

CASE STUDIES ON THE
CENTER FOR SEX OFFENDER
MANAGEMENT'S NATIONAL
RESOURCE SITES

2nd Edition

Revised
April 2001

Prepared by
Center for Sex Offender Management

Established in June 1997, CSOM's goal is to enhance public safety by preventing further victimization through improving the management of adult and juvenile sex offenders who are in the community. A collaborative effort of the Office of Justice Programs, the National Institute of Corrections, and the State Justice Institute, CSOM is administered by the Center for Effective Public Policy and the American Probation and Parole Association.

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Table of Contents

I. INTRODUCTION AND BACKGROUND

The Establishment of the Resource Sites Component of CSOM.....	i
Variations in Practices Across Resource Sites.....	ii
CSOM'S Interactions with Sites	v
Summaries of the Activities of the CSOM Resource Sites.....	vi

II. STATE RESOURCE SITES

The Colorado Sex Offender Management Board.....	1
The Commonwealth of Massachusetts	8
The State of Utah	15

III. LOCAL RESOURCE SITES

Maricopa County, Arizona	24
Orange County, California	30
Jefferson County, Colorado	39
New Haven, Connecticut	44
Dodge, Fillmore, and Olmsted Counties, Minnesota	50
Westchester County, New York	58
Jackson County, Oregon.....	63
Tarrant County, Texas	69
Chittenden County, Vermont	77
Washington County, Vermont	84
Spokane, Washington.....	92

IV. TRIBAL SITES

Preface: Tribal Resource Sites.....	98
The Navajo Nation in Tuba City, Arizona	102
The Assiniboine Sioux Tribes at Fort Peck, Montana.....	107
The Yankton Sioux Tribe of South Dakota	112

V. ADDITIONAL RESOURCE SITES

Johns Hopkins University: The National Institute for the Study, Prevention, and Treatment of Sexual Trauma.....	117
The Wisconsin Sex Offender Treatment Network	120

VI. ACKNOWLEDGMENTS AND A NOTE TO READERS..... 123

I. Introduction and Background

The Center for Sex Offender Management (CSOM) is a national project designed to support state, local, and tribal jurisdictions in the effective management of sex offenders under community supervision. The project was established in 1997 through an interagency agreement between the U.S. Department of Justice, Office of Justice Programs (OJP), the National Institute of Corrections (NIC), and the State Justice Institute (SJI). It is being jointly administered by the Center for Effective Public Policy and the American Probation and Parole Association.

ESTABLISHMENT OF THE RESOURCE SITES COMPONENT OF CSOM

The Resource Sites component of the project was established to capture lessons from communities around the country who have demonstrated—through collaboration between criminal justice and health system agencies—that they can manage sex offenders and increase public safety. CSOM has identified 19 jurisdictional, cross-disciplinary teams who have developed innovative sex offender management and supervision techniques.

OBJECTIVES OF THE CSOM RESOURCE SITES INITIATIVE

The primary objectives of the Resource Sites initiative are two-fold: to support and document the development and enhancement of existing sex offender management practices in each site; and to build the capacity of each site to serve as a resource to other jurisdictions as they begin to implement or refine their own approaches to sex offender management. Each Resource Site has developed its own strategies in a different way, resulting in an array of approaches.

To that end, the project is assisting these sites in advancing their own practices through the exploration of new initiatives, information sharing, training, and technical assistance. CSOM is also inventorying, documenting, and analyzing the accomplishments of the sites and making these lessons available to others, and in this way, is enabling the sites to share their experiences with the broader field.

SELECTION OF CSOM RESOURCE SITES

In conjunction with the project's National Resource Group,¹ CSOM sought jurisdictions that represented the most promising and innovative practices in community sex offender management to serve as Resource Sites. Recognizing the vastly different approaches to sex offender management across the country, the project searched for sites that were demographically and geographically diverse. In addition, an effort was made to identify several tribal communities of varying population size that were developing culturally specific approaches to sex offender management. After consultation with the National Resource

¹ The National Resource Group, the project's Federal Oversight Group, is comprised of experts in the fields of sex offender management, research, and treatment; as well as criminal justice system representatives including corrections, probation and parole, the judiciary, defense bar, and prosecution, and victim advocates.

Group and substantive experts in the field, CSOM solicited written materials and conducted interviews with representatives from each of the jurisdictions that were being considered. The project required that each site demonstrate collaboration among key system actors charged with the community management of sex offenders, and display a willingness to openly share the lessons they have learned with other jurisdictions. Perhaps most importantly, the project selected sites with the desire to critically assess their practices and continue to refine those practices as necessary.

VARIATIONS IN PRACTICES AMONG CSOM RESOURCE SITES

The diversity of the Resource Sites' activities attests to the fact that no single "model" exists for managing sex offenders. Rather, each site has implemented unique mechanisms for managing the sex offender population in their community. Many factors seem to influence the particular approaches jurisdictions take to sex offender management. A number of these factors are discussed below.

Influencing Factors

Jurisdictional Demographics. Sites vary considerably in the size and characteristics of their general populations, the size and characteristics of their land, their economies, and other aspects such as the presence or absence of major industries, the services available within community institutions (e.g., schools and social services) and the extent of tourism. Demographics can impact the level and scope of sex offender management practices in a locality.

Types of Sex Offenders under Correctional Supervision. Sites differ in the overall number of sex offenders under supervision in their jurisdiction. They also vary in the breakdown of this population (e.g., by crimes of conviction and sentence; level of risk posed to the community; amount of time spent incarcerated; whether treated while incarcerated; amount of time spent under community supervision; gender, age, and developmental ability; and other distinguishing characteristics). To address specific needs of various sex offender populations, some Resource Sites have developed specialized interventions (e.g., probation or parole units to intensively supervise high-risk offenders; specialized supervision programs for juvenile offenders, developmentally disabled offenders, and female offenders; separate treatment groups for child molesters, rapists, and exhibitionists; and culturally-specific supervision and treatment).

Government Structures. Of the 19 Resource Sites, 10 are local jurisdictions (county or city), one encompasses three counties, three represent efforts of state governments, and three are tribal sites. Sex crimes that occur on tribal lands can fall under the jurisdiction of tribal and/or federal court or state court, depending upon whether the victim was an Indian and the severity of the crime. (The two remaining sites are private organizations not affiliated with government) The Resource Sites demonstrate that practitioners in any type of jurisdiction can come together to address the need for effective management of sex offenders. However, elected officials must create policies and legislation that reflects an understanding of the complexities of sex offending and victim needs, as well as adequately fund programs that manage sex offenders and assist victims. To facilitate governmental support, some sites have made a concerted effort to educate legislators and the public on this issue.

Availability of Resources. Great variety exists among the Resource Sites in the extent of resources available to respond to sexual violence and the willingness of governments and agencies to earmark resources for sex offender management purposes. Some sites have a wealth of community resources to respond to sex offenders and sexual assault victims (e.g., specialized units and teams, offense-specific treatment programs, and extensive victim services). Others have considerably fewer resources to do this work.

There are very real limits to agencies' abilities to devote existing resources to these new, critical activities. However, the Resource Sites demonstrate that it is possible to be creative in stretching existing resources and to obtain the personnel, programming, equipment, materials, and collaborative partnerships necessary to improve sex offender management practices. To increase their resources, some sites seek grant funding to support this work.

Public Opinion. Public opinion has the power to shape legislation, funding decisions, and the political landscape in which sex offender management takes place. For example, sex offender management practices can be affected by public reaction to sex crimes that occur in their community, media coverage of sex offender related cases, and the level of public awareness about what effective sex offender management does and does not entail. Recognizing that favorable public opinion is critical, some Resource Sites have taken proactive steps to do the following:

- educate their communities regarding local and state sex offender management efforts;
- involve legislators in policy making teams;
- partner with victim advocacy programs to maximize victim and citizen involvement, support, and safety;
- develop active and productive relationships with the media; and
- involve community volunteers in supporting offenders' reintegration into the community.

Legislation and Court Decisions. Laws related to crimes of sexual violence vary from state to state, as well as from one Native American tribe to the next. Local ordinances and policies related to sex offender management also may exist. Thus, part of the reason why the Resource Sites have different approaches to sex offender management is that they are each regulated by a unique combination of laws. Court rulings in cases that challenge laws related to sex offenders can also impact practices in a particular jurisdiction. Because these laws and court decisions shape their practices, many Resource Sites make ongoing recommendations to their legislators and courts regarding laws and policies that would best serve to protect citizens and contain offenders in their jurisdictions.

Professional Training. The amount of training that policy makers and practitioners receive on sex offender management issues can influence decisions about what practices are implemented in their community and the effectiveness of those practices. For example, supervision staff who receive ongoing training on this topic are often better equipped to determine how to most effectively contain offenders and subsequently be successful in their efforts. The Resource Sites vary in the professional training they receive or offer and qualifications they require of staff. However, most sites realize that training is critical to improve their practices and strive to increase training opportunities for involved practitioners and policy makers.

Commitment to Collaboration. The extent to which criminal justice and community agencies in a jurisdiction realize they need to work together to prevent further victimization, and their ability to rise above agency-specific interests and collaborate, can impact how they will ultimately go about managing sex offenders. All Resource Sites emphasize the importance of collaboration in their sex offender management approaches and have enhanced their collaborative efforts over time. Most are working to do the following:

- include all relevant stakeholders in their sex offender management teams;
- develop a shared vision, mission, and goals;
- determine ways to maximize communication and trust among team members;
- strategically plan to improve their sex offender management practices and consider how to evaluate the effectiveness of their practices; and
- build their capacity to sustain their collaboratives into the future.

Differences Among Resource Sites

Due to factors such as those discussed above, Resource Sites vary in the sex offender management strategies they employ and in their methods of implementation. Some variations are outlined below.

- Every site involves a slightly different group of agencies and individuals in managing sex offenders. They also use different methods to facilitate coordination and collaboration (e.g., local day-to-day management teams versus local or state policy making groups).
- Leadership around day-to-day sex offender management often comes from agencies responsible for community supervision. However, in cases where multidisciplinary case management or policy teams exist, leadership may be shared among team members.
- Some sites have designated specialized personnel or units to manage sex offenders and offer services to victims.
- Sentencing options for sex offenses (e.g., length of incarceration, length and intensity of probation, and length and type of treatment) differ from site to site, depending upon laws in each jurisdiction.
- Sites differ in the risk assessment methodologies and instruments they use and the frequency with which risk is assessed throughout supervision.
- Sites vary in the size of supervision caseloads and level of specialization of supervision officers; supervision length and intensity; use and extent of special conditions of supervision; use of specialized supervision interventions with specific populations and responses to offender violations.
- Across sites, treatment varies widely in length; modality; content; costs; and availability of providers, sex offender specific treatment, and specialized treatment offered for specific populations.
- Sites differ in whether they use the polygraph, plethysmograph, or other physiological tests as treatment and monitoring tools, as well as in protocols for their use.
- Sites have varying levels of services available for victims of sex offenders who are being managed by the criminal justice system. A few sites involve victim advocates in the day-to-day management of sex offenders. Others involve advocates and other victim service providers in policy development, training, and community education efforts around sex offender management.
- Sites involve family members of offenders in the supervision and treatment process to varying degrees. For example, several sites train offenders' family members to be

chaperones, who then help them to monitor offenders in potentially high-risk situations. In a few sites, victim advocates offer assistance to offenders' families to help address issues associated with the return of the offender to the community.

- Sites vary in the categories of sex offenders subject to registration and notification; the procedures to register offenders or perform a notification; the scope, form, and content of registration and notification; and the designation of an agency or agencies to coordinate registration and notifications. Sites also handle offender noncompliance with registration requirements differently.
- Sites vary in the type and level of efforts that exist to educate the public about sex offender management. For example, several sites educate citizens through their community notification activities (both through door-to-door notification and informational meetings with residents). A few invite the public to be involved in the development of policies (e.g., by providing input at public hearings).
- The level of data collection, evaluation, and analysis of sex offender management practices and outcomes also varies significantly from site to site.

Commonalities Among Resource Sites

Amidst the variations in sex offender management approaches among the Resource Sites, commonalities and emerging trends exist as well. For example, the majority of local sites employ special conditions of supervision with sex offenders; utilize the polygraph as a monitoring tool to some degree; offer some form of sex offender specific treatment; and have reduced caseloads for officers supervising high-risk sex offenders. Supervision officers and treatment providers work collaboratively to effectively monitor and treat offenders. Sites are beginning to increase attention to victim issues and consider how to involve victim advocates as part of the sex offender management process. Multidisciplinary representation in collaborative sex offender management groups is continuously expanding. Most sites have done or are planning to conduct some form of evaluation of their practices. Specialized services for juvenile sex offenders are evolving, in recognition of the fact that the needs of youthful offenders are different from those of adult offenders.

Challenges

It is important to note that while the 19 Resource Sites described in this document are laying the groundwork for new and innovative advances in the field of sex offender management, they each face challenges specific to their jurisdictions. In general, however, some common problems exist. For example, most sites struggle with how to effectively use available resources to support this resource intensive and complex work, while maximizing victim and community safety. And those that have developed multidisciplinary collaborative bodies acknowledge the difficulty of identifying common ground, building trust, and taking action in unison, particularly when some involved stakeholders have historically been positioned as adversaries. In addition, a lack of public and legislative support for adequately funding programs is a continual struggle.

CSOM'S INTERACTIONS WITH SITES

Technical Assistance. CSOM provides ongoing technical assistance to the Resource Sites. This assistance may take a number of forms, such as strategic planning and goal setting, educating system actors and the community, and training. The sites seek help with a variety

of issues and request different levels of support to advance their sex offender management practices. A few examples of the assistance CSOM has provided include the following:

- convening trainings on adult and juvenile sex offender management strategies for a range of criminal justice practitioners and community service providers;
- facilitating peer-to-peer support regarding the role of victim advocates in a county's approach to sex offender management;
- providing assistance with a public opinion survey;
- conducting system mapping sessions;
- convening a focus group to develop statewide community notification strategies; and
- supporting the advancement of various community education and outreach strategies.

CSOM maintains ongoing phone contact with all sites to provide support, address specific problems, and obtain updates on site activities.

Meetings. CSOM convenes annual meetings of the Resource Sites to encourage sites to share and learn from each other's experiences. Time is dedicated during these meetings to address each site's future work and gather information about efforts that are underway in each site. CSOM documents sites' efforts and promotes promising practices among other jurisdictions by sharing Resource Site experiences with practitioners seeking to improve their sex offender management approaches.

SUMMARIES OF CSOM RESOURCE SITES' ACTIVITIES

The case studies contained in this document are based on in-depth interviews with members of the Resource Site teams, as well as input from CSOM staff and consultants working with the sites. Several sites assisted in drafting their case studies. As such, the case studies generally represent the sites' depictions of their current practices, challenges, and goals for the future. The following are summaries of the activities of the Resource Sites.

MARICOPA COUNTY, ARIZONA, has pioneered lifetime probation supervision and was one of the first jurisdictions to use specialized caseloads, including intensive supervision, for sex offenders. There is extensive collaboration among probation offices, the court, the prosecutor's office, treatment providers, and law enforcement agencies. The Probation Department secured assistance from the National Institute of Justice to evaluate the effectiveness of their approach.

The NAVAJO NATION AT TUBA CITY, ARIZONA, created a multidisciplinary committee to coordinate and improve the investigation, prosecution, treatment, and monitoring of sex offenders. The committee is working to capitalize on existing resources, increase coordination among tribal, state, and federal criminal justice systems, and better protect children, families, and the community. The recent additions to the committee of a tribal judge and a council delegate are critical to facilitating positive and lasting change around tribal laws and court responses to sex offenders.

In ORANGE COUNTY, CALIFORNIA, a specialized probation unit collaborates with the courts, law enforcement agencies, treatment providers, polygraph examiners, and victim

advocates to manage adult sex offenders in the community. Unit officers enforce specialized conditions for sex offenders and carry caseloads of up to 40 offenders per officer. Through recommendations of an inter-agency group, the Probation Department developed guidelines for sex offender treatment providers. Officers work closely with treatment providers to make case decisions. Treatment and supervision of adolescent sex offenders in the county falls under the jurisdiction of the state Department of Youth Authority. It provides treatment from the institutional phase through parole. The county also established a multidisciplinary team to facilitate community-wide efforts to improve responses to sex offenders.

The COLORADO Sex Offender Management Board created statewide standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of sex offenders. This multidisciplinary board also developed standards for the management of developmentally disabled sex offenders and sex offenders who have been sentenced to lifetime probation, as well as criteria, protocols, and procedures for community notification regarding sexually violent predators. In conjunction with the state Division of Criminal Justice, the board produced research and validated a risk assessment tool for use in the identification of sexually violent predators.

JEFFERSON COUNTY, COLORADO, is a suburban jurisdiction with a well-developed supervision model of juvenile sex offender management, ranging from pre-trial assessment and supervision of offenders to specialization of a juvenile sex offender probation unit (the first of its kind in the state). The county's approach is marked by collaboration among the Juvenile Assessment Center, the specialized probation unit, the youth corrections office, the prosecution office, pre-trial services, treatment providers, law enforcement agencies, social services, the victim advocacy community, schools, the judiciary, and others.

In NEW HAVEN, CONNECTICUT, there is a unique and successful collaboration between the Court Support Services Division (which houses probation), sex offender treatment providers, and a victim advocate. The victim advocate, hired with funds from the Court Support Services Division, serves as part of the sex offender supervision team. This effort builds on a collaborative model developed in another area of the state, and takes advantage of an established partnership among probation, police, treatment, and victim services concerning issues of community notification and officer safety. A researcher is documenting the outcomes of efforts in both parts of the state.

In MASSACHUSETTS, a group including the Parole Board, the Department of Correction, the Office of the Commissioner of Probation, and the Sex Offender Registry Board, is working to create a continuum of treatment and supervision for sex offenders throughout the criminal justice system. A contracted treatment provider is providing treatment within state correctional institutions and a network of treatment providers in the community works with parole and probation officers who manage sex offenders. Researchers were added to the institutional treatment staff to offer additional opportunities for program evaluation and the development of refined risk assessment instruments. The Parole Board implemented an Intensive Parole Supervision Unit as a pilot program, using a containment approach that combines treatment, intensive team supervision, electronic monitoring, and use of the polygraph. The Probation Department recently initiated intensive supervision programs for sex offenders at four different courts, following the parole model.

In DODGE, FILLMORE, AND OLMSTED COUNTIES, MINNESOTA, a tri-county Sex Offender Probation Unit provides evaluation, supervision, and treatment for adult and juvenile sex offenders. Three probation officers provide regular supervision for over 150 sex offenders, two officers supervise over 40 juvenile sex offenders, and two officers provide intensive supervision for about 50 offenders. Several multidisciplinary teams oversee supervision and treatment decisions. The unit works closely with treatment providers to provide a wide spectrum of services. Probation officers co-facilitate treatment groups with therapists and facilitate support and case management groups for offenders as a follow-up to treatment. The unit also provides education for families of offenders and involves them in monitoring and supporting offenders. The unit is beginning to utilize community volunteers to help officers monitor and support offenders who require intensive supervision.

The ASSINIBOINE SIOUX TRIBES AT FORT PECK, MONTANA, formed a multidisciplinary team in the mid-1980's to promote regular discussion about individual sexual abuse cases. A subcommittee of this group was more recently established to explore how to better coordinate the management of sex offenders on the reservation across federal, state, and tribal criminal justice systems. Under the leadership of the Victim Assistance Program, the team and the subcommittee maintain a focus on helping sexually abused children in a culturally appropriate way and on preventing future victimization.

In WESTCHESTER COUNTY, NEW YORK, the Probation Department works closely with the courts, the District Attorney's Office, and sex offender treatment providers. The department uses a supervision model based on 30 probation conditions imposed by the courts at sentencing. These emphasize high accountability and relapse prevention strategies, and are monitored by officers with caseloads kept at 35 per officer. Treatment groups are held on-site at the department's offices and are co-facilitated by therapists and probation officers.

JACKSON COUNTY, OREGON, was among the earliest programs (developed in 1982) to use a comprehensive, collaborative approach, involving treatment providers, community corrections, law enforcement, polygraph examiners, mental health and children's services, and prosecutors. Representatives from these disciplines participate in monthly collaborative meetings. Treatment is offered to offenders, nonoffending family members, and victims. The community corrections agency also provides leadership across the state on community notification practices that promote public safety.

The YANKTON SIOUX TRIBE OF SOUTH DAKOTA formed a multidisciplinary team to deal with cases of child sexual abuse in the mid-1990's. A subcommittee of this team is examining the many issues facing those responsible for the treatment and supervision of sex offenders. With the establishment of this subcommittee, the team can explore how to better coordinate services for victims of sexual assault, work together to prevent sexual abuse, and promote collaboration among those who manage sex offenders in tribal, federal, and state criminal justice systems.

In TARRANT COUNTY, TEXAS, a Sexual Abuse Advisory Council has been influential in the creation of sex offender units in several criminal justice agencies and the establishment of children's advocacy programs. The council also developed treatment guidelines for perpetrators and victims of sexual assault and promotes collaborative relationships among those responsible for the community management of sex offenders. The county operates

“chaperone” programs as part of their approach to sex offender management, in which sex offenders identify significant others who agree to assist them in complying with their conditions of community supervision.

In UTAH, the Juvenile Sex Offender Authority (JSOA) and the Network on Juveniles Offending Sexually (NOJOS) implemented a comprehensive system for assessing, managing, and treating juvenile sex offenders. They created a continuum of graduated levels of treatment and placement to intervene with this population. Selection of a level of care depends upon factors such as severity and frequency of past sex offenses, amenability to treatment, need for monitoring, and assessment of sexual deviancy and the risk posed to the community. A continuum of levels of intervention was also developed to respond to children ages 4 to 11 with sexually abusive behavior problems. A variety of empirical evaluations on juvenile sex offender programs in the state have been or are being conducted.

Sex offender management practices in CHITTENDEN COUNTY, VERMONT, reflect the state’s approach. Vermont was the first state to have an integrated and comprehensive statewide sex offender supervision and treatment program. It pioneered the use of relapse prevention with sex offenders in 1983, and has in place a continuum of prison- and community-based programs that match services to offender risk and need levels. Chittenden County has an intensive community-based treatment program for adult sex offenders transferring from state prison-based programs. It was the first county in the state to use trained community volunteers to provide support to offenders reintegrating into the community. It also was the first to establish a special investigation unit to aid in the investigation and prosecution of sex crimes.

In WASHINGTON COUNTY, VERMONT, the Department of Social and Rehabilitation Services (SRS) partners with the Washington County Mental Health Services (WCMHS) to provide local individualized or “wraparound” supervision and treatment services for juveniles with sexual offending behaviors. The SRS is responsible for juvenile probation, and contracts with WCMHS to provide therapeutic case management to these youth. Case managers maintain caseloads of up to six youths each, while SRS caseloads are usually over 25 juveniles. In each case, a treatment team is formed to assess risk of reoffense, come to consensus about needed supervision, create a treatment plan, and monitor the youth’s compliance with the plan. Treatment plans are strength-focused—all parties involved help the adolescents focus on and acknowledge their strengths, while addressing their specific problems and teaching them appropriate behavior.

SPOKANE, WASHINGTON, is noteworthy for the innovative leadership of law enforcement, particularly in the area of neighborhood supervision in conjunction with probation and community organizations. The Spokane Police Department, Department of Corrections, and community volunteers work closely on registration, community notification, and supervision issues.

JOHNS HOPKINS/NATIONAL INSTITUTE FOR THE STUDY, PREVENTION, AND TREATMENT OF SEXUAL TRAUMA represents the medical approach to the treatment of sex offenders. The institute works closely with members of the defense bar representing offenders voluntarily seeking treatment prior to arrest or conviction, as well as with federal probation providing treatment to their probationers.

THE WISCONSIN SEX OFFENDER TREATMENT NETWORK used the initial support of the Wisconsin Department of Corrections to provide training to therapists from around the state. That training has helped to ensure the availability of specialized, professional treatment across Wisconsin. The network provides training for new professionals and continuing education and networking for fellows of the network.

Although the sex offender management strategies employed by these sites may not be absolutely transferable between jurisdictions, the efforts of the CSOM Resource Sites serve as examples to other jurisdictions seeking to establish, implement, and/or strengthen their own practices.

II. STATE RESOURCE SITES

Colorado Sex Offender Management Board

INTRODUCTION

Colorado is the eighth largest state in the nation, at 104,247 square miles. Estimates indicate a population of approximately 4.25 million in the year 2000. In 1990, 80.9 percent of the population was white; 12.9 percent was Hispanic; 3.9 percent was Black; 1.7 percent was Asian/Pacific Islander; 0.7 percent was Native American Indian; and 0.1 percent was other racial/ethnic groups. The 10 largest counties by population are Denver, Jefferson, El Paso, Arapahoe, Adams, Boulder, Larimer, Weld, Douglas, and Pueblo.

BACKGROUND

In 1991, the Colorado Division of Criminal Justice, in conjunction with the Department of Corrections, the Department of Health and Human Services, the Division of Youth Corrections, the Division of Alcohol and Drug Abuse, and the Judicial Department, drafted language for a law that would create statewide standards for the management of sex offenders. These departments had already succeeded in creating state standards for interventions with convicted substance abusers—the Legislature mandated substance abusers to pay a fine that would support the development and implementation of these standards. The leadership of these departments believed that the Legislature would support a similar effort with sex offenders.

In 1992, the Colorado General Assembly passed legislation that created the Sex Offender Treatment Board within the Division of Criminal Justice. This board was charged with developing standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the assigned duties. The SOMB became a CSOM Resource Site in 1999.

THE APPROACH OF THE COLORADO SEX OFFENDER MANAGEMENT BOARD

The Population

Policies and guidelines developed by the SOMB apply to all convicted sex offenders in the state, whether in prison, jail, or in a community corrections settings, or on probation or parole. As of June 1998, sex offenders accounted for 22 percent (3006) of the total inmate population in Colorado, with 23 sex offenders in community corrections contract centers. Approximately 500 (17 percent) of sexual offending inmates participated in treatment. Of the

parole population, about 7.7 percent (335) were sex offenders.² There are roughly another 2000 to 3000 sex offenders on probation. A 1997 estimate of placements of convicted sex offenders in the state includes: probation/intensive probation supervision (57.7 percent); community corrections (2.7 percent); jail (4 percent); and prison (35.6 percent).³

The Board Structure

The SOMB is responsible for the development and approval of a variety of policy issues regarding the management of sex offenders. Currently, the board consists of representatives from the Department of Corrections, the Judicial Department, law enforcement agencies, the Public Defender's Office, the Department of Public Safety, the Department of Human Services, District Attorney's Offices, the victim services community (the state Coalition Against Sexual Assault, local community-based sexual assault programs, and other victim service agencies), and community corrections, as well as clinical polygraph examiners and licensed mental health professionals with expertise in treating sex offenders. A full-time program administrator and two staff persons in the Division of Criminal Justice support the work of the board. Trainings are held periodically to keep board members up-to-date on issues in the management of sex offenders in their state.

The full board meets once a month for a full day. Subcommittees of the board are formed and meet as needed to discuss single issues—such as credentials for treatment providers and polygraph examiners, evaluation of standards, and use of the polygraph in sex offender management. (*The Value of Polygraph Testing in Sex Offender Management—A Draft Report Submitted to the National Institute of Justice* will be released in the near future.)

Development of Statewide Standards

The combined efforts of the members of the SOMB are focused towards developing a basis for systematic management and treatment of sex offenders. The initial work of the board was the creation and publication of the *Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders* (hereafter referred to as the *Standards*). The primary goal of this document is to improve community safety and protect citizens.

The board drafted the *Standards* over a two-year period. In addition to board members, many other individuals—victims, polygraph examiners, plethysmograph examiners, treatment providers, and probation and parole officers—took part in open discussions on principles that guide the *Standards*. These discussions formed the basis for the substantive text for the *Standards*, and solidified the focus on the goal of protecting and supporting victims and the community. Once the document was drafted, the board held public hearings in four regions of the state to obtain further input. Feedback obtained from the hearings was brought back to the board for discussion and incorporated as appropriate. After formal voting, the *Standards* were published in January 1996. The *Standards* were revised in 1998 to address omissions in the original document and to keep them current with developing literature in the field of sex offender management.

² Statistics on incarceration and parole population size were drawn from Sean Ahlmeyer and Kristi Rosten, *Statistical Report: Sex Offender Population and Treatment, Fiscal Year 1998* (Denver: Colorado Department of Corrections, 2000).

³ Division of Criminal Justice, *Adult Prison and Parole Population Projects and Juvenile Detention and Commitment Population Projects* (Denver: Colorado Department of Public Safety, 2000).

Guiding Principles. The “guiding principles” that formed the philosophical foundation for the *Standards* include:

1. Sexual offending is a behavioral disorder which cannot be “cured.”
2. Sex offenders are dangerous.
3. Community safety is paramount.
4. Assessment and evaluation of sex offenders is an ongoing process. Progress in treatment and level of risk are not constant over time.
5. Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors.
6. Sex offenders must waive confidentiality for evaluation, treatment, supervision, and case management purposes.
7. Victims have a right to safety and self-determination.
8. When a child is sexually abused within the family, the child’s individual need for safety, protection, developmental growth, and psychological well being outweighs any parental or family interests.
9. A continuum of sex offender management and treatment options should be available in each community in the state.
10. Standards and guidelines for assessment, evaluation, treatment, and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems, not just sex offender treatment providers, apply the same principles and work together.
11. The management of sex offenders requires a coordinated team response.
12. Sex offender assessment, evaluation, treatment, and behavioral monitoring should be nondiscriminatory and humane, and bound by the rules of ethics and law.
13. Successful treatment and management of sex offenders is enhanced by the positive cooperation of family, friends, employers, and members of the community who have influence in sex offenders’ lives.

Standards Highlights. Highlights of the document includes standards and/or guidelines for the following:

- pre-sentence investigation;
- sex offense-specific mental health evaluation;
- treatment;
- management of sex offenders under probation, parole, and community correction supervision;
- use of polygraphy;
- use of plethysmography; and
- qualifications of treatment providers, evaluators, polygraph examiners, and plethysmograph examiners.

Treatment standards address the elements of sex offense specific treatment; confidentiality; the treatment provider-client contract; completion of court-ordered treatment; treatment of sex offenders in prison; community placement and treatment of sex offenders in denial; and treatment providers’ use of the polygraph and plethysmograph.

The section on standards and guidelines for the community management of sex offenders focuses on establishing an interagency community supervision team, consisting of the supervising officer, the treatment provider, and the polygraph examiner. The SOMB views offender supervision and monitoring as a cooperative responsibility of these practitioners. The team staff cases, share information, and make informed decisions related to risk assessment, treatment, monitoring, and management of each offender. Responsibilities of each team member are discussed, as are conditions of supervision; monitoring of offenders; and offender contact with victims and potential victims.

The *Standards* stress that victims should have the option to decide their level of involvement in the criminal justice process, especially after the offender has been convicted and sentenced. Involvement might include notification about changes in the offender's status in the criminal justice system, provision of information about the offender's compliance with treatment and changes in the offender's treatment status that might pose a risk to the victim, communication between the victim's therapist or a designated victim advocate and those managing the sex offender, input during the pre-sentence investigation, and to assist evaluators, treatment providers, and supervisors in developing treatment plans and supervision conditions that work to prevent or detect future offenses.

