerations in these cases and indicate that they are less likely to release sex offenders conditionally (Bumby, 2005). Correctional and juvenile justice policymakers may be able to offset some of the concerns of releasing authorities by ensuring that current results from empirically-validated sex offender-specific risk assessments, documentation of sex offenders' participation in treatment (and refusals to do so), ongoing programming needs, and proposed release plans are forwarded to release decisionmakers in a timely and consistent manner. In some jurisdictions, these and other sources of data are included in parole guidelines to provide the opportunity for release decisions to be assessment-driven. Finally, to assist those who are responsible for release decisionmaking with understanding and considering these types of cases, specialized training about sex offenders and the efficacy of management strategies should be provided. Taken together, these strategies may increase their confidence in utilizing the leverage of discretionary release in sex offense cases.

Juvenile Considerations

A recent survey of sex offender programs nationwide revealed that roughly one half of all placed juvenile sex offenders receiving treatment are placed in residential/institutional facilities (McGrath, Cumming, & Burchard, 2003). As noted earlier, juvenile sex offenders

who enter such placements remain in those placements considerably longer than other types of youthful offenders (Snyder & Sickmund, 2006). Sometimes, excessive lengths of stay in facilities are the result of the efforts of well-intentioned practitioners who want to ensure that all of the needs of juvenile sex offenders are addressed prior to release. However, treatment for these youth should not begin and end in placement. Some of their needs and issues (e.g., acute mental health problems, posing a threat of harm to oneself or others) must be addressed before release, but others can be addressed initially within facilities and continued in the community (e.g., sex offending behavior, family-related problems).

There is currently no evidence that demonstrates that long-term and oftentimes costly residential/institutional placements for juvenile sex offenders result in better outcomes and reduced recidivism post-release (see, e.g., Chaffin, Letourneau, & Silovsky, 2002; Hunter, 2006; Hunter, Gilbertson, Vedros, & Morton, 2004). Moreover, contemporary research indicates that aggregating delinquent peers, even for the well-intended purpose of providing interventions, can actually increase the likelihood of recidivism (Dodge et al., 2006). Research also reveals that family- and community-based interventions result in significant reductions in recidivism among juvenile sex offenders (see, e.g., Borduin & Schaeffer, 2002; Saldana, Swenson, & Letourneau, 2006).

Without question, some juvenile sex offenders require placement in a residential or juvenile correctional facility; but many juveniles can be safely managed in community settings. Therefore, in light of the current evidence, practitioners should exercise caution when placing youth in juvenile justice facilities, particularly if placement decisions are purely subjective and driven primarily by the presence of

sexually abusive behavior. In the absence of an objective, assessment-driven release decision-making strategy, the potential is that a juvenile will remain in the facility longer than is necessary, which may be detrimental to the youth and increase the likelihood of recidivism.

To ensure that release decisions are well-informed and that lengths of stay do not become excessive, it is important that juvenile/family courts and youth-serving agencies establish policies and procedures that take into account objective criteria and research-supported risk assessment instruments. With juvenile sex offenders, the use of research-supported, juvenile-specific risk assessment tools can provide helpful information that is specific to that population. If these tools are incorporated into decisionmaking practices at the point of initial placement, it may result in better utilization of these facilities at the front end. The remaining youth can then receive the family- and community-based interventions that are most likely to reduce recidivism.

Another strategy to address the length of stay is to assign juveniles to case managers shortly following disposition. These case managers then remain responsible for cases throughout the juvenile justice system. As such, these professionals develop and oversee individualized case management plans that guide the delivery of programming and services in both residential/institutional facilities and in the community. In many ways, these case managers act as service brokers and advocates, ensuring that juveniles are receiving the most effective services in the most appropriate settings. When juveniles enter residential facilities, the case manager maintains ongoing communication with the facility staff members and treatment providers, receives monthly progress summaries that address the residential/facility placement goals, and visits the youth in the

facility to discuss progress and ongoing needs, all with the ultimate goal of successful transition to the community. Ideally, this approach provides a “checks and balances” system, whereby the decision to transition a youth out of (or to keep him in) a facility is well-informed, based on established goals of which all parties are aware (with ongoing documented progress measured against those goals) and collaboration between the case manager and facility staff. Not surprisingly, disagreements sometimes arise about the timing of a youthful sex offender’s release from the facility and transition to a less restrictive environment. In these instances, an objective case review can be conducted by a neutral party and weigh the available information in order to come to an informed resolution.

Others within the juvenile justice system have established length of stay or other guidelines that provide release decisionmakers with specific direction about how and when to transition juvenile sex offenders to less restrictive environments. These formal guidelines take into account the seriousness of the crime, current recidivism risk and needs, the time the youth has served, and other assessment data. Within these guidelines, the use of research-supported, juvenile sex-offense specific tools can be a valuable addition, as they provide yet another source of data to inform transition and release decisions.

Victim-Centeredness during Release Decisionmaking

As is the case with all facets of sex offender management, a number of victims’ rights, needs, and interests come into play in the reentry context. These include, but are not limited to, the following (Fine, 2000; Hook & Seymour, 2003; Schlank & Bidelman, 2001; Seymour, 1997, 2001):

- Notification about offenders’ current placement and release plans;
- Involvement in release hearings, either through written statements, in-person testimony, or via a victim advocate;
- No-contact and other protective orders when desired or warranted;
- Development of safety plans; and
- Restitution.

Although most states have established policies and procedures for soliciting victim impact statements and other information from victims and victim advocates at parole hearings, and for notifying victims of offenders’ releases, not all jurisdictions are steadfast in their attempts to undertake these important activities consistently. For this and other reasons, the actual involvement of victims in parole proceedings remains low (Fine, 2000; Petersilia, 2003; Seymour, 1997) and the perspectives of victims and victim advocates in the transition planning process is inconsistent.

The following are key steps that some jurisdictions have taken to become more victim-centered in the context of release decisionmaking in sex offense cases (Fine, 2000; OVC, 2004; Petersilia, 2003; Schlank & Bidelman, 2001; Seymour, 1997, 2001):

- Conducting release hearings at times and in locations that are convenient for victims;
- Providing opportunities for victims to present information in writing or via a victim advocate so that they are not required to attend proceedings in person;
- Appointing victims or victim advocates to serve as members of releasing authorities; and
- Ensuring that restitution orders are fulfilled prior to release or as a condition of post-release supervision.

It is important for release decisionmakers and other criminal and juvenile justice system actors to be sensitive to the fact that some victims of sex crimes do not want to be involved during this phase, and are not interested in receiving automatic notifications about changes in the status of these cases. Indeed, as noted previously, victims must be allowed to determine the extent to which they are involved throughout the various proceedings. Victims should be allowed to “opt out” at any point in the process.

In the context of juvenile sex offender reentry, victim sensitivity and safety are especially critical when planning the return of a youth who has committed sex crimes to a school in the community. For example, if the victim and the offender attend the same school, it is necessary to consider other education options for the offender (e.g., day treatment programs, alternative schools, or GED classes) or to develop a victim safety plan well in advance of release, with input from the victim, a victim advocate or service provider, and others involved in the case.

► Questions: Adult Sex Offenders

Enhance Reentry Outcomes Through Informed Release Decisionmaking

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 59. | <input type="radio"/> | | | <input type="radio"/> | Do statutes allow sex offenders to be considered for discretionary release? |
| 60. | | | | | Do policies or procedures delineate release guidelines or parameters that include consideration of the following: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Current results from empirically-validated sex offender-specific risk assessments?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Participation in sex offender treatment?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Treatment refusals?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Ongoing programming needs?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Family needs and concerns?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Proposed release plans?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Other?_____</i> |
| 61. | | | | | In practice , do release decisionmakers receive the following information in a timely manner: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current results from empirically-validated sex offender-specific risk assessments?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participation in sex offender treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment refusals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ongoing programming needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family needs and concerns?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Proposed release plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 62. | | | | | In practice , are conditional release decisions made in sex offense cases based on the following considerations: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current results from empirically-validated sex offender-specific risk assessments?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participation in sex offender treatment?</i> |

always/ typically generally never/
yes not no

- Treatment refusals?*
- Ongoing programming needs?*
- Family needs and concerns?*
- Proposed release plans?*
- Other?_____*
63. Do **policies or procedures** require release decisionmakers to impose specialized release conditions for sex offenders?
64. **In practice**, do release decisionmakers impose specialized release conditions for sex offenders?
65. Do release decisionmakers receive specialized training about sex offenders and the efficacy of management strategies?

Victim-Centeredness during Release Decisionmaking

always/ typically generally never/
yes not no

66. **In practice**, are interested victims notified when sex offenders' release decisions, hearings are scheduled?
67. Do victims' rights **statutes or other policies** require notification to interested victims when sex offenders' release hearings are scheduled?
68. If victims do not want to be notified about release hearings or release, can they "opt out" of the process?
69. Do victims' rights **statutes or other policies** provide for victim input at release hearings through the following methods:
- In-person testimony?*
- Via written statements?*
- Through victim advocates?*
- Other?_____*
70. **In practice**, are active attempts made to ensure that the release decisionmaking process is victim-centered, including:
- Conducting release hearings at times and in locations that are convenient for victims?*

always/
yes typically generally
not never/
no

- Appointing victims or victim advocates to serve as members of release authorities?*
- Other?_____*
71. Do victims' rights **statutes or other policies** require notification of interested victims when sex offenders are released from correctional facilities?
72. **In practice**, are interested victims notified when sex offenders are released from residential/institutional facilities?
73. Are interested victims provided assistance with the development of safety plans prior to the release of sex offenders?
74. Prior to the release of sex offenders, are no-contact orders in place when warranted?
75. Do victims' rights **statutes or other policies** require release decisionmakers to address victim restitution as a part of release conditions for sex offenders?
76. **In practice**, do release decisionmakers ensure that restitution orders are fulfilled prior to release or as a condition of post-release supervision?

► Questions: Juvenile Sex Offenders

Enhance Reentry Outcomes Through Informed Release Decisionmaking

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 77. | <input type="radio"/> | | | <input type="radio"/> | Do juvenile/family courts and youth-serving agencies have policies or procedures for making objective, assessment-driven decisions about the placement of juvenile sex offenders and their transition to the community? |
| 78. | <input type="radio"/> | | | <input type="radio"/> | If so, do the policies or procedures include research-based, juvenile sex offender-specific risk assessment tools? |
| 79. | | | | | Do policies or procedures require those who are responsible for release decisions to consider the following: |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Current results from research-supported juvenile sex offender-specific risk assessments?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Participation in treatment?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Treatment refusals?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Ongoing programming needs?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Family needs and concerns?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Proposed release plans?</i> |
| | <input type="radio"/> | | | <input type="radio"/> | <i>Other? _____</i> |
| 80. | | | | | In practice , do those responsible for making release decisions receive the following information in a timely manner: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current results from research-supported juvenile sex offender-specific risk assessments?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participation in treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment refusals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ongoing programming needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family needs and concerns?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Proposed release plans?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other? _____</i> |
| 81. | | | | | In practice , are decisions to release juvenile sex offenders based upon: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current results from research-supported juvenile sex offender-specific risk assessments?</i> |

always/ typically generally never/
yes not no

- Participation in treatment?*
- Treatment refusals?*
- Ongoing programming needs?*
- Family needs and concerns?*
- Proposed release plans?*
- Other? _____*
82. Is there a formal review process for juvenile sex offenders who are in residential/institutional facilities to prevent excessive lengths of stays?
83. Do release decisionmakers impose specialized release conditions for juvenile sex offenders?
84. Do release decisionmakers receive specialized training about juvenile sex offenders and the efficacy of management strategies?
85. Do case managers collaborate with facility staff to monitor progress and to engage in informed and collaborative decisionmaking about juvenile sex offense cases, including release decisionmaking?
86. When there are disagreements between case managers and facility staff about the timing of a juvenile sex offender's release, is an objective case review conducted by a neutral party?