Additional Standards and Guidelines

The SOMB has developed several additional documents to address challenges presented by distinct groups of sex offenders, improve management strategies, deal with related issues, and utilize the most up-to-date approaches in this field. These documents are not intended to stand alone, but rather to be used in conjunction with the *Standards*.

Standards for Working with Adult Sex Offenders with Developmental Disabilities. In 1998, the state General Assembly passed legislation directing the SOMB, in collaboration with the Department of Corrections, the Judicial Branch, and the Parole Board, to develop standards for community entities that provide supervision and treatment specifically designed for sex offenders who have developmental disabilities. The resulting document, published in June 1999, added three additional guiding principles that address working with this population to the original 13:

1. Sex offenders with developmental disabilities pose as clear a threat to public safety as sex offenders without developmental disabilities.
2. There is nothing inherent in the presence of developmental disabilities that causes sexual offending, and there is nothing inherent in developmental disabilities that prevent sexual offending.
3. Sex offenders with developmental disabilities shall be offered treatment that is appropriate to their developmental capacity, their level of comprehension, and their ability to integrate treatment material and progress.

Lifetime Supervision Criteria. Again in 1998, the state Legislature directed the SOMB, in collaboration with the Department of Corrections, the Judicial Branch, and the Parole Board, to establish lifetime supervision criteria for sex offenders. They were mandated to address the following:

- criteria by and the manner in which a sex offender who is subject to lifetime supervision may demonstrate that he or she would not pose an undue threat to the community if released on parole or to a lower level of supervision while on parole or probation, or if discharged from parole or probation; and
- methods of determining whether a sex offender has successfully progressed in treatment.

The resulting *Lifetime Supervision Criteria*, published in June 1999, is geared to assist the courts and the Parole Board in making decisions concerning the release of a sex offender, a reduction in the level of supervision, and discharge. Supervising parole and probation officers and treatment providers can also utilize the *Criteria* in making recommendations to the courts or the parole board regarding these issues. This document added one additional guiding principle to the original 13 found in the *Standards*:

Because of the long-term nature of the work with sex offenders on lifetime supervision, and the concomitant risks to supervising officers and treatment providers, there is greater risk of complacency and inaccurate risk assessment. Supervising officers, treatment providers and their employing agencies should take steps to ensure the following: adequate clinical and administrative supervision; regular case audits; critical incident debriefings; support for trauma reactions; methods for transferring cases as needed; and adequate self care.

Community Notification. In 1999, state legislation was passed that mandated community notification regarding certain sexually violent predators. The SOMB, in collaboration with the Department of Corrections, the Judicial Branch, and the Parole Board, was directed to establish the following:

- criteria to apply when determining whether to petition the Parole Board or the courts for a determination that a sex offender is subject to community notification;
- criteria that local law enforcement agencies should apply in determining when to carry out a community notification; and
- protocols and procedures for carrying out community notification.

In particular, legislators wanted to ensure that notification is provided in a manner that: 1) is as specific as possible to the population within the community that is at risk; 2) includes general information and education concerning sex offenders, including their treatment and supervision; and 3) attempts to minimize the risk of vigilantism by the public.

The document, *Criteria, Protocols and Procedures for Community Notification Regarding Sexually Violent Predators*, was published in November 1999. It is geared toward assisting the courts and the Parole Board in making decisions as to whether community notification regarding a specific sexually violent predator could increase public safety. Supervising parole and probation officers and treatment providers can utilize these criteria in making recommendations to the courts and/or the Parole Board regarding the need for community notification.

Establishment of a Technical Assistance Team. The SOMB and the Division of Criminal Justice also established a Community Notification Technical Assistance Team that includes individuals with expertise in sex offender management, sex offender supervision, and law

enforcement. The team's purpose is to provide assistance to local law enforcement agencies in carrying out community notification. It is also available to assist communities in providing general information on sexual assault and information concerning sex offenders (such as treatment, management, and supervision) to the public.

Development of a Risk Assessment Screening Instrument⁴

State legislation was passed in 1996 regarding the identification and registration of sexually violent predators. The Division of Criminal Justice, Office of Research and Statistics, worked in conjunction with the Risk Assessment Subcommittee of the SOMB to develop clinical criteria and an empirical risk assessment scale for use in the identification of sexually violent predators. The law requires sex offenders designated as violent predators (after July 1, 1999) to register with local law enforcement officials every quarter (other sex offenders are required to register every year on their birthday).

Researchers worked with supervising officers in probation, parole, and community corrections, and with therapists working in the community and in prison to design the study and to obtain offender information from a wide variety of sources.⁵ Their research was based on a sample consisting of 495 offenders who were convicted of a felony sex crime in Colorado, were under criminal justice supervision in the community or were incarcerated, and were participating in treatment.

To strengthen the predictive capacity of the scale, outcome data was analyzed at 12 months and 30 months. Outcome information was collected about whether or not the offender had committed a new crime, was revoked from supervision and reinstated, was revoked and placed on intensive supervision, was revoked with the case pending, was terminated from treatment for noncompliance, was expelled from treatment and readmitted, had absconded supervision or, according to interviews with supervising officers or prison therapists, or was "on the brink of failure." Being at risk for treatment failure was defined as any one of the above scenarios. After one year, 54 percent of the sample was at risk to fail (41 percent of probationers; 66 percent of the incarcerated offenders; and 53 percent of the paroled offenders). Information on the 30-month study is not yet available.

CHALLENGES AND NEXT STEPS

As the board has obtained feedback about the usefulness of the various standards, protocols, and instruments it has developed, it has identified a need for the following:

- a consistent method to check compliance with standards and measure treatment efficacy;
- more consistent use of sanctions across the state in treatment, supervision, use of the polygraph, and revocations;

⁴ Information was drawn from Kim English and Carole Poole, *Colorado Division of Criminal Justice Adult Sex Offender Risk Assessment Screening Instrument Progress Report 1.a.* (Denver: Colorado Division of Criminal Justice, Office of Research and Statistics, 1999).

⁵ Sources included, but were not limited to, the following: offenders' criminal histories; information from pre-sentence investigation reports; police reports; mental health evaluations; official criminal justice records or documentation; records from Child Protection or Social Services; demographic information; educational records; results from polygraph examinations; sexual histories (both official records and self-reports); prison records, results from plethysmograph examination or Abel Screens; and victim reports.

- more training on this issue for practitioners throughout the criminal justice system;
- reexamination of policies and practices related to the management of juvenile sex offenders in each jurisdiction;
- a juvenile sex offender risk assessment instrument; and
- standards for the management and treatment of female sex offenders.

SUMMARY

The Colorado Sex Offender Management Board developed statewide standards for the assessment, evaluation, treatment, and behavioral monitoring of sex offenders. To complement these standards, the board has also developed standards for the management of developmentally disabled sex offenders and sex offenders who have been sentenced to lifetime probation, as well as criteria, protocols, and procedures for community notification regarding sexually violent predators. The board worked in conjunction with the Division of Criminal Justice to conduct research and produce a risk assessment tool for use in the identification of sexually violent predators.

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Commonwealth of Massachusetts

INTRODUCTION

The Commonwealth of Massachusetts has a population of approximately 6.1 million. It is the 13th largest state in the nation in population and 45th in size, covering 8,257 square miles. Thirteen percent of the population is minority. It is the third most urbanized state in the country, with 96 percent of its residents living in a metropolitan area (over half in the Greater Boston area).

BACKGROUND

Several criminal justice agencies in Massachusetts work in the treatment and supervision of sex offenders. They include the Massachusetts Parole Board; the State Police, the Sex Offender Registry Board, and the Department of Correction (DOC), all of which operate within the Executive Office of Public Safety; and the Office of the Commissioner of Probation, which operates under the judicial branch and oversees superior, district, juvenile, and probate courts in the Commonwealth. These agencies started working on specialized interventions for sex offenders relatively independently in the early 1990's:

- The Massachusetts Probation Officer Sex Offender Task Force began as a grass roots movement in 1991, because of a need for specialization, continued training, and education about sex offenders.
- The Parole Board began developing a sex offender supervision program in 1991. At the same time, the board sent a parole supervisor and the State Police polygrapher to visit the program in Jackson County, Oregon. (Jackson County, Oregon, is also a CSOM Resource Site.)
- The Office of the Commissioner of Probation developed a containment standard for the supervisors of sex offenders. It is currently being piloted in several courts.
- Sex offender treatment, for both inmates committed to the state's DOC and offenders who have been civilly committed, is operated for the DOC by the Justice Resource Institute (JRI), a private nonprofit organization.
- In the summer of 1995, the Parole Board, with support from the National Institute of Corrections, worked with the Crime and Justice Foundation to develop an action plan to implement an Intensive Parole for Sex Offenders (IPSO) program. IPSO started in February of 1996 as a pilot in Region 9 (an area in the central part of the Commonwealth just west of Boston).

These agencies are now working together to provide a continuum of treatment and management from an offender's first involvement with the courts to his/her release to community supervision. This is accomplished through a coalition of sex offender management providers. The mission of this coalition is to provide public safety through the effective management of the state's sex offender population. This includes the areas of enforcement, identification, assessment, supervision, treatment, registration, incarceration, and community notification.

THE MASSACHUSETTS APPROACH

The Population

There are approximately 2,700 identified sex offenders incarcerated in Massachusetts state prison facilities;⁶ about 25 percent are in treatment. There are roughly 400 sex offenders under the authority of the Parole Board. As of March 1998, there were just over 1,300 offenders under adult probation supervision for sex offenses; 93 percent were convicted of felonies. There are also an estimated 200 juvenile sex offenders on probation.

Office of the Commissioner of Probation

The Probation Department supervises both juveniles and adults, and individual officers may have both juveniles and adults on their caseload. Some of the sex offenders it supervises arrive following a period of parole or incarceration; others are sentenced directly to probation. Most adults have been convicted of "concurrent felonies," in either superior or district court. By administrative regulation, convicted sex offenders must be seen minimally on a biweekly basis. Most probation officers do not have specialized sex offender caseloads, however, and caseloads of 100 or more are not uncommon.

With the exception of pretrial probation, sex offenders can be placed on probation with either a "continuance without a finding" or a conviction of guilt combined with a dispositional order of probation conditions. A continuance without a finding is the judicial determination that sufficient facts exist in the case for a delinquent or guilty conviction to be issued, but the court has declined to label the individual as a sex offender. This allows the individual to avoid the collateral effects of a record of adjudication or conviction as a sex offender, such as registration and community notification.

Massachusetts Probation Officer Sex Offender Task Force. The task force has been working since 1991 to develop guidelines and standards for assessment (both pre-sentence and at intake), supervision, and treatment; develop a risk assessment instrument; identify appropriate and credible referral sources; provide training; and maintain dialogue throughout the system to develop appropriate sentencing, assignment of conditions, and community collaboration. The task force has compiled a directory of treatment providers throughout the state and has served as consultants to other probation agencies and judges around treatment, sex offender dynamics, and supervision issues. It has worked in conjunction with the Massachusetts Adolescent Sex Offender Coalition on issues such as the development of standards.

The task force endorses a strong partnership among all criminal justice agencies and treatment providers. When necessary, this partnership is expanded to include family members, law enforcement, school officials, and employers, with the hope that a truly effective containment approach within the community will be realized.

⁶ This number includes individuals who have been convicted of a sex offense at any time or committed a sex offense while they were incarcerated; it also includes individuals who have been convicted of offenses with sexual overtones.

Data Collection and Analysis. The Office of the Commissioner of Probation recently published a 10-year longitudinal study of sex offenders in Massachusetts.⁷ The research analyzed the criminal and delinquency records of all adults and juveniles arraigned for a sex offense in the state in 1988 (3,211 individuals; 95 percent were men). The purpose was to profile offenders in terms of their prior records and track them for ten years to assess patterns of recidivism.

Almost 43 percent of the sample were charged with sex offenses against children. Rape against adults and statutory rape accounted for 19 percent of offenses. Incest accounted for less than 1 percent. About 7 percent of the offenses were indecent assaults/assaults and batteries against adults, and approximately 30 percent were other sex offenses. Nearly 18 percent of the sample had at least one prior sex offense charge; almost two-thirds had a history of prior arraignments for other types of crime. In terms of recidivism, nearly two-thirds of the sample were arraigned for some type of subsequent crime. Approximately 18 percent were rearraigned for a subsequent sex offense. However, this rate may be artificially suppressed due to the fact that some offenders were not available to reoffend (e.g., 41 percent of the incest perpetrators were imprisoned during the 10-year period studied).

The office is planning to conduct several additional longitudinal studies to examine profiles and recidivism rates for different types of sex offenders.

Department of Correction

In 1992 the Department of Correction established a pilot sex offender treatment program within the Community Corrections Division. The operation of this program followed several years of research on the topic of sex offender treatment and supervision. As a result of the success of this pilot program, a six-phase comprehensive treatment program was implemented systemwide in October 1994. Phase six, a pre-release community work program, was phased out in August 1998 because of changes in Massachusetts' general law.

Inmates are identified as sex offenders immediately upon commitment to the department. The identification is based on past and current criminal records and places offenders into one of the following categories:

- currently serving a sentence for a sex offense;
- have a prior conviction for a sex offense;
- there are sexual overtones in the reading of the offender's official version of the offense (e.g., convicted of murder but the official version indicates victim was raped); or
- inmate is found guilty of sexual misconduct while incarcerated.

All identified sex offenders willing to enter the treatment program are transferred to one of three medium security institutions where sex offender programming is available. Inmates refusing treatment remain in a secure (medium security) institution for the remainder of their incarceration. Without sex offender treatment programming, they are designated inappropriate for reintegration into the community through community correction (minimum security) institutions.

⁷ Office of the Commissioner of Probation, *Sex offenders in Massachusetts: A 10-year longitudinal study* (Massachusetts, 2000).

The Department of Correction, in conjunction with Justice Resource Institute (JRI), provides sex offender treatment programming. The JRI program incorporates assessment, preparation for treatment, and an intensive sex offender treatment program that includes a therapeutic community. Assessment tools include the STAXI (a state-trait inventory which measures anger and aggression), the Shipley Institute of Living Scale, the Interpersonal Reactivity Index, a variety of neurological scales, measures of substance abuse and mental illness, and the Multidimensional Assessment of Sexuality and Aggression.⁸

Treatment is carried out in five phases. The first three phases take place in three medium security institutions; Phase Four is available in one medium security institution. Phase Five is an in-house aftercare program in which Phase Four graduates are used as mentors while they refine their relapse prevention and transition plans. Inmates must be within six years of their earliest projected release date to participate in the treatment program. The five phases are:

1. Self-guided book work: This phase is conducted independently under the supervision of a treatment provider and completed within six months.
2. Psycho-education: This phase consists of weekly group meetings that provide an introduction to treatment, victim empathy, human sexuality, and relapse prevention. It is completed in three or more months, as determined by the therapist.
3. Treatment/support group: These groups meet for two hours weekly to address common issues such as empathy, denial, and anger.
4. Intensive treatment: This phase is provided in the context of a therapeutic community. Treatment includes several types of groups, activities, and classes, and a variety of psychological, psycho-educational, and polygraph assessments. This phase of treatment is expected to continue for twelve to eighteen months, but length may vary.
5. Graduate treatment: This phase occurs at the Massachusetts Treatment Center; its group sessions focus on transition and relapse prevention.

A single treatment file follows an offender from intake to discharge. Treatment providers inform parole staff about treatment issues and progress. Inmates scheduled for release to the community, whether on parole, probation, or completion of sentence, are referred to one of 24 network treatment providers located statewide. These providers are under contract with the Department of Correction to provide aftercare services that are consistent with the treatment provided while incarcerated. Provisions have been made to accommodate those offenders who cannot afford to pay for treatment. These community treatment providers are available to work with all criminal justice agencies.

The Office of the Assistant Deputy Commissioner of Community Corrections communicates information regarding the release of all sex offenders to law enforcement officials in the jurisdiction where the offender intends to reside. Notifications are also made to probation and parole officers where appropriate. This information includes the inmate's offense, treatment, supervision issues or conditions, and the name of the inmate's treatment provider in the community. The purpose of this notification is to facilitate positive communication, treatment, and supervision initiatives.

⁸ Dr. Robert Prentky of the Justice Resource Institute and Dr. Ray Knight of Brandeis University are currently refining this assessment tool.

Massachusetts Parole Board Intensive Parole for Sex Offenders

In 1996, the Massachusetts Parole Board Intensive Parole for Sex Offenders (IPSO) was established on a pilot basis in the Region 9 Parole Office, which covers 60 cities and towns. IPSO provides the aftercare component essential to the continuum of care and treatment for certain sex offenders, who are primarily paroled from the Department of Correction Sex Offender Treatment Program. The program addresses the issues of public safety and control of the parolee in the community. This is achieved through the Parole Board's imposition of special conditions, including intensive parole supervision and surveillance, electronic monitoring, sex offender treatment, and polygraph examinations. The IPSO case team is composed of two parole officers who provide supervision and case management to approximately 40 sex offenders, sex offender treatment providers, and a State Police polygraph examiner. Recently, three parole officers completed polygraph training and will be conducting polygraphs on paroled sex offenders.

All IPSO cases involve felony convictions; the program has prioritized the supervision of pedophiles, who comprise about two-thirds of the IPSO caseload. The caseload consists of sex offenders sentenced under both the previous system, where two-thirds of a sentence for a violent crime had to be served, and the current system, where the full minimum must be served before release.

Supervision includes at least two home and/or community visits per week, curfews, electronic monitoring, restriction of travel, daily logs maintained by the parolee, surveillance, drug testing, and polygraph examinations. A parole supervisor may also authorize the use of a 15-day warrant for temporary custody for technical violations.

The IPSO parolees released by the Parole Board are automatically subject to sex offender special conditions, in addition to other special conditions that may be imposed by the board. Some of these conditions include participation in treatment, payment of counseling costs, compliance with relapse prevention plans, restrictions on driving and interstate travel, no contact with victims and potential victims, controlled access to media, and no possession of cameras or pornography.

Outcomes. A total of 114 cases have been supervised by IPSO since its inception. Since February 1996, 34 offenders (38 percent) had been returned to prison: 30 for parole violations such as drinking, not attending treatment, and missing curfew; and four for a new criminal (nonsexual) offense. No offender has been returned for the commission of a new sex offense. It is hoped that the IPSO can be replicated in other regions of the state.

A Master Plan Addressing Sexual Assault

With input from parole and probation officers, law enforcement officers, adult and juvenile sex offender treatment providers, and victim advocates, the Massachusetts Association for the Treatment of Sexual Abusers (MATSA) developed a master plan: "No More Victims: A Master Plan for Addressing the Problem of Sexual Assault in the Commonwealth of Massachusetts." The plan outlines a comprehensive set of recommendations, which address the following:

- prevention;

- specialization across victim services, law enforcement, child protective services, prosecution, probation and parole, treatment, polygraphy, corrections/youth services, community support teams, and interagency/interdisciplinary teams;
- training across the system;
- guidelines for investigations by each component of the system;
- treatment, including immediate, appropriate, and accessible resources for victims, as well as monitoring of providers and appropriate sentencing conditions for offenders;
- supervision guidelines for probation and parole officers, treatment providers, polygraph examiners, and community support teams; and
- informational systems, including consistent documentation and data collection; sharing of information among supervising agencies; public access to information about individuals' records of sex offense convictions; and expanded public education efforts.

Special Features of the Massachusetts Approach

The Massachusetts approach incorporates extensive formal policies and procedures within the Department of Correction and the Parole Board, covering treatment and collaboration throughout the institutions and in the community. In mid-1998, memoranda of understanding were signed at the state agency level by the Department of Correction, the Parole Board, and the Department of Probation to share resources and information, reduce duplication of services, and jointly pursue shared goals and objectives for responding to sex offenders. Each agency regarded these memoranda as another step toward establishing a true continuum of care for sex offenders in the Commonwealth.

In September 2000, a working group including the Parole Board, State Police, the Department of Correction, the Office of the Commissioner of Probation, and the Sex Offender Registry Board held a two-day cross-training program with several agencies representing victims of sexual assault. The program was designed to educate participants on current sex offender management and victim services available in Massachusetts, identify common interests and potential initiatives for collaboration, and discuss potential action plans for implementing identified initiatives. A joint working group was established to fine tune initiatives identified during the two-day training.

SUMMARY

In Massachusetts, a group including the Parole Board, State Police, the Department of Correction, the Office of the Commissioner of Probation, and the Sex Offender Registry Board are working together to create a continuum of treatment and supervision for sex offenders throughout the criminal justice system. A contracted treatment provider is providing treatment within the state correctional institutions and a network of treatment providers in the community work with probation and parole officers who manage sex offenders. The Parole Board has implemented an Intensive Parole Supervision Unit as a pilot program, using a containment approach that combines treatment, intensive team supervision, electronic monitoring, and use of the polygraph. In July 2000, the Office of the Commissioner of Probation initiated intensive supervision programs for sex offenders at four different courts, following the parole model.

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State of Utah

INTRODUCTION

Utah is a state with a population of approximately 2.1 million. It covers 84,900 square miles and is ranked the 11th largest state in the nation. The Greater Wasatch Area—the narrow corridor stretching for 100 miles north and south of Salt Lake City on both sides of the Wasatch Mountains—comprises nearly 80 percent of the state's population.

This case study focuses on Utah's responses to juvenile sex offenders. Juveniles 10 to 17 years old are the population "at risk" for delinquency and involvement in the juvenile justice system. During Fiscal Year 1999, this population in Utah numbered 294,737, a slight decrease from FY 1998. This is the fifth year of a decline. Beginning in 2000, the population was expected to enter a period of steady growth and reach 349,000 by 2010. The majority of these youth (75 percent) live in four counties along the Wasatch Front (Weber, Davis, Salt Lake, and Utah).

BACKGROUND

The Network on Juveniles Offending Sexually (NOJOS), comprised primarily of treatment providers, has led efforts to manage youthful sex offenders on a statewide level since 1987. The NOJOS is an independent, nonprofit organization that strives to facilitate holistic interventions to sexual abuse, increase the professional field of knowledge, and develop and maintain a statewide continuum of services to care for juvenile sex offenders. However, managing juvenile sex offenders on a comprehensive basis requires commitment of time, input, and resources from state agencies and individuals. To address this need, the Utah Juvenile Sex Offender Authority (JSOA) was created in 1995 by the state Legislature. (The JSOA became a CSOM Resource Site in April 2000.)

The Department of Human Services and the Division of Youth Corrections support the JSOA and facilitate multi-agency participation for intervention with the state's juvenile sex offender population. The NOJOS acts as staff to the JSOA and recommends and implements JSOA initiatives. The close working relationship between the JSOA and the NOJOS has created many opportunities to improve the state continuum of interventions with juvenile sex offenders.

THE APPROACH OF THE UTAH JUVENILE SEX OFFENDER AUTHORITY AND THE NETWORK ON JUVENILES OFFENDING SEXUALLY

The mission of JSOA is to prevent sexual abuse by facilitating an innovative and comprehensive system of managing youthful sex offenders. This system is designed to protect the community and promote healing of the trauma caused by abuse. The goals of the JSOA are summarized as follows:

- to supervise and coordinate efforts of agencies involved in managing juvenile sex offenders in the state;
- to develop and coordinate effective and cost-effective programs for the treatment of juveniles who sexually offend;
- to administer the development and implementation of a comprehensive continuum of juvenile sex offender services; and
- to administer the development of programs that protect the community from juvenile sexual offending and offenders.

The Population

The JSOA deals with adjudicated juvenile sex offenders, pre-adjudicated juvenile sex offenders, and children with sexual behavioral problems involved in the juvenile justice system. (The juvenile justice system defines children with sexual behavioral problems as children age 12 and under who display sexually inappropriate behaviors towards another that is harmful and unlawful). Between 600 and 700 sex offending youth are referred to juvenile court each year. Approximately 180 residential beds are occupied daily by those juvenile sex offenders needing that level of supervision and treatment.

The Parties Involved

The legislation required specific multidisciplinary membership for the JSOA, including a representative from the Governor's Office, the director of Youth Corrections, a representative from the Police Chief's Association, a representative from the Sheriff's Association, a state senator, a judge, the director of Division of Services for People with Disabilities, the director of the Division of Mental Health, a representative from the Division of Child and Family Services, a representative from the Department of Human Services, and the administrator of the Juvenile Court.

Sex Offender Management Protocols and Standards

A legislatively authorized "masterplan" for juvenile sex offenders in Utah calls for and designates agency responsibilities, professional qualifications, and a continuum of sex offense-specific services and interventions. The plan is outlined in the NOJOS *Juvenile Sex Offender Specific Protocols and Standards Manual* (1996). The NOJOS protocols are consistent with standards of the National Task Force on Juvenile Sexual Offending (as printed in the *Juvenile and Family Court Journal*, 1993, Vol. 44, No. 4). The JSOA and the NOJOS are currently working on the fourth revision of this manual.

The NOJOS protocol manual discusses how community protection is achieved through a continuum of eight graduated levels of sex offender-specific supervision and clinical interventions. The protocols and standards provide guidance for unified sex offender prevention, early identification, assessment, adjudication, placement and treatment, education, training, research, and program evaluation services. Protocols and standards are outlined for:

- initial investigation;
- protective supervision and foster care;
- prosecution;
- juvenile court probation;

- assessment;
- treatment and placement;
- the role of Utah Community Mental Health Centers in providing treatment to juvenile sex offenders;
- the role of the Division of Services for People with Disabilities in providing services to juvenile sex offenders with documented developmental disabilities;
- the role of the Division of Youth Corrections in facilitating multi-agency coordinated responses to the state's juvenile sex offender population; providing sex offenders placed in their custody with a continuum of rehabilitation services and supervision; and providing information to educators, parents, and others to promote early identification and intervention;
- educational placement; and
- professional qualifications for treating juvenile sex offenders in the state.

Juvenile Court Interventions

Of particular interest, the NOJOS protocol manual highlights the Juvenile Court's approach to determining appropriate interventions with juvenile sex offenders. The Probation Department is responsible for making disposition recommendations to the court and often seeks input from a multidisciplinary group when working with medium- to high-risk offenders. Guidelines for Juvenile Court intervention include:

- Interventions must consider both the best interests of the juvenile offender and community protection.
- Clinical intervention should be guided and facilitated by the juvenile justice system.
- Treatment of juvenile sex offenders should always include both supervision and offense-specific clinical intervention.
- Supervision should protect past and potential victims; help control other nonsex offense delinquency; and facilitate the juvenile's progress in therapy.
- Interventions must consider the juvenile's risk potential and treatment needs, and provide different levels of intensity of treatment services.
- Interventions should help offenders and their families to understand:
 - the nature and seriousness of the offenses;
 - the need for assessment of risk to reoffend;
 - the importance of clinical intervention to confront the juveniles' thinking errors and interrupt their sexual abuse cycle;
 - the necessity for supervision to deter sexual acting out or delinquent behavior; and
 - the need for juveniles to admit responsibility, be accountable for their inappropriate sexual behavior, and comply with Juvenile Court sanctions.

Intake Interview. Youth ages 8 through 17 referred to Juvenile Court for sex offenses receive offense-specific intake interviews. The purpose of the intake is to conduct a preliminary inquiry, expedite processing of felony-level offenses, ensure victim and community safety, establish rapport with the juveniles and their families, obtain a level of assessment, arrange for therapy if offenders admit the offense, make appropriate nonjudicial closures for first-time misdemeanants, and make appropriate case recommendations to the court.

Assessment. Intervention with a juvenile sex offender begins with a thorough assessment that evaluates the juvenile's sexually abusive and other behavior problems, sexual development, current social and sexual functioning, and family background and dynamics. These offenders require varying levels of assessment, depending on the severity of the sexually abusive behavior, prior delinquent and psychiatric history, and degree of family support. The goal of the assessment is to determine the juvenile's risk of relapse into sexually abusive behaviors and the need for clinical intervention and supervision.

All juvenile sex offenders are first assessed using a tool called the Level A: Line Worker Assessment. This assessment involves completion of the assessment form and uses information obtained in the intake interview. Juveniles who have committed more serious offenses (e.g., penetrative sex offenses with the use of force or violence) and/or obtain a high score on the Level A assessment present a significant risk to the community and require additional assessment. Clinicians who have experience and expertise in clinical intervention with this population complete intensive levels of assessment on these offenders. These more intensive assessments (Level B: Sex Offender-Specific Assessment, Level C: Comprehensive Sex Offender Evaluation, and Level D: In-Patient Sex Offender-Specific Assessment) involve standard psychological testing and a sex behavior assessment, and evaluate the juvenile sex offender's sexual deviancy and risk for reoffending. Recommendations are provided to the court about the juvenile's risk for reoffending and sex offender-specific treatment needs.

Disposition. Sex offender-specific dispositional recommendations include:

- nonjudicial closure (no court-ordered sanctions);
- continued jurisdiction;
- probation supervision;
- Department of Child and Family Services (DCFS) protective supervision, in-home supervision, and clinical intervention;
- DCFS protective supervision, out-of-home supervision, and clinical intervention;
- Division of Youth Corrections placement;
- state hospital placement; and
- psychiatric hospital stabilization.

Juvenile sex offenders who commit first-time misdemeanors are eligible for nonjudicial closures if the state's assessment identifies them as low risk to the community. To grant this disposition, juveniles must acknowledge responsibility for the referred sex offense and exhibit a willingness to follow through on a plan they develop with probation officers and their parents/guardians to prevent future sexually abusive or delinquent behaviors. The plan may include actions such as participating in community-based treatment, paying nonjudicial fines, doing community service, attending sex education classes, or paying restitution to victims.

Juveniles adjudicated for sex offenses who are placed on continuing jurisdiction or probation supervision (generally offenders ages 13 through 17) receive offense-specific supervision and treatment. Continuing jurisdiction is the least restrictive level of supervision and case monitoring, entailing compliance with conditions and requirements outlined by the court. Probation supervision is applied to juveniles who have been assessed as a medium-risk to reoffend, and includes court-ordered offense-specific treatment, an intensive level of supervision by probation officers (often in addition to supervision by parents, guardians, or

custodians), and compliance with other conditions of the court. Intensive supervision entails: close collaboration among probation officers, therapists, and parents; ongoing identification and monitoring of high-risk situations and behaviors; at least weekly contact between juveniles and their probation officers for the first 60 to 90 days, monthly contact between probation officers and offenders' therapists; and enforcement of conditions of the court.

Placement and Treatment. The JSOA and the NOJOS developed a continuum of eight graduated levels of treatment and placement for juvenile sex offenders. The continuum includes several distinct options for intervening with juvenile sex offenders. Selection of a level of care for a particular offender is influenced by the severity and frequency of past sex offenses, amenability to treatment and need for monitoring, and assessment of sexual deviancy and risk presented to the community. The continuum includes the following levels:

1. Outpatient/In-Home/Psychoeducational—appropriate for younger adolescents with no previous reported history of sexual acting out. Sexual incidents are isolated, exploratory, and situational in nature with no use of coercion or violence. These offenders present a low risk to the community.
2. Outpatient/In-Home/Psychotherapy—appropriate for offenders presenting more extensive patterns of sexual behavior with younger children. These offenders present a low to moderate risk to the community.
3. Day Treatment/In-Home/Out-of-Home—appropriate for adolescents who commit patterned and repetitious sex offenses. These youth present a moderate risk to the community.
4. Enriched Group Home/Therapeutic Foster Care—this level provides sex offender-specific treatment in a generalized placement setting. Offenders not appropriate for this type of intervention are those who have displayed predatory patterns of offending; used force or weapons in committing their offenses; shown a propensity to sexually act out with peers of the same age, and/or displayed acute or chronic psychiatric disturbances. Youths placed in this level of care often lack supervision in their own homes and are typically in the custody of DCFS or Youth Corrections.
5. Inpatient/Assessment and Stabilization—adolescents receiving this level of care present significant concerns to the community, but very little information is known about them. An In-Patient Sex Offender-Specific Assessment is necessary to determine the appropriate level of care.
6. Intensive Residential Treatment—appropriate for adolescents with patterned, repetitious sex offenses and acting out behavior. These offenders may have displayed predatory patterns of offending; used force or weapons in committing their offenses; shown a propensity to sexually act out with peers of the same age, and/or displayed acute or chronic psychiatric disturbances. They often have a prior treatment history and present a significant risk to the community. This level may also be appropriate for adolescents with extensive behavioral and emotional problems.
7. State Hospital/Psychiatric Treatment Enhanced—appropriate for adolescents with significant mental illness. Their psychiatric problems interfere with their amenability to treatment in less secure or less psychiatric-based levels of care.
8. Secure Confinement/Correctional Treatment Enhanced—adolescents placed at this level of care typically have an average of eight felonies and 18 misdemeanors. Their sex offenses are patterned and repetitious. They usually have displayed predatory or fixated patterns of offending, use of force or weapons in their offenses, and/or a propensity to sexually act

out with peers of the same age, in addition to their victims. These offenders usually have a prior treatment history and present an extreme risk to the community.

Placement and Treatment for Children Ages Four to 11 with Sexually Abusive Behavior Problems. As a general rule, the culpability necessary for a referral to Utah Juvenile Court is not reached until an individual is eight years old. Interventions with sexually abusive children who are not referred to Juvenile Court involve monitoring by treatment providers and parents. Involvement of the Division of Child and Family Services in such cases can strengthen intervention and motivate compliance.

The JSOA and the NOJOS developed seven levels of graduated treatment/placement options for this population. Placements are the same as levels for older youthful sex offenders, but without the option of secure confinement. Both the JSOA and the NOJOS thought it was necessary to recognize the need for systematic and specialized intervention with this population. Offender profiles for each level of service delivery is briefly addressed below.

1. Outpatient/In-Home/Psychoeducational—appropriate for young children (ages 4 to 7) who are sexually curious and impulsive and may also be victims of some type of abuse.
2. Outpatient/In-Home/Psychotherapy—appropriate for children who consistently display sexually abusive behavior problems but are not violent.
3. Day Treatment/In-Home/Out-of-Home—appropriate for children who display severe and repetitive patterns of aggressive or self-destructive behavior.
4. Enriched Group Home/Therapeutic Foster Care—appropriate for children who display severe and repetitive patterns of aggressive or self-destructive behavior. These youths are typically in the custody of DCFS or Youth Corrections.
5. Inpatient/Assessment and Stabilization—appropriate for all types of children with sexually abusive behavior problems.
6. Intensive Residential Treatment—appropriate for children who display severe and repetitive patterns of aggressive or self-destructive behavior.
7. State Hospital/Psychiatric Treatment Enhanced—appropriate for children who display severe and repetitive patterns of aggressive or self-destructive behavior. They also must have a DSM-IV Axis 1 diagnosis and present danger to self and/or others.

Programs for Specialized Populations. After addressing the primary goal of providing sex offense-specific guidelines for the treatment, supervision, and sanctioning for the majority of “mainstream” juvenile sex offenders, it became evident that several distinct subgroups of offenders needed more specialized attention. Therefore, specific programs will continue to be created, as groups of “special needs” offenders are identified and resources become available. Examples of programs that have been developed thus far include two intensive residential treatment programs for developmentally disabled offenders (25 offenders) and one intensive residential treatment program for female offenders (10 offenders).

Educational Placement. The JSOA and the NOJOS created eight levels of school placements for juvenile sex offenders. In general, mainstream schools in Utah are not equipped to deal with serious juvenile sex offenders, nor are they able to force them to attend classes. Both groups believe that this educational placement system helps these youth stay in school, while allowing an appropriate level of monitoring and protection for students and faculty.

These levels include the following:

1. public mainstream school;
2. public school, special education program;
3. public school, youth in custody program;
4. alternative school, youth in custody school;
5. day treatment psychiatric facility, academic setting;
6. residential psychiatric center, academic setting;
7. detention facility, custody school; and
8. youth correctional facility, custody school.

TRAINING

The NOJOS has developed and is implementing several multi-level, multi-agency, and multidisciplinary training academies. The basic course is geared for paraprofessionals and clinicians with little or no experience working with youth who commit sex offenses. Another training is offered to line staff, paraprofessionals, probation and parole officers, and educators who are responsible for providing direct supervision of sexual offending youth. An intermediate course helps build the skills of clinical paraprofessionals and licensed therapists who have some experience working with sexually offending youth. An advanced training offers a forum for discussion for professionals experienced in the specialized treatment of sexual abuse and sex offender-specific treatment for juvenile sex offenders. The NOJOS also provides agency-specific and regional training.

In conjunction with the NOJOS, the JSOA created a training series to complement the *Juvenile Sex Offender Specific Protocols and Standards Manual*. The series addresses a range of issues, including the nature and dynamics of sexual abuse and juvenile sexual offending, the effects of sexual victimization, related state laws, and a discussion of specific interventions referred to in the protocols and standards manual. Anyone who provides services to juvenile sex offenders in Utah can attend these trainings.

DATA COLLECTION AND EVALUATION

The JSOA and the NOJOS strive to create and maintain sex offender-specific interventions and programs that build upon the work of clinicians, researchers, and social policy experts. To this end, the state is involved in three levels of empirical evaluation of juvenile sex offender programs. Each level is designed to acquire scientifically based data that can be used to strengthen program implementation efforts and enhance interventions. The first level examines program effectiveness and efficiency, with the emphasis on program implementation. The second level of evaluation looks at the impact of direct intervention strategies. The third level of evaluation focuses on recidivism—a critical determinant as to whether a program is successful.

Concurrently, the State of Utah has taken several steps to build its understanding of the antecedents of juvenile sexual offending, as well as identify ways to alter this deviant

behavior. Efforts have been made to conceptualize juvenile sex offenders;⁹ evaluate program implementation and ascertain risk posed by juvenile sex offenders at various points in time;¹⁰ examine recidivism;¹¹ and validate sex offender-specific assessment tools used by the state.¹² In addition, other research initiatives include:

- a longitudinal understanding of recidivism;¹³
- a meta-analysis of the juvenile female sex offender literature, and a comparison of the findings of this meta analysis to data derived from a population of juvenile female sex offenders;¹⁴ and
- an analysis of risk and protective factors associated with recidivism as perceived by juveniles who have graduated or left sex offender-specific treatment programs.¹⁵

CHALLENGES AND NEXT STEPS

The JSOA and the NOJOS are dedicated to expanding the continuum of services for juvenile sex offenders in Utah. They have a clear vision of their future priorities and goals, which focus on research, policy and procedure development, legislative guidance, and program and intervention development.

However, because the JSOA is legislatively mandated, a change of administration could threaten its continuation. The group must make an ongoing effort to educate legislators and the public about the benefits of effective and efficient juvenile sex offender management.

To move towards more comprehensive responses to juvenile sex offenders, the JSOA is working to expand its membership to include professionals from several currently underrepresented disciplines, including a victim advocate, a prosecutor, a defense attorney, a private treatment provider, a polygraph examiner, and a plethysmograph examiner.

SUMMARY

The JSOA and the NOJOS have implemented a comprehensive system for the assessment, management, and treatment of juvenile sex offenders. The system consists of a continuum of graduated levels of sex offender-specific treatment and placement options created to intervene with this population. Selection of a level of care depends upon multiple factors,

⁹ R.B. Graves, *Conceptualizing the youthful male sex offender: A meta-analytic examination of offender characteristics by offense type* (Logan, Utah: unpublished doctoral dissertation, Utah State University, 1993). R.B. Graves, D.K. Openshaw, F.R. Ascione, and S.L. Ericksen, "Demographic and parental characteristics of youthful sexual offenders," *International Journal of Offender Therapy and Comparative Criminology*, vol. 40 no. 4 (1996), pp. 300-317.

¹⁰ K.H. Miller, D.K. Openshaw, M. Hill, and D. Fowers, *Evaluation of juvenile sex offender facilities in Utah: The development and application of an implementation instrument* (in progress).

¹¹ K.N. Barlow, *Recidivism rates of Level Six Residential Programs for youthful male sexual offenders: 1995—1996* (State of Utah, 1998).

¹² K.E. Gerdes, M.M. Gourley, and M.C. Cash, "Assessing juvenile sex offenders to determine adequate levels of supervision," *Child Abuse and Neglect*, vol. 19 no. 8 (1995), pp. 953-961.

¹³ J. DeWitt, D.K. Openshaw, D. Fowers, and R. Downing, *Evaluation of a multi-level, multi-agency service delivery system* (Unpublished paper presented at the 15th Annual Conference of the National Adolescent Perpetration Network, Denver, CO, February 13-15, 2000).

¹⁴ J. Nelson, D.K. Openshaw, and D. Fowers, *A comparison of youthful female sex offenders characteristics and attributes: Meta-analysis versus self-report data* (in progress).

¹⁵ W. Johnson, D.K. Openshaw, T. Davis, and D. Fowers, *Youthful male sex offenders' perceptions of characteristics and attributes associated with recidivistic decisions* (in progress).

such as severity and frequency of past sex offenses, amenability to treatment, need for monitoring, and assessment of sexual deviancy and the risk they present to the community. A continuum of graduated levels of intervention was also created to respond to children ages 4 to 11 with sexually abusive behavior problems.

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III. LOCAL RESOURCE SITES

Maricopa County, Arizona

INTRODUCTION

Maricopa County is a mostly urban jurisdiction, with over 4 million people living in a metropolitan area that includes the cities of Phoenix, Scottsdale, Tempe, and Sun City. Approximately two-thirds of the state's population resides within the county. The county also includes significant rural areas.

LOCAL AND STATE BACKGROUND

In 1985, the Arizona State Legislature passed a statute that permitted lifetime probation for some sex offenders. This statute was the impetus for the creation of Maricopa County's specialized sex offender supervision program, which began in 1987 and became formal in 1993, under the authority of the county Adult Probation Office. The office had experienced a dramatic increase in its sex offender caseload over the previous ten years. Subsequent state legislation has also affected the sex offender population. This legislation has caused a growth in the number of juvenile sex offenders, as young as 14 years of age, sentenced to adult probation. Also, more than 50 sex offenders are currently at the state hospital awaiting hearings for involuntary commitment under Arizona's sexual predator law. The constitutionality of the involuntary commitment sexual predator law has been upheld and the numbers at the state hospital continue to increase.

A statewide protocol for community supervision of sex offenders is currently under development by probation officers from the specialized unit, treatment providers, and other criminal justice officials.

THE MARICOPA COUNTY APPROACH

The Population

Maricopa County's Adult Probation Office had about 1,400 sex offenders under supervision by June 2000. Nearly 1,200 offenders, mostly high risk, were being supervised by three specialized units. Over 850 of those offenders in the specialized units were serving lifetime probation sentences. Nearly all had been convicted of felonies.

Maricopa County Team Membership

Probation. The supervision units consist of 23 specialized probation officers and 19 surveillance officers. The average caseload size for probation officers is 52 offenders.

Surveillance officers work with two probation officers, averaging about 63 offenders each. Probation officers supervise progress in dealing with behavioral and life issues and compliance with program conditions. Surveillance officers make random field visits, particularly in the evening and on weekends, and work closely with the other officers.

Intensive Supervision. The department also has “intensive probation supervision.” About 200 sex offenders are on intensive supervision at any given time. According to state statute, each intensive probation officer has a maximum caseload of 25 and is supported by a surveillance officer.

Maintenance Caseloads. Beginning in 1997, three of the specialized probation officers were assigned larger “maintenance” caseloads. These caseloads consist of sex offenders who have been on probation for several years and are considered to pose a low risk to the community. These offenders receive periodic field visits, and maintenance polygraphs are administered about once per year.

Treatment Providers and Polygraph Examiners. Probation officers work closely with private treatment providers. All offenders supervised by the unit are required to participate in treatment. In locating providers, the department issues requests for proposals (RFPs) and outlines specifically the way in which they expect treatment to be carried out. As a result of these RFPs, a group of treatment providers has been selected by the department. Polygraph examiners are also selected through an RFP process.

Prosecutors, Judges, Law Enforcement, and Victim Advocates. Probation staff informally collaborate with prosecutors and law enforcement officers in the Sex Crimes Units of the County Attorney’s Office and individual police agencies. Cross-training is conducted as often as possible for probation officers, prosecutors, law enforcement officers, and victim advocates. Prosecutors and law enforcement officers are likely to support probation sentences because they are confident that offenders will receive treatment and will be held strictly accountable for their actions. In turn, probation officers are confident that violators returned to court will receive appropriate responses from prosecutors.

The county’s judicial liaison has also been supportive of the specialized unit. He sets policy for over 23 criminal judges and six commissioners in the county, and understands the importance of ordering specialized terms and conditions for this population. In addition, the department works on community notification and joint training with the Sheriff’s Office and the 26 police departments in the county. Probation staff have formed an alliance with the state’s largest victim advocacy group, the Arizona Sexual Assault Network (AZSAN), and the Center Against Sexual Abuse (CASA) for cross-training, joint efforts on legislative issues, and collaborative responses to public concerns about community notification. Community meetings are convened collaboratively when issues arise that warrant a meeting forum for community notification.

The Supervision and Collaboration Process

Assessment. As part of the pre-sentence process, assessments are performed (when attorneys allow them) to help determine the sentence recommendation, and if appropriate, conditions of probation. Since 1991, 16 specialized conditions for sex offenders (including

no contact with children, testing, treatment, computer related terms, and limited confidentiality) are usually added to probation at sentencing. Individuals commonly receive up to one year in jail as part of their probation sentence. Young offenders frequently begin their probation sentence on intensive supervision due to other criminal behavior and risk. Officers find that many of these youth have not finished high school, have no job experience, and need the extra structure for stability. However, most offenders begin supervision as part of a larger specialized caseload.

Once an offender is sentenced, polygraphs and the Abel Screen II are administered as part of the initial assessment process; the Minnesota Multiphasic Personality Inventory (MMPI) and other tests (plethysmograph, Multiphasic Sex Inventory II (MSI-II), Adult Interest Card Sort, C-Interview, the Sexual Violence Risk Appraisal Guide (SO-RAG), and the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR)) may also be administered. Offenders may be ordered to pay for the assessment process as part of their sentence. A small appropriation is available to supplement offender payments for those with verified need.

The evaluation process includes required attendance at a 35-hour class on sexuality and sexual deviancy. These classes are designed to help sex offenders learn correct sexual information, explore new concepts and begin to examine stereotypes, victimization, and their own behavior. Offenders are also introduced to the expectations of cognitive behavioral therapy, testing requirements (including regular polygraphs), and reunification procedures, if appropriate. Their spouses or partners are encouraged to attend these groups.

Treatment and Monitoring. When the initial class is completed, offenders attend treatment groups once per week. Depending on the individual situation, polygraphs are planned every six months in the beginning of the supervision period. Probation officers and treatment staff have found that it is most effective to have polygraphs scheduled regularly. The probation and surveillance officers provide the polygraph examiner with areas of concern. New disclosures of previous offenses generally become treatment issues, depending on the number and age of victims. New sex offenses revealed through polygraph are pursued as violations and commonly prosecuted.

Probation team members attend treatment groups on a random but regular basis. They maintain open communication with therapists. Regular staffings are held between probation officers and treatment providers.

Regular attendance at treatment groups continues until treatment goals are realized and behavior is stabilized. Although treatment generally lasts for 18 to 24 months, offenders remain in maintenance treatment at varying levels, depending on risk and other individual factors.

Probation Collaboration. Probation staff communicate frequently with the courts when problems arise or when specific information is requested. The unit supervisor speaks regularly to presiding judges about issues of legal interpretations, policy and protocol, and occasionally about specific cases. All key collaborators participate in monthly meetings of the Interagency Council on Child Abuse. Finally, probation staff report quarterly to the Community Punishment Advisory Committee—a group that includes judges, prosecutors, defense attorneys, and concerned private citizens.

Violations. Sex offenders in the unit are monitored closely. Surveillance officers must make regular unannounced visits and check with employers and families about the offenders' behavior. When violations are detected, responses are agreed upon through case staffings. Generally, depending on the type of violation, probation staff respond with increased supervision and surveillance. For example, an individual may be given a curfew or moved to intensive probation supervision. If one treatment provider dismisses an offender from treatment, the offender is often referred to another agency for treatment. This decision is made by the probation officer, not the probationer.

An analysis of the 2,344 offenders supervised by the unit(s) from May 1993 through August 2000 provides probation violation information. The study found that 926 (39.5 percent) had been taken back to court for a violation at least one time. Significant violations included: 295 (31.9 percent) that did not comply with treatment; 274 (29.6 percent) used/abused alcohol or drugs; and 249 (26.9 percent) had contact with children. (Some offenders may have had multiple violations.) Approximately 344 offenders (14.7 percent of those supervised) were revoked to prison, including four who went to prison from probation on two separate occasions. Offenders reinstated to intensive probation supervision numbered 331 (14 percent of those supervised), including 14 on two occasions and one on three occasions. Approximately 160 offenders (6.8 percent of those supervised) committed a new criminal offense—including 42 new sex offenses (17 indecent exposures, three viewing/using child pornography, and 22 various contact offenses), 24 failure to register offenses, and 94 various other offenses. Further analysis of the new sex offenses revealed that the crimes generally occurred after family or friends allowed access to children, even when they were aware of the offender's history.

Restitution and Supporting Victim Recovery. One central goal of sex offender management in Maricopa County is to support victim recovery. Treatment providers and probation staff reach out to identified victims of offenders on probation, listen to each victim's needs, and utilize that input in the management and treatment of that specific offender. Whenever possible and appropriate, communication between the offender's therapist and the specific victim's therapist is encouraged, and funding to support specialized victim therapy is offered. In intrafamilial offense cases, management and treatment strategies focus upon supporting the development of a healthy, self-sufficient family unit that is independent of the offender and aligned with victim recovery goals. These issues are addressed before any possibility of visitation and reunification are addressed.

Reunification. Probation staff describe family reunification as a difficult process. All of the treatment providers in Maricopa County facilitate partners' groups. They have found that offenders' partners are often angry and confused, and do not want to acknowledge the sex offender's behavior or become involved in treatment. However, partner involvement in groups is encouraged as a necessary part of the reunification process, an additional safeguard against reoffending, and a chance for partners to gain support and a greater understanding of their own issues. Reunification is gradual and well-supervised. It generally does not begin until the offender has nearly completed treatment and has a detailed plan in place for relapse prevention.

Special Service Components

Maricopa County has developed programs for specialized populations, including Spanish speaking offenders, those with mental disorders, the developmentally disabled, and substance abusers. Evening groups have also been created for offenders serving short jail terms who are released on work furloughs.

Sex Offender Notification Enforcement and Tracking Team

The Mesa Police Department, in cooperation with the Maricopa County Adult Probation Department and the Center Against Sexual Abuse, has pioneered new and ongoing approaches to community notification and management of offenders. All three entities of the team are housed together in an off-site location. Information pertaining to each offender that falls under community notification guidelines is shared during formal and informal staffings. Decisions about the scope and method of community notification and other pertinent issues are discussed openly during staffings. The team uses a community policing philosophy of engaging the assistance of law enforcement officers, volunteers, probation officers, counselors, and block watch captains. All team members are present for door-to-door notifications and community meetings. Thus far, the team has had success in educating communities where offenders were living about the offender's supervision requirements and counseling services available for current and former victims of similar offenses. Team members also get a sense of the level of community acceptance of the offender and of potential problems.

Data Collection and Evaluation

The Maricopa County program was favorably reviewed in a 1994 report by Dr. Judith Becker of the University of Arizona. Monthly statistical reports are provided by probation officers. These reports form the basis for analysis of violations; further analyses are in process with the support of a grant from the U.S. Department of Justice.

SUMMARY

Maricopa County, Arizona, has pioneered lifetime probation supervision and was one of the first jurisdictions to use specialized caseloads, including intensive supervision, for sex offenders. There is extensive collaboration among probation officers, the court, the prosecutor's office, treatment providers, and law enforcement. The Probation Department has secured assistance from the National Institute of Justice to evaluate the effectiveness of their approach.

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Orange County, California

INTRODUCTION

Orange County, California, is an urban and suburban jurisdiction south of Los Angeles, with a population estimated at approximately 2.8 million in 1999. In terms of numbers of residents, it is the fourth largest county in the state and the seventh largest in the United States. It is comprised of 22 cities and towns, with the main government offices located in Santa Ana.

BACKGROUND

In the early 1990's, the Orange County Probation Department developed a "balanced casework approach" as a guide for delivering services to adult and juvenile probationers. This approach uses a triangle model of offender accountability, offender competency, and public security to promote the overall goal of community safety. In 1996, the National Institute of Justice (NIJ) published a research brief entitled "Managing Adult Sex Offenders in the Community: A Containment Approach."¹⁶ The department felt their balanced casework approach was compatible with the containment approach, which seeks to manage sex offenders in a triangle of supervision (enhanced supervision and surveillance; offense specific treatment; and polygraph examinations). In 1997, a task force was established within the department to make recommendations for modifying the manner in which adult sex offenders were supervised. As a result, the department launched a specialized supervision unit in August 1997 to provide intensive supervision services to high-risk adult sex offenders. The unit was operational by February 1998.

About the same time, the Probation Department created a countywide, multidisciplinary steering committee to develop comprehensive guidelines for sex offender treatment. The committee was comprised of representatives from the Probation Department, the District Attorney's Office, health care and treatment providers, and a private defense attorney. The guidelines were published in 1997 and address issues of treatment modality, content, and duration and qualifications for treatment providers.

The county has been a CSOM Resource Site since July 1999. Initial interest in Orange County originated with the work of the specialized sex offender unit and its collaboration with criminal justice and community agencies to manage adult sex offenders and increase public safety. This case study primarily focuses on these efforts. In addition, however, it describes treatment and supervision services for adolescent sex offenders and county initiatives to facilitate a comprehensive, community-wide approach to managing sex offenders in the community.

¹⁶ Based on Kim English, Susanne Pullen, and Linda Jones (eds.), *Managing Adult Sex Offenders: A Containment Approach* (Lexington, KY: Probation and Parole Association, 1996).

THE ORANGE COUNTY ADULT SEX OFFENDER UNIT

The mission of the Probation Department's Adult Sex Offender Unit is to enhance public safety, provide victim protection, and promote victim reparations through a collaborative approach to supervising and treating adult sex offenders residing in Orange County.

The Population

The unit deals with approximately 350 high-risk cases at any given time. To ensure that all adult sex offenders on probation are identified for potential inclusion in the unit, the county defines sex offenders as:

- any adult on probation supervision originating in or residing in the county who has been convicted of any sex offense;
- anyone who has been convicted of any sex-related offense;
- anyone on probation for nonsexual offenses who was previously convicted of a sex offense;
- any sex offender who is compelled by state law to register for life;
- any sex offender who is placed on probation for failure to register by state law; or
- any persons convicted of nonregisterable sex offenses, whether misdemeanors or felonies.

Once identified, two probation officers from the Adult Sex Offender Program conduct in-house assessments to classify offenders into low-, medium-, and high-risk levels. Cases are then expedited to the field for review by the unit's supervising officer and assignment to a specialized or generic field officer. The average length of supervision for sex offenders served through this unit is three, five, or 10 years—with no early termination of probation.

The Program Structure

Caseload. Unit staff consists of one supervising officer, eight deputy probation officers who supervise approximately 40 high-risk cases each, two deputy probation officers who conduct specialized assessments of incoming cases, and one full-time clerical support person.

Expectations for Specialized Officers. Specialized officers in this unit have significantly higher supervision and surveillance expectations than generic field officers, including:

- face-to-face contact with assigned cases at least three times a month;
- in-depth interviews with offenders and others to establish social, family, and criminal histories;
- surveillance activities including evenings, weekends, and other nontraditional working hours;
- verification of all information provided by offenders;
- coordination of referrals to specialized services, which includes ongoing contact with therapists and obtaining written updates on offenders' progress;
- constant, consistent, and appropriate enforcement action;
- ongoing contact with victims and their families to enforce no-contact orders;
- thorough search and seizures and basic searches of home computer systems;
- understanding of issues related to risk factors, methods of operation, application of special terms and conditions, and patterns of victimization;

- coordination with courts, private treatment providers, the Probation Department, law enforcement agencies, and others;
- maintenance of written records, progress notes, and data for purposes of research, development, monitoring and replication of successful practices; and
- verification of offenders' annual compliance with registration laws.

Training and Networking. Specialized officers must have had field experience prior to their assignment to the unit. In addition to the department's 40 hour training that includes a segment on working with sex offenders, these officers take advantage of ongoing educational opportunities. Officers participate in relevant satellite videoconferences, as well as annually attend relevant professional conferences. In addition, all officers participate in several monthly meetings that offer training and information sharing, including the following:

- case management meetings between officers and treatment providers (coordinated by the program's supervising officer);
- networking meetings for county sexual assault investigators;
- briefings for specialized officers to discuss select cases;
- CSOM Resource Site Team meetings; and
- subcommittee meetings of the CSOM Resource Site Team (one probation officer is active on each subcommittee).

Assessment and Data Collection. In-house assessments are done within 15 working days of the initial case assignment and/or probationer's release from custody. Part of the assessment process includes administration of the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR). RRASOR scores are entered into the department's automated database. The RRASOR serves as one indication of overall risk posed by the probationer; factors such as the offender's prior criminal record, personal and sexual history, victim impact statements, victim access, and the severity of the crime are also considered. The unit utilizes the California Department of Justice's (DOJ) Megan's Law CD-ROM to assist in identifying and classifying probationers residing in the county. The DOJ risk levels are merged monthly into the department's computerized database system. Data on sex offender registration compliance is also maintained on the department's computerized system. All three data fields serve to identify adult sex offenders to anyone making an inquiry via the computer.

The program reassesses risk on a six-month basis, transitioning cases to generic caseloads as appropriate.

Supervision Conditions. The county requires sex offender probationers to abide by specialized terms and conditions. In addition to spending a designated number of days in the county jail, paying fines, making restitution for victim medical or psychological treatment, and reimbursing police departments for costs incurred in gathering forensic evidence from victims, terms and conditions include the following (these may be modified as directed by probation officer):

- sex offender registration;
- submission to AIDS testing and DNA testing;
- enrollment in and completion of an AIDS education program;
- enrollment in and completion of a specialized treatment program;

- payment of expenses for treatment and cooperation with treatment program and guidelines;
- agreement to undergo periodic polygraph examinations;
- no subscription or access to on-line Internet services;
- no use or ownership of any form of sexually explicit material;
- no frequenting of establishments where sexually explicit materials are viewed or sold and no use of sexually oriented telephone services;
- no frequenting massage parlors, live nude shows, or erotic conventions;
- no association with minors, no residing with children under the age of 18, and no dating or marrying anyone under the age of 18;
- no toys, video games, or similar items designated for the entertainment of children;
- no photographic equipment;
- no child erotica or any illustrated materials depicting unclothed children;
- no contact with victims;
- submission to search and seizure of person, property, place of residence, vehicle, or personal effects;
- no use, possession, or ownership of deadly or dangerous weapons;
- no violation of laws and compliance with all orders of the courts;
- seeking training, schooling, or employment, and maintaining residence and associates as approved by probation officer;
- no volunteer work without permission;
- no alcohol or drugs (without valid prescription), no frequenting of establishments where alcohol is the primary item of sale, and submission to alcohol/drug testing as directed by probation officer; and
- monthly payment of probation costs.

Surveillance. The Probation Department works in cooperation with the county's special enforcement unit, as well as local, state, and federal agencies to conduct surveillance of sex offenders in the program. Some specialized officers ride along with police field officers once a week to conduct surveillance.

Treatment. The Probation Department's *Guidelines for Sex Offender Treatment Programs* has been useful in explaining the critical elements of sex offender treatment to probation officers, treatment providers, prosecutors, public defenders, private defense attorneys, the courts, and others. In particular, the guidelines have helped probation officers and treatment providers understand each of their roles in the management of sex offenders. The guidelines present the department's expectations concerning the following:

- principles of treatment;
- ethical standards for treatment providers;
- staffing and education requirements for treatment providers;
- treatment approaches;
- intake procedures;
- offender assessment prior to participation in treatment;
- length of treatment;
- fees;
- content of treatment;
- use of physiological measurements;

- graduation from treatment;
- termination criteria;
- victim's services; and
- monitoring and evaluation.

All sex offenders supervised by the Adult Sex Offender Unit are referred to offense-specific treatment for the duration of their probation. Offenders are in group treatment for a minimum of two years, with each session lasting at least two hours. Most of these offenders are involved in private outpatient treatment with providers who have agreed to follow Probation Department guidelines. As of September 2000, the department was working with 12 private treatment organizations. Specialized officers and treatment providers from these organizations meet monthly to discuss cases. Officers are in frequent contact with treatment providers to share case information, and they may sit in on group treatment sessions with offenders they supervise.

Treatment involves a cognitive-behavioral approach using a relapse prevention model. It generally addresses:

- accepting responsibility for sexually deviant behavior and modifying cognitive distortions;
- developing victim empathy;
- controlling sexual arousal;
- developing skills related to social competence, assertiveness, anger and stress management, and limit setting;
- dealing with substance abuse problems;
- identifying dysfunctional family patterns;
- sex education;
- relapse prevention and cognitive restructuring;
- self-monitoring; and
- developing appropriate coping skills.

Use of the Polygraph. Polygraph examinations are used to monitor offender compliance with supervision conditions and overall progress. The Probation Department developed guidelines and procedures for use of polygraph examinations with sex offenders. In the past, there was frequent disagreement among probation, prosecution, and public and private defense regarding the legality of using polygraphs (both voluntary and court-ordered) as a tool in the community management of sex offenders. The research and dialogue that accompanied the development of the guidelines and procedures helped resolve many of these issues.

It is the department's intent that all identified sex offender probationers undergo periodic polygraph examinations during the course of their probation. Polygraph results are used to assist probation officers and treatment providers in developing supervision and treatment plans, with the primary focus on community safety. In the event that the offender reveals information in which community safety is a concern, the officer discusses the circumstances with the supervising officer and together they determine appropriate actions to be taken or initiated by an outside agency. A fund was set up by the department to pay for polygraph exams for probationers with limited financial resources.

Response to Violations. Sex offender probationers are arrested when they violate most conditions of their supervision (one exception may be misdemeanor traffic violations). Officers typically recommend to the court a sentence of not less than 90 days in jail for the first violation, no less than 120 days for the second violation, and incarceration in state prison for a third violation. Officers may also respond to violations by making changes as necessary to the offender's supervision and treatment plan.