Victim-Centeredness during Release Decisionmaking

always/ typically generally never/
yes not no

87. Do victims' rights **statutes or other policies** require notification to victims when juvenile sex offenders' release proceedings are scheduled?
88. **In practice**, are interested victims notified when juvenile sex offenders' release proceedings are scheduled?
89. If victims do not want to be notified about release proceedings or release decisions, can they "opt out" of the process?
90. Do victims' rights **statutes or other policies** provide for victim input at release proceedings through the following methods:
- In-person testimony?*
- Via written statements?*

always/ typically generally never/
yes not no

- Through victim advocates?*
- Other?_____*
91. **In practice**, are active attempts made to ensure that the release decisionmaking process is victim-centered, including:
- Conducting release proceedings at times and in locations that are convenient for victims?*
- Appointing victims or victim advocates to serve as release decisionmakers?*
- Other?_____*
92. Do victims' rights **statutes or other policies** require notification of interested victims when juvenile sex offenders are released from residential/institutional facilities?
93. **In practice**, are interested victims notified when juvenile sex offenders are released from residential/institutional facilities?
94. Are interested victims provided assistance with the development of safety plans prior to the release of juvenile sex offenders?
95. Prior to the release of juvenile sex offenders, are no-contact orders in place when warranted?
96. Do victims' rights **statutes or other policies** require release decisionmakers to address victim restitution as a part of release conditions for juvenile sex offenders?
97. **In practice**, do release decisionmakers ensure that restitution orders are fulfilled prior to release or as a condition of post-release supervision?
98. If a victim is present in a school where a juvenile sex offender is anticipated to return, is the juvenile expected/required to find an alternative educational setting?
99. If a victim is enrolled in the school where a juvenile sex offender is anticipated to return, is the victim or the parent of the victim notified prior to the juvenile's return?
100. If a victim is present in a school where a juvenile sex offender is anticipated to return, is a safety plan developed to ensure victim safety and protection?

► *Ensure Comprehensiveness in the Transition Phase*

The short- and long-term success of community reintegration is, in large part, a function of careful and informed transition and release planning that takes into account the resources and supports necessary to facilitate reductions in recidivism and positive outcomes for sex offenders (Bumby et al., in press; Marshall et al., 2006).

During the transition phase, several elements require dedicated attention in order to maximize the potential for adult and juvenile sex offenders to reintegrate successfully, including the following (see, e.g., Bumby et al., in press; CSOM, 2007; Cumming & McGrath, 2000, 2005; Marshall et al., 2006; Spencer, 1999):

- Continuity of care, both in terms of sex offense-specific treatment and other ongoing intervention needs;
- Community support networks;
- Appropriate housing or placement;
- Educational and/or employment needs; and
- Family interests and needs, including reunification, when appropriate.

Ideally, the formal transition phase begins three to six months in advance of the anticipated release date (Cumming & McGrath, 2000). Oftentimes, the transition process is coordinated by an institutional caseworker or facility case manager whose responsibilities include working closely with the offender and collaborating with various stakeholders within and outside of the facility (e.g., institutional sex offender treatment providers, mental health/medical staff members, community supervision officers) as the individual approaches release.

To the extent possible, the caseworkers responsible for managing the transition phase should be matched with sex offenders shortly

after their arrival at the correctional or juvenile justice facility, so that they are familiar with the offenders, the family circumstances, other sources of community support, program participation/refusals, intervention needs, and overall adjustment. As such, they are less likely to encounter potential reentry barriers at the “last minute.” And under even more ideal circumstances, the supervision officer who will be responsible for post-release management of the offender is assigned to the case prior to the offender’s release.

Utilize the Transition Phase to Ensure Continuity of Care

A seamless transition by adult and juvenile sex offenders from institutions/facilities to the community is contingent upon ensuring that interventions to address critical needs continue post-release without unnecessary interruptions. Again, research indicates that reentry efforts are most successful when facility-based programs and services are linked to parallel programs and services in the community (see, e.g., Altschuler & Armstrong, 1996; Petersilia, 2003; Seiter & Kadela, 2003). Included among the specific needs that should be taken into account specifically with respect to continuity of care are the following:

- *Sex Offense-Specific Treatment* – For adult and juvenile sex offenders who are receiving offense-specific prison- or facility-based treatment, ensuring continuity of care is contingent upon the use of a common, research-supported treatment model in facilities and the community, a commitment to collaboration and information-sharing between clinicians in the two settings, and the use of common sex offender-specific assessments to guide treatment planning during the formal transition to the communi-

ty (Bumby et al., in press; CSOM, 2007; Marshall et al., 2006). Ideally, assignment to community treatment providers and the scheduling of first appointments occur before release to prevent service delivery gaps during the transition phase (see, e.g., Cumming & McGrath, 2000). When these strategies are employed, sex offenders enter community-based treatment and are able to build upon the progress made prior to release from the facility. This is in contrast to systems in which, post-release, sex offenders have to “start at square one” with the community-based treatment provider, either because no documentation was received from the releasing facility, because of a lack of confidence in the services provided in the facility, or because the program models and philosophies are not complementary.

- *Mental Health and Healthcare Services*— To promote overall wellness through transition and community reintegration, residential and institutional facility protocols should outline a process that formally addresses mental health and healthcare needs as a part of the release plan. If such needs have been identified, appropriate referrals and links to community-based resources with qualified professionals should be made well in advance of release, and case managers should assist offenders with determining the transition to private insurance or, when finances are a concern, government subsidized health coverage and referrals to local health departments. If medications are involved, patient education (which includes parents when juveniles are being released) should focus on the importance of routine follow-ups with community-based providers, medication compliance issues, and the risks that may be associated with abrupt cessation. This is particularly important if, during the transition planning process, the offender

(or parent) clearly indicates that they no longer wish to take the medication. If the decision is made to terminate the use of medication, it should be done while under the care of qualified health care professionals prior to release, or post-release if a provider has been identified.

- *Substance Abuse Treatment*— Because substance abuse is a risk factor associated with risk for recidivism for sex offenders under community supervision (Hanson & Harris, 2000), it is particularly important that continuity in treatment is addressed during the transition phase. Ideally, offenders have been involved in prison- or facility-based substance abuse treatment, and subsequently linked to a similar treatment program in the community. Along this vein, sex offenders who participated in support groups (e.g., AA/NA) in facilities should receive assistance with identifying groups in the returning community, including the meeting dates, times, and locations, such that upon release, they are immediately able to access them.
- *Educational Services* — For juvenile sex offenders in particular, making provisions for the return to school post-release requires dedicated attention during the release planning process. As such, it is important that juveniles, parents, case managers, and other relevant staff (e.g., facility educators, community supervision officers) work closely with the receiving schools to facilitate reenrollment prior to release. This also requires that education staff members within facilities take steps to ensure the transfer to community schools of credits earned while participating in facility-based schools.

In some circumstances, legislation or school board policies prohibit the return of certain

justice-involved youth (e.g., juvenile sex offenders) to public schools. Furthermore, community notification procedures may be applicable to some youth which require that the school is made aware of juveniles' sex offense histories. This has the potential to fuel negative sentiment among teachers, peers, and parents of other students if not managed carefully (e.g., on a "need to know" basis). Therefore, during the transition phase, practitioners should remain acutely aware of these types of barriers to the transition back to school, such that alternative educational plans (e.g., day treatment, alternative schools, GED) can be put into place prior to release and disruptions in attendance are prevented. (For more information about working with schools, see the Supervision section of this protocol.)

A key to ensuring a seamless transition of sex offenders to the community is the identification of local resources that can be used to address the various needs that may exist. However, it is unlikely that any single case manager or supervision officer will be fully aware of each of the programs and services in a given community. In an attempt to address this issue, many jurisdictions have developed resource inventories that describe briefly the programs and services that are available locally to address the rehabilitative and other needs of sex offenders and their family members. When comprehensive and up-to-date, resource directories can be invaluable to adult and juvenile sex offenders and their families, case managers both within and outside of facilities, and community supervision officers as a means of facilitating continuity of services, which ultimately increases the likelihood of successful reentry.

Discharge Summary

In the final days approaching release, the institutional/facility caseworker should assume responsibility for the development of a discharge report that summarizes and provides final documentation of the following key issues:

- Overall adjustment within the institution or facility;
- Participation in treatment and educational services, or refusals;
- Ongoing and anticipated needs;
- Current level of risk; and
- The final release plan, which addresses residence/placement, school or employment (as applicable), registration and notification requirements, and special conditions.

In addition to maintaining the discharge summary in the released offender's file, the caseworker should be responsible for ensuring that the summary, along with other critical documentation, is shared with the professionals involved in the reentry process and community management.

► Questions: Adult Sex Offenders

Utilize the Formal Transition Phase to Ensure Continuity of Care

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 101. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is a designated institutional caseworker who is familiar with the specifics of sex offenders' histories responsible for the transition phase? |
| 102. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does the caseworker who is responsible for the release plan involve key stakeholders both within and outside of the facility in the transition phase (e.g., medical/mental health professionals, educators, prison-based treatment providers, community supervision officers)? |
| 103. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders actively involved in the release planning process? |
| 104. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders required to participate in community-based sex offender treatment as a condition of release? |
| 105. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do institutional caseworkers or treatment providers assist with linking sex offenders to community-based sex offender treatment programs prior to release? |
| 106. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When community-based sex offender treatment providers are identified, do sex offenders receive assistance with scheduling initial appointments prior to release? |
| 107. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do the prison- and community-based sex offender programs operate using a common and complementary treatment model? |
| 108. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender treatment providers receive prison-based treatment summaries when offenders return to the community? |
| 109. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | For sex offenders who participated in prison-based sex offender treatment, do community-based treatment plans build upon the services received and progress already made? |
| 110. | | | | | Prior to sex offenders' release, are referrals made to community providers to address the following needs, if they are identified: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mental health?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Healthcare?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance abuse?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Marital/family?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|--|------------------------|-----------------------|--------------------------|-----------------------|----------------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Education/vocation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |

111. Are comprehensive and up-to-date resource inventories available to assist the offenders, their families, and justice professionals with identifying programs and services in local communities?
112. Are funding mechanisms available to facilitate sex offenders' access to needed programs and services in the community when they have limited or insufficient resources?

Discharge Summary

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 113. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional policies or procedures require the development of a discharge summaries for all sex offenders who are transitioning back to the community? |
| 114. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are discharge summaries prepared? |
| 115. | | | | | Do discharge summaries include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Overall adjustment within the institution or facility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participation in treatment and other programs and services, or refusals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ongoing and anticipated needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current level of risk?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Final release plan, which addresses residence/placement, school or employment (as applicable), registration requirements, and special conditions?</i> |
| 116. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are discharge summaries placed in the files of sex offenders? |
| 117. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are discharge summaries provided to key stakeholders (e.g., community treatment providers, supervision officers) involved in the reentry process and community management? |

► Questions: Juvenile Sex Offenders

Utilize the Formal Transition Phase to Ensure Continuity of Care

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 118. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are designated case managers who are familiar with the specifics of juvenile sex offenders' histories and family circumstances responsible for the transition phase? |
| 119. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do case managers who are responsible for release planning involve key stakeholders both within and outside of facilities in the transition phase (e.g., medical/mental health professionals, facility educators, community supervision officers, family members)? |
| 120. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders and their families actively involved in the release planning process? |

Continuity of Care: Programs and Services

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 121. | <input type="radio"/> | | | <input type="radio"/> | Are juvenile sex offenders required to participate in community-based sex offender treatment as a condition of release? |
| 122. | | | | | Do case managers assist with linking juvenile sex offenders (and their families, as necessary) to the following community-based resources prior to release when these needs are identified: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mental health services?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Health care?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Mentoring programs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Family-based interventions?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Juvenile sex offense-specific treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Substance abuse treatment?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Employment services?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Independent living?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other? _____</i> |
| 123. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When community-based sex offender treatment is warranted, do juveniles and their families receive assistance with identifying appropriate providers? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 124. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When community-based sex offender treatment is warranted, do juveniles and their families receive assistance with scheduling initial appointments with those treatment providers prior to release? |
| 125. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based sex offender programs for juveniles operate using a common and complementary treatment model? |
| 126. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do community-based juvenile sex offender treatment providers receive the facility-based treatment summaries when juveniles return to the community? |
| 127. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | For juveniles who participated in facility-based/residential sex offender treatment, do community-based treatment plans build upon the services received and progress already made? |
| 128. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are comprehensive and up-to-date resource directories available to assist the juveniles, their families, and other professionals with identifying programs and services in local communities? |
| 129. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are funding mechanisms available to facilitate access to needed programs and services in the community when youth or their families have limited or insufficient resources? |