Attention to Victims

The county is beginning to involve advocates and other victim service providers in sex offender management. Currently, specialized probation officers contact victims to provide information about their offenders' probation status and to explain the work of the supervision unit. While the team eventually would like to place a victim advocate within the Probation Department, they are focusing on four smaller scale initiatives:

1. to develop procedures within the Community Service Program, Victim Assistance Program (which houses both the victim-witness program and the rape crisis center) to ensure that staff help sexual assault victims file the proper paperwork to be notified of offender release;
2. to develop procedures that facilitate advocates working with probation officers to encourage victims to provide information for the pre-sentence investigation report;
3. to develop procedures for the police to inform the Victim Assistance Program when they will be distributing flyers on notification of sex offenders living in neighborhoods; and
4. to involve advocates and probation officers in community education efforts.

ADOLESCENT SEX OFFENDER CONTINUUM OF CARE

Treatment and supervision of adolescent sex offenders in Orange County and the rest of the state falls under the jurisdiction of the California Department of Youth Authority. In an effort to increase resources for high and moderate-risk adolescent sex offenders, the Youth Authority implemented a continuum of care model in 1994. The Continuum of Care for Sex Offenders Program (CCSOP) provides for treatment for these youthful offenders from the institutional phase of treatment through parole.

Institutional Component. The CCSOP includes two institutional sex offender treatment programs, one in Northern California and one in Southern California. The Carter Sex Offender Program at the Fred C. Nelles School in Whittier is an 80-bed program and the Humboldt at the O.H. Close School in Stockton is a 60-bed program. These programs provide sex offender-specific group and individual treatment, using a cognitive behavioral approach with an emphasis on relapse prevention. Treatment areas include: human sexuality education, social skill building, appropriate male/female relations education, victim awareness building, effective parenting education, relapse prevention, learning about criminal thinking errors, and family counseling.

Youth served range in age from 14 to 21, but the program can treat individuals up to age 25. Youth have been committed for sex offenses from both juvenile and superior courts. To be eligible for these treatment programs, youth must meet certain conditions (have been committed for a sex offense, had a prior sustained sex offense, charged with a sex offense

that was plea bargained to a lesser offense, have a documented history of sexually inappropriate behavior, self-disclosed involvement in sexually inappropriate behavior; or committed sexually inappropriate behavior in institutional settings). They must also have a minimum score on a sex offender risk assessment, the cognitive ability to participate in insight-oriented therapy, no psychiatric disorder that would prevent successful completion, and not be subject to deportation. Average length-of-stay in the programs is two years.

Youth may be paroled directly from the programs or may transfer out to other Youth Authority facilities to complete their sentence. Their treatment teams recommend their parole when they have completed the program and reached their parole consideration date. Youth seeking parole must appear before the Youthful Offender Parole Board (YOPB); the board determines whether they are ready for parole and, if so, orders parole conditions specific to each offender and his/her history.

Parole. Extensively trained parole specialists have been designated throughout the state to carry only youthful sex offenders on their caseloads (about 30 youth per specialist). The specialists visit youth on their caseload periodically in the institutional programs to build relationships with them and the treatment staff. They work with youth, their families, institutional staff, local law enforcement, and victims to develop appropriate parole placement plans. Upon parole, they assist youth in registering with the state and monitor their compliance with registration requirements. The Youth Authority contracts with community-based treatment providers to provide sex offender specific aftercare treatment for these parolees. Parole specialists collaborate with treatment providers to monitor aftercare progress.

Relapse behavior and violations of conditions of parole are addressed as they occur. Responses may include returning the youth to institutional care or modifying supervision and treatment plans (e.g., more intensive treatment, electronic monitoring, curfew, surveillance, more frequent drug testing, and additional community service). If a youth's behavior deems them a threat to the community, they are immediately arrested and must appear before the YOPB for possible revocation of up to 18 months.

Specialists that serve Orange County attend monthly sexual assault investigators meetings and maintain relationships with sex crime detectives and state registration personnel. They also work closely with the state Department of Justice's Sexual Habitual Offenders Program, and with the Sexual Predator Apprehension Team to conduct surveillance on high-risk offenders.

Research. The research division of CCSOP is conducting a process evaluation of the program, describing data collected since November 1998. Researchers are:

- exploring what proportion of youth in CCSOP completed or failed the program and lengths of stays;
- comparing the study population prior to the January 2000 legislation mandating sex offender treatment for all sexually violent predators and after the legislation's enactment; and

- looking at parole rates of youth in the program at intervals of 6 months, 12 months, and 24 months (specifically comparing differences in violation rates of program completers versus program failures).

Information is being gathered on program operations, size, location, and staff, eligibility and youth selection criteria, dismissals and reasons for dismissals, and lengths of institutional stay.

Victim Services. The Youth Authority offers victims services through its Office of Prevention and Victims Services. Victims service specialists provide community outreach to schools and other agencies and work with victims directly. They inform victims of the parolee's movement and status in the Youth Authority, advise them of their rights to attend parole hearings or present a statement, act as their advocate during parole hearings, and provide information regarding the parolee's release to the community. The office also collects, distributes, and monitors restitution fines.

COMMUNITY-WIDE COLLABORATION

Orange County Sex Offender Management Team

The Orange County Sex Offender Management Team, established in 1999, includes representatives from the Probation Department, the Parole Department, law enforcement agencies, the District Attorney's Office, a sex offender treatment program, the Victim Assistance Program, a research analyst, a private defense attorney, Social Services, and healthcare. The team envisioned that a comprehensive approach to community management of adult and juvenile sex offenders in their county would include:

- early intervention with victims and offenders;
- use of screening and guidelines;
- enforcement of conditions and terms of supervision;
- enhanced treatment;
- elimination of gaps in service provisions in the system;
- tracking of cases and outcomes; and
- education of professionals in relevant systems and the public.

During its first year, team members worked to identify common ground, build trust, and promote collaboration. Collaboration was difficult to achieve partly because of the historic positioning of some players as adversaries in the criminal justice system. By the beginning of its second year, the team was clearer about its priority work areas. These areas included: enhancing victim protection; standardizing related law enforcement policies and practices (e.g., notification and registration); developing guidelines on polygraph use; planning and conducting baseline research; and strategizing about community education on this issue. The team formed subcommittees to facilitate discussion and action in these five areas. Each subcommittee is lead by a team member and consists of both team members and other appropriate practitioners and policy makers. The team holds a two-hour meeting once a month; subcommittees also meet monthly.

Challenges

The Sex Offender Management Team continues to work to establish its credibility as the county expert on sex offender management issues, so that local practitioners, policy makers, and the community use it as a resource. Practitioners and policy makers in the county need more training and information on the nature of sexual offending and sexual victimization, as well as effective sex offender management and coordinated service delivery. Public education is also needed to inform residents how they can reduce their risk of sexual victimization, encourage them to report these crimes, explain services available for victims, and decrease social tolerance for this type of violence.

To progress toward a cohesive and comprehensive approach to managing sex offenders in the community, all county agencies need to develop uniform policies and practices around sex offender management.

SUMMARY

Orange County, California, developed an intensive adult sex offender unit in the Probation Department that strives to enhance public safety, provide victim protection, and promote victim reparation through a collaborative approach to managing sex offenders in the community. The Probation Department, through a multidisciplinary steering committee, has also developed guidelines for sex offender treatment. In addition, it has developed guidelines and procedures on the use of the polygraph. Youthful offenders are dealt with at the state level through the Continuum of Care for Sex Offenders Program. A multidisciplinary team has recently been established to facilitate countywide efforts to manage sex offenders more cohesively and comprehensively.

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Jefferson County, Colorado

INTRODUCTION

Jefferson County is a suburban county west of Denver, with a growing population estimated at 512,114 in 1999. The minority population was estimated at 18 percent in 1990, but is growing. The county covers approximately 770 square miles. The courts and government offices are located in Golden, the county seat.

STATE BACKGROUND

In recent years, the State of Colorado has made a strong commitment to enhance adult sex offender management. In 1992, Colorado's Sex Offender Management Board (SOMB) was established legislatively (the SOMB is also a CSOM Resource Site). The board's mission is to develop standards for treatment and management of sex offenders in the state and ensure the effectiveness of sex offender programs and services. In 1999, the SOMB agreed to develop separate standards for the treatment and management of juvenile sex offenders in Colorado.

LOCAL BACKGROUND

In Jefferson County, juvenile probation officers began to apply adult models of specialized treatment and supervision to the juvenile offenders on their caseloads. They developed the first specialized juvenile sex offender unit in the state in 1996. In December 1997, a multidisciplinary working group called SAFE (Sexual Assault Free Environment)-Jeffco was formed. SAFE-Jeffco was organized to develop a more innovative and effective system for the identification of, intervention with, and management of juveniles who commit sexual offending behavior. The working group consists of representatives from prosecution, law enforcement, social services, probation, youth corrections, schools, victim advocacy organizations, sex offense specific treatment providers, the Juvenile Assessment Center, the child advocacy center, mental health providers, pretrial services, parents of victims and offenders, and the judiciary. SAFE-Jeffco adopted the following as their goals:

- to improve system coordination, creating a continuum of intervention involving schools, social services, law enforcement, offense-specific treatment providers, the assessment center, pretrial services, prosecution, probation, and youth corrections;
- to increase community safety, curtail recidivism, and enhance the rehabilitation of the juveniles who have committed unlawful sex offenses;
- to enhance victim and potential victim protection and involve victims in developing a more effective system of management of the juveniles who commit sexually abusive behavior; and
- to increase public awareness through community educational efforts.

THE JEFFERSON COUNTY APPROACH

SAFE-Jeffco designed and developed several programs to address the management of juvenile sex offenders in the county, from investigation and pretrial supervision through probation. In October 1999, a grant was awarded from the U.S. Department of Justice, Office of Justice Programs that added three staff positions to augment and help complete the continuum of services that SAFE-Jeffco felt was necessary to manage juvenile sex offenders. Those positions include an assessment specialist (who handles the pretrial supervision of juveniles alleged to have committed unlawful sex offenses), a school liaison probation officer (who coordinates expanded community supervision teams that include public school personnel); and a grant and evaluation coordinator (who administers the grant and is designing and implementing a system for the collection, analysis, and evaluation of data).

Pretrial Supervision and the Juvenile Assessment Center

The Juvenile Assessment Center (JAC) was established to provide a “one-stop shop” for juveniles involved with the criminal justice system. Its specific purpose is to assess whether it is appropriate for the youth to return home and be supervised in the community, and to make referrals for needed services. The JAC is staffed around the clock and includes skilled intake and supervision staff.

When a juvenile is investigated for committing a sex offense in Jefferson County, police may transport the youth to the local detention center or the JAC, or release the youth to his/her parents or guardians. If the juvenile is not detained in the detention center, he/she will be referred for pretrial supervision and monitoring through the JAC.

The JAC assessment specialist, who is trained to work with this population of sex offenders, interviews the youth and their families and explains the details of pre-trial supervision. Participation in the pre-trial supervision program is voluntary and not court ordered. Families are advised that youth participating in this program receive intensive supervision that includes referrals to appropriate treatment and other services for the youth and their families. If a juvenile and his/her family agree to participate in the JAC pre-trial supervision program, the youth signs a contract. The contract requires the juvenile to be in offense specific treatment, refrain from having contact with the victim, and have no contact with potential victims. It also allows the assessment specialist to supervise and monitor his/her activities. The assessment specialist conducts weekly phone check-ins and visits the juvenile in his/her home and school on a regular basis. Supervision continues until the case is closed or sentencing occurs.

The assessment specialist prepares and provides assessment reports for the District Attorney’s Office and the courts. The specialist also provides routine supervision and compliance reports to the courts and shares information with probation staff to assist in the preparation of pre-sentence investigation reports. If youth are detained in the detention center, pre-trial supervision staff from Court Services complete assessments and monitors their cases until sentencing in a similar manner to the JAC.

Post-Trial Supervision

The majority of all juvenile sex offenders in the county receive a probation sentence. Probation sentences are statutorily limited to two years and juvenile sex offenders are not

permitted to terminate early from probation. However, probation may be extended if the juvenile has not satisfied requirements of treatment and probation or as a consequence of noncompliance. In 1996, Jefferson County's Probation Department was awarded a grant to create a specialized unit to supervise juvenile sex offenders. The unit is comprised of a unit supervisor, two probation officers who supervise adjudicated offenders, a probation officer who completes pre-sentence investigation reports, and, most recently, a school liaison probation officer.

Within this specialized unit, juveniles begin probation at the highest level of supervision. They are classified within two months, based on their scores on the Colorado Young Offender Level of Services Inventory (CYOLSI) and the Protective Factors Scale. These assessment tests help determine the risk posed by the offender and the offender's treatment needs.

Offenders are required to participate in offense specific treatment after receiving a referral from the probation officer. Juveniles attend weekly group therapy sessions that are cognitively based and are focused on teaching juveniles about their offending behaviors, the sexual abuse cycle, relapse prevention, and victim empathy. Individual and family sessions are held at a minimum of once per month. Probation officers meet frequently with treatment providers, and attend treatment sessions and case staffings about once a month.

Juveniles are administered polygraph exams and plethysmographs when therapists and officers agree they are needed. Polygraphs are administered to juveniles fourteen years old or older, but also to some youth as young as twelve years old, depending on their level of functioning and the seriousness of their offending behavior. Plethysmographs are used less frequently and are generally administered on older juveniles when there are concerns about deviant arousal patterns. At a minimum, polygraphs are administered as part of the full disclosure process, when it has been determined the juvenile is mature enough for the examination.

When juveniles make new disclosures of past sexual offending behavior, new charges may not be filed unless the behavior involved penetration or threats of violence. New disclosures of offending behavior while under supervision are considered violations of probation and are acted upon accordingly. When new disclosures occur, victim advocates attempt to reach victims or their families and provide support and services to those who wish to access them.

When juveniles violate the technical terms of their probation, probation officers respond by increasing the intensity of surveillance, the daily structures imposed, and the provision of treatment services. New violations of the law require a return to court for revocation proceedings.

Coordination between the Criminal Justice System and the Public School System

The collaboration between the criminal justice system and the public school system in Jefferson County is noteworthy. An educational liaison working for the JAC notifies school personnel when their students are involved with the criminal justice system because of alleged sex offenses. Notification occurs at several points throughout the criminal justice process: when the juvenile has agreed to participate in pre-trial supervision; when the juvenile

is charged through the District Attorney's Office with a sex offense; and when the juvenile is adjudicated and placed on probation. Juvenile sex offenders are subject to expulsion from the public school system. Offenders who clearly pose a threat to school personnel or other children are not permitted to attend public school. Expulsion, however, may be counterproductive to the youth's treatment plan. It is the hope of SAFE-Jeffco that through collaboration and information sharing between the schools and the criminal justice system, more juvenile sex offenders may be allowed to stay in the public schools.

The school liaison probation officer coordinates community supervision teams to oversee the management of public school students on probation for sex offenses. Teams meet monthly to review cases and quarterly for staffings to: share information regarding supervision requirements imposed by treatment and/or probation; discuss possible high-risk behavior concerns; and report on the juvenile's progress in supervision and in school. Community supervision teams expanded to include school personnel after it was realized that schools are responsible for supervision of the juvenile for at least eight hours a day. Schools, however, were not always aware of probation restrictions regarding extracurricular activities and contact with younger children. It became apparent to the Juvenile Sex Offender Unit that collaborating with public schools was important to successfully supervise juveniles on probation.

At the time a juvenile begins his/her probation, the family is required to sign a release of information allowing the case to be discussed among members of the community supervision team. Team members consist of all professionals involved in the youth's life, including probation officers, school principals or their designees, school resource officers and/or counselors, treatment providers, social services case workers (if applicable), the school liaison probation officer, and possibly, victim advocates. The juvenile and his/her parents or guardians also attend team meetings. A residential placement provider may also be present if the youth has been removed from his/her home. Other school personnel, outside of the community supervision team, are notified of the offender's circumstances on a need-to-know basis.

Data Collection and Evaluation

Up to this point, there has been no formal follow-up study or evaluation of Jefferson County's system of managing juvenile sex offenders. However, the specialized unit in the Probation Department has been tracking successful and unsuccessful terminations in conjunction with grant and management guidelines. With the addition of a grant and evaluation coordinator to the SAFE-Jeffco staff, a data collection system is being designed that will serve to gather information on all juveniles investigated and/or adjudicated for sex offenses in the county. In addition, an evaluation is being designed to describe and assess the effectiveness of the pre-trial supervision program and the school containment team project. Initial data and reports are available.

Collaboration

Jefferson County and the State of Colorado established several committees of varying levels of formality to enhance the management of juvenile sex offenders, increase communication, assess current practices, and tackle new challenges through collaboration.

Statewide committees include:

- Colorado Sex Offender Management Board: The board's mission is to advance the management of sex offenders in the state and ensure the effectiveness of related programs and services.
- Colorado Continuum Network: This committee is the statewide chapter of the Adolescent Perpetrator Network.
- Sex Offender Subcommittee on Juveniles (SOSJ): This subcommittee of the Colorado Judicial Department has developed statewide standards for juvenile sex offender management.

Committees within Jefferson County include:

- SAFE-Jeffco: This group meets monthly to address broad system issues and capitalize on the strength of collaboration to address challenges of identifying, treating, and supervising juvenile sex offenders.
- Sex Assault Review Team: This team meets monthly for the purpose of reviewing each juvenile offender under pre-trial supervision of the JAC staff. The meetings include issue identification and active problem solving on a variety of treatment, school, and supervision issues. Team members include JAC supervision staff, the supervisor of the specialized probation unit, the director of the victim advocacy center, the victim/witness coordinator from the District Attorney's Office, staff from the Division of Youth Corrections, treatment providers, Division of Social Services personnel, and the juvenile sex assault prosecutor.
- Jefferson County Probation Juvenile Supervision Team: The specialized unit within the probation department meets regularly to coordinate probation activities, review cases under post-trial supervision, and provide guidance and support in the management of cases.

SUMMARY

Jefferson County, Colorado, is a suburban district with a well-developed model of juvenile sex offender management, ranging from pre-trial assessment and supervision of offenders, to the specialization of a juvenile sex offender probation unit (the unit was the first of its kind in the state). Extensive collaboration among criminal justice agencies, treatment providers, schools, social services, and the victim advocacy community is a key component of the county's approach to managing juvenile sex offenders within the community.

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New Haven, Connecticut

INTRODUCTION

The greater New Haven area includes the towns of Bethany, Branford, Madison, East Haven, Guilford, New Haven, and North Branford, and covers 862 square miles. Its 1995 estimated population was approximately 800,000. The city of New Haven is by far the largest of these towns, with a population of about 150,000. It is a diverse urban area and the home of Yale University. It is, however, one of the poorest cities in the nation.

LOCAL AND STATE BACKGROUND

In March 1995, the first Sex Offender Intensive Supervision Unit in Connecticut was implemented in New London County through a federal grant. This unit was established cooperatively by the Court Support Services Division (CSSD), a statewide agency housed within the Judicial Branch,¹⁷ and the Center for the Treatment of Problem Sexual Behavior (CTPSB), a private nonprofit community-based treatment program. Both agencies operate statewide. The New Haven program started nearly three years later. An extra probation officer was added to the program to provide gradual decreases in supervision, and a victim advocate was added to systematically include the victim's perspective in decision-making and to provide for regular contact with victims and their families.

In 1995, legislation was enacted that granted broad authority to CSSD and the Board of Parole to disclose information about sex offenders under their supervision to any person they deem appropriate. It also requires registration of convicted sex offenders with local law enforcement. The law requires offenders convicted of adult sexual assault or sexual abuse of a minor to register within five days of the end of their probation term and to reregister with each change of address for ten years.

During the 1998 legislative session, this law was amended. Effective October 1, 1998, registration is required within three days of release by the court (if placed on probation) or the Department of Correction (upon release from incarceration). The registration duration remains ten years for those offenders convicted of adult sexual assault; however, those offenders convicted of child sexual abuse are now required to register for life. Offenders can petition for relief of the registration requirement after ten years. The State Police are required to maintain a central registry, ensure that registration information is available electronically, and provide public notice of the registry twice each year. The 1998 Legislature also passed a requirement for the CSSD to develop a "community response education program" in conjunction with law enforcement, treatment providers, and victim services.

¹⁷ The CSSD was formerly known as the Office of Adult Probation.

THE NEW HAVEN APPROACH

The New Haven Sex Offender Intensive Supervision Unit supervises high-risk adult sex offenders (age 16 and older) identified through risk assessment by probation and treatment staff. All offenders on the caseload have been convicted of a sex offense and are under the legal supervision of the CSSD.

New Haven Team Membership

The team consists of a lead probation officer, four probation officers, three treatment providers from CTPSB, and a victim advocate from Connecticut Sexual Assault Crisis Services (CONNSACS), whose position is funded by CSSD and housed four days a week within the New Haven Probation Office.

Probation Officers. Three probation officers supervise a maximum of 25 high-risk offenders each. These officers are responsible for 24-hour supervision, seven days per week. They are highly mobile and very proactive. They are in contact with the offenders on their caseload nearly every day. The officers routinely make unannounced home visits (including evenings, weekends, and holidays), maintain communication with family members, friends, and employers, assess the appropriateness of offenders' residence and employment, search for at-risk behaviors (including evidence of contact or potential contact with children, pornography, illegal substances or alcohol, and use of the Internet), and collaborate with local law enforcement.

The fourth probation officer is a Relapse Prevention Specialist and has a maximum caseload of 50 offenders. As offenders progress in treatment, they transition from specialized intensive supervision to the relapse prevention caseload. This transition is based on time in treatment, stable behavior, and active engagement in the treatment process. The relapse prevention caseload provides heightened but less intense monitoring. Offenders move toward incorporation in nonspecialized "regular" high-risk supervision (maximum caseload of 75).

Probation officers receive specialized training, collaborate with treatment providers, and attend sex offender treatment groups.

Treatment Providers. The CTPSB treatment staff provide assessment and treatment, and often accompany probation officers on home visits. Treatment staff use the Hare Psychopathy Checklist (revised), the Carlson Psychological Survey, and a risk assessment instrument they developed, based on current research. Offenders are accepted for treatment if the nature of their offense and their history indicate they would benefit from treatment. Offenders who are assessed as having psychopathic personalities (this is very uncommon) are often rejected from treatment, since such offenders may pose greater risks with treatment. Generally, an offender's evaluation determines the type of treatment they receive.

Treatment staff provide group therapy to offenders. Most offenders begin with an introductory group (the "cognitive lab"), which provides treatment orientation and expectations and lasts about 14 weeks. Treatment draws on cognitive-behavioral approaches, and includes cognitive restructuring, victim empathy training, sexual education, and relapse prevention training. CTPSB offers special bilingual groups and groups for people with developmental disabilities. They also offer a "family seminar" before family reunification.

Whenever possible, rapists, child molesters, and exhibitionists/voyeurs are assigned to separate, specialized groups. A portion of the offenders also receive specialized medication to control their impulses and behavior.

Treatment proceeds toward realization of 14 goals, categorized as immediate, intermediate, and extended. The first immediate goal is acceptance of responsibility for the sex offense. The final goal is to learn about, and utilize, a relapse prevention strategy and an offense prevention plan. Length of time in treatment depends on the individual's progress, since treatment is considered open-ended. It typically ranges from one to seven years.

Victim Advocate. The advocate's role is diverse. She supports supervision activities by accompanying probation officers on home and field visits, attending case review meetings, and assisting with the victim empathy component of treatment groups. She initiates contact with the victim and/or victim's family and maintains that contact as long as necessary. The advocate provides information and raises concerns to probation officers and treatment staff throughout the supervision process. She provides referrals for counseling and other services. She obtains background information from all probation files on each individual supervised by the unit. She also gathers information from victims or significant others and family members about an offender's behavior as part of supervision.

The Indicators of Collaboration in New Haven

Acceptance onto the Unit. Offenders are eligible for the Intensive Supervision Unit either after serving a period of incarceration or through a direct probation sentence. If they are returning to the community from prison, the probation staff receives notification prior to release, and refers the case to CTPSB for pre-release assessment. When the individual is released, treatment and probation staff decide whether supervision or clinical issues indicate appropriateness for the unit. The unit uses the 24-item Sex Offender Screening Protocol, supplemented by the Rapid Risk Assessment of Sex Offender Recidivism (RRASOR) and the Violence Risk Appraisal Guide (VRAG) as part of the assessment process; a person who scores in the moderate- to high-risk range is a likely candidate for the unit. Other factors are also considered in the assessment process; if the individual does not have predatory offense patterns (for example, had a single victim within the family over a prolonged period) or has no recent history of drug or alcohol use, they may decide against unit supervision. However, ritualistic behavior could increase the likelihood of inclusion. Disagreement between treatment and probation staff about acceptance into the unit rarely occurs.

Notification. The CSSD policy on sex offender notification was revised in 1997. Notification is provided to victims, victims' parents or guardians (as appropriate), the police, the offender's immediate family members, other occupants of the offender's residence, and treatment providers. For the highest risk cases, including most unit cases, the team may decide to include notification to neighbors, local schools, employers, and organizations with which the offender is involved. Notification is a probation responsibility, but often involves both the probation officer and the victim advocate. Notification is also regarded as an important opportunity for public education about sex offenders. The advocate and/or the officers hold public meetings in advance of notification when possible.

The unit has presented information about sex offenders to neighborhood schools, a crime victim conference, and on radio and television interviews. These activities have been essential for increasing the base of knowledge the community-at-large has about sex offenders and may ultimately lead to community participation in the network of sex offender supervision.

Participation in Treatment Groups. All unit probation officers participate in one group each week. This group is primarily made up of their own clients, but not exclusively. The purpose of this involvement is to maintain familiarity and understanding of treatment issues and process, not for surveillance. The officers attend their group every week and “debrief” with the treatment staff afterward. The victim advocate is formally involved in the victim empathy portion of treatment groups and attends other group sessions to increase her familiarity with treatment issues and process. Each year, probation officers and the victim advocate undergo a ten-day clinical training program followed by three follow-up training days.

Offenders in treatment groups sign waivers of confidentiality. No one has been violated directly because of an admission made during group. However, admissions made in group have led to increased supervision, efforts to corroborate claims, and ultimately to a violation if conditions warrant. Polygraphs are not used routinely, although they are increasingly ordered as a probation condition and may be used by team members when necessary.

Team Meetings. Treatment and probation staff and the victim advocate meet formally every week to make decisions and review cases. New and potential cases are reviewed consistently. Decisions about changes in supervision, client travel, revocations, and other issues are also made during these meetings. Strong consensus among team members is reached before revocation decisions are made.

Informal Collaboration. Team members regularly collaborate on individual cases. Probation officers and the victim advocate are located in the same office and communicate daily. Treatment staff and the victim advocate also periodically accompany probation officers on field and home visits. All unit staff carry pagers, cellular phones, and notebook computers to facilitate emergency communication.

Other Collaboration

The unit works with several other agencies, including:

- Board of Parole: Board of Parole staff have a small number of sex offenders on their caseload and communicate with CSSD staff to ensure continuity of supervision for those offenders whose probation follows a term of parole. CTPSB also contracts with the Board of Parole for the assessment and treatment of sex offenders.
- Department of Correction: The DOC communicates electronically with the CSSD regarding inmate release dates.
- Judges and Prosecutors: In many court locations, CSSD staff are working more frequently with prosecutors and judges to obtain special orders for polygraphs and other conditions as part of sentencing. There is an individual prosecutor that handles most local sex offense cases, which contributes to sentencing consistency and a greater understanding of the need for orders of special conditions.

- Law Enforcement: Connecticut State Police and the CSSD have developed a community supervision screen for use 24 hours a day. It is accessible to all state and municipal police, both in the office and in vehicles, to identify sex offenders and provide instant communication with probation if any suspicious behavior is observed. CSSD staff also participate in “ride alongs” with the New Haven Police Department’s Sex Crimes Unit. CSSD staff notify the police about every sex offender who enters their caseload and cooperate with registration efforts. Probation and police thus collaborate in the registration, notification, and surveillance processes.

Unique Feature of the Approach

New Haven’s most unique feature is the integral role the victim advocate plays on the supervision team. The victim advocate has brought issues and concerns to team meetings based on contact with significant others, family members, and members of the community that would otherwise not have been available. Within the first four months of the unit’s implementation, two warrants had been issued directly as a result of this added information. Because of the efforts of the victim advocate, team members have found that significant others may be more aware of an offender’s violations or risky patterns of behavior, and in turn are more willing to cooperate with monitoring the offender’s behavior.

In addition, the advocate’s responsibility is to provide, upon request, direct support to victims and their families that may have experienced trauma or exhibit needs for services as a result of the offender’s release into the community. The advocate is also central to community notification and education activities. She is responsible for accompanying probation officers during notifications and community meetings to discuss general issues regarding sex offenders and victims.

EVALUATION

The CSSD routinely collects data on demographics, risk assessment, criminal history, and immediate outcomes for the 56,000 offenders it supervises statewide. CTPSB also collects substantial information on its clients, as described above.

In addition, CSSD has contracted with a private agency to conduct an evaluation of the New Haven Sex Offender Intensive Supervision Unit—the same agency which has been evaluating the first unit in New London County. Early data from that evaluation found that 62 percent of the offenders under special supervision were convicted of offenses against children, while the majority of the remainder were adult rapists. Nearly half were on supervision for their first offense. In 82 percent of the cases the victims were females exclusively, while in 10 percent of the cases the victims were both males and females. Ninety-two percent had been convicted of felonies; 70 percent served a prison term before reaching the Intensive Supervision Unit.

Short-term outcomes showed that offenders supervised by the unit were arrested for new crimes of any type at about half the rate of the comparison group. Approximately one-third of each group had formal violations of probation; however, offenders on intensive supervision were three times more likely to be identified quickly and violated within the first six months.

The evaluation of the New Haven unit has a similar design. However, it includes an assessment of the role of the victim advocate and the relapse prevention specialist.

SUMMARY

In New Haven, Connecticut, there is a unique and successful collaboration between the Court Support Services Division, a sex offender treatment provider, and a victim advocate. The victim advocate, hired with CSSD funds, serves as part of the sex offender supervision team. This effort builds on a collaborative model developed in New London, Connecticut, and takes advantage of a previously established partnership among probation, police, treatment, and victim services concerning issues of community notification and officer safety. A researcher is documenting the outcomes of the efforts in both parts of the state.

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Dodge, Fillmore, and Olmsted Counties, Minnesota

INTRODUCTION

Olmsted County, located in southeastern Minnesota, is both urban and rural. With a population of 115,300 citizens, the county ranks eighth in population size among Minnesota counties. It consists of 18 townships and seven cities, with a total area of 653 square miles. Rochester is its largest city, with a population of approximately 80,000. In recent years, the city has experienced a growth in number of residents who are African American, Southeast Asian, African, and Hispanic.

Dodge and Fillmore Counties, adjacent to Olmsted County, are very rural and boast of significant nature/recreational areas. Dodge County's estimated population for 1999 was 17,504. Fillmore County's 1999 estimated population was 20,914. Residents of these counties typically travel to Rochester to access shopping, services, and entertainment.

BACKGROUND

In the mid- to late-1970's, Dodge-Fillmore-Olmsted Community Corrections began providing local treatment for sex offenders on probation, rather than expecting that they would drive across the state to the Minneapolis/St. Paul area where treatment was historically concentrated. In the process, the agency identified potential local treatment providers, established contractual relationships with them, and promoted coordination and communication between probation officers and treatment providers to monitor offenders' compliance with their treatment requirements.

In 1983, Community Corrections appointed a multidisciplinary task force to evaluate treatment and management of sex offenders in the region. Among other things, the task force recommended specialized probation sex offender caseloads, smaller caseload sizes, public education on sexual abuse, standards for sex offender evaluations, sex offender-specific group treatment, and specialized services for male and female offenders. As a result of these recommendations, a sex offender unit within Community Corrections was formed. Around the same time, Community Corrections also established multidisciplinary teams to direct the provision of supervision and treatment in individual sex offender cases.

Dodge-Fillmore-Olmsted Counties became a CSOM Resource Site in May 2000. CSOM's initial interest in Dodge-Fillmore-Olmsted Counties originated in the work of the Community Corrections' Sex Offender Unit and its coordination with outside agencies to maximize the effectiveness of sex offender management. This case study primarily focuses on these efforts. However, facilitation of a more comprehensive region-wide approach to managing sex offenders is also discussed.

THE APPROACH OF COMMUNITY CORRECTIONS' SEX OFFENDER UNIT

The Population

The tri-county Sex Offender Unit supervises approximately 225 juvenile and adult offenders, ranging in age from 10 to 85. The unit serves offenders from Dodge, Fillmore, and Olmsted counties convicted or originally charged with criminal sexual conduct and other related felony, gross misdemeanor, and misdemeanor offenses. The unit also provides treatment and educational programming to sex offenders on intensive supervised release and conditional release with the state Department of Corrections.

The Program Structure

Officer Caseload. The unit is staffed by eight probation officers (seven specialized agents and one supervisor). Three agents provide regular supervision and pre-sentence investigation for over 150 sex offenders. Two agents supervise and conduct pre-dispositional reports on over 40 juvenile sex offenders. The highest risk offenders are assigned to the Community Probation Officer (CPO) caseload, which consists of two agents providing intensive supervision for approximately 24 offenders each.

Roles of Probation Officers. Agents handling regular sex offender supervision are required to have weekly face-to-face contact with offenders; quarterly home or job visits; and weekly contact with offenders' therapists. CPO officers are required to have weekly face-to-face contact with offenders; biweekly home or job visits; weekly contact with offender therapists; and collateral contact as needed. They collaborate with law enforcement, landlords, employers, neighborhoods, and others to ensure that offenders are following court-ordered conditions. Both CPO officers and regular supervision agents participate in collaborative meetings with other professionals involved in the supervision and treatment process (see below). All agents co-facilitate sex offender treatment groups with therapists (see below).

Officer Training. Unit probation officers complete basic training on sex offender supervision offered by the state Department of Corrections and a Certified Adolescent Sex Offender Professional course. They attend a Use of Force Training to address officer safety in the field and the office. Officers also participate regularly in specialized training opportunities, both as attendees and presenters, in order to keep up with the growth of new information and techniques in the field of sex offender management.

Supervision Conditions. Specialized probation contracts are utilized with each sex offender to impose a wide range of individualized conditions of supervision. The unit strives to impose and enforce conditions that support and facilitate the behavioral integration of treatment concepts. Standardized agreement forms were developed to guide probation officers in determining conditions of supervision specific to adult and juvenile sex offenders. A supplement to these forms with 20 additional conditions of probation is used with high-risk offenders who are under intensive supervision with the CPO program.

Assessment. Psychosexual evaluations and other risk assessments are completed during the pre-dispositional investigation process. However, more recently, the unit has been frequently asked to conduct such assessments at the pre-trial or pre-plea stage. The unit is in the process of deciding which risk assessment tools to use routinely; it has experimented with

the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), the Minnesota Sex Offender Screening Tool-Revised (MNSOST-R), the Violence Risk Appraisal Guide (VRAG), the Sexual Violence Risk Appraisal Guide (SORAG), and the Static-99. It currently uses the Juvenile Sex Offender Assessment Protocol (J-SOAP) with adolescents. Officers complete the Level of Service Inventory-Revised (LSI-R) or the Youth Level of Service Inventory (Y-LSI) on all offenders. A local therapist conducts the vast majority of psychosexual evaluations for offenders served through the unit.

Variety of Treatment Programs. Therapists representing four local community-based treatment programs contract with Community Corrections to provide sex offender treatment services. Treatment is tailored to address the circumstances and needs of specific offenders:

- A therapist provides an intensive treatment program for “downward departure” (presumptive prison sentences) sex offenders. Through this program, offenders can begin group treatment while serving jail time of up to one year. Treatment includes group sessions held two times a week and individual sessions two times a month. When they have completed their jail sentence and are living in the community, offenders continue in treatment under the same format.
- A therapist with the local community mental health center provides weekly groups, biweekly individual sessions, and family therapy as needed for intrafamilial perpetrators.
- A therapist provides a nontouch treatment program for exposers, voyeurs, fetish burglars, 800/900 phone callers, and computer sex offenders. Treatment includes weekly group sessions, biweekly individual therapy, and family therapy as needed. This program uses the 12-step model associated with Sex Addicts Anonymous, because of the highly compulsive nature of these offenders.
- Three additional therapists offer a wide range of treatment programs, including several “general” treatment groups for sex offenders, a group for “senior” sex offenders, a female offender group, two groups for developmentally disabled and/or mentally ill sex offenders, and a “deniers” (pre-treatment) group. They also offer aftercare groups for adults and juveniles, human sexuality classes for adults and juveniles, and a Supervisor Education and Training Class for parents and partners of offenders.

Sex offenders are required to participate in at least one treatment program for the duration of their sentence, to hold them accountable for their behavior and demonstrate to the unit that they are integrating treatment concepts into their day-to-day routines. They are also required to complete a 16-week human sexuality education course.

Treatment providers utilize the polygraph as a therapeutic tool (submission to polygraph examinations is a condition of supervision in more recent cases). Community Corrections contracts with a polygraph examiner who conducts all of their polygraph examinations—offenders are responsible for covering related costs.

Groups Co-Facilitated by Therapist and Probation Officer. Each treatment group is co-facilitated by a treatment provider and a probation officer from the sex offender supervision unit. Currently there are 26 groups per week. The co-facilitation model strives to limit triangulation by the offender between the therapist and the probation officer. It also provides for early interventions if an offender is not adhering to court-ordered conditions or probation directives.

Support and Case Management Groups Facilitated by Probation Officers. A male/female team of probation officers facilitate monthly support groups for sex offenders who have successfully completed treatment and aftercare, as well as a case management group for offenders who fail treatment and long-term deniers. Participation in these groups is mandatory. The purposes of the support groups are to encourage offenders to talk about real-life situations and issues, and discuss how to apply their relapse prevention plans to prevent further victimization. Case management groups primarily serve as a method to check in with offenders and talk about whether they are complying with probation conditions.

Community Reintegration of Juvenile Sex Offenders. Adjudicated juvenile sex offenders who complete residential treatment are often placed in foster homes within the three-county area, mostly in Rochester. These youth attend a weekly aftercare group that is funded by a grant from the state Department of Corrections. Youthful sex offenders are also sometimes placed in foster homes while attending outpatient treatment and aftercare (aftercare for this group involves periodic attendance at their regular treatment groups as "elders," with no more individual therapy and at no cost). Foster parents who provide homes for juvenile sex offenders receive specialized training and support.

To supervise sexually offending youth, the two juvenile probation officers utilize electronic home monitoring, random drug and alcohol testing, curfews, and short stays in the local detention center. Family visits, amends sessions, reunification efforts, treatment progress, and decisions about graduation, suspension, and termination are closely monitored by the CORE team (see below). Juveniles are also required to attend independent living skills classes.

Juvenile probation officers collaborate with a variety of agencies in the community to better coordinate supervision and treatment efforts, and to educate youth about this issue. In particular, they work closely with Victim Services to: offer joint trainings for probation officers in Community Corrections; co-present the No Easy Answers Program on sexual abuse and assault prevention in area schools; provide joint trainings for victim advocates; and utilize mentors from the community with more socially isolated youthful offenders.

Serving nonadjudicated juveniles and younger adolescent offenders (ages 10 to 14) presents challenges, because of their dual involvement in the social services and corrections systems. Community Corrections hopes to work with Child Protective Services/Social Services to build consensus about age-appropriate approaches to dealing with these offenders and to standardize their practices across agencies.

Coordination Among Agencies in Case Management

Several types of multidisciplinary case management groups, described below, are employed to facilitate information sharing and decision making in individual sex offender cases.:

Collaborative Case Management (CCM) Meetings have been held weekly since the early 1980's to address supervision and correctional recommendations for sex offender cases. The eight probation officers from the Sex Offender Unit and a representative from Victim Services regularly attend CCM meetings. Specific issues are discussed at the request of probation officers, including special requests, holiday visits, travel permits, and changes to conditions of

supervision. Meetings also afford probation officers writing pre-sentence investigations or pre-dispositional reports an opportunity to gather input from the team. Issues that need immediate attention are addressed during the week by the team, using a more informal approach.

Community Offender Referral and Evaluation (CORE) Meetings have been held weekly since 1984 to discuss case-specific treatment issues, share information about offenders' treatment progress, and determine how to collaborate to facilitate successful treatment completion. The CORE team originally consisted of a specialized probation officer, several local therapists, and the supervisor of the Sex Offender Unit. Over time, it has expanded to include Child Protective/Social Services representatives, additional specialized probation officers and therapists, and more recently, victim service providers, law enforcement officers, state Intensive Supervised Release (ISR) agents, and the program coordinator for the juvenile residential treatment facility. The meeting provides team members a forum to address victim and public safety issues along with the interests of the offender.

Every case-related decision is made through either the CCM group or CORE team. The multidisciplinary team approach aids the Sex Offender Unit in more effectively monitoring whether or not a given offender is internalizing treatment concepts. By sharing information about offenders, making decisions that serve to control offenders, and operating in a cohesive manner, these groups help the unit hold offenders more accountable for their actions, promote their long-term change and success, and help protect the community.

Community Notification Committee. In addition to the CCM and the CORE groups, a Community Notification Committee exists that includes representatives from corrections, tri-county law enforcement, Victim Services, and ISR agents. They meet monthly to discuss sex offenders being released from prison and pending notifications. Committee meetings give the group the opportunity to discuss the level of notification needed and cases in which offenders are granted probation when sentencing guidelines call for a prison commitment. Law enforcement agencies and Victim Services also are informed about each offender's conditions of release and where they will reside.

COLLABORATION

Community Corrections Collaboration Efforts

Particularly in the last five years, Community Corrections has developed working relationships with several agencies to improve coordination of supervision and treatment of sex offenders in the region. Some examples are discussed below.

Treatment Providers. As mentioned earlier, the Sex Offender Unit is working with several community-based treatment programs to provide a wide range of treatment services. Each probation officer in the sex offender unit co-facilitates at least two treatment groups with a treatment provider. Probation officers and treatment providers share information on offender cases through several formal and informal venues.

Law Enforcement. Community Corrections provides law enforcement agencies with one-page fact sheets on every sex offender. The sheet includes a criminal history, modus operandi, and a digital photograph. Probation officers from the Sex Offender Unit occasionally provide consultation to middle and high school liaison officers, who are Rochester Police officers. Probation officers from the unit occasionally go on "ride alongs" with law enforcement officers to conduct surveillance of sex offenders.

Child Protective/Social Services. Staff members from Child Protection/Social Services are integral players on the CORE team and work with Community Corrections to coordinate placement and treatment for juvenile sex offenders.

Victim Services. DFO Community Corrections employs victim service advocates. Victim Services is a department within Community Services. Probation officers seek victim input during the pre-sentence investigation process. Through this process, probation officers establish relationships with victim advocates and victims and maintain these relationships over the course of treatment and supervision. As mentioned earlier, advocates serve as members of CCM and CORE groups, and the Community Notification Committee. In addition, the Sex Offender Unit and Victim Services have worked or are working together in the following areas:

- creation of a victim empathy segment for treatment (one treatment group has implemented this segment thus far);
- development and oversight of the Circle of Support Program (see below);
- coordination of victim/offender apologies, amends, and reunification;
- co-facilitation of school presentations, professional trainings, and public education programs on sexual assault issues; and
- cross-training efforts.

Sex Offenders' Families and Friends. The Sex Offender Unit provides a Supervisor Education and Training Program for partners, parents, and other support persons of sex offenders. The class is designed to help them understand justice system processes, probation supervision, and treatment expectations of offenders and identify when offenders may be at high risk to sexually reoffend. Anyone can attend the education component (101), but the training segment (201) has a pre-requisite of 101 for the parent/partner, as well as an expectation that offenders have successfully completed several treatment components.

Community Volunteers. The unit began a Circle of Support and Accountability Pilot Program in January 2000, after completing recruiting and training during 1999. Through this program, probation officers educate volunteers in the community to be additional "eyes and ears" for the unit. Idealistically, six to eight volunteers work closely with an offender to support and hold him/her accountable. At this time, the circle is monitoring and supporting one offender who agreed to participate in the program. The circle meets with the client once a week and individual volunteers take turns connecting with him during other days to participate in approved activities. Considerable training and pre-briefing, and debriefing meetings with the offender's probation officer and other professionals are necessary to keep volunteers in the circle from enabling or insulating the offender in unhealthy ways. (This pilot program appears to be very effective; the supervisor of the Sex Offender Unit indicated that the offender

would probably be in prison without it. The offender's participation in the circle is now a required part of his probation supervision.)

Community-Wide Collaboration

Beyond partnerships between Community Corrections and individual agencies, more formal community-wide collaboration is being encouraged. The tri-county CSOM Resource Site Team was established in mid-2000 to facilitate comprehensive management of sex offenders. This group includes a senior probation officer and the supervisor of the Sex Offender Unit, a victim advocate from Community Corrections, several sex offender therapists, a representative from Child Protection Services/Social Services, an assistant county attorney, a public defender, a private defense attorney, and a police department lieutenant. The team is working to expand membership to reflect all relevant stakeholders, identify common ground that participating agencies can support, develop operating norms, and define goals and strategies to achieve their goals.

Community Corrections, along with several other key agencies, also participates in the tri-county Sexual Abuse Interagency Council, which was formed in 1997. This council's main purpose is to create a victim-centered protocol for coordinated community response to sexual assault. The tri-county area is one of four test sites in the state, funded through a grant from the U.S. Department of Justice, Office of Justice Programs.

NEXT STEPS

Several areas for potential future action and improvement, include the following:

- expansion of the unit's work with families and significant others;
- identification of a quality sex offense-specific, community-based risk assessment tool;
- better containment of treatment costs, more state financial support, and more diligence in getting offenders to pay for their ongoing treatment;
- identification of resources to research open sex offender cases and closed cases that are being or were processed through Community Corrections; and
- standardization of responses in younger adolescent offender cases, in conjunction with Child Protective Services/Social Services.

SUMMARY

In the mid-1980's, Dodge-Fillmore-Olmsted Community Corrections established its Sex Offender Unit. The unit provides specialized evaluation, supervision, and treatment for adult and juvenile sex offenders. Several multidisciplinary collaborative teams are in place to direct supervision and treatment decisions in all sex offender cases. Unit probation officers work with Victim Services and other agencies to inform and support victims and educate community residents on the issue. The unit provides education for family members and friends of offenders and, if they are interested and willing, involves them in monitoring and supporting offenders in the community. Community volunteers are also assisting the unit in monitoring and supporting offenders needing intensive supervision.

The Sex Offender Unit works closely with treatment providers to help offenders successfully complete treatment. Treatment providers offer a variety of services to address the different issues presented by offenders. Probation officers co-facilitate treatment groups with therapists. Male/female teams of probation officers facilitate support and case management groups for offenders, as a follow-up to treatment.

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Westchester County, New York

INTRODUCTION

Westchester County is comprised of 450 square miles of suburban settings as well as established cities, towns, and villages. It is located directly north of New York City and home to Yonkers, the state's fourth largest city. Westchester County is comprised of 49 municipalities with a population that currently stands at just over 900,000 inhabitants.

LOCAL AND STATE BACKGROUND

The Westchester County Department of Probation is part of the executive branch of government. Special caseloads for sex offenders were created in 1990. In 1991, probation staff visited the probation and parole sex offender program in Vermont (Chittenden County, Vermont is also a CSOM Resource Site), and subsequently developed their own policies, procedures, and collaboration protocol fashioned after a relapse prevention model.

THE WESTCHESTER COUNTY APPROACH

The Department of Probation manages sex offender cases in both Criminal and Family Courts. The Family Court section consists of three officers who manage juvenile sex offenders and perform the pre-dispositional report for the court system. The Criminal Court section consists of eleven specially trained officers who supervise between 200 and 280 probationers at any given time. Roughly 45 percent of sex offenders supervised on probation are convicted felons with state mandated five-year sentences. The remaining 55 percent, all of whom are misdemeanants, have been sentenced to three-year probation terms. In addition to sex offenders, the officers in Criminal Court also supervise offenders with chronic psychiatric diagnoses.

Eighty-four percent of sex offenders on supervision in Westchester County committed their offenses against children. Roughly one-third of the caseload committed sex offenses, but were convicted on other charges. Probation staff report that, historically, very few female sex offenders have been placed on probation in the county.

A small portion of the total sex offender caseload includes offenders who were sentenced to six months of "shock" probation. Offenders sentenced in this manner typically serve four months in jail at the beginning of their sentences. This period of incarceration is followed by community supervision for the remainder of their five-year probation sentence.

The Probation Department instituted enhanced investigations at the predispositional level (Family Court) and pre-sentence stage (Criminal Court). Pre-dispositional reports in the Family Court section include extensive investigations into the offender's social and behavioral functioning. Clinical assessments are performed, as well as a risk assessment, to establish the best course of action on a specific case. Criminal Court has recently returned to enhanced pre-sentence investigations that include extensive offender and victim interviews,

home visits, obtaining information from collateral sources, and a full clinical assessment (including sex offense-specific testing instruments). The investigation processes in both respective court settings help to develop a comprehensive understanding of the individual and his/her circumstances and provide essential information related to appropriate placement or sentencing recommendations and risk assessment.

Average caseload size for the specialized supervision units is 35 offenders per officer. Officers are required to have direct contact with probationers on their caseloads at a minimum of once per week. In addition, home visits are conducted at a minimum of once per month. This intensive standard continues throughout the length of probation.

Nearly all sex offenders are in offense-related treatment, with the exception of a small number of cases where the treatment requirement has been removed by the court or in cases where sex offense specific treatment is contraindicated at the time. The latter cases may include individuals who must deal first with other pressing issues, such as inpatient substance abuse treatment or a serious mental illness not yet stabilized. Most offenders are treated in a group setting with very few participating solely in individual treatment. Many offenders, however, attend both individual and group treatment. The department, with the help of an experienced treatment provider, recently retooled its on-site treatment program to include groups co-facilitated by a therapist and a probation officer.

Conditions of Supervision

Typically, 30 specific conditions accompany probation sentences for sex offenders. They cover the following nine basic areas:

- Treatment: Participation in and payment for evaluation and approved treatment covered by signed contract.
- Victim Contact: No contact of any kind with the victim(s), restitution and reparation for costs of the victim's mental health expenses associated with the offense, and permission for contact between the probation department and victims' therapists.
- Driving and Travel: Travel to another jurisdiction only with authorization and with a letter signed by local authorities; and no connection with hitchhiking.
- Daily Living: Residence only in Westchester County, as approved, no unapproved visits with family, no residence in the same household with persons less than 18 years of age without approval, and must be in residence during all established curfew hours.
- Social/Sexual Behavior: No sexual contact or unchaperoned contact with anyone under age 18, no exposure of private or intimate parts of the body in lewd manners or where they are readily observed, no time spent in locations where people under 18 are likely to be, no non-therapeutic contact with convicted sex offenders, must not patronize adult bookstores or purchase or possess pornography, and must not use sexually explicit telephone services or computer services that involve the exchange of pornography.
- Work (Paid or Volunteer): No such activity where contact with people under 18 is likely, required employment, and payment of child support, as necessary.
- Alcohol/Drugs: No purchase, possession, or consumption, and testing as requested.
- Search and Seizure: Submission to search of person, home, and personal property within their control, and submission to penile plethysmograph and/or polygraph exam.
- Disclosure: Signature on waiver allowing shared communication among treatment providers, probation officers, the district attorney, law enforcement agents, and the

courts, and compliance with requirements related to state registration law and DNA data bank.

Treatment

The Department of Probation has identified a "short list" of sex offender treatment therapists and programs that are used exclusively to provide sex offender treatment. This is necessary, in part, because the state has no formal certification system in the field of sex offender treatment. The list includes area treatment providers whose approach and understanding of criminal justice issues make them collaborative partners.

Attempts are underway to standardize the method and tools used for assessment of sex offenders in the county. Standard clinical tools are used to measure psychological functioning in areas which include: cognitive functioning and neurological impairment; personality traits and problems; psychopathology; and sexual interest and history. Specific tests include the Minnesota Multiphasic Personality Inventory II (MMPI II), the Personality Assessment Inventory, the Rorschach, the Multiphasic Sex Inventory (MSI), the Derogatis Sexual Functioning Inventory, and the Abel Questionnaire for Men/Women/Boys/Girls. In addition, the Abel Screening for Sexual Interests tool is used, along with actuarial test measures such as the Static 99.

Offenders are subject to an evaluation prior to sentencing, whenever possible, in conjunction with an enhanced pre-sentence investigation. Treatment involves a cognitive-behavioral approach, using a relapse prevention model. It generally covers subjects such as sexual history, cognitive distortions, personal responsibility, victim empathy, arousal control, social competence, sex education, and relapse prevention. Intensive treatment may last for the duration of the probation sentence.

The majority of offenders attend group treatment on-site at the Department of Probation. These groups are a collaborative effort between the department and Westchester Jewish Community Services (WJCS), the primary treatment provider. Currently, 11 groups are underway, averaging six to eight offenders per group. Each group is co-facilitated by a therapist and a probation officer and convenes once a week. Outside groups are used for offenders with "specialty" issues, such as incest offenders, mentally retarded/developmentally disabled offenders, and juvenile offenders.

Polygraph Examiners

The Department of Probation is currently training two full-time officers as polygraph examiners. These officers will have the sole function of conducting polygraph exams and will be supervised by an examiner certified with the American Polygraph Association (APA). This will allow the department to fully integrate the use of the polygraph into the existing supervision/treatment scheme.

Response to Violations

Probation staff discuss violations with treatment staff and may learn of problematic behavior through their working relationships with community law enforcement staff. The department has a philosophy of supervision that is "firm, but fair," though the safety needs of the community are always of paramount importance. All illegal or dangerous behavior (e.g.,

contact with children) results in formal violation charges. Technical violations are brought before the courts just as expeditiously. The department employs a wide array of intermediate sanctions, often in conjunction with treatment.

Outreach to Victims

New efforts are underway to provide better outreach to victims of sex offenses. This initiative will begin at the pre-sentence investigation stage, where a probation officer and the victims' outreach coordinator seek to involve the victim and family in the process of sentencing the offender and provide any necessary assistance or referral for services. Follow up will be conducted on a scheduled basis to ensure that the victim does not "fall through the cracks" and always has a contact for assistance.

Collaboration

Probation and treatment staff enjoy what they describe as a "free flow of communication." Over time, probation and treatment staff have become familiar with each other's style and concerns. Contact between probation officers and treatment providers occurs at a minimum of once a week, either by telephone or in person. The new on-site groups have contributed to this process as treatment providers and probation officers are in one place, working in tandem. The on-site groups provide more opportunities to informally staff cases. Treatment providers are also required to write monthly reports on cases. Additionally, a formal case review process has been instituted as a method of bringing professionals involved in supervision and treatment processes (e.g., Social Services representatives, victim advocates, non sex offense-specific treatment providers, and personnel from educational institutions) together to discuss individual cases and general issues and concerns.

A new group, the Sex Offender Management Committee, is chaired by the judiciary. It seeks to bring relevant stakeholders in the county together to discuss issues of sex offender management, disseminate information, arrange for training, and collaborate on methods to provide service delivery. It involves the Department of Probation, treatment agencies, the District Attorney's Office, the defense bar, victim advocates, educational institutions, social service providers, and other entities under the umbrella of the Ninth Judicial District.

Features of the Approach

The combined leadership and working relationship between the Commissioner of Probation and the district attorney helps to ensure appropriate sentencing for sex offenders and strengthens the collaboration among their offices, treatment providers, corrections, and law enforcement. The Department of Probation works with the judiciary to ensure their participation and confidence in both sentencing individuals to probation supervision under prescribed probation parameters and resentencing those individuals in cases of probation violations.

In 1998, the department reviewed its written policies. New and revised policies regarding family reunification, travel, employment, psychosexual evaluation, no-contact conditions, and chaperones responsibilities were drafted. For the new millennium, the department is reviewing its policies and procedures once more, with an eye toward remaining as current with "best practice" as possible. This revision will be included in a sex offender informational

manual that is being drafted in conjunction with the Sex Offender Management Committee and the Pace University Battered Women's Center.

Programming for Specialized Populations

Two bilingual officers and one bilingual supervisor provide services to Spanish speaking probationers. There is also a treatment resource for Spanish speaking sex offenders and one of the new polygraph examiners is bilingual. Treatment exists for mentally retarded/developmentally disabled sex offenders and offenders presenting chronic mental illness. There are a variety of concomitant services available to offenders, such as mental health counseling, substance abuse treatment, and vocational services. The Family Court probation component provides specialized supervision, evaluation, and treatment for juvenile sex offenders. A special contract for services exists between Family Court probation and a specialized program that provides clinical evaluations and treatment.

SUMMARY

In Westchester County, New York, the Department of Probation works closely with Criminal and Family Courts, the District Attorney's Office, and sex offender treatment providers. The department uses a supervision model based on 30 probation conditions imposed by the court at sentencing. The program emphasizes community safety, a high level of accountability on the probationer's part, and relapse prevention strategies. Caseloads are maintained at 35 offenders per probation officer to maximize the efficacy of the work done by the department. Treatment groups are offered on-site at the department's offices and are co-facilitated by therapists and probation officers. The office is committed to working towards a more comprehensive victim-centered approach.

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Jackson County, Oregon

INTRODUCTION

Jackson County, Oregon is predominantly rural, with an estimated population of 169,300 within 2,801 square miles. It is one of the southernmost counties in the state, includes the cities of Medford and Ashland, and shares a border with California. Its estimated minority population is 18 percent.

LOCAL AND STATE BACKGROUND

Jackson County was among the first jurisdictions in the nation to develop a collaborative approach to the community supervision of sex offenders. The specialized approach began in 1982, with collaboration among treatment, probation, and parole professionals. Regular use of polygraph examinations was a part of assessment and supervision from the beginning.

In 1998, probation and parole supervision moved from being a function of the state to a function of individual counties. The Oregon Legislature designated individual counties responsible for all parole and probation supervision, as well as incarceration of offenders with less than a one-year prison sentence. In the process of assuming operation of probation and parole services, counties hired most former state probation and parole officers.

In another recent organizational change, adult and juvenile probation offices merged into a Department of Community Justice. It is expected that this merger will facilitate collaboration and sharing of relevant information among internal staff and outside agencies. (Juveniles under the jurisdiction of the court for sex offenses are served by the county juvenile Department of Community Justice, unless they need to be sent to a residential care program or a secure correctional facility. In those cases, the Oregon Youth Authority assumes jurisdiction.)

In 1990, a statewide Sex Offender Supervision Network was conceived at a conference of probation and parole officers, and obtained support and recognition from the Department of Corrections. The network has since expanded to include treatment professionals, prison counselors, prosecutors, victim representatives, police, and members of the Board of Parole and Post-Prison Supervision. The network works on the development of consistent sex offender case supervision, evaluation and treatment, and training and skill enhancement opportunities for officers supervising sex offenders. It provides a forum for discussion of departmental policies, interdepartmental collaboration, legislative initiatives, and resources for public education efforts. The network also provides statewide training, promotes research, and is working on the development of statewide standards for community supervision of sex offenders.

A local network of adult and juvenile probation officers, treatment providers, victim advocates, a deputy district attorney, and a Circuit Court judge have been meeting monthly for a number of years to work on new projects related to managing sex offenders in the county, improve existing services, and staff cases.

CURRENT PUBLIC AND LEGAL CONTEXT

Popular sentiment in Oregon has led to increased use of mandatory sentencing, particularly for sex offenders. In 1995, a public initiative, Measure 11, was overwhelmingly passed. Measure 11 made prison sentences of at least 70 months mandatory for an array of offenses—many of them sex offenses. The resulting law applies to offenders convicted for the first time, and to juveniles age 15 or older (who continue serving their sentence in adult facilities when they reach the age of majority). Prior to the initiative's passage, probation sentences with treatment conditions were commonly considered and applied. Subsequently, prison construction has expanded in the state and prison-based sex offender treatment programs have been eliminated.

THE JACKSON COUNTY APPROACH

Jackson County Team Membership

The Jackson County team is comprehensive. It includes probation and parole officers, community-based treatment providers, polygraph examiners, deputy district attorneys (who prosecute all of the sex crimes), police representatives, victim treatment providers, the juvenile offender treatment team, and a representative from the state's Child Protective Service agency.

The team holds monthly meetings. Until recently, these meetings had been facilitated by probation officers. The team subsequently decided to elect a moderator for a six-month term, and then rotate this position. Network meetings focus on policy, collaborative procedural issues, individual cases, and strategies to meet local needs. Although judges are not formal members of the team, they are kept informed by team members. The judges' understanding of issues and offender dynamics are regarded as central to the team's effectiveness.

"Core Team" Membership. The Jackson County team collaborates at the policy level and in daily activities. Daily activities are carried out by a "core team" (or "supervision triangle"), which consists of parole or probation officers, private treatment providers, and two private polygraph examiners, who have been formally recognized as approved treatment providers and polygraph examiners. The core team maintain frequent telephone and memo contact with one another. In addition, the treatment providers and probation and parole staff hold monthly meetings to review individual cases.

The specialized probation officers have also formed their own informal "team within a team." They meet weekly to review problems, generate ideas, provide emotional support, and offer informal peer supervision.

Supervision and treatment of juvenile sex offenders is provided separately. There are 35 juvenile sex offenders under supervision at any given time.

Collaboration

Formal policies and procedures govern many aspects of Jackson County team operations. For example, an agreement exists with local police departments, which dictates that specific

officers will be assigned to investigate sex offenses when possible. These officers have received specialized training and have guidelines for conducting interviews with victims and their families.

Informal case consultation commonly occurs between police officers and the district attorney's staff prior to sentencing. Prosecutors and victim advocates work closely with victims and offenders' families as part of sentencing considerations.

The Release Process

Although many offenders are sentenced to probation, sentencing conditions usually require some length of incarceration. All sex offenders released on parole or probation are subject to risk assessment. The supervising officer administers a formal risk assessment within the first 60 days after release. Oregon's community notification law requires that parole and probation officers must notify the public of all offenders determined to be sexual predators. This determination is made through the risk assessment tool, or by the Board of Parole using the tool. Each county in Oregon performs notification on sexual predators; some provide notification for all sex offenders (including Jackson County).