Continuity of Care: Education

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 130. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are transitional educational plans developed prior to juveniles' release from institutional custody or residential placement? |
| 131. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do facility case managers/education staff work closely with the receiving schools in juveniles' communities to ensure that earned credits from education programs in facilities are transferred to community schools? |
| 132. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prior to release, do juveniles and their parents, case managers, and other relevant parties (e.g., facility educators, community supervision officers) work closely with the receiving schools in the community to facilitate reenrollments? |
| 133. | <input type="radio"/> | | | <input type="radio"/> | Does legislation or school board policy prohibit the return of juvenile sex offenders to public schools? |
| 134. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are alternative educational settings available to juvenile sex offenders who are prohibited from returning to public schools? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 135. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In the event that juveniles are prohibited from returning to schools in the community because of the nature of their offenses, are alternate educational plans (e.g., day treatment, alternative schools, GED) put into place prior to release? |
| 136. | <input type="radio"/> | | | <input type="radio"/> | Do community notification requirements mandate notification to local schools when juvenile sex offenders return to communities? |
| 137. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If notification to schools is required, is the information shared only with key school staff members on a “need to know” basis? |

Discharge Summary

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 138. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile justice policies or procedures require the development of a discharge summaries for all juvenile sex offenders who are transitioning back to the community? |
| 139. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are discharge summaries prepared? |
| 140. | | | | | Do discharge summaries include the following: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Overall adjustment within the facility?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participation in treatment and educational services, or refusals?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ongoing and anticipated needs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Current level of risk?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Final release plan, which addresses residence/placement, school or employment (as applicable), registration requirements, and special conditions?</i> |
| 141. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are discharge summaries placed in juvenile sex offenders’ files? |
| 142. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are discharge reports provided to key stakeholders (e.g., community treatment providers, supervision officers) involved in the reentry process and community management? |

Community Support Networks

The presence of prosocial influences is a key protective factor that reduces the likelihood of further recidivism in adult and juvenile offenders of all types, including sex offenders (see, e.g., Hanson & Morton-Bourgon, 2007; Hawkins et al., 1998, Petersilia, 2003; Prescott, 2006; Worling & Langstrom, 2006). Therefore, as plans are developed to facilitate the return of sex offenders to the community, it is crucial that community supports are established (Cumming & McGrath, 2000; Marshall et al., 2006). Such individuals (e.g., family members, mentors, employers, AA/NA sponsors, clergy, and, for youth in particular, teachers, coaches, and other school staff) can be actively involved in the transition planning process prior to release, and are ideally positioned to play critical roles in addressing and mitigating the myriad challenges that sex offenders typically face when they return to the community.

To maximize the value of community support networks, agency policies should require institutional caseworkers and case managers to address community support networks as part of the transition and release planning process. The process should outline expectations pertaining to the individuals who should be considered, the specific criteria that must be met to qualify as an appropriate community support, specialized training for community support network members (including an emphasis on dynamic risk factors and the dynamics of sexual abuse), and expectations regarding their role in release planning and community stabilization

efforts. Some agencies also require sex offenders to demonstrate the presence of an adequate and informed community support network prior to release (Marshall et al., 2006).

(For more information about community support networks, see the Supervision section of this protocol.)

**THE PRESENCE OF PROSOCIAL
INFLUENCES IS A KEY PROTECTIVE
FACTOR THAT REDUCES THE LIKELIHOOD
OF FURTHER RECIDIVISM.**

► Questions: Adult Sex Offenders

Community Support Networks

- always/
yes typically generally
not never/
no
143. Do agency **policies or procedures** require institutional caseworkers to address community support networks as part of the transition and release planning process?
144. If so, do they include:
- Expectations pertaining to the individuals who should be considered?*
- Specific criteria that must be met to qualify as an appropriate community support?*
- Specialized training requirements for community supports (including an emphasis on dynamic risk factors)?*
- Expectations regarding the role of community supports in release planning and community stabilization efforts?*
145. Are sex offenders required to demonstrate the presence of an adequate and informed community support network prior to release from institutions?

► Questions: Juvenile Sex Offenders

Community Support Networks

- always/* *typically* *generally* *never/*
yes *not* *no*
146. Do agency **policies or procedures** require institutional caseworkers to address community support networks as part of the transition and release planning process with juvenile sex offenders?
147. If so, do they include:
- Expectations pertaining to the individuals who should be considered?*
 - Specific criteria that must be met to qualify as an appropriate community support?*
 - Specialized training requirements for community supports (including an emphasis on dynamic risk factors)?*
 - Expectations regarding the role of community supports in release planning and community stabilization efforts?*
148. Are juvenile sex offenders required to demonstrate the presence of an adequate and informed community support network prior to release from facilities?

► *Family Issues*

Early assessments and engagement with partners, parents/guardians, and other family members can reveal strengths that may enhance the transition and reentry process, and needs (e.g., domestic violence, substance abuse, parenting skills deficits, mental health problems) that may interfere with it. To address these concerns, family members should be linked to relevant treatment and other supportive resources prior to release. For example, because intimacy deficits and conflicts in intimate relationships are associated with recidivism for adult sex offenders (see, e.g., Hanson & Morton-Bourgon, 2005), couples or marital therapy may be a very important consideration to address in the transition plan.

Engaging juvenile sex offenders' family members early in placement is critical to effective transition and reentry, as the presence of a healthy, well-functioning family is an important protective factor associated with reductions in recidivism (see, e.g., Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Lipsey & Wilson, 1998; Loeber & Farrington, 1998). With a modest investment of time and effort, and some resourcefulness, it is possible to involve families early in the process and in constructive ways. It may be helpful for practitioners to consider the following strategies to partner with parents:

- Work collaboratively with parents to identify common ground and common goals to empower them to be a part of the "solutions" to the challenges associated with transition and reentry;
- Make family therapy an expectation in the context of transition planning rather than an easy "option" to decline;
- Ensure that family-based interventions are presented as activities that will be done col-

laboratively "with" the family and not "to" them;

- Incorporate therapeutic activities into facility visits;
- Provide parenting skills classes, and education and support groups outside of normal business hours; and
- Offer transportation when necessary.

REUNIFICATION INVOLVING OFFENDERS WHO VICTIMIZED CHILDREN WARRANTS SPECIFIC AND VERY CAREFUL CONSIDERATION DURING THE TRANSITION PLANNING PROCESS.

During the transition planning process, practitioners must take into account the impact that the return of adult and juvenile sex offenders to the community will have on partners, parents, and other family members. For example, registration and community notification practices can place undue public scrutiny on families and sex offender residency restrictions may force families to relocate from established, stable homes (see, e.g., Bumby et al., in press; CSOM, 2007; Levenson & Cotter, 2005a, 2005b; Tewksbury, 2005). Ideally, therefore, treatment providers and others should work with sex offenders and their families during the transition planning process to develop strategies to prepare for and cope with these challenges.

Family Reunification

As adult and juvenile sex offenders approach release, issues related to family reunification are likely to arise. Reunification involving offenders who victimized children warrants specific and very careful consideration during the transition planning process (see, e.g., Bengis et al., 1999; CSOM, 2005; Cumming &

McGrath, 2005; Scott, 1997; Spencer, 1999; Thomas, 2004). Agency policies should ensure that practitioners balance the potential benefits of reunification against the possible risks involved. To make certain that reunification efforts are addressed appropriately, a standard protocol must be in place. It should be developed collaboratively with a range of relevant stakeholders (e.g., guardian ad-litem, child welfare professionals, juvenile/family court representatives, victim advocates, family therapists, sex offender treatment providers, community supervision officers) and emphasize the need to initiate reunification considerations well in advance of release. When family reunification is determined to be an appropriate course of action, clear, consistent, and ongoing communication among the multi-disciplinary partners involved in the process is essential for protecting victim safety throughout the transition and community reintegration process (CSOM, 2005).

► Questions: Adult Sex Offenders

Family Issues

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 149. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are family members of sex offenders linked to relevant treatment and other supportive resources prior to release to address issues and concerns (e.g., domestic violence, substance abuse, parenting skills deficits, mental health problems) that may interfere with successful community reintegration? |
| 150. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do treatment providers, supervision officers, and others work with sex offenders and their families to develop strategies to cope with the community reactions they may experience after release? |

Family Reunification

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 151. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures delineate family reunification processes for sex offenders? |
| 152. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are issues pertaining to family reunification addressed prior to sex offenders' release from institutions? |
| 153. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If victimization occurred within the home, are sex offenders prohibited from returning to the residence once they are released from incarceration, if victims remain in the home? |
| 154. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If victimization occurred within the home, are referrals for services provided to non-offending partners, victims, and other family members prior to release? |

► Questions: Juvenile Sex Offenders

Family Issues

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 155. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are family members of juvenile sex offenders linked to relevant treatment and other supportive resources prior to release? |
| 156. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is family therapy required for juvenile sex offenders and their families? |
| 157. | <input type="radio"/> | | | <input type="radio"/> | Are parents of juvenile sex offenders required to be actively involved in the transition planning process? |
| 158. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are specific strategies used to engage the parents of juvenile sex offenders in the transition planning process? |
| 159. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do treatment providers, supervision officers, and others work with juvenile sex offenders and their families to develop strategies to cope with the negative community reactions they may experience after release? |

Family Reunification

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 160. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures delineate family reunification or preservation processes for juvenile sex offenders? |
| 161. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are issues pertaining to family reunification/preservation addressed prior to juvenile sex offenders' release from facilities? |
| 162. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If victimization occurred within the home, are juvenile sex offenders prohibited from returning to the residence once they are released from residential/institutional custody placement, if victims remain in the home? |
| 163. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If victimization occurred within the home, are referrals for services provided to parents/caregivers, victims, and other family members prior to release? |

Housing and Placement

Securing appropriate housing is a critical aspect of the transition planning process for sex offenders (Bumby et al., in press; Cumming & McGrath, 2000, 2005; Schlank & Bidelman, 2001). Indeed, the inability to find affordable and adequate housing is among the most significant barriers to effective reentry for all offenders and this challenge is significantly more pronounced when sex offenders are involved for the following reasons (Bumby et al., in press; CSOM, 2007; Lynch & Sabol, 2001; Petersilia, 2003; Spencer, 1999; Travis et al., 2001; Zevitz & Farkas, 2000b):

- Local ordinances and other legislation that prevent more than one sex offender from residing in a single dwelling and create “sex offender free zones” that prohibit them from living within a prescribed distance from schools, parks, daycare centers, or other areas where children may be present can make it impossible for sex offenders to find locations where they can legally reside.
- The implementation by many public housing entities and homeless shelters of exclusionary rules that focus specifically on sex offenders limit the residency options available to this population.
- Heightened media attention and misinformation about sex offenders can result in resistance from community members regarding the presence of sex offenders (and their families) in certain neighborhoods.

Because some sex offenders are unable to develop suitable residency plans prior to release, they may be denied conditional release. As a result, they serve out their maximum sentences in facilities and are released to the community with no supervision or treatment of any kind. In these instances, criminal and juvenile justice practitioners are not able to

provide critical assistance and support, or implement monitoring strategies that could reduce the likelihood of future victimization.

In addition to these unique challenges for sex offenders, it is often the case that, at the time of release, they do not have the financial resources to secure affordable or suitable housing independently. Taken together, this suggests the need to provide sex offenders a more gradual and incremental community reintegration plan that utilizes a range of transitional options.

THE INABILITY TO FIND AFFORDABLE AND ADEQUATE HOUSING IS AMONG THE MOST SIGNIFICANT BARRIERS TO EFFECTIVE REENTRY.

To facilitate this approach, correctional agencies may need to consider implementing an expectation that sex offenders will be transitioned to lower level facilities (e.g., community corrections facilities, pre-release centers, work release programs, halfway houses), provided that their assessed level of risk does not preclude such a transition (Bumby & Talbot, 2007; CSOM, 2007; Schlank & Bidelman, 2001; Spencer, 1999; Steele, 1995). Specialized sex offense-specific assessment instruments may be helpful in making these decisions, along with other factors that are traditionally considered (e.g., institutional adjustment, risk of violence, program participation/refusals).

The utilization of a continuum of lower level placement options for sex offenders and other offenders within the correctional system requires that these agencies dedicate resources to enhancing the capacity of lower level facilities when possible. Moreover, some agencies will need to reevaluate some of their policies that create internal barriers to gradual-

ly transitioning sex offenders from higher security institutions. For example, in some jurisdictions, correctional policies wholly exclude sex offenders from placement in work-release programs simply because of the nature of their crimes and the presumed high level of risk that is posed by these individuals. This runs counter to the recidivism research on sex offenders, which indicates that not only do sex offenders as a whole recidivate at relatively low rates (Hanson & Bussiere, 1998; Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2007), but they also recidivate at lower rates than other criminals released from correctional institutions (Langan et al., 2003).

Because these types of exclusionary policies – which parallel those in the community – appear to be based on misinformation about sex offenders, an investment in specialized training is warranted. This can help to ensure that reentry policies within criminal and juvenile justice agencies, including policies that affect transition and step-down policies for sex offenders, are well-informed. For those transitional facilities in which sex offenders are or will be housed, specialized training will also be important for the staff members who work in them. Information about sex offenders and their management, including an emphasis on the specific dynamic risk factors that are associated with sex offender recidivism, can equip staff in these facilities to supervise and monitor sex offenders more effectively while promoting successful reentry.

Intermediate transitional placement options afford sex offenders additional time and opportunities to begin to manage the housing and placement challenges associated with reentry, to develop viable and permanent residency plans where access to victims and other high risk situations is minimized, and to mitigate the often difficult transition from a highly structured

and restrictive environment directly to the community.

Jurisdictions may also wish to consider the investment of state agencies' resources to expand the range of housing options for sex offenders (e.g., through rent subsidies, transitional shared housing) outside of the criminal and juvenile justice systems. In some locations, policies and procedures encourage partnerships between residential/institutional case workers and community stakeholders (e.g., housing authority officials, landlords) to address the challenges associated with sex offender housing and placement, and to make informed decisions about how residency options in the community can be utilized most effectively to promote successful reentry (see, e.g., Cowan, Gilroy, & Pantazis, 1999; Cowan, Gilroy, Pantazis, & Bevan, 1999; Scottish Executive, 2001).

A particularly promising example of managing sex offender housing challenges involves inviting housing representatives to participate proactively in the transition planning process as members of multi-disciplinary teams. The benefits of such an approach are numerous, including the following (Cowan et al., 1999):

- Housing officials are more willing to make homes available to reentering sex offenders;
- Specific attempts are made to minimize negative sentiment and unnecessary fears among local tenants;
- Supervision agencies and law enforcement officials make commitments to provide ongoing support and increased monitoring in those areas where sex offenders are housed after release; and
- Greater confidence is instilled with respect to the sex offender management practices in place in the community.

Juvenile Considerations

Just as is the case with adult sex offenders, juvenile sex offenders' post-release placement needs should be considered early during their stays in residential/institutional facilities. This ensures that viable placement plans are developed expeditiously so that youth do not remain in a higher level of care because of a lack of proactive planning.

Given the evidence that supports family-based interventions with juvenile sex offenders (Borduin & Schaeffer, 2002; Saldana et al., 2006), the family of origin is the first logical placement option for these youth post-release. Placement with other family members may be an appropriate alternative. In situations where a juvenile sex offender's placement plan is to return to the family of origin or to another family member, it is essential that institutional/residential case workers, community supervision officers, and others work with the parents, primary caregivers, to ensure that:

- Proper supervision of the youth occurs;
- Safety plans are developed for victims (if they are in the home);
- Others who may be vulnerable are protected within the home; and
- Parental or family risk factors that may negatively impact community stability are addressed.

Undoubtedly, returning to the home of origin or an alternative family member will not always be a viable option for some juvenile sex offenders. In these instances, group homes, therapeutic foster care, and other community-based placement options should be considered (Bengis et al., 1999.)

Finally, with respect to older youth who evidence stability but for whom no reasonable

placement options exist, independent living programs are an alternative that should be explored. In these instances, some jurisdictions support such facilities and make them available at minimal cost to these youth as they transition to the community. Still other youth-serving agencies dedicate funds and other resources (e.g., clothing, toiletries) specifically to offset the costs associated with the movement to an independent living setting. To promote self-sufficiency on the part of these older youth, providing vocational training, life skills and independent living classes, and assistance with employment searches prior to release is vital. This again highlights the importance of beginning to consider potential post-release placement options and key barriers to community placements as soon as youth enter facilities.

► Questions: Adult Sex Offenders

Housing and Placement

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 164. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders required to identify suitable living arrangements prior to release? |
| 165. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders provided with assistance in securing suitable housing prior to release? |
| 166. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional case managers verify the suitability of home plans? |
| 167. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If community supervision officers are assigned prior to release, do they assist correctional case managers with identifying suitable housing options and assessing home plans? |
| 168. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional agencies dedicate funding toward enhancing housing and placement capacity for sex offenders at lower security levels (e.g., pre-release centers, work release programs)? |
| 169. | | | | | Do correctional agencies provide a range of transition options so that sex offender reintegration plans can be gradual and incremental, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>“Step down” facilities/pre-release centers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Community corrections/work release programs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Halfway houses?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 170. | | | | | Are sex offenders able to access the following transitional housing options: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>“Step down” facilities/pre-release centers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Community corrections/work release programs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Halfway houses?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 171. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do staff members in transitional housing options receive specialized training about sex offenders and their management, with a specific focus on dynamic risk factors? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 172. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are agency funds available to support the housing needs of indigent offenders? |
| 173. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do agencies pool resources to expand the range of housing options for sex offenders (e.g., through rent subsidies, transitional shared housing) outside of the criminal justice system? |
| 174. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional agency administrators collaborate with external agency administrators (housing authorities, community corrections/supervision) to explore solutions to housing challenges for sex offenders? |
| 175. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do partnerships between correctional case workers, housing authority officials, landlords, supervision officers, and others exist to explore residency options in the community? |

► Questions: Juvenile Sex Offenders

Placement

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 176. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juveniles sex offenders' post-release placement needs considered early during their stays in residential/institutional facilities? |
| 177. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential/institutional case managers verify the suitability of home plans early during juveniles' placements in facilities? |
| 178. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If community supervision officers/case managers are assigned to juvenile sex offenders prior to release, do they work with facility case managers to identify viable placement options and assess home plans? |
| 179. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile justice agencies dedicate funding toward enhancing placement capacity for juvenile sex offenders at lower security levels (e.g., group homes, day treatment options)? |
| 180. | | | | | Does a continuum of placement options exist for juvenile sex offenders to promote a gradual transition from secure care to the community, including: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>"Step down"/moderate care facilities?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Group homes?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Day treatment options?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Contracts with therapeutic foster care?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 181. | | | | | Are juvenile sex offenders able to access the following transitional placement options: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>"Step down"/moderate care facilities?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Group homes?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Day treatment options?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Therapeutic foster care?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 182. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do staff members in transitional housing options receive specialized training about juvenile sex offenders and their management with a specific focus on their dynamic risk factors? |
| 183. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do attempts to place juvenile sex offenders who are transitioning back to the community prioritize the family of origin or alternative family members? |
| 184. | | | | | In situations where a juvenile sex offender's placement plan is to return to the family of origin or an alternative family member, are services and interventions provided to parents, primary caregivers, or other family members to ensure that: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Proper supervision of the youth occurs?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Safety plans are developed for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others who may be vulnerable are protected within the home?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Parental and other family risk factors are addressed?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |
| 185. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are independent living programs available for older juvenile sex offenders with no viable placement alternatives? |
| 186. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do agencies provide funds and other resources (e.g., clothing, toiletries) to support independent living options for older juvenile sex offenders? |
| 187. | | | | | To promote self-sufficiency in older juvenile sex offenders, are the following provided prior to release: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Vocational training?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Life skills and independent living classes?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Assistance with employment searches?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other?_____</i> |

Employment

Much like housing, finding suitable employment is a challenge for all offenders who are reentering the community, but it can be particularly difficult for adult sex offenders. Because of victim access concerns and the subsequent need for specific employment restrictions, the range of potential options that are appropriate for sex offenders is limited considerably. Moreover, many potential employers are reluctant to hire sex offenders because of the stigma (CSOM, 2002; Levenson & Cotter, 2005a, 2005b; Phillips, 1998; Tewksbury, 2005; Zevitz & Farkas, 2000b). In addition, some of the same barriers to housing for sex offenders (e.g., negative public sentiment, “sex offender free” zones) can exacerbate employment challenges for sex offenders (Levenson & Cotter, 2005a, 2005b; Phillips, 1998; Tewksbury, 2005). This is a particularly critical issue for sex offenders because instability in this area is significantly associated with recidivism (see, e.g., Hanson & Morton-Bourgon, 2005).

For general offenders with identified employment needs, educational and vocational services are among the evidence-based interventions that reduce recidivism and can enhance job readiness following release (Aos et al., 2006; Gaes, Flanagan, Motiuk, & Stewart, 1999; Lawrence, Mears, Dubin, & Travis, 2002; Seiter & Kadela, 2003). Also found to be promising are job linkage and placement services designed to connect the specific skills of offenders with complementary job opportunities in the community (Aos et al., 2006; Solomon, Waul, Van Ness, & Travis, 2004). Hence, it is important for professionals to recognize the importance of employment early in the period of incarceration, and especially during the transition planning process. Ideally, educational and vocational programming is provided within residential and institutional facilities to assist sex offenders

with the development or enhancement of effective job skills and competencies that will facilitate their ability to secure and maintain employment upon release. As sex offenders approach release from institutional custody or residential care, professionals should provide offenders assistance with employment searches in the communities to which they will be returning.

Collaboration with community partners is another useful method for facilitating employment opportunities for reentering sex offenders (Bumby et al., in press; CSOM, 2002). For example, correctional case managers, supervision officers, workforce development boards, and employment agencies in local communities can collaborate to establish networks of employers who are willing to hire released sex offenders. In addition, community corrections, paroling authorities, employment agencies, and other entities can use inter-agency agreements to pool resources to “sponsor” or subsidize an offender’s placement with a specific employer for a prescribed period of time after release (CSOM, 2007). Initially, this limits the financial risk for the employer, as a portion of the wages and benefits are covered by the interagency funds. When the agreed-upon probationary period has ended successfully, the employer agrees to cover the wages and benefits of the offender.

In order to promote the ability of juvenile sex offenders to be successful in the community, it is vital to assist them with the development and enhancement of skills and competencies necessary to secure and maintain viable employment after release. Ideally, vocational training for these youth is targeted toward their individual skills, interests, and aptitudes, and as they prepare to exit facilities, attempts are made to match them to employers in the community.

► Questions: Adult Sex Offenders

Employment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 188. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders required to secure and maintain full-time employment as a condition of release? |
| 189. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is educational and vocational programming provided to offenders within residential or institutional facilities to assist them with developing or enhancing job skills and competencies? |
| 190. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are there job linkage and placement services available to sex offenders to connect their specific skills to complementary job opportunities in the communities to which they will be returning? |
| 191. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional case managers assess the suitability of employment plans prior to release? |
| 192. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If community supervision officers are assigned to sex offenders prior to release, do officers work with correctional caseworkers to identify viable employment options and to assess the suitability of employment plans prior to release? |
| 193. | <input type="radio"/> | | | <input type="radio"/> | Have networks of employers that are willing to hire released offenders been identified and have lists of them been compiled in a central location? |
| 194. | <input type="radio"/> | | | <input type="radio"/> | Are there interagency agreements in place designed to pool resources to “sponsor” or subsidize released offenders’ placement with specific employers for prescribed periods of time? |
| 195. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do correctional agency administrators collaborate with external agency administrators (workforce development, employment) to explore solutions to employment challenges for sex offenders? |

► Questions: Juvenile Sex Offenders

Employment

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 196. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders required to secure and maintain full-time employment as a condition of release, if they are not returning to school? |
| 197. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is educational and vocational programming provided to juveniles within residential or institutional facilities to assist them with developing or enhancing job skills and competencies? |
| 198. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are there job linkage and placement services available to juvenile sex offenders to connect their specific skills to complementary job opportunities in the communities to which they will be returning? |
| 199. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do facility case managers assess the suitability of employment plans prior to release? |
| 200. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If community supervision officers are assigned to juveniles prior to release, do officers work with facility case managers to identify viable employment options and to assess the suitability of employment plans prior to release? |
| 201. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do juvenile justice agency administrators collaborate with external agency administrators (workforce development, employment, community corrections/supervision) to explore solutions to employment challenges for released youth? |

► *Plan for Community Supervision Prior to Release*

Because the months following offenders' transition from the institution to the community have been found to be a period of increased risk, close supervision and monitoring during this time are critical (Altschuler & Armstrong, 1996, 2001; Altschuler, Armstrong, & MacKenzie, 1999; Cumming & McGrath, 2000, 2005; Langan, et al., 2003; Petersilia, 2003). In many jurisdictions, sex offender supervision policies and procedures require more offender contacts in the months following release, while recognizing that the most intensive resources generally are to be reserved for those sex offenders who pose the greatest risk (Cumming & McGrath, 2000, 2005). (For more information about specialized supervision strategies, see the Supervision section of this protocol.)