Role of Probation and Parole Officers. The Jackson County team includes three full-time probation/parole officers (and one half-time officer), who maintain average caseloads of 70 offenders. An estimated 80 percent of these offenders have been convicted of a felony. An average of 6 percent of the offenders are females. Officers conduct and participate in ongoing assessment throughout the treatment process. They also consult with treatment providers in monthly meetings. Assessments administered include the Sex Offender Risk Assessment. This risk assessment tool was developed by the Oregon Sex Offender Supervision Network and has been adopted by other jurisdictions.

A supervising officer develops a notification plan that is reviewed by his/her supervisor. The level of supervision is determined by use of the risk assessment tool and case file information.

Community Notification. In Jackson County, all registerable sex offenders are subject to notification. The notification process includes four levels, determined through risk assessment:

1. Level I notification includes sending notice to State Police, the Medford Police Department, the Sheriff's Office, and local police departments. The notice includes an offender's photograph, physical description, crime of conviction, target victims, special conditions of supervision, address, employer, and vehicle information.
2. Level II includes notification to employer(s), persons living with the offender, and any immediate neighbors who would be affected by the offender's presence.
3. Level III notification includes all of the above plus notice to neighborhoods, schools, concerned organizations or businesses, and the media.

4. Level IV notification includes all of the first three types of notification; in addition, a warning sign is posted at the offender's residence near the entry (resembling a "stop" sign).

Special Conditions of Supervision

Probation and parole officers monitor compliance with the general conditions of supervision and any special conditions ordered for individuals. The general conditions (paraphrased for succinctness) include:

- no contact with minors without written permission of the supervising officer;
- completion of an approved sex offender treatment program;
- payment for victim counseling costs;
- submitting to polygraph and/or plethysmograph examinations as directed by the supervising officer; and
- no consumption or possession of illegal drugs.

Role of Treatment Providers. In the first meeting between an offender and his or her probation/parole officer, the offender is given a list of approved treatment providers. The offender must make a treatment intake appointment with one of these providers within a specified time period (usually within one week). The chosen therapist then contacts the offender's probation/parole officer and obtains the offender's case file (which typically includes the pre-sentence report, police report, results of any psychological testing, and other materials).

Treatment providers use a cognitive-behavioral model, which includes cognitive restructuring, aversive behavioral reconditioning, victim empathy and clarification, sexual offending cycle, and lapse/relapse prevention. Individualized treatment supervision plans are developed for offenders and reassessed every 90 days. Plans include a psychosexual history profile, regular "homework" assignments, and group treatment sessions.

Sex offenders are required to write "clarification letters" to victims they identify in the disclosure process, including the victim of the immediate offense. If any of these victims are children, the therapist informs staff of Services to Children and Families (SCF), the state child protection agency.

Treatment providers work with offenders and their partners. Providers report that when partners are involved in treatment and in monitoring, offenders progress more rapidly. Partners are seen as an important part of the informal supervision team.

Adult survivor clarification meetings are held approximately one to two times yearly. Staff have found the results of this strategy to be helpful as part of victims' healing process, so much so that they have begun to use it with juvenile offenders.

Role of the Polygraph Examiner. The polygraph examiner works closely with parole and probation officers and treatment providers in an effort to verify that offenders are being honest in all aspects of their sexual histories and are complying with supervision and treatment.

Examinations are conducted early on in treatment for those offenders who either deny their offenses completely or dispute significant abuse issues as alleged by their victims. Sexual history testing (disclosure) is done to confirm the extent of the offenders' criminal sexual histories, identify other paraphilia, and aid the treatment providers and probation or parole officers in case management. Regular maintenance (compliance) testing is performed on all offenders throughout the term of their supervision. These examinations not only verify that offenders are remaining offense and violation free, but they also serve to identify high-risk or lapse behavior, which may warrant a change in supervision or treatment strategies.

Informal Collaboration. Treatment duration varies, but generally ranges from two to four years. Therapists and probation/parole officers consult regularly; therapists estimate telephone contact can average up to an hour a day and updates are commonly provided after each group meeting. If they have concerns about new issues that arise or treatment compliance, they can seek immediate sanctions from the officers.

Formal Reviews. In addition to the formal monthly case review meetings, treatment providers provide quarterly written progress reports to the probation/parole officers. One therapist also requires clients to describe their treatment progress and problems in writing every quarter. This summary is included with the quarterly report to the probation/parole officer.

Special Service Components

Jackson County's program has several well-utilized special resources:

- The local community organized a Child Advocacy Center with help from the Jackson County team. Child victims are most commonly referred to the center by child protection staff. Interviews are videotaped and conducted by experienced police officers. The videotape is then made available to both prosecutors and defense attorneys. If a parent is accused, they are not allowed in the center during the interview. When appropriate, Grand Jury hearings are also held at the center. In addition, the center holds 11-week educational classes for individuals within the offender's support system. These classes are available free of charge.
- Group treatment is available without charge for child victims of incest.
- Treatment components have been developed for Hispanic, developmentally disabled, and female offenders.

EVALUATION

An evaluation of the Jackson County program was completed in 1997—a result of combined efforts by a local graduate student, community corrections staff, and a research unit of the Oregon Department of Corrections.¹⁸ Felony sex offenders supervised by the program between 1985 and 1994 who had received treatment for one year were compared to sex offenders who were supervised in an adjacent county and male nonsexual offenders supervised in Jackson County. The research on the Jackson County sex offender program showed that 8.8 percent experienced new convictions as compared to 26.7 percent for

¹⁸ Oregon Department of Corrections, *Outcome Evaluation of the Jackson County Sex Offender Supervision and Treatment Program* (Research conducted by the Research and Evaluation staff; Kathryn Aytes, Psychology Department, Southern Oregon State College; and Sam Olsen, Jackson County Community Corrections Department, 1997).

nonsexual offenders from Jackson County and 15 percent for sex offenders from the adjacent county. The recidivism rate (for any new sex offense conviction) for offenders that successfully participated in treatment was less than 1 percent.

SUMMARY

Jackson County, Oregon is among the earliest programs to use a comprehensive, collaborative approach, involving treatment providers, community corrections, law enforcement, polygraph examiners, mental health and children's services, and prosecutors. Representatives from all of these disciplines participate in monthly collaborative meetings. Treatment is offered to the offender, the nonoffending family members, and victims. The community corrections agency has also provided leadership across the state on community notification practices that promote public safety.

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Tarrant County, Texas

INTRODUCTION

Tarrant County is an urban county located in the north central part of Texas with a population of approximately 1.3 million citizens. The area includes Fort Worth (county seat), Arlington, and 35 other municipalities. Tarrant County is the fourth largest county in the state. Of all counties in the U.S. with populations over one million, Tarrant County was the sixth fastest growing between 1990 and 1995. It is the 26th most populous county in the country.

BACKGROUND

In the late 1970's, caseworkers from the Tarrant County Child Protective Services Division (CPS) who were assigned to child sexual abuse cases routinely worked with families in crisis, often interacting with parents or caretakers who sexually abused their own children. CPS realized that effective responses to these families required collaboration among public agencies that deal with child sexual abuse. To facilitate these efforts, a team representing CPS, the Parenting Center (a crisis counseling center), and the Fort Worth Police participated in a 10-day training through the Knoxville Institute of Sexual Abuse Treatment. This group concluded that the capacity of agencies to effectively respond to cases of sexual abuse would increase with ongoing training and oversight by an advisory committee.

Subsequently, the Sexual Abuse Advisory Committee was established in 1981. Practitioners invited to initial meetings identified several potential functions of the committee, including: improving information sharing and coordination of service delivery; focusing more on post-investigation processing of cases; initiating public education activities; developing professional training; brainstorming creative approaches to the problem; and staffing cases. The group later changed its name to the Sexual Abuse Advisory Council. The council is run by an elected slate of officers. Ad-hoc committees do the work of the group—their recommendations are presented to the council for review, comment, revision, and vote.

Tarrant County became a CSOM Resource Site in August 1999. An ad-hoc committee of the council serves as the Resource Site Team. The team is comprised of representatives from the Rape Crisis and Victim Service Program of the Women's Center; CPS; the Parenting Center; the Sex Crimes Registration, Apprehension, and Monitoring Unit (SCRAM) of the Fort Worth Police; community-based treatment programs; the District Attorney's Office; the Parole Division, Texas Department of Criminal Justice; Tarrant County Community Supervision and Corrections Department; a polygraph examiner; a private attorney with a criminal law practice; the Domestic Crimes Unit of the Arlington Police Department; Tarrant County Juvenile Services; and Tarrant County College. The primary focus of this case study is on the collaboration that has emerged from the efforts of the Advisory Council.

THE TARRANT COUNTY APPROACH

Specialized Responses to Child Sexual Abuse

Since the formation of the Sexual Abuse Advisory Council, several public agencies have launched specialized programs to deal with sexual abuse cases. These include the following:

- The Tarrant County Community Supervision and Corrections Department (formerly known as the Adult Probation Department) began a Sex Offender Unit in 1982 with one officer supervising all felony and misdemeanor, nonconvicted and adjudicated adult offenders. There are currently 20 officers supervising approximately 900 offenders. These officers are required to attend sex offender-specific training, work flexible schedules, and be familiar with the laws regarding registration and notification. In addition, they must be able to assess quickly and accurately the needs of offenders and the risks they pose to the community.
- The Crimes Against Children Unit of the District Attorney's Office began in 1982 with three criminal investigators specializing in the investigation of alleged physical and sexual abuse of children. In 1990, an assistant district attorney position was added to the unit. The unit currently consists of three investigators, five full-time attorneys, one part-time attorney, a forensic interviewer, and support staff. This unit is involved in all cases of child sexual abuse prosecuted in the criminal courts and most cases of child physical abuse involving serious bodily injury. In addition, a specialized prosecutor for child sexual abuse cases is assigned to the Juvenile Division of the District Attorney's Office.
- In 1991, the Arlington Police Domestic Crimes Unit began registering and monitoring sex offenders residing within the city, in accordance with state statutes. It also implemented a community education program to inform and educate citizens about registration and public notification laws and procedures. This program is available upon request and has been presented to community organizations such as the PTA, Crime Watch, Citizens on Patrol, and at Town Hall meetings.
- The Arlington Police Department formed the Crimes Against Children Unit in 1992, in conjunction with the opening of the local Alliance for Children Center (a child advocacy center). The CACU uses a multidisciplinary method of investigating abuse allegations to lessen the trauma to victims and improve justice system responses to child abuse.
- The Fort Worth Police Department began the Crimes Against Children Unit (CACU) in 1993. CACU investigates physical and sexual abuse of children 16 years of age and younger.
- In 1998, Fort Worth Police established the SCRAM Unit. The unit registers sex offenders living, working, or going to school within city limits and monitors their compliance with registration requirements. It also investigates sex-related offenses occurring in the city involving adult victims.
- The County Juvenile Services' Specialized Juvenile Offender Unit was launched in 1998. The unit provides supervision and coordinates treatment for juveniles adjudicated for registerable sex offenses. It may also accept juveniles who are adjudicated for nonsexual offenses, but are court-ordered to receive specialized sex offender services. The unit strives to decrease juveniles' sexually abusive behavior and prevent other aggressive or

abusive behaviors; protect victims and the public; and assist these youth in building positive and functional relationships. In 1999, the unit served 117 juveniles.

- The Child Protective Services Division has a team investigations unit that is housed within law enforcement agencies to complete joint civil/criminal investigations of child sexual abuse. Forensic videotaped interviews with victims are completed on site. Three specialized sexual abuse units provide follow-up services for victims, offenders, and family members. This unit also has a group treatment program on site for victims, adult and juvenile offenders, parents, and siblings.
- The Parole Division of the Texas Department of Criminal Justice assigns sex offenders on parole to either sex offender, electric monitoring, Super-Intensive Supervision Program (SISP), or global position satellite caseloads. There are six officers assigned exclusively to sex offender caseloads and seven officers assigned to SISP caseloads. Sex offenders on parole remain under the supervision of these specialized officers for the duration of their parole.

Interagency Collaboration

The Advisory Council has long fostered a spirit of collaboration in responding to cases of sexual abuse. The climate of collaboration facilitated the development of several multidisciplinary, collaborative programs, including those listed below.

The Assessment Center. The Assessment Center was created in 1989 to provide 30-day residential assessment services to children entering the substitute care system. It is now an evaluation center for high-risk juveniles to determine appropriate foster care placement. Services include on-site medical, psychological, and academic assessments. One of the unique features of the center when it opened was its on-site medical facility. A registered nurse was the director of this facility and, with the assistance of a local pediatrician, performed medical/forensic exams for victims of sexual abuse who came into the center. Center medical professionals worked with other medical facilities to encourage use of Sexual Assault Nurse Examiners (SANEs) to examine child and adult sexual assault victims.

Kids in Court. A court school for child victims and their families has been conducted in the county since 1989. Originally a collaborative program involving CPS and the District Attorney's office, the program now involves the Victim's Assistance and the Crimes Against Children Units of the District Attorney's Office, as well as the Rape Crisis and Victim Services Program of the Women's Center.

Tarrant County Child Fatality Review Team. In 1991, Advisory Council members worked with the County Medical Examiner's Office to help coordinate the first efforts of a multidisciplinary team considering child fatality cases. The Child Fatality Review Team meets monthly to review cases of fatalities in the county involving children under the age of 18. The team is led by the Medical Examiner's Office and includes representatives from CPS, local law enforcement agencies, Cook Fort Worth Children's Medical Center, the District Attorney's Office, public health agencies, and local medical practitioners.

Tarrant County Alliance for Children. The Alliance for Children was established in three locations beginning in 1992. These child advocacy centers encourage a coordinated response to child sexual abuse cases and assist families whose children are victims. The interagency

partners who participate in the centers include CPS, Cook Children's Medical Center, the District Attorney's Office, and 14 law enforcement agencies. Program services include videotaped forensic interviews, on-site medical assessments, multidisciplinary case staffing, initial case management and referrals for services, client screening for mental health services, and group counseling for child victims and their parents.

Guidelines for Treatment. Committees of the council developed treatment guidelines for dissemination within the community. Guidelines for the treatment of adult sex offenders were developed in 1992. In 1998, guidelines were developed for the treatment of victims of sexual abuse and the treatment of juvenile sex offenders.

Survey on the Impact of Registration and Notification Laws. The Legislative Committee of the Advisory Council recently conducted a survey of professionals from around the state on the impact of recent laws concerning registration and community notification of sex offenders. The purpose was to elicit information on the impact of these laws in managing sex offenders at the local level. The survey results are currently being compiled. As a part of this effort, a number of county representatives met with professionals from around the state who work with sex offenders. In the course of two days of meetings, this group developed a list of approximately 20 priorities on the management of sex offenders that need to be addressed either legislatively or administratively. A written report from this meeting is currently being developed for publication.

Multidisciplinary Training

Council members frequently pool their resources for training initiatives. For example, member agencies of the council served on planning and facilitation committees to identify training needs in the community. Hosted by the Tarrant County College Child Abuse Intervention Training Project, these multidisciplinary conferences focused on the needs of victims, families, offenders, and the agencies responsible for investigation, intervention, and supervision within the community. The Child Abuse Intervention Training Project was established to provide continuing education for criminal justice and community professionals on issues related to both sexual abuse victims and sex offenders. In order to provide affordable training for their staff and share expertise, many agencies also hold both agency-specific and multidisciplinary in-service programs. Some agencies send staff to conferences via agency budgets or grants; these staff persons often provide in-service training upon their return.

Community Education Initiatives

Since 1989, Project D.A.T.E. (Dating Abuse Tendencies Education) has been offered in schools throughout the county to address the problem of dating violence. The project is a collaboration of the Women's Haven of Tarrant County, the Women's Shelter, and the Rape Crisis and Victim Service Program of the Women's Center. Project D.A.T.E. educates students about abusive and healthy dating relationships, helps victims and perpetrators to self-identify, and provides information about resources. Since the early 1980's, the Rape Crisis and Victim Services Program has also partnered with schools in the county to offer the Play it Safe Program, which provides students with information on personal safety, child sexual abuse, and date rape. Each year, approximately 45,000 school-aged children benefit from this program.

In an effort to promote community awareness of the impact of sexual abuse and to honor survivors' efforts to heal, the Advisory Council is sponsoring an art exhibit that will be displayed in the downtown Fort Worth Library in 2001. The exhibit is entitled "2001—Healing Odyssey: Perspectives on the Journey of the Sexual Abuse Survivor."

Sentencing Options

Sentencing options for sex offenders in Texas include community supervision, incarceration up to life in prison, and fines up to \$10,000. A community supervision sentence is only available for felonies if the sentence is 10 years or less. The period of supervision can vary from a minimum of two to five years to a maximum of up to 10 years for a felony offense. For the majority of sex offenders who receive community supervision sentences, the form of supervision is a deferred adjudication sentence as opposed to traditional probation. Conditions of supervision and treatment are the same for a deferred sentence and probation; however, a deferred sentence for a sex offense can be extended an additional 10 years, if necessary.

Offenders cannot be sentenced to a period in prison, followed by probation. The only exception is if the defendant is sentenced in two separate cases with a short prison sentence in one case and a community supervision sentence in the other that will extend past the time spent in prison.

Sentencing options for juveniles who have committed a sex offense include community supervision for a term not to exceed their 18th birthday, placement outside of the home, commitment to the Texas Youth Commission for an indeterminate term up to their 21st birthday, commitment to the Texas Youth Commission on a determinate sentence with a maximum of 40 years, and certification as an adult.

The Supervision Process

Victim Notification. The Community Supervision and Corrections Department has a victim service staff of 16 that handles victim notification and other victim assistance issues. The victim services staff is responsible for notifying victims when offenders are granted probation. In addition, they must keep current address information on victims to provide them with restitution payments and information about changes in probationers' status or any legal action pending. Staff participate in informing the public, most notably chaperones (see below), of victim rights and services. A Juvenile Victim's Assistance Unit was also established within the department to ensure that victims of juvenile crime are afforded their statutory rights. Officers from this unit notify victims within 24 hours of case referrals to the department. If a youth is brought to detention by law enforcement, the unit contacts the victim within 24 hours to assess any safety or loss concerns that may be relevant to judicial decision-making in the case. Unit officers attend detention and other hearings to communicate victim concerns. They assist victims in the establishment and recovery of restitution and offer resource referrals, information, assistance, and support.

The Parole Division has a Victim Services Department, which contacts victims for registration with the program. Once registered, victims are informed of all decisions concerning the offender's parole status.

Supervision. The Sex Offender Unit and the Specialized Juvenile Offender Unit seek to supervise each offender in such a manner as to afford the highest level of community protection possible. To this end, the units utilize specialized conditions of supervision, a chaperone program (see below), electronic monitoring, surveillance, and coordination of services with contracted treatment providers and the courts.

Offenders are assessed through court-ordered evaluations for the risk of reoffending and potential for successful completion of treatment and supervision. These evaluations may include psychiatric, psychological, psychosexual, and chemical dependency assessments, followed by treatment if appropriate. Assessment tools include the Minnesota Multiphasic Personality Inventory (MMPI), the Millon Multiaxial Clinical Inventory (MMCI), the plethysmograph, the Abel Assessment, the Multiphase Sex Inventory (MSI), the Sexual Adjustment Inventory, the Hare Psychological checklist, plus other survey instruments as applicable. The Static 99 is being used to categorize offenders into a level of risk for community notification purposes, as part of statewide legislation that went into effect January 2000. The polygraph may be used to obtain additional information or monitor compliance.

The Parole Division supervises all sex offenders who first serve a period of incarceration and are then released into the community. It uses many specialized conditions for sex offenders and requires sex offender treatment for all parolees with sex crime histories.

Treatment. To maintain their credentials, providers who treat sex offenders on probation or parole must meet specific education, specialized training, and continuing education requirements of the state. Treatment modalities involve group and/or individual therapy once a week, focusing on relapse prevention planning, cognitive restructuring; building of social support systems; arousal change/impulse control; social/relationship skills training; and aftercare maintenance planning. Medication management is used as needed. Specialized treatment groups exist for bilingual offenders, developmentally disabled offenders, female offenders, and juvenile offenders. Offenders are typically in treatment for an average of three years.

Residential Treatment for Juveniles. Approximately 20 to 25 juvenile sex offenders each year require a period of residential treatment before they can be supervised safely in the community. Juvenile Services operates the Specialized Treatment of Offenders Program (STOP), which provides local residential treatment in a secure setting for these juveniles. After completing the program, a combination of treatment, intensive supervision, and support is utilized to assist youth in gaining control over sexually abusive behavior and developing pro-social behavior.

Use of the Polygraph. The polygraph has been an integral component in the monitoring and treatment of sex offenders in the county since 1993. Private examiners conduct polygraph examinations for the supervising agency and the offenders' therapists. A manual for operation, entitled the *Joint Polygraph Committee for Offender Testing Manual*, was produced in 1997 through the collaboration of the Community Supervision and Corrections Department, the Parole Division, polygraph examiners, the Attorney General's Office, and other interested agencies. These guidelines have been used to standardize polygraph testing across the state.

The frequency of testing varies depending on the offender's situation and record of compliance, but offenders are tested at a minimum every 12 months.

Chaperone Program. In this context, a chaperone is a person (18 years or older) recommended by the sex offender to assist him/her in complying with conditions of community supervision. Chaperones may be spouses, parents, relatives, friends, or others. The Chaperone Program was developed to educate those close to sex offenders on the protection and safety of children, while aiding supervising probation officers in the management of sex offenders. The chaperone attends four classes that address the conditions of probation (including specific conditions for sex offenders), criminal thinking errors, warning signs, and victimization issues. Upon completion, they attend a chaperone approval meeting where offenders detail their offense for them. Chaperones are aware that they must attend a refresher class every six months to obtain new or updated information. They are also aware that they may be disapproved any time during supervision if a violation occurs. The Parole Division has a similar initiative. The Women's Center works with probation and parole staff to educate chaperones on victim issues and resources, and offers counseling and support for chaperones who identify themselves as victims.

Monitoring. Monitoring of registered sex offenders on probation or parole is handled in various ways by different law enforcement agencies. Some agencies, such as the Fort Worth Police Department and the Arlington Police Department, have developed specialized units and/or responses to address this task. The Arlington Police Domestic Crimes Unit works closely with probation and parole officers to verify information and monitor offenders. Arlington Police patrol officers are utilized to perform spot checks on offenders to verify compliance with registration statutes. A sex offender database is accessible to all officers in the department to ensure they have current offender information. The Fort Worth Police Department SCRAM Unit utilizes unit personnel to verify registration information and perform residence visits to verify registration compliance.

Response to Violations. Response to probation violations may vary from court to court based upon the violation. Sanctions may include, but are not limited to, verbal court reprimand, additional community service, extended probation, treatment with a new provider, electronic monitoring, jail time, and/or revocation. In some instances, the probationer may be charged with a new offense for failure to register. The Arlington Police Domestic Crimes Unit and the Fort Worth Police Department SCRAM Unit adhere to a strict policy of investigating and presenting a case to the District Attorney's Office against any offender who fails to comply with registration requirements. Courts may also impose increased sanctions in cases where sex offenders fail to comply with treatment plans.

Sanctions to encourage compliance of juvenile sex offenders with treatment requirements differ in type and intensity to accommodate a range of offender issues and risk levels, and include direct interaction with treatment providers, caregivers, and others who are interveners with the juvenile. Sanctions may include family/therapist conferences, client conferences with probation officers, progress reports to the court, performance of community service, increased probation supervision, administrative hearings, specialized clinical assessments, electronic monitoring, respite care, revocation proceedings filed with the court, and removal from the home. The goal is to bring about the participation and continuance in court ordered specialized treatment.

Sanctions for sex offenders on parole include arrest within 24 hours for violations of significant special conditions or new offenses, as well as administrative sanctions for other violations.

NEXT STEPS

Future priorities for the Tarrant County CSOM Resource Site team include:

- developing a plan for local community notification meetings coordinated by multidisciplinary teams;
- expanding team membership;
- mapping community-wide responses to sex offenders and analyzing gaps; and
- planning for more integrated data collection.

SUMMARY

Tarrant County, Texas, established a Sexual Abuse Advisory Council in 1981 that was influential in the creation of sex offender units in several criminal justice agencies and the establishment of children's advocacy programs. The council also developed treatment guidelines for perpetrators and victims of sexual assault, and promotes collaborative relationships among those responsible for the community management of sex offenders. The county operates "chaperone" programs as part of their approach to sex offender management, in which sex offenders identify significant others who are trained to assist them in complying with their conditions of community supervision.

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Chittenden County, Vermont

INTRODUCTION

Chittenden County is in northwestern Vermont, covering 532 square miles (of the 9,249 square miles in the state). It has a population of approximately 141,800 (24 percent of the state's population of 589,000). While Vermont is a predominantly rural state, Chittenden County encompasses some of its more metropolitan areas. It is home to Burlington, the largest city in the state. Also located in the county are the cities/towns of Essex, Colchester, South Burlington, Milton, and Winooski, among other smaller municipalities.

Vermont's sex offender management system is statewide rather than county based. Therefore, while this Resource Site description focuses on efforts to manage adult sex offenders in Chittenden County, many of the presented practices have been or are being implemented across all counties in the state.

STATE BACKGROUND

In 1980, a statewide task force was formed with federal Law Enforcement Assistance Administration (LEAA) funding to examine strategies to deal with the growing sex offender population. After a year and a half of study, the task force recommended to the Department of Corrections (DOC) that both prison and community-based programs be developed for treating sex offenders. The DOC implemented the recommendations. In 1982, funds were appropriated by the legislature for the development of the Vermont Treatment Program of Sexual Aggressors (VTPSA). A 16-bed unit was opened within the correctional facility in South Burlington and a small number of outpatient treatment programs were started about a year later.

Currently, the VTPSA network of sexual offender treatment programs is comprised of a coordinated system of a 36-bed intensive prison program for higher risk offenders, a 32-bed prison program for moderate risk offenders, and 11 community-based treatment programs with specially trained probation officers assigned to supervise sex offenders. The VTPSA is under the umbrella of the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA), but is administered by the DOC.

In 1988, the legislature appropriated funds to create the VCPTSA. The VCPTSA is administered jointly by the Department of Corrections and the Department of Social and Rehabilitation Services (SRS) and was the first of its kind in the nation. The goal of the VCPTSA is to coordinate all victim and offender statewide prevention and treatment services.

The Population

Overall, about one-third of Vermont's sex offenders are serving prison terms, about one-third have received "split" sentences of incarceration followed by probation; and the remaining third have been placed directly on probation. This distribution has been consistent in recent years. During Fiscal Year 1997, 324 sex offenders were serving prison sentences, and 630

were in the community on probation or parole. Most of these sex offenders have been convicted of felonies. Only one or two women are currently incarcerated for sex offenses; they most commonly receive split sentences.

Juvenile sex offenders receive a continuum of services provided through SRS. These offenders are placed either on probation and engage in community-based treatment or into the custody of SRS. Once in custody, depending upon the risk they present to the community, they may be placed in a residential treatment setting or a specialized foster home. A small number of juveniles may be involved in both the juvenile and adult system. In 1982, the legislature passed a statute that permitted juveniles as young as 10 years old to be prosecuted as adults for murder, manslaughter, kidnapping, maiming, sexual assault and aggressive sexual assault, arson (leading to death), assault and aggravated assault, and robbery involving a dangerous weapon or bodily injury. Since this law was enacted, only a small number of juveniles under the age of 16 have been prosecuted in the adult system. (See the case study in this document on Washington County, Vermont, for a description of services for juvenile sex offenders provided through SRS in one county in the state).

The Parties Involved

Vermont's sex offender management system (e.g., prison, probation, and parole) is under the authority of the DOC. Specialized treatment is a central component of DOC's approach. The DOC contracts with therapists (some of whom provide treatment both inside the correctional facilities and in the community), and employs all probation and parole officers who provide supervision within the community. The DOC has also organized and supported a volunteer network that is a key element of Vermont's community response to sex offenders. This volunteer network was first implemented in Chittenden County.

THE CHITTENDEN COUNTY APPROACH

The Program Structure

Treatment for convicted sex offenders in Chittenden County is based on cognitive-behavioral and relapse prevention intervention models. These models were developed by a statewide committee of corrections and treatment provider staff.¹⁹ This supervision model is detailed in the book *Supervision of the Sex Offender* (Cumming and Buell, 1997, Safer Society Press).

Sex offenders on probation are required to enroll and complete specialized sex offender treatment. Sex offenders sentenced to between 18 months and four years of incarceration are eligible for the moderate intensity incarcerated treatment program. Offenders sentenced to prison terms of four or more years are eligible for the intensive incarcerated treatment program. Treatment for offenders sentenced to lengthy prison terms may not begin until they are within three to four years of their minimum release date. The DOC may recommend release after the offender's minimum sentence has been reached if the offender has completed treatment. The DOC does not recommend release for sex offenders who do not successfully complete treatment. Not all incarcerated offenders are eligible for treatment

¹⁹ Vermont Network of Sex Offender Therapists, *Guidelines for the Assessment and Treatment of Sex Offenders*, edited by Robert McGrath (Waterbury, Vermont: Vermont Department of Corrections, 1995).

(e.g., if the offender is in denial, if the minimum sentence is too long, or if the offender refuses treatment).

Prison-Based Programs. Vermont has two dedicated units in prison facilities for sex offender treatment.

The prison program for high-risk offenders is located at the Northwest State Correctional Facility, in Franklin County (directly north of Chittenden County). It has a capacity of 36 beds and a segregated living space, so that it functions somewhat like a therapeutic community. It houses rapists, offenders with multiple convictions, and others who are considered more serious, such as individuals with antisocial personality disorder. Each person in the program has a primary therapist, who is responsible for treatment and release planning and for all reports to the Parole Board. Treatment begins after an extensive assessment, which includes the Hare Psychopathy Checklist-Revised, the Multiphasic Sex Inventory, the Abel-Becker Cognitive Distortion Scale, the Burt Rape Myths Attitude Scale, the Interpersonal Reactivity Index, the Michigan Alcohol Screening Test, the Wilson Sexual Fantasy Questionnaire, the Rapid Risk Assessment for Sexual Offense Recidivism, and the Violence Risk Appraisal Guide. Phallometric assessments are periodically administered throughout treatment. All offenders in the program are assigned to a core group, which meets twice a week for a combined total of five hours. They must also attend a minimum of two focus groups. Focus groups are organized around various topics, beginning with how to write a journal, and include other topics such as victim empathy, personal victimization, and relapse prevention. There are also homework groups. Each offender also belongs to a peer group, which meets on its own. Peer group sessions are tape recorded and reviewed by therapists.

The prison program for moderate risk offenders is located at the Southeast State Correctional Facility, in Windsor County. The program has a capacity of 32 beds and houses shorter term inmates, who are likely to be serving their first term for a sex offense, and have received a split sentence. Program inmates are split between two facilities; plans are being made to construct a facility that would allow all program participants to be housed together. Assessments are based on clinical interviews and reviews of treatment and other records and evaluations. Testing primarily includes the Rapid Risk Assessment for Sexual Offense Recidivism; other tests are provided as needed. Offenders spend four hours each week with their core group and must attend a minimum of one focus group each week. In addition, they must participate in peer groups and homework groups.

Pre-Release Planning. At least 90 days prior to release from either prison facility, offenders are assigned to a parole officer who meets together with the treatment team, therapist, and inmate to plan for post-release treatment, housing, and employment. The parole officer obtains a packet of information summarizing treatment progress and other issues relevant to the offender, and forwards it to the outpatient therapist. Offenders who are released from either specialized unit are given polygraphs to aid in case management.