Because of their important role in post-release management and their familiarity with the communities where offenders will be returning, supervision officers are uniquely positioned to "reach in" and assist case managers in residential and institutional settings. This ensures that all relevant stakeholders are included in the transition planning process and that there are strategies developed prior to release to address the barriers to successful reintegration. Policies and procedures that require supervision officers to be assigned to sex offender caseloads prior to release are beneficial because officers are able to develop constructive working relationships with offenders, clarify the expectations associated with community reintegration and supervision, and review the specific requirements associated with registration (Cumming & McGrath, 2000; Marshall et al., 2006). Furthermore, if officer-offender assignments are made prior to release, supervision plans can be developed by assigned officers with input from others who are

POLICIES AND PROCEDURES THAT REQUIRE SUPERVISION OFFICERS TO BE ASSIGNED TO SEX OFFENDER CASELOADS PRIOR TO RELEASE ARE BENEFICIAL.

involved in the transition planning process, and can be reviewed prior to an offender's release. Ideally, initial reporting dates and locations are scheduled in advance of offenders' transition back to the community.

Ideally, juvenile supervision officers or community case managers should be identified before transition begins. In some jurisdictions, a singular case management system is used, whereby a youth's case manager is assigned at the point of disposition (or shortly thereafter) and follows him through the system. This provides for the development of a single case management plan that guides service provision, programming, and other management strategies from placement through transition and post-release supervision.

► Questions: Adult Sex Offenders

Plan for Community Supervision Prior to Release

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 202. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require sex offenders to be supervised in the community following release from custody? |
| 203. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If offenders will be released under supervision, are supervision officers assigned in advance of release? |
| 204. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require community supervision officers to be involved in the transition planning process? |
| 205. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are supervision officers involved in transition planning? |
| 206. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers develop community supervision plans prior to release? |
| 207. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers have personal contact with assigned offenders prior to release? |
| 208. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers review registration requirements with sex offenders prior to release? |

► Questions: Juvenile Sex Offenders

Plan for Community Supervision Prior to Release

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 209. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require juvenile sex offenders to be supervised in the community following release from residential/institutional placement? |
| 210. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If juvenile offenders will be released under supervision, are supervision officers assigned in advance of release? |
| 211. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require supervision officers to be involved in the transition planning process? |
| 212. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are supervision officers involved in transition planning process? |
| 213. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers develop community supervision plans prior to release? |
| 214. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers have personal contact with assigned juvenile offenders prior to release? |
| 215. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers review applicable registration requirements with juvenile sex offenders prior to release? |
| 216. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do supervision officers have personal contact with the parents/caregivers prior to juveniles' release from institutional custody or residential placement? |

► *Educate and Involve the Public as a Means of Reducing Barriers Common to Sex Offender Reentry*

In the past, sex offending was considered to be a problem of and the responsibility of the criminal and juvenile justice systems, and community members were absent from attempts to respond to the problem. Recently, however, it has been suggested that sex offending may be most appropriately described as a community issue and viewed as a public health problem (see, e.g., Berlin, 2000; Laws, 2003; McMahon & Puett, 1999). When considered in this fashion, sex offending expands into a broader societal concern that requires active involvement from, and the attention of, the public.

THROUGH THEIR ABILITY TO INFORM, GUIDE, AND INFLUENCE COMMUNITY LEADERS AND POLICYMAKERS, AN EDUCATED PUBLIC CAN HAVE A PROFOUND IMPACT ON EFFECTIVE SEX OFFENDER MANAGEMENT.

In order to encourage public involvement in these issues, the key stakeholders who are involved in the transition and community reintegration process must take active steps to dispel myths about sex offenders and educate the public about the nature of sexual victimization, who is most likely to be targeted and by whom, and how effective reentry strategies can increase community safety and prevent further victimization. Educating and partnering with the public increases community capacity in new and important ways. Through their ability to inform, guide, and influence community leaders and policymakers, an educated public can have a profound impact on effective sex offender management (CSOM, 2000b). Moreover, from a public health perspective, an educated public can expand traditional offender management

efforts through a focus on primary prevention in the community. Ideally, multidisciplinary reentry initiatives go beyond the use of community meetings as a means of public education and dedicate resources to developing educational materials that can be accessed through a variety of venues (e.g., Web sites, public service announcements, newspapers, television) and by a wide audience.

At present, a variety of indicators suggest growing public support for a more balanced emphasis on rehabilitation and punishment, alternatives to mandatory sentences, intermediate sanctions, and reentry initiatives (see, e.g., Peter D. Hart Research Associates, Inc., 2002; Petersilia, 2003). Therefore, professionals involved in sex offender reentry should take advantage of this climate and take active steps toward educating the public and eliciting their support and involvement (CSOM, 2000a; Schlank & Bidelman, 2001; Zevitz & Farkas, 2000a).

► **Questions**

Educate and Involve the Public as a Means of Reducing Barriers Common to Sex Offender Reentry

217. always/
yes typically generally
not never/
no Are efforts made to educate communities about adult and juvenile sex offenders and their management, as well as the victims of these crimes?

If so, describe the nature of the efforts and the individuals/disciplines involved:

218. always/
yes typically generally
not never/
no Are community leaders, organizations, and other community members involved in the development of reentry strategies for sex offenders?

If so, describe the nature of the efforts and the individuals/organizations involved:

► *Summary*

Managing the transition of the large (and increasing) numbers of adult and juvenile sex offenders who are released from residential and institutional facilities every year can be a difficult undertaking. By utilizing promising approaches to reentry from the general criminal and juvenile justice fields and applying the contemporary research on adult and juvenile sex offenders, effective transition strategies can be implemented. These strategies are dependent upon the implementation of agency missions that prioritize successful reentry and that recognize the importance of shared ownership of the transition and community reintegration among those who work within facilities and the community. Through cross-system, multi-disciplinary collaboration, complementary and seamless policies and practices can be implemented, successful offender outcomes can be supported, and sexual victimization can be reduced.

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Registration and Community Notification

► Overview

Within the past few years, the nation has witnessed an unprecedented proliferation of sex offender-specific legislation designed to enhance community safety through increasing accountability and tightening restrictions for the individuals who have committed sex offenses. States have proposed and enacted a number of measures, including the use of electronic monitoring devices, residency restrictions, lifetime supervision, increased penalties and sanctions, and civil commitment for violent and predatory sex offenders. However, the most longstanding and far-reaching trends involving sex offender-specific legislation are the use of registration and community notification. Broadly speaking, registration requires convicted sex offenders to provide identifying information to law enforcement agencies, where it is entered into a central registry as a means of tracking these offenders. Community notification, on the other hand, is the process by which members of the public obtain information about registered sex offenders, either by accessing sex offender registries themselves or through the active dissemination of information by local law enforcement or other state officials.

The widespread adoption of registration and notification laws has been driven primarily by a series of federal proposals that have been ratified during the past decade. While not intended to be an exhaustive review, the key provisions of these laws are highlighted briefly below:

- Enacted in 1994, The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act essentially required all states to create and maintain registry systems that included specific identifying information about sex offenders who target children and those who commit violent sex crimes. It included provisions pertaining to collecting registry information from sex offenders upon release from incarceration, updating registry information when sex offenders change residences, and conducting routine address verifications.
- When Megan’s Law was passed in 1996, all states were mandated to establish provisions that allow for the release of information about registered sex offenders when necessary for public protection. Although it did not require states to actively notify communities about sex offenders, it did require public access to registry information in order to allow for heightened awareness of sex offenders living in their communities.
- The Pam Lychner Sex Offender Tracking and Identification Act of 1996 required a national database to be established at the Federal Bureau of Investigation. This database, known as the National Sex Offender Registry (NSOR), was designed to ensure registration and address verification for sex offenders residing in states whose registration systems were not yet deemed as minimally sufficient.
- In 1998, The Jacob Wetterling Improvements Act expanded the class of registerable sex offenders to those who had been convicted in federal and military courts. It also required

sex offenders who relocate to another state to register in that state, and required sex offenders to also register in the state in which they work or attend school, if different from their permanent residence. Furthermore, through this amendment, states were mandated to participate in the National Sex Offender Registry program.

- The Campus Sex Crimes Prevention Act was enacted in 2000 and required individuals who are attending, employed by, or working at institutions of higher education (i.e., colleges or universities) to notify those institutions of their registration status, who in turn must forward the information for inclusion in the state's sex offender registration database.
- Most recently, the Adam Walsh Child Protection and Safety Act of 2006 (the Adam Walsh Act) established a more standardized and expanded registration process to be implemented nationwide, including the posting of specific information on states' Web sites as a means of notification. It also requires states to submit an expanded set of data about each sex offender in their jurisdiction to the National Sex Offender Registry and allows law enforcement officials access to the more detailed information. Among multiple other expectations, the Act creates a tiered classification of sex offenders with minimum registration periods, expands registration requirements to include certain juvenile sex offenders, requires that sex offenders register in person, and makes failure to register a felony crime.

Taken together, these and other policies enacted both at the state and federal levels have had, and will continue to have, a significant influence on adult and juvenile sex offender management efforts throughout the country. As interested jurisdictions strive toward establishing evidence-based policies and practices and consider their approaches to registration and notifi-

cation, it will be important to explore the ways in which these legal policies have been implemented within the context of contemporary research and practice. For example, because assessment-driven case management leads to better outcomes, particularly when the intensity of interventions and strategies is commensurate with the assessed level of risk, jurisdictions should consider the implications for the ways in which registration and notification policies are developed and implemented. Finally, as discussed later in this section, the contemporary research and literature about adult and juvenile sex offenders can be instructive for jurisdictions that are considering how to address registration and notification most effectively.

► *Sex Offender Registration*

The overarching goal of creating centralized registries of convicted sex offenders is to enhance public safety through multiple processes. For example, because these registries contain identifying information and offense summary data about sex offenders residing in a particular jurisdiction, the investigation of sex crimes can be facilitated and enhanced. Law enforcement officials and other criminal justice agents can utilize registry data to narrow the focus of investigations, compare forensic evidence, and identify potential suspects with similar crime patterns. In addition, registries are designed to make sex offenders more visible to community members who, when they access or receive information about registered sex offenders living in their communities, may take increased protective steps. Sex offender registration is also believed to play a role in deterrence, as sex offenders are acutely aware of the increased visibility and scrutiny by the criminal justice system and the public at large. Finally, for individuals who have either

not engaged in sex offending behaviors, or who have thus far gone undetected, the idea of being placed on a public registry may also have a deterrent effect.

In order to meet these and other goals, jurisdictions must ensure that the following elements are in place:

- Policies and procedures are clear and understood;
- Registry information is current and accurate; and
- Ongoing registration efforts are coordinated and collaborative.

Clear Policies and Procedures

Unlike the considerable latitude that agencies and entities have with respect to implementing core sex offender management strategies such as treatment and supervision, the approach to sex offender registration is firmly established by statutes at the federal and state levels. Therefore, the key to effective implementation and utilization of sex offender registries is ensuring that the associated policies are clear, comprehensive in scope, and well understood by those with a role and a stake in the process. This requires that staff are well-trained in the specific statutory requirements, agency policies, and specific procedures regarding the registration process, and that quality assurance or other monitoring practices are in place to ensure adherence to these procedures.

Of primary importance is the intended applicability of sex offender registration policies. Some state statutes expressly indicate that registration is intended only for adult sex offenders, while other laws explicitly include juveniles adjudicated within the juvenile courts, waived to adult courts, or both (CSOM, 1999; Garfinkle,

2003; Szymanski, 2003b). Still other statutes are silent on the applicability of registration to juveniles (CSOM, 1999; Garfinkle, 2003; Szymanski, 2003b). In addition, the specific types of crimes that qualify for registration must be defined, whether limited only to sex offenses as defined within criminal codes or including other crimes that may have an underlying sexual component or similar motivation (e.g., kidnapping, forcible confinement, aggravated assault, abuse of a child). It is also important that policies outline the respective responsibilities of the various agencies or individuals that have a role in sex offender registration.

Policies must also specify the type of information that is to be collected for sex offender registries. This varies to some degree across states, but typically includes names and aliases of sex offenders, dates and types of convictions, last known addresses, law enforcement identification numbers, photographs, and fingerprints. Some states also include employment information, vehicle registration, and blood samples for DNA analysis (Adams, 2002; CSOM, 1999). The recent enactment of the Adam Walsh Act is likely to promote increased consistency with respect to collecting registry data throughout the country. Similarly, the implementation of the National Sex Offender Registry, which provides law enforcement officials with greater access to cross-state registration information, may increase the consistency of sex offender registry data.

Ideally, registration statutes and agency policies specifically outline expected protocols for ensuring that incarcerated sex offenders are informed of the applicable registration requirements prior to their release or that allow the registration process to be initiated prior to release. In these instances, procedures must take into account documentation and record-keeping, including documentation that the

offender was notified of and understood the registration requirements. For sex offenders who are placed directly under supervision with no period of incarceration, policies should outline the process by which they are required to register, and the role that court officers or community supervision officers will have in ensuring that offenders comply with registration following sentencing or disposition.

Also important to explicate in statutes is the duration of registration requirements (e.g., 10 years, lifetime). This may vary based on whether an adult or juvenile is the subject of the registration process, the crimes of conviction, or tiered classification systems. For example, for states implementing the provisions of the Adam Walsh Act, minimum registration requirements are prescribed based upon a three-tiered system, with registration durations ranging from 15 years to life. In jurisdictions that use a tiered system for registration, it may be beneficial for procedures to specify the inclusion of an empirically-validated sex offender-specific actuarial risk assessment tool (e.g., RRASOR, STATIC-99) to provide an informed foundation for risk management decisions. When the duration of registration responsibilities is finite (either because of statutory limitations on duration, or because a court issues an order for relief from registration), policies and procedures should outline the process for inactivating records and/or removing the names from public registries.

Current and Accurate Registry Information

Collecting registry information at the point of initial registration requires a significant amount of staff time and resources, but it may not be the most significant challenge facing jurisdictions with respect to sex offender registration.

Rather, maintaining accurate and up-to-date registry information is perhaps the most difficult aspect. Most statutes clarify offenders' requirements for notifying relevant law enforcement or criminal justice agencies of any address changes, and many policies require sex offenders to present themselves to local law enforcement agencies at routine intervals (e.g., annually) in order to verify that all information is current and to update the offender's photograph. Within the Adam Walsh Act, for example, provisions mandate sex offenders to appear in person for routine registration verification purposes (i.e., every 3 months, 6 months, or year) based on their tier classification. However, because these expectations are dependent upon the offenders themselves, the assurance of accurate and current registry information is not guaranteed. Therefore, many jurisdictions have implemented requirements for law enforcement and other agencies to take active steps to update and verify registry information on an ongoing basis (e.g., some states now require law enforcement agencies to conduct routine in-person address verifications by going door-to-door), which often requires significant fieldwork, manpower, and resources.

With the growing number of sex offenders entering the criminal justice system, verifying and updating addresses and other registry information is likely to become even more time, staff, and resource intensive. Because accurate information is vital to the integrity of registries, a formal verification process must be established and should include the following:

- Types of information that must be updated or verified;
- Agency or agencies responsible for these verifications;
- Specific timeframes and frequencies expected for verifications;
- Methods by which verification must occur;

- Requirements for forwarding updates or changes in registration information to the designated state law enforcement agency, and on to the national registry; and
- Penalties for offenders' failure to verify or update registry information.

Coordinated and Collaborative Efforts

It is common for multiple agencies to be involved with the sex offender registration process, particularly as offenders move through various stages of the criminal or juvenile justice process (Adams, 2002; CSOM, 1999). As such, sex offender registration has the potential to be most effective in those jurisdictions where collaboration and coordination exist among the sentencing courts, corrections departments, state and local law enforcement, and community supervision agencies. Strong working relationships can bring these agencies together to ensure that complete registry information is collected, duplication of effort is minimized, and capacity for initial registration and ongoing verification processes is enhanced. The law enforcement officers who are charged with the responsibility for registration will ideally work in concert with others in the community (e.g., supervision officers) who are active in the monitoring of those sex offenders under supervision.

Formalized partnerships between law enforcement and supervision and corrections agencies may provide an ideal means of managing the initial and ongoing registration process. For example, jurisdictions may wish to explore collaborations between law enforcement and corrections agencies to allow institutional caseworkers to initiate or facilitate the registration process with incarcerated sex offenders prior to release from the institution. Similarly, because supervision officers are generally expected to conduct

home visits and other field contacts with sex offenders, they can verify addresses of sex offenders under supervision and communicate those verifications formally to law enforcement officials. And through partnerships with volunteer programs, law enforcement agencies can receive administrative assistance with registration processes (e.g., organizing and filing paperwork associated with registration, updating databases), distributing community notification materials, developing and disseminating educational materials, and conducting address verifications (i.e., through auxiliary officers) (see IACP, 2006). Depending upon agencies' statutory mandates pertaining to registration and verification processes, efforts to implement these and other types of collaborative approaches may require attention at the policy level.

► *Community Notification*

All states are authorized to release information to the public about registered sex offenders and must have in place procedures that allow for the public to access that information when deemed necessary. In addition, states are now expected to make some of the sex offender registry information available to the public through their state registry Web sites and through the National Sex Offender Registry. However, outside of the public access requirements, states continue to have a level of discretion regarding their approaches to releasing information to the public or actively notifying the public about registered sex offenders. Not surprisingly, then, these processes vary from state to state (see, e.g., CSOM, 2001; Matson & Lieb, 1997).

Some states limit their information-sharing about registered sex offenders to a “passive” notification approach, which involves the posting of information on the state registry Web site. Interested parties are able to access and review the information about registered sex offenders living in their area or in other parts of the state, and through the National Sex Offender Registry citizens have the ability to search a national database. At the same time, other states have implemented an “active” notification approach, whereby they take specific steps within the community to disseminate information about certain sex offenders (see, e.g., CSOM, 2001; Matson & Lieb, 1997; Zevitz & Farkas, 2000). This may include conducting community meetings in jurisdictions in which a high risk sex offender may be returning, posting fliers in neighborhoods, advertising information in local newspapers, or even going door-to-door to inform local citizens about specific sex offenders who will be residing in those areas. Active notification most often occurs when a sex offender is released from incarceration and returns to a community, although it may also take place when a sex offender moves into a community or neighborhood after residing elsewhere.

As noted previously, with the exception of the requirements for passive notification systems through public access to Web-based and other sex offender registries, states continue to have flexibility around the approaches they use for notification with one exception: the provisions of the Adam Walsh Act are much more prescribed, and include active notification to specific parties, such as schools, public housing agencies, volunteer programs where minors or other vulnerable parties may be present, social services agencies responsible for child welfare, and others.

Applicability of Notification

In addition to the variations in community notification practices between jurisdictions (i.e., passive versus active), states also vary with respect to the specific sex offenders (e.g., all sex offenders, adults only, sexually violent predators, sex offenders with child victims) to whom notification applies. Indeed, recognizing that sex offenders are a heterogeneous group with varying levels of risk for recidivism, it may be worthwhile to establish different processes (e.g., ranging from passive notification to broad, active notification) that are based on tiered levels of risk (see, e.g., CSOM, 1997, 2001; Matson & Lieb, 1997; Winick, 2003; Zevitz & Farkas, 2000). To illustrate, when a sex offender is classified as high risk, active and broad notification may be conducted, including the use of community notification meetings that are open to the public. Conversely, for a sex offender in a lower risk category, information dissemination may be restricted only to those individuals or organizations with increased vulnerability to specific offenders or classes of offenders, leaving law enforcement officials with discretion about who should receive such information.

Risk classification protocols should outline the specific processes and tools used to establish any tier classifications for community notification purposes, so that practices are consistent throughout the state. To ensure that these risk classifications are well-informed, jurisdictions may wish to include an empirically-validated, sex offender-specific risk assessment tool (e.g., RRASOR, STATIC-99) as part of the classification protocol. (For additional information about validated, sex offender-specific risk assessment tools for adult sex offenders, refer to the Assessment section of this protocol). Because offender risk can increase or decrease over time, jurisdictions that employ tier-based community notification practices may wish to

include specific provisions for reclassification or reassignment within the system. This should include the circumstances under which reclassification should be considered, the process by which changes in risk will be assessed, specific criteria that will be used for reassigning sex offenders to tiers, and any modifications to community notification practices that may result from reclassification.

Community Education to Enhance Notification

Very little research has been conducted on community notification, making it difficult to determine the relative effectiveness of different approaches to notification. However, the process of community notification in and of itself has the potential to create unintended consequences for sex offenders and their families (e.g., loss of employment, housing, and social supports) that may exacerbate existing difficulties with community reintegration (ATSA, 2005; Freeman-Longo, 1996; Malesky & Keim, 2001; Tewksbury, 2005; Zevitz & Farkas, 2000). These collateral consequences are noteworthy in that some of them are associated with recidivism among sex offenders (see, e.g., Hanson & Harris, 2000, 2001; Hanson & Morton-Bourgon, 2005). Therefore, when planning for community notification, multidisciplinary teams should develop collaboratively the policies, practices, and strategies that may facilitate community notification in a manner that reduces the potential for unintended consequences for offenders, family members, victims, other affected individuals, and communities at large. For example, approaching family members, victims, landlords, and employers before conducting a notification allows these individuals time to prepare for the disclosure.

Some jurisdictions have also developed protocols for conducting community meetings in a

manner that reduces the potential for these collateral consequences (ATSA, 2005; CSOM, 2001; Zevitz & Farkas, 2000). When thoughtfully implemented by trained professionals, community notification meetings can provide useful information to the public about the prevention of sexual assault and can help communities understand the nature of offending. Moreover, community notification and education meetings can enhance public confidence in the agencies established to serve and protect their communities (ATSA, 2000; Berliner, 1996; CSOM, 1997, 2001; Matson & Lieb, 1997; Zevitz & Farkas, 2000). Based on this literature, and to reduce the likelihood of negative impact of notification, community meetings should be designed to:

- Inform communities about the benefits and limitations of community notification;
- Dispel common myths and misperceptions about sex offenders while providing education about effective treatment and supervision strategies;
- Educate the public about the incidence and prevalence of sexual victimization, including the data that suggests that stranger attacks are not as commonplace as believed;
- Ensure that community members understand the implications of further stigmatizing and ostracizing offenders; and
- Encourage community assistance with offender reintegration and subsequently, promote offender success.

Victim advocates can play an important role in the development of a successful community notification program (see, e.g., ATSA, 2000; CSOM, 2001). For example, states that use review committees to assess an offender's risk of reoffense often enlist the help of victim advocates. Victim advocates can also be helpful in strategizing with corrections and law enforcement officials regarding who should be notified and how, as well as assisting in the notification

itself. Moreover, victim advocates can ensure that policies and procedures protect the identities of victims during the notification process.

Some states that conduct community meetings use victim advocates to help educate audiences about the nature of sex crimes and teach parents how to protect themselves and their children from sex offenders. Victim advocacy groups, such as the National Alliance to End Sexual Violence, the National Center for Missing and Exploited Children, the National Center for Victims of Crime, the National Sexual Violence Resource Center, as well as many state-based and local sexual assault advocacy programs, develop and provide educational materials that raise awareness about taking protective measures against sexual assault that may prove helpful in these endeavors.

► *Special Considerations for Juvenile Sex Offenders*

Although the initial establishment of sex offender registration and community notification policies primarily targeted adult sex offenders, many states have since enacted legislation to include juvenile sex offenders (see, e.g., Becker & Hicks, 2003; Garfinkle, 2003; Heinz & Ryan, 1997; Matson & Lieb, 1997; Trivits & Reppucci, 2002; Zimring, 2004). The application of these types of legal policies paralleled the trend with treatment and supervision strategies, whereby adult models of treatment and adult-oriented approaches to supervision were simply applied to juvenile sex offenders.

As professionals' understanding of juvenile sex offenders began to expand, controversies about their existing "adult-like" clinical and legal management arose, primarily because of concerns about the negative impact that labeling could

have on peer relationships, social isolation, and a sense of identity (see, e.g., Bremer, 2003; Chaffin & Bonner, 1998; Chaffin et al., 2002; Freeman-Longo, 1996; Garfinkle, 2003; Letourneau & Miner, 2005; Trivits & Reppucci, 2002; Zimring, 2004). In addition, because many victims of juvenile sex offenders are family members, the identities of victims may be identifiable through community notification (Freeman-Longo, 1996).