Intensive Community Treatment. Chittenden County has an intensive community-based treatment program for those offenders transferring from the prison-based programs. This group meets twice weekly; offenders remain in this group for six to 12 months. When they are considered stable, they move into one of the weekly community treatment groups for offenders who are on probation or parole. A treatment team, composed of treatment

providers, probation officers, and surveillance officers, meets on a monthly basis to coordinate management of these cases.

Community-Based Treatment. Community-based treatment for sex offenders on probation or parole is provided by clinicians under contract with the DOC. The DOC guarantees a minimum payment per group, and sponsors a training conference every year. In turn, these providers agree to charge on a sliding fee scale, follow VTPSA treatment guidelines, and attend monthly continuing education and supervision meetings.

In 1987, the state was zoned into three geographical areas (north, southeast, and southwest) for the purpose of clinical supervision. Chittenden County is in the northern zone. Therapists from each area who contract with the DOC to provide sex offender treatment meet eight to 10 times per year for a two- to three-hour supervision session. The VTPSA Clinical Director provides the supervision. The state Department of Social and Rehabilitation Services also supports a network of treatment programs for adolescent sex offenders. Similar to the adult network, there are community-based programs in every geographical area of the state. These juvenile treatment providers also meet regularly for supervision and continuing education.

Supervision and Treatment Groups. Offenders are sentenced to probation for an indefinite period, "until further order of the court," although in practice, the minimum and maximum time associated with the sentence are commonly followed. The DOC has two community supervision offices in each county: one that focuses on risk management supervision for medium- and high-risk offenders, especially those on parole or furlough (which includes those with "intermediate sanctions" sentences in lieu of incarceration), the other supervises low-risk offenders. In Chittenden County, there are 187 sex offenders being supervised in the community.

If needed, the DOC provides therapists with space in its offices for facilitation of groups and meetings between treatment and supervision staff. In Chittenden County, treatment groups are held in therapist offices, since they are located within walking distance of the DOC supervision offices and can accommodate groups.

At the first supervision meeting, probationers are referred to a treatment group and any special conditions of their probation warrant are reviewed. During their first meeting with their therapist, offenders sign a waiver of confidentiality and a treatment agreement. During this meeting, offenders learn about behavioral limits and expectations. Risk assessments are conducted on each offender and include the Rapid Risk Assessment of Sex Offender Recidivism, Static-99, and the Vermont Assessment of Sex Offender Risk. Other assessments instruments differ among therapists. Higher risk offenders are administered maintenance/monitoring polygraphs. Disclosure polygraphs are not used in Vermont's network of sex offender treatment programs.

Treatment groups average eight members; they meet for approximately two hours per week. Groups most commonly focus on the following treatment goals:

- establishing a personal network for support and monitoring;
- accepting responsibility for offending behavior;
- modifying cognitive distortions;

- developing victim empathy;
- controlling sexual arousal;
- improving social competence; and
- developing relapse prevention skills.

Weekly group treatment lasts for about two years, but treatment for high-risk individuals can last much longer. Following group treatment, offenders attend a non-clinical aftercare maintenance group, which meets biweekly for a year, and focuses on relapse prevention. In the absence of further identified problems, the course of treatment ends after one year in the maintenance group.

The few women convicted of sex offenses are most commonly given split sentences. If there are three or more female sex offenders within a geographic area, groups are developed. Otherwise, they receive individual therapy.

Collaboration. In Chittenden County, treatment staff and probation/parole staff hold regular monthly case management meetings. Supervision and clinical staff also confer frequently by telephone. Probation/parole officers periodically attend treatment sessions.

Use of Volunteers

Vermont is particularly notable for its volunteer involvement. Its specialized volunteer program began in 1987 in Chittenden County, when the DOC recognized that volunteers who were working with sex offenders in state institutions were in need of specialized training. The program is being replicated in other areas of the state.

Since the implementation of the VTPSA program, volunteer involvement has increased in pre-release planning meetings. Volunteers are recruited explicitly for establishing a relationship within the community as a source of support. All volunteers are given DOC volunteer training and a record check, which certifies them as DOC volunteers. Volunteers designated to work with sex offenders also receive specialized training, which is provided by probation officers.

Prior to release, sex offenders are strongly encouraged to develop their own community support networks. DOC staff supplements these support networks with volunteers. If an inmate has no post-release support, DOC and treatment staff create a volunteer team for support. Once an offender is released and living in the community, parole officers and volunteers hold meetings to discuss signs of potential problems and share their experiences. Volunteers are in frequent contact until the offender has found a job. Such contacts range in frequency from daily to two or three times per week.

Volunteers are often recruited through a network of churches. DOC staff view volunteers as a vital part of stabilizing a sex offender's community behavior. With registration, sentencing conditions, and selective community notification, volunteers may offer the only relationship that is not focused primarily on risk management. They provide a significant social link to a "regular life." In addition, volunteers provide models for safe interaction and friendship.

Special Investigation Units

Another innovative feature in the state is its special investigations units, established to aid in the investigation and prosecution of sex offense cases. The Chittenden Unit for Special Investigations (CUSI) was the first, established in July 1992. The CUSI promotes collaboration among city police departments within Chittenden County. Collaborative efforts of participating police departments consists of joint team development, donation of office space, equipment, and salaried positions. The officers involved on the team receive specialized training. Team membership is not permanent; officers rotate on and off, but remain part of the team for at least two years. The team investigates all sexual abuse cases in the county. Victim advocates participate on the team. In addition, the team meets as needed with local prosecutors. A designated prosecutor pursues all sexual abuse and assault cases in Chittenden County. Interviews with child victims are conducted jointly with SRS investigation staff.

Support to Victims

In addition to the work done in Chittenden County to treat sex offenders and prevent sexual abuse, there is a significant effort to support victims in their recovery. The CUSI has a full-time victim advocate. The Women's Rape Crisis Center, a private, nonprofit program that offers a free and confidential hotline, provides victims with individual and group support using a core of paid staff and volunteers. Augmenting the Rape Crisis Center is the Sexual Assault Nurse Examiner (SANE) program at the Fletcher Allen Hospital. Through the SANE program, specially trained nurses perform sexual assault medical exams, provide victims medical care and support, and collect forensic evidence for prosecution if the victim chooses to report the crime.

DATA COLLECTION AND EVALUATION

Data collection on the state's sex offender population has been extensive and ongoing. McGrath, Hoke, and Vojtisek (1998) reported that offenders in specialized treatment groups in Addison County had significantly lower criminal recidivism rates after five years than those in either a comparable non-specialized treatment group or those not receiving treatment.²⁰ The authors reported that differences in rates of sexual reoffending were especially marked between the specialized treatment and nontreatment groups.

A 2000 prison study of recidivism rates tracked all released sex offenders who received a sentence of four or more years in prison in Vermont and were eligible for the VTPSA intensive treatment program.²¹ Participants in the sample had been in the community for 28 to 126 months, for an average time at-risk of 54 months. Participants who completed treatment had a sexual rearrest rate of 3.8 percent, compared to a rate of 27 percent for those receiving no treatment. Offenders who dropped out or were terminated from treatment had a sexual rearrest rate of 22.4 percent.

²⁰ R.J. McGrath, S.E. Hoke, and J.E. Vojtisek, *Cognitive-Behavioral Treatment of Sex Offenders: A Treatment Comparison and Long-Term Follow-Up Study*, *Criminal Justice and Behavior*, vol. 25 no. 2 (1998), pp. 203-225.

²¹ R.J. McGrath, G. Cumming, J.A. Livingston, and S.E. Hoke, *The Vermont Treatment Program for Sexual Aggressors: An Evaluation of a Prison-Based Treatment Program*, Paper presentation at the Association for the Treatment of Sexual Abusers, 19th Annual Research and Treatment Conference (San Diego, California, 2000).

SUMMARY

Vermont was the first state to have an integrated and comprehensive statewide sex offender supervision and treatment program. It pioneered the use of relapse prevention with sex offenders in 1983, and has in place a continuum of prison- and community-based programs that match services to offender risk and need levels.

Chittenden County's sex offender management practice reflects the state's approach. In addition, the county has an intensive community-based treatment program for adult sex offenders transferring from state prison-based programs. It was the first county in the state to use trained community volunteers to provide support to offenders reintegrating into the community. It also was the first to establish a special investigation unit to aid in the investigation and prosecution of sex crimes.

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Washington County, Vermont

INTRODUCTION

Washington County is in north central Vermont, approximately 35 miles south of Burlington, with a population of about 67,000. The county is home to the state capitol, Montpelier. Next door to Montpelier is Barre, a working class community with stone trades as its primary industry. Beyond these two communities, the county is quite rural. A number of academic institutions are located in the county, including Goddard College, Vermont College, and Norwich University.

BACKGROUND

The Vermont Department of Social and Rehabilitation Services (SRS) serves as both the child protection and juvenile justice agency. The Barre District office serves Washington County and parts of Orange County. Barre SRS serves eight school supervisory unions and two court systems, and is served by two mental health agencies (Washington County Mental Health Services (WCMHS) and the Clara Martin Center of Orange County).

The SRS is legally authorized by the state to provide probation supervision for juvenile offenders, including juveniles with sexual offending behavior. Barre SRS began to partner with WCMHS in the late 1980's in an effort to provide local individualized or "wraparound" supervision and treatment services for juvenile offenders (not yet including sex offenders). These services were provided through a newly created program called Higher Ground. The intent was to reduce or eliminate the need for expensive out-of-community, and oftentimes out-of-state residential placements for these youth. The collaborative mission between Barre SRS and WCMHS is that:

"When it becomes necessary for the state to place youth in substitute care, they should live in their own communities in a placement that: best meets their individual needs; maximizes their strengths; assures their personal safety; and assures the safety of the community."

Around 1993, this collaborative effort between SRS and WCMHS expanded to include juveniles with sexual offending behaviors. Using local treatment and intensive community supervision, the agencies believe youth who engage in sexually abusive behavior can learn to manage this problem and prevent further victimization. By keeping these youth in their own community (or as close to their own community as possible), the agencies felt they could better integrate treatment concepts into the youths' daily lives from the time of adjudication or even before.

Washington County became a CSOM Resource Site in October 2000, focusing on county efforts to provide individualized services for juveniles with sexual offending behavior and their families. (See the case study on Chittenden County, Vermont, for a description of the state's adult sex offender management system.)

INDIVIDUALIZED SERVICES FOR JUVENILES WITH SEXUAL OFFENDING BEHAVIOR AND THEIR FAMILIES

The Population

Currently, 125 youth from central Vermont are in the custody of SRS; approximately 100 are placed with the central Vermont community. WCMH provides therapeutic case management to about 60 of these youth through the Higher Ground program.

The population of juveniles with sexual offending behavior served by SRS includes males and females from ages 10 through 17. While most of these youth have been adjudicated for a sex offense, this is not a program requirement. Currently, 20 adolescents with a history of sexual offending behaviors are in the custody of Barre SRS and are being managed through the collaborative efforts of SRS and WCMH.

The Program Structure

Infrastructure that Supports Collaboration. Barre SRS and WCMHS provide field staff with the structure needed to collaboratively accomplish this intensive work with juveniles with sexual offending behaviors. These agencies created and executed a joint mission statement, common definitions, and contracts and letters of agreement to ensure there is sufficient organizational support. Strength of the county's approach include the commitment of these agencies to sharing necessary information in order to maintain close, meaningful supervision and treatment, and their effort to involve a wide range of community members in developing and carrying out an individual service plan for each juvenile.

Therapeutic Case Management. Recognizing that youth with a history of sexual offending behaviors often require a level and degree of supervision that exceeds agency capacity, Barre SRS contracts with WCMHS to provide therapeutic case management to juveniles with sexual offending behavior placed in its custody. WCMHS case managers maintain caseloads that typically do not exceed six youths each, while SRS caseloads are usually over 25 juveniles per worker. While SRS maintains its legal duty as custodian and as a party to court proceedings, WCMHS case managers are able to closely supervise each youth, manage the array of individualized services created for each youth and his/her family, facilitate team processes, and offer therapeutic support. The involvement of the SRS worker in daily supervision activities varies, depending upon the individual needs of the youth.

Case management is governed by the relapse prevention model, in which youth have an important and responsible role in determining the pace and content of treatment. The goal of relapse prevention is to help youth find ways to recognize risk situations and manage them appropriately so that no further sexually abusive behavior occurs. This model can be used as a tool to monitor and supervise each case and to promote maintenance of pro-social behavior throughout the assessment and treatment process.

Psychosexual Evaluation. A trained clinician conducts psychosexual evaluations to assess risk according to factors that are associated with sexually abusive behavior. Clinical assessments are usually used during the legal process to assist in establishing supervisory

authority and during the case management process to make decisions about therapeutic intervention.

Individualized Treatment Team. At the point of adjudication (and sometimes earlier), the SRS worker and WCMHS case manager form an individualized treatment team. In addition to the SRS worker and the case manager, this team consists of individuals who are involved in providing treatment and supervision services to the youth and his/her family (e.g., a staff member of Resolutions, the community-based sexual offending treatment program, other involved therapists, substitute care providers, and educators). To the maximum extent possible, the youth and his/her family are included in the process. The case manager or SRS worker usually facilitates team discussion and conveys their recommendations to the court regarding the youth's treatment and supervision needs.

Determination of the Specifics of Supervision. Assessment of a youth's risk to reoffend is critical in deciding the level of supervision required to maintain the youth in the community. WCMHS, along with Resolutions, developed guidelines for determining levels of risk and corresponding supervision levels. Team members rely on data collected from the youth during the psychosexual evaluation when they decide upon an appropriate supervision level. A number of other factors are also considered, such as the type of offense, the degree of violence involved in the offense, the youth's and the family's level of motivation for change, and the acknowledgement of the offense. The degree of youth denial generally weighs heavily in placement decisions. Based on this information, the treatment team comes to consensus about an appropriate level of supervision and determines a strategy to reduce the youth's risk of reoffending through treatment and supervision.

Risk is regularly reassessed and subsequently, the level of case management may change throughout the treatment/supervision process. Progression in treatment/supervision is based on the youth's ability to:

- accept responsibility for the offending behavior;
- modify cognitive distortions;
- understand and control sexual arousal;
- acquire and practice relapse prevention skills;
- develop victim empathy;
- establish supervision networks and community supports; and
- improve social competency.

If a lapse behavior is reported, the team will decide if the youth should move to a different supervision level.

Levels of Risk and Corresponding Levels of Supervision

Risk Level	Supervision
<p><u>Level 1:</u> The youth:</p> <ul style="list-style-type: none"> ▪ is new to treatment and received or is receiving a psychosexual evaluation; ▪ is not in denial of his/her sexual offending issues; ▪ may continue to minimize offense, display cognitive distortions, and demonstrate inadequate social competency skills; ▪ is resistant to completing general disclosure (detailed compilation of sexual behavior); ▪ does not maintain a minimum of 3 journal entries per week; and ▪ is not at a point in treatment where she/he feels safe to report high-risk lapse behaviors. 	<p>Outings limited to necessary activities to reduce exposure to high-risk environments.</p> <p>Youth stays within “arm’s length” supervision. An approved support person encourages and monitors youth’s compliance and intervenes if the youth needs to leave an area. Incidents where the youth was at high-risk are discussed at next treatment team. Youth presents information about these incidents at their next therapy group.</p> <p>Supervision in school setting is high. Youth has a one-to-one aide. Youth must complete general disclosure to teachers with a member of the treatment team present. Team can do disclosure if youth is not ready. Pre-disclosure briefing with school staff is necessary.</p>
<p><u>Level 2:</u> The youth:</p> <ul style="list-style-type: none"> ▪ has completed general disclosure and continues to work on developing his/her sexual history; ▪ is beginning to describe deviant sexual thoughts or fantasies; ▪ has started reporting high-risk lapse behaviors to treatment staff and support persons; ▪ has recorded 3 or more journal entries per week for at least the last 4 offender therapy groups; ▪ is beginning to learn and use adaptive coping responses; ▪ has begun working on apology/clarifications letter or other empathy exercise; and ▪ has had at least one “Risk Factor Checklist” approved by treatment staff. 	<p>Youth should be completing a “Risk Factor Checklist” for all new risk situations. If an outing is a routine one and the case manager or foster care provider is directly supervising, the case manager may review the checklist with the youth and approve it. If the outing is not standard, treatment staff must review the checklist with youth and make the decision to approve or reject the request.</p> <p>Supervision is still high (“arm’s length” or “eye sight” supervision). Failure to maintain appropriate supervision is regarded as high-risk lapse and must be reported.</p> <p>Team may decrease school supervision if youth is following the program. At the least, an escort between classes and lunch is needed, provided disclosures have been made to school personnel.</p> <p>Youth is encouraged to do “Risk Factor Checklists” to prepare for attendance at school functions and must arrange for a supervisor.</p>
<p><u>Level 3:</u> The youth:</p> <ul style="list-style-type: none"> ▪ acknowledges deviant sexual process openly; ▪ can make disclosures easily and as a statement of empowerment; ▪ has completed a sexual history; ▪ has at least five successfully written “Risk Factor Checklists” in journal; ▪ continues to write journal entries without prompting; and ▪ readily reports high-risk lapse behaviors and describes adaptive coping responses to each situation. 	<p>Youth should make disclosures of history of sexual behavior to key community members with approved support person present. Process allows youth to reduce direct supervision time.</p> <p>Youth may submit “Risk Factor Checklists” to earn time alone in the house or to go to predesignated areas in the community with check-in times. There may be random checks by supervisors.</p> <p>Youth may work towards dating and spending time with friends. (There is a dating protocol.)</p> <p>Youth should be able to go to and from classes without direct supervision. Youth should have a core of teachers/support persons at school with whom she/he checks in regularly.</p> <p>Youth may present approved “Risk Factor Checklists” to team to travel to and from school and to attend school functions where there is a check-in person, but no direct supervision.</p>
<p><u>Level 4 (transitional):</u> The youth:</p> <ul style="list-style-type: none"> ▪ has achieved all cognitive/behavioral relapse prevention skills and has demonstrated consistent understanding of skill-based activities that are part of sex offender treatment planning. 	<p>Youth and team should be actively working towards transition from SRS custody and the Higher Ground Program.</p> <p>Youth earns unsupervised time at home and for specific activities in the community. These activities must be preapproved by the team.</p> <p>Youth should have work experience in a low-risk job setting where she/he has disclosed to immediate supervisors.</p> <p>Youth can do “Risk Preps,” subject to approval by the team, for overnight time in the home alone, and is responsible for completing an ex post-facto “Risk Factor Checklist.”</p>

Network of Substitute Care Providers. Placement providers (foster parents, professional roommates, and respite providers) and other individuals who encourage and monitor compliance with supervision provide a foundation of community support for the youth. All persons serving the youth as placement providers are viewed as “foster parents” and must complete state licensing requirements, including mandatory pre-service training, background checks, and home visits. The responsibilities of placement providers are usually determined

through the treatment team process. Some providers are responsible for the bulk of the daily supervision, while others provide only evening supervision. Each provider is part of the individual treatment team and, as such, helps to create and revise the treatment and supervision plan.

Treatment Planning. The treatment team uses information from the psychosexual evaluation and the risk assessment process to identify treatment needs of youths and their families. This process is strength-focused—all parties involved pay attention to what the adolescents are doing well and help them focus on and acknowledge these strengths. At the same time, they strive to address youths' specific problems and clinical diagnosis and teach them new ways of acting. Offender accountability is regarded as an empowering, not punitive, process. The goal of a strength-based model is to create an individualized program that youth and their families will want to participate in while thoroughly addressing the key issues related to their offense history.

Based on each youth's strengths and needs, the team identifies existing treatment services and interventions. Members work together to create services that do not exist or to modify existing services to meet specific needs. After developing a plan for specialized treatment, the team meets as frequently as determined for each case.

A crisis or safety plan is an essential component of this process. Elements of this plan could include addressing what happens if there is a violation of court-ordered conditions or what levels of intervention are needed in a mental health crisis.

Prevention Team. The treatment team works with the youth to establish a prevention team, consisting of significant professional and nonprofessional people with whom the youth comes into regular contact (e.g., relatives, school personnel, clergy, and employers). Members of this team may occasionally be asked to meet with the treatment team to discuss specific issues. For example, their input may be helpful in identifying factors that could lead to a reoffense.

Budget. Every youth in the program has an individual service budget (ISB). The program uses state General Fund dollars as a match for federal Medicaid funding for Medicaid eligible services. Essential services, such as case management, are typically paid for in this way. Budget plans usually run for a fiscal year, but can be adjusted wherever the need arises. Data is collected and tracked to ensure overall budget containment is within allocations. Frequent budget discussions occur to determine how to successfully manage allocations.

Community-Based Treatment. Sex offense treatment is provided through private clinicians who are under contract with and supervised by the state (through the Vermont Treatment Program for Sexual Aggressors). Treatment is conducted in a specialized group format and incorporates the relapse prevention model. Relapse prevention provides an organized way for juveniles to identify specific cognitive, affective, and environmental risk factors in their abuse cycle, learn how to anticipate and minimize these risks, and develop alternative coping strategies for dealing with these risks. It also includes exercises designed to increase awareness of the effects of sexual abuse on others and develops empathy towards specific victims. The goals of treatment are to ensure that there are no new offenses while the youth

are under the jurisdiction of Barre SRS and WCMHS and help youth develop life skills that will assist them in living productively in the community.

As part of their treatment program, youth are required to provide limited disclosure of their offense history to a support network of individuals who then can assist during high-risk situations. The completion of this disclosure process demonstrates that youth begin to hold themselves accountable for their behavior. Refusal to disclose does not mean the adolescents cannot participate in the community-based program; however, it does severely limit their opportunities to become involved in community activities and events that represent high-risk situations for them.

School Protocols. Montpelier High School developed a protocol that is followed for students with sexual offending behavior. (Although youth attend other area high and middle schools, Montpelier is the only high school in the catchment area that created its own formal protocol.) These students register with the guidance department. Student registration is done with the support of key treatment team members. The guidance counselor secures and reviews each youth's records and sets up a meeting with individual students and their parents/guardians prior to classes. Other persons are invited to the meeting as appropriate (e.g., principal, special education case manager, Resolutions therapist, SRS worker, WCMHS case manager, and assistant principal). This group, known as the case management team, does the following:

- reviews risk posed by the student to the general population and what is needed to keep students safe in the building;
- determines the level of supervision needed during various situations, including in class, hallways, assemblies, and the cafeteria, and during unscheduled times, fire drills, and extracurricular activities;
- determines the procedure to be followed with substitute teachers;
- writes up a supervision plan and disseminates it to appropriate persons;
- develops a schedule for disclosure (of sexually abusive history); and
- continues to meet as a team as needed.

Other Criminal Justice and Community Partners. Through a concerted effort to maintain contacts with the prosecutor's office, the judiciary, local and state law enforcement officials, victim advocates, and the local child advocacy center (CAC), this collaboration of SRS and WCMHS has been able to maintain its standing. These key members of the community understand and support the SRS/WCMHS joint mission and the strategies they are using to achieve the mission. They have helped to shape the environment that allows for such programming to take place beyond the "pilot" phase.

Training. Agencies and individuals in the community involved in supervising and treating juvenile sex offenders need to be aware of each other's responsibilities. Training opportunities include job shadowing, didactic sessions, reading material, conferences, and individualized training. Training topics include treatment modalities, court and legal systems, how to be an effective court witness, community supervision, crisis intervention, passive restraint, strength-based planning, individualized services, team facilitation, behavior observation, and other youth-specific topics.

Community Education and Outreach. Significant efforts are made to ensure that the general public is aware of how local and state agencies serve the community's children and youth. SRS and WCMHS staff provide periodic presentations upon request at local fraternal organizations and community forums and gatherings. They also frequently coordinate with the local child advocacy center to provide information and training.

EVALUATING THE IMPACT OF INDIVIDUALIZED SERVICES

Program Outcomes. "No new offenses" for youth with sexual offending behavior has been the primary focus of the Higher Ground Program. The data suggests new offenses take place at a rate of less than 10 percent for youth while they are in the program. Further long-term monitoring and evaluation is needed to identify offense history for youth who have since left the program to help identify post-discharge impact of the program.

Evaluation. A number of qualitative program studies and assessments have been conducted on the overall Higher Ground Program, looking at the team process, youth and parent involvement, individual outcomes, unconditional care capacities, and costs per child, among other factors. This information is used internally to make systemic improvements whenever warranted. It is used externally to maintain support from higher levels of administration and to offer the community information about tax dollar usage and efforts to build caring communities.

The results of a 1997 outcome study of graduates of the program (37 percent were juveniles with sexual offending behavior) showed some promising trends.²² The study looked at a two-year period following graduation. Figures for school completion were higher than national averages for seriously emotionally disturbed (SED) youth. Only 29 percent of the graduates had been in trouble with the law and only 17 percent had been arrested and convicted for more than one offense (most were misdemeanors; one of the three youth convicted of felonies committed aggravated sexual assault).

NEXT STEPS

Some areas where further exploration and resources are necessary to improve responses to juvenile sex offenders in Washington County include:

- the need to reduce the time between adjudication and disposition to expedite youths' entry to treatment;
- the need to identify more consequences for noncompliance;
- the need to identify and secure a day placement/treatment for youths suspended from school;
- the need to continue expanding community education to strengthen the "buy-in" from the public; and
- the need for more evaluation of this approach with juveniles with sexual offending behavior.

²² Bramley, Janet, *Where are they now? Towards a protocol for monitoring long-term outcomes of graduates of a wraparound program: Preliminary findings prepared for Washington County Mental Health Youth and Family Services* (Burlington, VT: University of Vermont, 1997).

SUMMARY

The Vermont Department of Social and Rehabilitation Services (SRS), Barre District, and the Washington County Mental Health Services (WCMHS) have partnered since 1993 to provide local individualized or “wraparound” supervision and treatment services for juveniles with sexual offending behaviors in SRS custody. The Barre SRS is responsible for juvenile probation, and contracts with WCMHS to provide therapeutic case management to these youth. In each case, an individualized treatment team (consisting of a SRS worker, WCMHS case manager, sex offender treatment provider, substitute care providers, and others as appropriate) is formed to assess risk of reoffense and come to consensus about the level of supervision needed. The team creates a treatment plan, monitors the youth’s compliance with the plan, and revises the plan as necessary. The treatment planning process is strength-focused—all parties involved help the adolescents focus on and acknowledge their strengths. At the same time, they address youths’ specific problems and teach them more appropriate behavior.

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Spokane, Washington

INTRODUCTION

Spokane is the largest city in the inland northwest, serving as a hub for eastern Washington, Northern Idaho, and parts of Montana, Oregon, Alberta, and British Columbia. Its 1996 population was over 201,000, making it the second largest city in the state. The city covers an estimated 225 square miles.

LOCAL AND STATE BACKGROUND

Following the passage of Washington State's Community Protection Act of 1990, which mandated local policy development regarding released sex offenders, the Spokane Police Department and the Washington State Department of Corrections (DOC) began working more closely together on registration, community notification, and supervision issues. This new legislation required sex offenders to register for a period of ten years, fifteen years, or for life. In 1997, a uniform approach to notification was adopted by the state legislature.

THE SPOKANE APPROACH

Community Notification

When a sex offender is about to be released from custody or begin serving a community sentence, a risk classification (Level 1, 2, or 3) is assigned. This risk classification determines the extent to which a community will be notified of an offender's presence. Factors considered in classification include the age of the offender, the number of prior offenses, particularly sex offenses, the use of a weapon during the commission of the offense, the age of the victim(s), and the offender's drug or alcohol involvement during the twelve months immediately preceding the offense. A Level 1 designation is assigned to offenders with the lowest risk and is the most common classification, usually involving first-time offenders and limited circumstances. Level 2 is assigned to people who may have committed more than one offense, but generally these crimes have been intrafamilial. Level 3 is reserved for offenders who are more violent or predatory, committing offenses outside of the family or across a more widespread geographic area.

A statewide End of Sentence Review Committee (ESRC) reviews all offenders who have been sentenced to a prison term for conviction on a sex offense, sexually motivated offense, or a kidnapping offense for the purpose of assigning a risk level classification. The ESRC consists of members representing the DOC, Department of Social and Health Services, and law enforcement. Assessment information is forwarded to the local law enforcement agency having jurisdiction where the offender intends to reside. Local law enforcement makes the final determination of the offender's level of risk.

In Spokane, communities are notified about those sex offenders who are classified as Level 2 or 3. For Level 2 offenders, bulletins are printed which provide the individual's name and

offenses and are distributed by police and volunteers to the individual's employer, all residences within a three square block area of his/her new dwelling, and to local community policing substations (or "COPS Shops"). For Level 3 offenders, the local media (both newspapers and television) are also informed.

Registration

The Spokane Police Department and County Sheriff coordinate community notification efforts and monitor registration. Police regularly verify registered offenders' addresses (Level 2 and 3 offenders receive monthly, in-person checks; Level 1 offenders receive an annual registered letter). If he or she is not at that address, the classification level may be increased and the offender may be prosecuted for failing to register (which may be a felony or a gross misdemeanor, depending on the date of offense and/or failing to register, and the severity of the original offense). State statute requires sex offenders to register their new address within 24 hours of release or within 72 hours of changing residence. Police also work with COPS Shop members to maintain close links with the community and its concerns.

Sex Offender Sentencing Options

Since 1984, Washington State has provided a treatment sentence option for adults convicted for the first time of a felony sex offense other than Rape in the First or Second Degree or attempted First Degree Rape and whose sentence does not exceed 11 years. This sentencing option, the Special Sex Offender Sentencing Alternative (SSOSA), allows judges to sentence these offenders to community treatment under supervision of the Department of Corrections. Under SSOSA, the court sentences the offender within the standard sentencing range, then suspends the sentence while possibly ordering up to six months in confinement. If an offender violates sentence conditions, the court may revoke the suspension and order either execution of the sentence or up to 60 days confinement.

A similar treatment sentencing option for juveniles has been in place since 1990.

Washington has had determinative sentencing since 1984. Inmates can be released to community placement before completing their sentence if they have a release plan approved by a field officer. Offenders who committed a sex offense prior to June 1990 are subject to community placement of one year. For those who committed a sex offense after June 1990, and before June 1996, the community placement sentence is two years. Sex offenders who committed a sex offense after June 1996 are sentenced to community custody for three years. Community placement can consist of community custody (the highest level of supervision possible, in which the DOC has control over the offender's status and revocation), followed by post-release supervision (the second phase of community placement, in which the defendant falls under the jurisdiction of the sentencing court and is supervised by the DOC). If an offender has accrued "good-time," they can serve that time in community custody, under authority of the DOC. The offender could be returned to prison for the remainder of the sentence if the violation is serious enough. Once the "good-time" period is completed, offenders are transferred to post-release supervision and jurisdiction is returned to the sentencing court; the court determines responses to violations, which could be served in county jail.

The Offender Accountability Act (SSB541) is the latest legislation enacted in the state, effective July 1, 2000. Under this bill, the Department of Corrections' stated mission is to enhance community safety through collaboration with its criminal justice partners, victims, citizens, and other stakeholders, by administration of criminal sanctions and effective correctional programs, and by providing leadership for the future. The act extends the scope of offender management strategies within the community, provides a broader range of available sanctions, and expands the use of effective offender programming modalities.