Nonetheless, a "treat juveniles like adults" philosophy remains even today and is perhaps most notable in the legal policy arena (see, e.g., Becker & Hicks, 2003; Bumby & Talbot, 2007; Garfinkle, 2003; Letourneau, 2006; Letourneau & Miner, 2005; Zimring, 2004). This speaks to the importance of collaboration between researchers in the field of juvenile sex offender management and key policymakers, in order to ensure that they have the benefit of specialized information about juvenile sex offenders as a means of informing policy development.

For jurisdictions that opt to require registration and notification for juvenile sex offenders, it may be worthwhile for stakeholders to consider the agency within which juveniles' information will be maintained, the range of parties that will have access to this information, and the potential for termination of registration requirements (see, e.g., Garfinkle, 2003; Trivits & Reppucci, 2002). Some states maintain juvenile sex offender registries within the juvenile court or juvenile supervision agency rather than with the local law enforcement agency. This allows for collecting and maintaining registry information, while also allowing for increased protections and safeguards. Rather than being maintained on the statewide registry used for adults, information is provided about these youth only to a limited range of parties on a "need to know" basis. Similarly, recognizing the importance of developmental considerations for juvenile sex offenders and the promising treat-

SEX OFFENDER MANAGEMENT EXPERTS AND LEGAL SCHOLARS ALIKE EMPHASIZE THE IMPORTANCE OF TAKING INTO ACCOUNT THE EVER-GROWING BODY OF RESEARCH ABOUT JUVENILE SEX OFFENDERS WHEN CRAFTING POLICIES SUCH AS REGISTRATION AND NOTIFICATION.

ment outcome data, some states have enacted registration provisions for juveniles that allow for the termination of registration requirements once registrants reach adulthood (i.e., ranging from 18-21 years of age) (Garfinkle, 2003; Matson & Lieb, 1997; Szymanski, 2003b, 2003c). Where such provisions do not exist, states may wish to consider policies that afford juvenile sex offenders the ability to petition the courts for relief from registration requirements after a demonstrated period of community adjustment and stability. Some states exempt juveniles from community notification practices altogether, or have limited notification practices only to those juveniles who have been determined to pose a high risk to the community (see, e.g., ATSA, 2000; Garfinkle, 2003; Heinz & Ryan, 1997; Matson & Lieb, 1997; Szymanski, 2003a; Trivitz & Reppucci, 2002).

Sex offender management experts and legal scholars alike emphasize the importance of taking into account the ever-growing body of research about juvenile sex offenders when crafting policies such as registration and notification (see, e.g., ATSA, 2000; Becker & Hicks, 2003; Letourneau & Miner, 2005; Trivitz & Reppucci, 2002; Zimring, 2004). Most salient are the key developmental differences between adults and juveniles, low rates of sexual recidivism among juvenile sex offenders, evidence which suggests that these youth are not likely to continue offending sexually as adults, the effectiveness of community-based treatment, and concerns about collateral consequences (Chaffin, 2006; Fanniff & Becker, 2006; Garfinkle, 2003; Hunter, Gilbertson, Vedros, & Morton, 2004; Letourneau & Miner, 2005; Reitzel & Carbonell, 2006).

► *Research on the Impact of Registration and Notification*

Creating evidence-based policies in the sex offender management arena requires an understanding about what is currently known about sex offenders, victims, and the impact of sex offender management strategies. For the core components of an integrated and comprehensive approach to managing sex offenders (e.g., treatment, supervision), there is evidence – albeit to greater and lesser degrees – that some strategies seem to “work” to enhance public safety and to facilitate positive offender outcomes. Unfortunately, empirical analyses of sex offender-specific policy analyses are very limited, and remain a critical need in the overall sex offender management field. Thus far, only a handful of studies have begun to address the impact of registration and community notification on sex offender management. Below is a summary of the limited research and the questions that they were designed to answer:

- *Does registration reduce sexual recidivism?* Researchers in the state of Iowa compared sex offenders involved in the criminal justice system prior to the enactment of the state’s registration statute with sex offenders who were involved in the system after the registration statute was enacted (Adkins, Huff, & Stageberg, 2000). No significant differences were revealed for sexual recidivism (i.e., reconviction) after a more than 4 year follow-up period.
- *Does community notification reduce sexual recidivism?* Tracking high risk sex offenders

in the state of Washington, researchers compared the sexual recidivism rates of sex offenders “pre-enactment” and “post-enactment” of the community notification legislation (Schram & Milloy, 1995). After a 4.5 year follow-up, the sexual recidivism rates (i.e., re-arrests) for the two groups did not differ significantly.

- *Does community notification reduce sexual recidivism?* Researchers in the state of Washington compared the 5 year sexual recidivism rates (i.e., reconvictions) of sex offenders released from prisons pre-enactment, post-enactment, and post-amendment of the registration and notification statutes (Barnoski, 2005). After a 5 year follow-up, the sexual recidivism rate for the pre-enactment group was 7%, the rate for the post-enactment group was 4%, and the rate for the post-amendment group was 2%. Although these differences were statistically significant, the researchers noted that other confounding variables (e.g., increased state incarceration rates, decreased crime rate within the state and nationally) may have influenced the findings.
- *Do sex offenders who fail to register recidivate sexually at higher rates?* With the growing rate of failure to register convictions in the state of Washington, researchers explored the relationship between failing to comply with registration requirements and sexual recidivism (Barnoski, 2006). When comparing the failure-to-register group to the registration-compliant group over a 5 year follow-up period, the sexual recidivism rates (i.e., reconvictions) were 4.3% and 2.8%, respectively. The differences were not statistically significant.

The primary goal of registration and community notification – to promote community safety by increasing the visibility of convicted sex offenders in the community – is laudable. Indeed, enhancing community safety is the thread that connects all stakeholders involved in the management of adult and juvenile sex offenders. Unfortunately, very limited research has been conducted to identify the extent to which registration and notification approaches are achieving that goal.

► *Summary*

As emphasized throughout this protocol, the key to ensuring community safety, whether via treatment or supervision interventions, reentry practices, or sex offender-specific legislation, is to make well-informed decisions based on the best available research. Therefore, policymakers and agency administrators are well-advised to conduct cost-benefit analyses of their current registration and notification strategies. Ideally, this would be operationalized through specific requirements and dedicated funding for outcome evaluations that investigate the short- and long-term impact of these policies, both in terms of effects on recidivism and impact on key stakeholders (e.g., law enforcement, citizens, victims, sex offenders, and families).

THE KEY TO ENSURING COMMUNITY SAFETY, WHETHER VIA TREATMENT OR SUPERVISION INTERVENTIONS, REENTRY PRACTICES, OR SEX OFFENDER-SPECIFIC LEGISLATION, IS TO MAKE WELL-INFORMED DECISIONS BASED ON THE BEST AVAILABLE RESEARCH.

► Questions: Adult Sex Offenders

Sex Offender Registration

Clear Policies and Procedures

- always/ typically generally never/*
yes yes not no
1. Do **statutes or policies** guide the sex offender registration process with respect to the following?
 - Persons subject to registration requirements?*
 - Timeframe offender has to comply with registration requirements?*
 - Where offender must register?*
 - Requirement of offenders to verify/update registration in person on a routine bases (e.g., every 6 months, annually)?*
 - Duration of registration period?*
 2. Which of the following agencies assumes a role in the sex offender registration process?
 - Sentencing court?*
 - Local law enforcement (e.g., police, sheriff's department)?*
 - Statewide law enforcement (e.g., highway patrol, public safety)?*
 - Community corrections?*
 - Community supervision?*
 - Institutional corrections?*
 3. Where is the local registry information maintained?
 - Local law enforcement (e.g., police, sheriff's department)?*
 - Statewide law enforcement (e.g., highway patrol, public safety)?*
 - Community corrections/supervision agency?*
 4. Do **statutes or policies** specify the time period by which local registries must forward offender data to the state registry?
 5. **In practice**, is information from local registries forwarded in a timely manner to the state registry?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 6. | | | | | Where is the central, statewide registry information maintained? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Statewide law enforcement (e.g., highway patrol, public safety)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Community corrections/supervision agency?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Department of Corrections?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Office of the Attorney General?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Administrative Office of the Courts/Courts Administrator?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other _____</i> |
| 7. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies specify the time period in which the state registry must forward offender data to the federal registry (National Sex Offender Registry)? |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is the information from state registries forwarded to the federal registry (National Sex Offender Registry) in a timely manner? |
| 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is training provided to personnel involved in the registration process in order to ensure consistency and accuracy? |
| 10. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies require correctional agencies to notify sex offenders of applicable sex offender registration requirements prior to their release from institutional custody? |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , prior to release from institutional custody, are sex offenders notified of sex offender registration requirements? |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do personnel within correctional institutions formally document (e.g., through a standard notice of registration form) when sex offenders are provided notice of sex offender registration requirements? |
| 13. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require sex offenders to complete their registration prior to release from institutional custody? |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do sex offenders complete their registration prior to release from institutional custody? |
| 15. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require sex offenders to comply with registration requirements within a specified period of time following release from institutional custody? |

- always/
yes typically generally
not never/
no
16. Do **policies or statutes** provide for termination or exemption from registration requirements?
Please describe circumstances: _____
17. Is vigilantism or other misuse of registry information expressly prohibited (e.g., through a statement on sex offender registry Web site or other materials)?

Current and Accurate Registry Information

- always/
yes typically generally
not never/
no
18. Do **statutes** outline penalties for misuse of registry information?
If so, please list: _____
19. Do **statutes or policies** require agencies to conduct routine verification of the accuracy of information contained within sex offender registries (e.g., every 6 months, annually)?
20. **In practice**, is the accuracy of information contained within sex offender registries verified within the established timeframes?
21. Which agency/agencies are responsible for verifying registry information?
- Local law enforcement (e.g., police, sheriff's department)?*
- Statewide law enforcement (e.g., highway patrol, public safety)?*
- Community supervision?*
- Others: _____*
22. Do interagency agreements (e.g., between supervision and law enforcement) allow partnerships to promote efficiency of verifications?
23. Do **statutes or policies** require agency personnel to conduct in-person registry verifications (e.g., door-to-door)?
24. **In practice**, do agency personnel conduct in-person registry verifications (e.g., door-to-door)?
25. Do **policies or procedures** require supervision officers to verify that sex offenders under supervision have completed the registration process within the established parameters?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 26. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do supervision officers conduct sex offender registry verification for sex offenders under supervision? |
| 27. | <input type="radio"/> | | | <input type="radio"/> | Does the agency responsible for registration maintain statistics on the accuracy of registry information?

If so, which agency? _____ |
| 28. | <input type="radio"/> | | | <input type="radio"/> | Does an agency maintain statistics on offender non-compliance with registration requirements?

If so, which agency? _____ |
| 29. | | | | | When sex offenders fail to register, are the following sanctions used? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Probation/parole violations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Probation/parole revocations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Civil penalties?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Misdemeanor penalties?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Felony penalties?</i> |
| 30. | | | | | If sex offenders provide false information when registering, are the following sanctions used? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Probation/parole violations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Probation/parole revocations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Civil penalties?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Misdemeanor penalties?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Felony penalties?</i> |

Community Notification

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 31. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do statutes or policies require “active” community notification for sex offenders? |
| 32. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice, are “active” notifications conducted? |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|---|
| 33. | | | | | Are the following strategies used for active community notifications? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Community meetings?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Posted fliers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Newspaper?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Door-to-door contacts?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other: _____</i> |
| 34. | <input type="radio"/> | | | <input type="radio"/> | Does the responsible agency maintain statistics on the number and types of active community notifications? |
| | | | | | If so, which agency? _____ |
| 35. | <input type="radio"/> | | | <input type="radio"/> | Were active community notification policies and procedures developed by a multidisciplinary collaborative team? |
| | | | | | If yes, were the following involved in developing the policies? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Law enforcement officials?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prosecutors?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Statewide public safety agency representatives?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Supervision officers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Treatment providers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Victim advocates?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others: _____</i> |

Applicability of Notification

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|------------------|--------------------------|-----------------------|--|
| 36. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies require “tiers” or “levels” for the purpose of risk-based community notification? |
| | | | | | If so, what establishes the various tier or level (e.g., certain crime categories, assessed level of risk)?
_____ |

37. always/
yes typically generally
not never/
no Are the results of an empirically-validated, sex offender-specific risk assessment tool (e.g., RRASOR, STATIC-99) used to inform the risk designation for community notification?
- Is so, which tool is used? _____
38. always/
yes typically generally
not never/
no Do notification strategies differ based on the sex offenders' "tier" or "level" classification?
39. Who is responsible for assigning offenders to the tier or level classification?
- always/
yes typically generally
not never/
no *Sentencing court?*
- always/
yes typically generally
not never/
no *Corrections agency?*
- always/
yes typically generally
not never/
no *Statewide public safety agency?*
- always/
yes typically generally
not never/
no *Community supervision agency?*
- always/
yes typically generally
not never/
no *Local law enforcement?*
- always/
yes typically generally
not never/
no *Multidisciplinary team (list membership):*
- _____
- _____
- _____
40. always/
yes typically generally
not never/
no Can sex offenders be "re-classified" over time?
- If reclassification processes exist:
- always/
yes typically generally
not never/
no *How often are reclassifications conducted?*
- always/
yes typically generally
not never/
no *Do the actual notification practices change as a result of reclassification?*
- always/
yes typically generally
not never/
no *Do provisions allow sex offenders to request reclassification?*
- always/
yes typically generally
not never/
no *If so, are offenders notified of their ability to request reclassification?*
- always/
yes typically generally
not never/
no *How often do offenders request reclassification?*

Community Education to Enhance Community Notification

41. always/
yes typically generally
not never/
no Do **policies or procedures** outline a formal protocol for conducting community meetings for the purposes of notification?
42. always/
yes typically generally
not never/
no **In practice**, how often is the protocol used?

43. *always/yes* *typically* *generally not* *never/no* Do multidisciplinary teams conduct community meeting notifications?
 If so, are the following professionals involved?
- Law enforcement officials?*
- Prosecutors?*
- Statewide public safety agency representatives?*
- Community supervision officers?*
- Treatment providers?*
- Victim advocates?*
- Others: _____*
44. *always/yes* *typically* *generally not* *never/no* Is "general" information about sexual victimization, sex offenders, and management strategies discussed during community notification meetings (e.g., overview of national trends and practices)?
 If so, are the following discussed?
- Information about sexual victimization?*
- Information about sex offenders (e.g., common myths, statistics)?*
- Prevention and safety information?*
- Description of local sex offender management efforts?*
- Available resources for victims?*
- Who to contact for additional information?*
- How to access registries?*
- Prohibitions about vigilantism and other misuses of registry and notification information?*
45. *always/yes* *typically* *generally not* *never/no* Are printed materials distributed during community notification meetings?
 Is so, how often are the following included:
- Information about sexual victimization?*
- Fact sheets about sex offenders (e.g., common myths, statistics)?*
- Prevention and safety information?*
- Description of local sex offender management efforts?*
- Contact information for agencies if more information is desired?*

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Resources for victims?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Information about sex offender registries, including statements prohibiting misuses?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Other: _____</i> |
| 46. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is there a debriefing opportunity (or similar process) to evaluate the impact or effectiveness of the community meeting? |
| 47. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are the families of sex offenders informed of notification requirements? |
| 48. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are employers informed about sex offenders' impending notifications? |
| 49. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are landlords or roommates of sex offenders informed about impending notifications? |
| 50. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are communities made aware of local victim advocacy organizations and how they can be of assistance? |
| 51. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are community members provided the opportunity to voice their concerns and ask questions about sex offenders in their community? |

Other Key Questions to Consider

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 52. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are sex offenders and their family members (if applicable) prepared to manage the potential negative reactions of community members that may result from the notification process? |
| 53. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are active steps taken to ensure that the identities of victims of sex offenders are protected during the notification process? |
| 54. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When considering registration and/or notification legislation, do legislators and other policymakers receive specialized information about contemporary research and practice about sex offenders, victims, and effective management strategies? |
| 55. | <input type="radio"/> | | | <input type="radio"/> | Does registration/notification legislation or do other agency policies include requirements for research and evaluation of the impact of these laws in the state? |
| 56. | <input type="radio"/> | | | <input type="radio"/> | Is funding dedicated specifically to research and evaluation efforts about the impact of registration/notification laws in the state? |

► Questions: Juvenile Sex Offenders

Sex Offender Registration

Clear Policies and Procedures

always/ typically generally never/
yes not no

57. Does a **statute** require juvenile sex offenders to register?

(If juvenile sex offenders are not required to register, skip the remainder of the questions in this subsection.)
58. Does the **statute** restrict the type of sex offenses for which juveniles are required to register?
Please list restrictions/exclusions: _____
59. Does the statute specify a minimum age for applicability for juvenile sex offenders?

If so, what is the minimum age of applicability? _____
60. Are registration requirements applicable only to juveniles whose cases are transferred to the adult criminal justice system?
61. Do **policies or procedures** specifically guide the registration process for juveniles?
62. Which of the following agencies assumes a role in the juvenile sex offender registration process?
- Juvenile/family court?*
- Adult/criminal court?*
- Juvenile justice agency?*
- Juvenile probation/parole agency?*
- Statewide law enforcement (e.g., highway patrol, public safety)?*
- Adult corrections agency?*
- Adult supervision agency?*
63. Are parents or guardians of juvenile sex offenders informed of registration requirements?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 64. | | | | | Where is the registry data about juveniles maintained? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Central statewide registry?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Juvenile/family court?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Juvenile justice agency?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Local law enforcement (e.g., police, sheriff's department)?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Others</i> _____ |
| 65. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures specify the time period in which local registries must forward registry data about juveniles to the state registry? |
| 66. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , is juvenile data from local registries forwarded in a timely manner to the state registry? |
| 67. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is training provided to individuals involved in the juvenile sex offender registration process in order to ensure consistency and accuracy? |
| 68. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require staff in residential or institutional facilities to notify juvenile sex offenders and their parents/guardians of applicable registration requirements prior to release? |
| 69. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are juveniles and their parents/guardians notified of applicable registration requirements prior to the juveniles' release from residential or institutional placement? |
| 70. | <input type="radio"/> | | | <input type="radio"/> | Do policies or procedures require juvenile sex offenders and their parents/guardians to complete the registration process prior to the juveniles' release from residential or institutional placement? |
| 71. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , do juvenile sex offenders fulfill registration requirements prior to or upon release from residential or institutional placement? |
| 72. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do residential or institutional staff members (e.g., case managers) and/or community-based stakeholders (e.g., supervision officers) assist juvenile sex offenders with fulfilling their registration requirements prior to release? |
| 73. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies provide for relief from registration requirements for juvenile sex offenders?
If so, describe the circumstances: _____ |
| 74. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If so, are these relief mechanisms used? |

- always/ typically generally never/
yes not no
75. Does the **statute** provide for automatic termination of juvenile sex offenders' requirements to register (e.g., based on prescribed duration of registration responsibilities, maximum age applicability)?
76. Is there a specified age at which registration requirements are automatically terminated for juvenile sex offenders?
If so, what is the age? _____
77. Does the **statute** allow juveniles and their parents/guardians the opportunity to petition the courts for relief from registration requirements?
78. If so, are juveniles and their parents/guardians aware that they can petition the courts for relief from registration requirements?
79. Do juveniles and their parents/guardians petition the courts for relief from registration requirements?
80. Do **statutes or policies** provide for the expunction of juvenile sex offender registry records under specified circumstances?
If so, please describe the circumstances: _____
81. Do **statutes or policies** outline penalties for the misuse of information contained in the juvenile sex offender registry?

Current and Accurate Information

- always/ typically generally never/
yes not no
82. Do **statutes or policies** require community supervision officers, case managers, or others to verify that juvenile sex offenders have completed the registration process within the established parameters or timeframes?
83. **In practice**, do community supervision officers, case managers, or others verify that juvenile sex offenders have completed the registration process within established parameters or timeframes?
84. Do **statutes or policies** require routine verification (e.g., yearly) of the accuracy of registry data about juvenile sex offenders?
85. **In practice**, is the accuracy of registry data about juvenile sex offenders verified routinely (e.g., yearly)?
86. Do **statutes or policies** require in-person registry verifications to be conducted for juvenile sex offenders?

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 87. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice, are in-person registry verifications conducted for juvenile sex offenders? |
| 88. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is funding available to support efforts to verify registry data about juvenile sex offenders? |
| 89. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Do interagency agreements (e.g., between supervision, law enforcement, juvenile courts) allow partnerships to promote efficiency in the registry verification process with juvenile sex offenders? |
| 90. | <input type="radio"/> | | | <input type="radio"/> | Are statistics maintained on the accuracy of registry information with juvenile sex offenders? |
| | | | | | If so, which agency or agencies maintain them?
_____ |
| 91. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are statistics maintained on juvenile sex offender non-compliance with registration requirements? |
| 92. | | | | | When juvenile sex offenders fail to register or when they provide false information for the registry, which of the following sanctions are available? |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Probation/parole violation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Probation/parole revocation?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Additional petitions or charges in the juvenile justice system?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Charges in the criminal justice system?</i> |

Community Notification

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|-----|------------------------|-----------------------|--------------------------|-----------------------|--|
| 93. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Can information about juvenile sex offenders be released to certain parties (e.g., schools, law enforcement) on a "need to know" basis, regardless of whether registration or notification statutes exist? |
| 94. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is registry information about juvenile sex offenders publicly accessible? |
| 95. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If not publicly accessible, is registry information about juvenile sex offenders accessible to limited parties on a "need to know" basis (e.g., law enforcement, schools, daycare providers)? |

(If no, skip the remainder of the questions in this subsection.)

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 96. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are juvenile sex offenders and their parents/guardians informed of applicable notification requirements? |
| 97. | <input type="radio"/> | | | <input type="radio"/> | Is the application of notification laws restricted only to juvenile sex offenders who are assessed to pose a high risk to reoffend? |
| 98. | <input type="radio"/> | | | <input type="radio"/> | Is notification restricted to juvenile sex offenders who are over a specific age?

If so, what is the minimum age of applicability? _____ |
| 99. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies include other restrictions or exemptions regarding which juvenile sex offenders are subject to community notification?

If so, list these restrictions or exemptions: _____ |
| 100. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies specifically guide the community notification process for juvenile sex offenders? |
| 101. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are those involved in the community notification process with juvenile sex offenders trained in the administration of applicable statutes, policies, or procedures? |

Applicability of Notification

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|--|
| 102. | <input type="radio"/> | | | <input type="radio"/> | Do statutes or policies require juvenile sex offenders to be classified into risk "levels" or "tiers" for the purpose of risk-based community notification?

If so, what establishes the tiers or levels (e.g., certain crime categories, assessed level of risk)?

_____ |
| 103. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are results of promising, research-supported, juvenile sex offender-specific assessment tools used to inform the classification process? |
| 104. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In practice , are juvenile sex offenders classified into risk levels for the purpose of community notification? |
| 105. | | | | | Who is responsible for assigning juvenile sex offenders to the tier or level classification?

<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>Juvenile/family court?</i>

<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>Juvenile justice/corrections agency?</i> |

always/
yes typically generally
not never/
no

- Statewide public safety agency?*
 - Community supervision agency?*
 - Local law enforcement?*
 - Multi-disciplinary team (list membership):*
-

106. Do notification strategies differ based on juvenile sex offenders' tier or risk level classification?
107. Can juvenile sex offenders be "re-classified" over time?
- If re-classification processes exist:
- How often are re-classifications conducted?*
 - Do the actual notification practices change as a result of re-classification?*
 - Do provisions allow for juvenile sex offenders and their parents/guardians to petition the courts for re-classification?*
 - Are juvenile sex offenders and their parents/guardians notified of their ability to petition the courts for re-classification?*
108. Do juvenile sex offenders and their parents/guardians request re-classification?

Community Education to Enhance Community Notification

always/
yes typically generally
not never/
no

109. Are victim advocates involved in the development and implementation of policies related to community notification for juvenile sex offenders?
110. Are community members provided specific education about juvenile offending, juvenile sex offender management, and the differences between these youth and their adult counterparts?

Other Key Questions to Consider

always/
yes typically generally
not never/
no

111. Are juvenile sex offenders and their parents/guardians given assistance to prepare for the potential negative community reactions that may result from the notification process?

- always/
yes typically generally
not never/
no
112. Are sex offenders and their family members (if applicable) prepared to manage the potential negative reactions of community members that may result from the notification process?
113. Are active steps taken to ensure that the identities of victims of juvenile sex offenders are protected during the notification process?
114. When considering the application of registration and/or notification legislation to juveniles, do legislators and other policymakers receive specialized information about contemporary research and practice about juvenile sex offenders, victims, and effective management strategies?
115. Is funding dedicated specifically to research and evaluation efforts about the impact of juvenile registration/notification laws in the state?

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Additional Resources about Special Populations

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