The fundamental components and principles of the Offender Accountability Act include the following:

- Community-oriented supervision—the most effective way to supervise is based on the risk offenders individually present to the community, rather than considering only sentence structure or crime of conviction. Research validates risk-related classification of offenders under community supervision.
- Community custody offender accountability—the DOC has jurisdictional authority to hold offenders accountable for their actions in the sanctions imposed for violations of conditions, as determined by the category of supervision imposed.
- Transition/treatment conditions in programming—effective supervision is best achieved through a balanced approach that considers protection of the community, offender accountability, and intervention in offenders' attitudes and values. The DOC has the authority to impose affirmative conduct and/or treatment programming conditions, which address risk factors that can be changed.

SPOKANE TEAM MEMBERSHIP

In early 1998, forty individuals representing a host of agencies and community groups formed the Spokane Sex Offender Management Team (SSOMT). The SSOMT is comprised of representatives from the prosecutor's office, detectives from the Sexual Exploitation Unit, community corrections (representing both adult and juvenile corrections), and representatives from the network of Community Oriented Policing Services sites, among others. SSOMT is a board that oversees all citywide activities related to the management and supervision of sex offenders. SSOMT has established three subcommittees, each with approximately twelve members, to examine specific substantive areas of interest. These groups meet frequently and are expanding their activities at a rapid pace, addressing identified needs and developing workplans on issue-specific topics.

Team Roles

Prosecutor. A single prosecutor is designated to handle all cases involving failure to register cases in Spokane. The prosecutor works with police on proof issues, as well as pursuing sentencing. The prosecutor provides an especially important link with judges to obtain needed conditions (such as polygraphs).

Police. For SSOSA cases, police determine the offender's risk classification for notification purposes. For cases in which the offender has been incarcerated, the police receive the ESRC recommended classification and supporting file materials about two weeks prior to release.

The police review the information and either agree with the ESRC determination or reclassify the offender and complete and return a form to the ESRC justifying their reasons for disagreement. An estimated two-thirds of sex offenders seeking release into Spokane are rejected, and may try other jurisdictions.

Community Corrections. There are four community corrections (probation and parole) officers who exclusively supervise sex offenders in Spokane, and another who writes nearly all of the pre-sentence investigation reports on sex offenders. The four community corrections officers supervise most the sex offenders sentenced under SSOSA, as well as most of those who have been released from the DOC on community placement supervision.

COPS Shops. In the early 1990s, the Spokane Police Department, known for their pioneering work in community policing, expanded a network of community volunteer sites throughout the city. As of mid-1997, Spokane had eleven neighborhood substations across the city, staffed by trained community volunteers. The volunteers organize activities to respond to immediate, local needs. They serve as sources of information on sex offender movement, changes in residence, and any behavior that may suggest community risk. They also assist in the community notification effort and alert police to community concerns. COPS Shops are regarded and relied upon by law enforcement as a significant adjunct in the surveillance of sex offenders. Volunteers are trained by police to provide education to community members about sex offenders and how to appropriately respond to community notification and issues around vigilantism.

Victim Advocate. The victim advocate is the newest member of SSOMT. Pursuant to upcoming legislation, the advocate will attend case review meetings when the level of supervision is being determined and will bring the victims' perspective to the group. The advocate will make contact with the victim, when possible, to provide information to the parole/probation staff and/or treatment providers about the victims' concerns. The advocate will also provide information and referrals to the victim and/or victims' family members, and will act as the liaison between the victim and the entire team to ensure that victims' issues and concerns are heard.

The Population

Nearly all of the sex offenders supervised by the community corrections unit have been convicted of felonies. There are an average of 180 offenders under supervision at any time: 30 overseen by the unit lead officer, and 50 overseen by each of the three remaining officers. On average, an estimated 15 offenders are classified as Level 3, 10 are Level 2, and 155 are Level 1 offenders. About 50 (28 percent) offenders were released from prison and the remainder were sentenced under SSOSA. An estimated 660 sex offenders who have been convicted of gross misdemeanors are supervised on regular nonsexual offender specific caseloads.

Use of the Polygraph

The Sex Offender Unit of the DOC meets monthly to discuss issues raised with polygraphs, attendance in therapy, and community concerns. Polygraphs are conducted by three polygraph examiners (who are under contract with the DOC), beginning with examinations on sexual histories to assist in supervision. Maintenance polygraph examinations are

administered every 90 days. In addition, polygraph examinations may be conducted as concerns arise about specific allegations during the term of an offender's supervision. Each polygraph case is initially staffed by a community corrections officer and the polygraph examiner. The officer provides the polygraph examiner with the offender's case history, and a basic outline for the first disclosure interview. After tests are administered, polygraph examiners contact community corrections officers to provide information that may have surfaced during an examination.

Supervision

Community corrections officers contact offenders up to four times per month (community supervision is the equivalent of probation in most states). Drug and alcohol testing is applicable only if there are conditions imposed at sentencing prohibiting the use of drugs and/or alcohol. Community corrections officers and police discuss emerging behavior problems in offenders. They may collaborate on surveillance or make offender field visits together. In addition to monthly meetings, police and community corrections officers confer several times each week to discuss offender violations. Only community corrections officers have the authority to recommend court action for a violation of an offender's probation.

Treatment or Community Placement

The community corrections unit works with five to six state-certified therapists, who provide treatment services to sex offenders on community supervision. Treatment is court-ordered as part of a SSOSA sentence, however, offenders sentenced before the implementation of SSOSA (1990) do not all receive treatment as a condition of supervision. All sex offenders sentenced under SSOSA are mandated to treatment for a minimum of three years. Nearly all sex offender treatment occurs in the community. Therapy is available in some prisons for non-SSOSA clients although treatment is optional, and most offenders opt not to obtain it there. Community-based therapists provide quarterly written progress reports and take part in monthly staffing meetings with the community corrections officers. The treatment staff then submit a discharge report three months before the offender's sentence is completed, which details the offender's progress in treatment during supervision.

Violations

According to SSOMT members, the number of violations has decreased over time. Corrections officers estimate that there is an average of about two violations per offender during their term of supervision, and that about 40 percent of those under community custody are at some point returned to prison for violations. These numbers are estimates because there is currently no system for collecting caseload data.

Special Features and Current Directions

The two most unique features of the Spokane approach are: 1) the strong role played by the Police Department in classification and community monitoring of sex offenders; and 2) the formal collaboration with the community through the COPS Shops. The SSOMT is currently exploring expansion of volunteer involvement, lifetime supervision, stronger sanctions for failure to register, and increased involvement from treatment staff.

Another special feature is the implementation of the Re-Entry Partnership Initiative. This effort enhances public safety by involving the community in the development of release plans of high-risk offenders leaving prison. The focus is to develop close partnerships and cooperation among key stakeholders, including prison staff, community corrections staff, local law enforcement departments, social service agencies, landlords, mental health organizations and providers, and other relevant agencies and individuals. The planning involves getting the resources in place prior to the offender's release from prison and sending a transition team to the prison facility to interview the offender. This process has significantly improved release planning.

SUMMARY

Spokane is noteworthy for the innovative leadership of law enforcement, particularly in the area of neighborhood supervision, in conjunction with probation and community organizations. The Spokane Police Department, Department of Corrections, and community volunteers work closely on registration, community notification, and supervision issues.

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IV. TRIBAL RESOURCE SITES

CSOM is exploring tribal communities' responses to dealing with sex offenders. Among those communities sharing lessons learned are the three CSOM Tribal Resource Sites—the Navajo Nation in Tuba City, Arizona; the Assiniboine Sioux Tribes at Fort Peck, Montana; and the Yankton Sioux Tribe of South Dakota. These sites are utilizing collaborative teams to facilitate more comprehensive and culturally appropriate approaches to sex offender management. Each of the tribes has different histories, characteristics, customs, and responses to victims of sexual abuse and assault and sex offenders. However, a number of common factors appear to influence the capacity of their collaborative teams to make positive changes in the way sex offenders are managed on their reservations. These factors are discussed below in an effort to identify some of the unique issues and challenges facing CSOM Tribal Resources Sites.

Common Factors and Issues

Desire for Self-Governance. These tribes have historically struggled to regain and/or maintain their land and govern their people, and as such, have a desire to develop their own laws, policies, and practices. In terms of managing sex offenders, these sites are interested in incorporating some aspects of “mainstream” approaches, but also want to include strategies that address the unique needs of their people.

Impact of Past Institutionalized Abuse. A number of sex offenders that tribal criminal investigators and prosecutors deal with claim that they were sexually abused as children while attending U.S. government run boarding schools.²³ While their past victimization did not cause their offending behavior,²⁴ it is critical that it is explored in treatment. In general, collaborative teams must consider how to encourage tribal members who experienced this type of abuse to seek assistance in healing.

Socioeconomic Problems and Lack of Resources. These tribes battle with significant socioeconomic problems, such as poverty, unemployment, alcohol and drug abuse, child abuse, family violence, family disintegration, and gang-related crimes. These problems may or may not be associated with an increased risk of sexual victimization (e.g., alcohol abuse could be an associated, but not causal, factor in sexual victimization).

CSOM Tribal Resource Sites are located in rural and fairly remote areas. They tend to have few resources to devote to sex offender management and face other obstacles as well, including considerable travel distances to provide and obtain services and few transportation options. Residents often have limited communication options, such as no telephones in their homes.

²³ At a ceremony on September 8, 2000 recognizing the 175th anniversary of the establishment of the Bureau of Indian Affairs (BIA), Assistant Secretary Kevin Gover formally acknowledged that children entrusted to BIA boarding schools of the past were often brutalized, emotionally, psychologically, physically, and spiritually.

²⁴ While past sexual victimization can increase the likelihood of sexually aggressive behavior, most children who are sexually victimized never perpetrate against others.

Culturally Specific Approaches to Sex Offender Management. These sites want to incorporate their cultural beliefs and customs into their approaches to sex offender management. Such approaches would take into account:

- Traditional concepts of justice—traditional tribal justice generally focuses on resolution of problems and restoring good relationships among families, neighbors, and the community. In the past, tribal members relied on the help of traditional healers and tribal customs to resolve conflicts, promote healing, and/or determine what compensation was necessary to repay damages. Although the three tribal sites utilize their state models of adjudication, more traditional ways of thinking about justice and healing continue to have a strong influence on how tribal courts and communities respond to sex offenses. When traditional justice concepts are applied in dealing with sex offenders, those involved in sex offender management must advocate first and foremost for the safety of victims and the community.
- Use of traditional healers in offender treatment—sex offenders may request traditional healing over Western treatment approaches. Those involved in sex offender management need to affirm the power of traditional healing and create a role for traditional healers in the treatment and containment of sex offenders, while not losing sight of the importance of offense-specific treatment in reducing the risk of reoffense and protecting the community.

Focus on Child Sexual Abuse. In all three tribal sites, children are viewed as special gifts and as the future of their tribes. Because of this perspective, the collaborative teams tend to emphasize the urgency of preventing child sexual abuse and managing sex offenders who committed crimes against children. However, the sites are working on developing policies and practices that broadly address both child and adult sexual victimization.

Recognition that Offenders' Families Must be Part of the Solution. The Tribal Resource Sites recognize the importance of educating tribal families of offenders about the nature of sexual offending, the long-term negative impact of victimization, and the potential danger that offenders pose to the community. Family members too often become trapped in offenders' manipulation and inadvertently support their sexually deviant behavior (e.g., by allowing offenders unsupervised access to children).

Need for Prevention Education. The Tribal Resource Sites indicate a need to educate tribal members about the prevalence and dynamics of sexual violence, how to reduce the risk of victimization, and what to do if an assault occurs. They felt residents must become more aware that sexual violence happens on their reservations and that these crimes can have a devastating impact on victims and their families. Residents also must understand that offenders are likely to reoffend again unless the community holds them accountable for their crimes.

Issues of Jurisdiction. Criminal jurisdiction over sex offenses committed on tribal lands by Indians is concurrent between tribal governments and the federal government—which court

prosecutes a case is dependent upon whether charges are in violation of federal²⁵ or tribal laws. Most felony offenses are charged in federal court. Offenses committed on tribal lands involving non-Indian defendants and Indian victims are dealt with in federal court, under the General Crimes Act. The state has jurisdiction on tribal land over offenses committed against non-Indians by non-Indians.

Processing of Sex Offenses. Each site processes reports of sex offenses differently. But generally, tribal police and/or criminal investigators respond to initial reports of sexual abuse and assault to provide victim assistance and determine which agency is responsible for the investigation. The FBI investigates cases that could be charged as federal crimes. Tribal criminal investigators deal with all other cases involving Indian defendants. City or county criminal justice agencies handle cases in which a non-Indian committed an alleged crime against a non-Indian.

The FBI investigation report is sent to the U.S. Attorney's Office, where it is decided whether there is sufficient evidence to file federal charges. If charges are filed, the information goes to a grand jury for indictment. (If the U.S. attorney declines prosecution, a case can be referred to tribal court.) Federal pre-trial services include detention or limited pre-trial supervision. The adjudication process can result in conviction by trial or plea, or acquittal—sex offense charges typically are not pled down to nonsexual charges. If convicted, sentencing options include custody in federal prison, local or regional jails, and/or supervised release (which can include sex offender-specific treatment).

Tribal investigation reports are sent to tribal prosecution offices. Charges are filed if the office accepts the case. Pre-trial release from jail typically occurs through a custody bond or recognizance release—there is no tribal pre-trial supervision. Sentences vary depending upon tribal laws. Tribal sites differ in the level of supervision and treatment they provide adult and juvenile sex offenders.

Revisions to Tribal Codes. Tribal codes dictate what types of sexual contact are illegal on the reservations. Unfortunately, the codes do not tend to address the full spectrum of sexual abuse and assault. The codes around sentencing also do not reflect the need to protect communities from these offenders. Typically, there have been few provisions for sex offender registration and community notification. Collaborative teams in these sites have identified the need for revisions to their tribal codes to address these significant issues. They have all worked to include representatives from tribal councils on their teams in order to alert tribal governments of the need for these revisions.

Difficulty of Getting All Stakeholders to Collaborate. For tribal sites, collaboration at a local level is a complicated matter. Bringing together all relevant stakeholders from tribal, federal, and state criminal justice and community systems is quite a cumbersome task. There are also obstacles to overcome in terms of including individuals not based on tribal lands. For example, seeking the participation of the U.S. attorney, treatment providers, or federal probation officers in team meetings is a logistical challenge when these individuals are located hundreds of miles away from the tribal community. In addition, some important players may

²⁵ The Major Crimes Act, 18 U.S.C. Section 1153 (Offenses committed within Indian County), establishes federal jurisdiction for 16 major criminal offenses, including aggravated sexual abuse, sexual abuse, sexual abuse of a minor or ward, abusive sexual contact, and incest, in cases where an Indian defendant allegedly committed the crime.

not see the relevance of their involvement in collaborative efforts or may not prioritize the need for comprehensive sex offender management. In the long run, however, tribal teams must be creative in their attempts to overcome these and other barriers and garner the needed support for their efforts.

The Navajo Nation in Tuba City, Arizona

INTRODUCTION

The population of Tuba City, Arizona, is approximately 7,323, comprised of 2,226 families. Tuba City covers 28 square kilometers in north central Arizona. It is in the western part of the Navajo Indian Reservation, adjacent to Hopi tribal land. It is 75 miles south of Lake Powell, 50 miles east of the Grand Canyon, and 184 miles north of Phoenix. The Navajo Nation itself crosses the border of a total of four states: Arizona, Colorado, New Mexico, and Utah.

BACKGROUND

Since the early 1990's, the Navajo Nation has voiced concern to Indian Health Services (IHS) about the significant problem of sexual abuse on its reservation. In 1992, the Navajo Nation Division of Social Services processed 650 substantiated cases of sexual abuse, which averaged out to 1.7 cases per day. In the Tuba City area alone, law enforcement documented 44 cases of sexual perpetrators in 1994. The offenders, all males with one exception, ranged in age from 5 to 56. As a result of the tribe's concern and the alarming statistics, IHS provides more of its funds for services for sexual abuse victims to the Navajo Nations than any other Indian tribe in the country.

At about the same time, the Nation realized that breaking the cycle of sexual abuse required more than promoting victim recovery; it was equally important to intervene with sex offenders. Juvenile sexual offending was identified as a particular problem. In 1993, IHS contracted with a psychologist, who is well known for her work assessing and treating sex offenders, to conduct nine training workshops on developing outpatient treatment programs for adolescent Indian sex offenders. A mental health specialist from the Tuba City IHS participated in the training for the Navajo Nation. It became clear to training participants that while better sex offender treatment was essential, it was not enough to protect the community. The involvement of the courts, law enforcement, criminal investigation units, prosecution, probation, social services, and many others was needed to control offenders and reduce victimization.

As part of the process of strengthening community responses to sex offenders, the Navajo Nation passed a tribal code to allow prosecution of sex offenses of both adults and adolescents and developed protocols to refer tribal and federal sex offenders to treatment. Prior to the passage of the code, cases were either referred to federal court or simply dropped.

After the training, Tuba City formed a task force to begin grappling with the problems posed by sex offenders living in their community. Through funding from IHS, the group developed a video entitled "Walk into Life: Returning to Harmony." It tells the stories of 10 youthful Navajo sex offenders who are convicted of sex crimes and are being treated using both traditional Navajo and Western approaches. The video is shown to sex offenders at the beginning of the assessment/treatment process. (The director of mental health for the Tuba

City IHS, a child psychologist by background, was instrumental in involving the mental health specialist mentioned above in this work, forming the task force, and developing the video).

In 1997, representatives from the Tuba City Task Force attended another training sponsored by the Navajo Nation on the intervention process with adolescent and adult sex offenders. Participating disciplines included schools, social services, law enforcement, mental health, and probation and parole. In addition to providing instruction that complemented the initial training workshop, the trainer offered recommendations for developing a comprehensive sexual abuse intervention system for the reservation. To coordinate interventions with offenders living in this large and mostly rural area, the trainer suggested developing service sites throughout the reservation that could coordinate evaluation, treatment, and supervision; and creating local task forces to direct each site, and a national team to oversee policies and practices. He stressed that the tribe should mandate the provision of offender supervision and treatment.

Training participants identified eight local sites, including Tuba City, which would provide accessible services to offenders throughout the reservation. Tribal and federal responses to sex offenders was broadly mapped out. Tuba City's Division of Social Services and the Child Sexual Abuse Project (CSAP) sought out CSOM's assistance to help implement the steps recommended in the training. In April 1999, CSOM selected Tuba City as a Resource Site.

THE APPROACH OF THE NAVAJO NATION AT TUBA CITY

Development of a Collaborative Team

A multidisciplinary team called the Tuba City Sex Offender Management Committee was created in mid-1999. The committee's initial task was to examine what resources were available to treat and supervise sex offenders and to promote healing of and restoration to victims. After much discussion, committee members came to consensus about their mission, which is:

"...to coordinate and improve the steps needed in investigating, prosecuting, treating, and monitoring of sex offenders. The committee will achieve this goal by continuing collaborations and advocating for major reforms within our current sex offender management system. If the Navajo Nation strengthens its ability to handle offenders, our children, families, and communities will be better protected from sex offenders."

The committee meets monthly to discuss policy gaps, needs, and implementation strategies. It plans to sponsor a tribal summit on this issue in the coming months to provide training for practitioners on collaboration, investigation, supervision, and treatment of sex offenders.

As of October 2000, the committee was comprised of representatives from Tribal Court, the Navajo Nation Council, tribal probation, federal probation, tribal prosecution, tribal criminal investigation, mental health services, local schools, and the child advocacy program. The mental health specialist with the Tuba City IHS who provides sex offender treatment coordinates the team's efforts.

The committee worked hard to solicit the memberships of a tribal judge and a council delegate—their involvement is critical to creating positive and lasting change in managing sex offenders living on the reservation. The hope is that these actions will help ensure that tribal judges are informed about the nature of sex crimes, victimization, and offender issues, and that the Nation's decision making body is alerted about the need for improved tribal laws, policies, and practices to manage offenders and protect the community.

Number of Cases

While the committee is focused on improved management of offenders against both adult and child victims, much of its discussion revolves around improving responses to child sexual abuse cases. Tribal criminal investigators refer approximately 160 cases to the U.S. Attorney's Office each year. About 60 percent of those are sexual abuse cases. Tribal Court dealt with 39 cases of sex offenses against children and adults in 1998 and 33 from January to September 1999 (Tuba City Criminal Investigation Services tracks these cases).

Sentencing

Tribal Court can sentence a convicted sex offender up to 180 days of probation and up to a \$500 fine. Under Title 17 of the Navajo Nation tribal code amended in January 2000, incarceration is no longer a sentencing option. Instead, in a return to Navajo customary law, tribal courts can order convicted offenders to "pay back" victims, their families, and the community as part of their probation for the harm done to them. In contrast, federal court sentences include incarceration options and supervised release. Both courts can order offenders to participate in treatment; however, federal court mandates treatment for all sex offenders and more rigorously monitors offender compliance with treatment requirements.

Probation

A federal probation officer provides specialized supervision for sex offenders convicted by the federal court. He covers the Northern Arizona region, which includes Tuba City. This officer conducts weekly supervision visits with federal offenders at their homes. Federal sex offenders must submit to routine polygraph examinations.

There are four tribal probation officers in Tuba City that supervise adult and juvenile offenders convicted in Tribal Court (all offenders are misdemeanants). Their average caseload, including sex offenders, is approximately 100 adults and 10 juveniles. They do their work out of the probation office—they do not do field visits. Lack of space in the jail makes it difficult for tribal probation officers to hold offenders accountable for probation violations—if offenders are revoked, there is often no place to incarcerate them. Instead, probation is typically extended. Because the Navajo Nation lacks the equipment and expertise, they do not use polygraphs.

Assessment and Treatment

The mental health specialist with the Tuba City IHS provides sex offender-specific treatment for adult and juvenile sex offenders referred to her through tribal court, social services, prosecution, or criminal investigation. On a contractual basis, she also conducts psychosexual assessments and provides treatment for federal sex offenders living on the reservation (juveniles committed in the federal system are usually treated in a residential

facility). She works with the federal probation officer to monitor these offenders' participation in and completion of treatment requirements. It is more difficult to ensure that offenders from Tribal Court attend and complete treatment because it is often not mandated and probation officers do not have the staff to monitor treatment requirements. Occasionally, she will provide treatment for sex offenders living on the reservation who were convicted in state courts.

Treatment entails weekly two-hour group sessions and involves the following stages:

- therapeutic engagement (engaging participants in such a way that they are motivated to integrate positive change in their lives);
- facing up to the abuse (taking responsibility);
- mapping the influence of previous trauma;
- eliminating the cycle of abuse;
- creating a detailed plan for resigning from a sexually abusive lifestyle;
- practicing the plan; and
- planning for continued success.

The mental health specialist also incorporates culturally specific strategies in her approach to assessment and treatment, as appropriate. For example, she shows offenders the video on traditional Navajo and Western ways of dealing with and treating sex offenders. She helps offenders examine factors, including cultural influences, which support their sexually deviant behaviors. She believes that involvement of families of offenders in treatment is critical. Family members must understand the dynamics of sexual offending and offender manipulation tactics. To this end, federal probation requires that offenders have chaperones (usually family members) who agree to keep probation informed about offender activities, look out for potential victims, and report violations of supervision conditions.

Navajo sex offenders frequently seek the counsel of traditional healers. The mental health specialist, who is Navajo, views this as a positive occurrence—traditional healing represents a valuable and credible method of restoring peace in the community. Collaboration between traditional healers and those who provide Western based treatment is needed to educate healers about the nature of sexual offending and the manipulative tactics of offenders, and help treatment providers incorporate traditional ways and solutions in their overall treatment plans.

Along similar lines, more coordination among federal, state, and tribal courts is needed for practitioners to understand appropriate uses of Navajo traditional customs in dealing with sexual abuse and assault.

CHALLENGES AND NEXT STEPS

The Tuba City Sex Offender Management Committee has struggled to get some stakeholders to participate. Despite this, efforts are being made to expand the committee so that it is more representative of those who are involved in or who affect the management of sex offenders, such as the U.S. Attorney's Office, the FBI, health providers, Navajo Nation President's Office, the public defender's office, school officials, parents, and victims.

Another problem is that many current team members do not regularly attend scheduled monthly meetings, which leads to a loss of group momentum.

There are several long-term projects that the committee hopes to initiate, including:

- evaluation of current responses in sex offense cases and creation of protocols for managing adult and juvenile sex offenders;
- revisions to the Nation's criminal code on charging and sentencing practices for sex offenses;
- attainment of resources for law enforcement to allow prompt response to reports of sexual violence and aggressive and meticulous gathering of evidence;
- increase in numbers of providers offering treatment services to sex offenders and victims;
- better overall coordination among agencies involved in managing sex offenders;
- more coordination of offender tracking between federal and tribal entities;
- multi-agency collaboration to address family reunification issues;
- development of an aftercare program for juvenile offenders released from detention centers;
- a bigger jail; and
- early prevention and intervention efforts in schools.

SUMMARY

The Navajo Nation in Tuba City, Arizona, developed the Sex Offender Management Committee in 1999 to coordinate and improve the investigation, prosecution, treatment, and monitoring of convicted sex offenders. It is comprised of representatives from tribal court, the Navajo Nation Council, tribal probation, federal probation, tribal prosecution, tribal criminal investigation, mental health services, local schools, and the child advocacy program. These entities are working together to capitalize on their resources in the most effective way. Their hope is that Tuba City will strengthen its ability to handle sex offenders, and in the process, better protect its children, families, and communities.

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Assiniboine Sioux Tribes at Fort Peck, Montana

INTRODUCTION

The Fort Peck Indian Reservation, in Northeast Montana, has a population of approximately 16,850—including 10,400 enrolled Assiniboine Sioux tribal members, 350 associate tribal members, 1,300 members of other federally recognized Indian tribes, and 4,800 non-Indians. About 10 percent of non-Indians are married to tribal members. The reservation covers 2,093,124 acres, is approximately eighty miles long by forty miles wide, and includes parts of Valley, Daniels, Sheridan, and Roosevelt counties. It is a rural, isolated area, comprised of six communities—Wolf Point, Poplar, Brockton, Frazer, Fort Kipp, and Oswego—which are approximately 20 miles apart on its southern border. Poplar is the reservation headquarters.

BACKGROUND

The creation of the Child Protection Team (CPT) in 1985 promoted collaborative responses to the problem of child sexual abuse on the reservation. The team includes representatives from the Sexual Abuse Victims Treatment Program (known as the Fort Peck Tribes Crisis Center), the Bureau of Indian Affairs (BIA), tribal court, Indian Health Services (IHS), the FBI, tribal criminal investigators, and others. The director of the Crisis Center coordinates activities. CPT meetings provide a forum to discuss child abuse cases and explore solutions to common problems. One major team accomplishment was the development of a memorandum of understanding among relevant tribal, state, and federal agencies regarding standardized responses to child abuse cases. The CPT also educates the community to encourage victims of abuse to report to law enforcement and seek assistance from the tribes' support network.

In early 1999, the CPT raised concerns about the management, supervision, and registration of sex offenders. In particular, the team was worried about:

- the rise in reports of child sexual abuse;
- the increased numbers of sex offenders in federal prisons who would return to the reservation;
- the lack of public notification about sex offenders living on the reservation (despite a 1995 tribal ordinance concerning registration, local newspapers had discontinued publishing names of sex offenders);
- the lack of specialized interventions or protocols to deal with juvenile sex offenders;
- the need for local treatment for sex offenders; and
- the lack of ongoing communication and collaboration among tribal, federal, and state agencies in managing sex offenders.

The communities on the reservation have minimal resources to deal with the investigation, prosecution, adjudication, and disposition of sexual abuse and assault cases. Even fewer resources are available to manage sex offenders in the community. The CPT realized that it

needed, protocols, training, community education, and more personnel to improve sex offender management, particularly with juvenile offenders. CPT members came into contact with CSOM in the process of looking for resources to do this work. This contact led to the tribes' selection as a CSOM Resource Site in November 1999 and the formation of a group on the reservation that addresses issues related to sex offender management. The group is called the Fort Peck Sex Offender Management Training Team.

Because of its roots with the CPT, the team tends to focus its efforts on perpetrators of child sexual abuse, as opposed to adult sexual abuse.

The SEX OFFENDER MANAGEMENT TRAINING TEAM

Team Structure

The Fort Peck Sex Offender Management Training Team, which meets monthly, is comprised of representatives from the Crisis Center, the Tribal Victim-Witness Office, the Tribal Guardian-Ad-Litem Program, the Tribal Criminal Investigation Office, the BIA, the State Child and Family Services, Tribal Court, the Tribal Probation Department, IHS, and the Tribal Public Safety Office. The director of the Crisis Center leads the team's efforts. The team makes recommendations for action to the Tribal Council regarding the management of sex offenders on the reservation. The Tribal Council has officially recognized the team and indicated its support for its efforts.

The team is committed to developing an integrated process to manage adult and juvenile sex offenders on the reservation through the collaboration of federal, state, and tribal entities. It seeks to incorporate tribal cultural values, support victims, and provide for a safer community. Broad objectives include the following:

- examining current practices and developing a comprehensive approach to sex offender management;
- obtaining resources to improve tribal response to sex offenders (e.g., for supervision);
- collecting data on offenders and victims;
- building relationships among federal, state, and tribal governments and working to overcome jurisdictional conflicts;
- identifying gaps regarding supervised release of sex offenders;
- identifying resources for sex offender treatment; and
- improving the efficiency and efficacy of sex offender registration.

Number of Cases

The Crisis Center interviewed approximately 100 child victims of sexual abuse in 1999. In the same year, there were 47 reports of adult sexual assault on the reservation. Tribal criminal investigators typically handle between five and 15 reports of sexual abuse and assault a month, with an average of one case per month being filed (many charges are dismissed due to lack of evidence). As of June 2000, the Federal Probation Department was supervising seven sex offenders and about 15 sex offenders were in federal prison. The Tribal Probation Department had over 30 sex offenders registered. The State Probation Department was supervising one sex offender who resides on the reservation.

Services for Victim of Sexual Abuse

The tribe's interest in addressing sex offender management issues stemmed from a desire to encourage the healing of child victims and protect other children from harm. Tribal services for child sexual abuse victims and nonoffending family members are provided through the Crisis Center. The program strives to reach out to victims in a culturally sensitive way and prevent further victimization.

The director of the center feels that it is vital that victim recovery services incorporate building victims' sense of identity and worth as Indians and use both contemporary and traditional tools to heal. (In general, the ongoing loss of Native language, ceremony, and ways of healing has made it difficult for youth to understand and value themselves.) The Crisis Center often uses stories and lessons passed down from tribal elders when educating professionals and the community on this complicated issue, to help motivate people to act and facilitate positive change. The Crisis Center views the prevention of further sexual abuse as an extraordinary responsibility that requires the combined efforts of agencies involved in intervening in these cases and members of the community.

Processing of Sex Offenses

Fort Peck Tribes criminal investigators, in conjunction with the FBI, investigate reports of sexual abuse and assault that take place on the reservation to determine whether the offense should be referred to federal or tribal court. They work with the Crisis Center to interview victims of sexual abuse. A recent agreement between the tribes and the state that allows Montana Highway Patrol to make arrests on the reservation will help facilitate more efficient processing of cases over which city or county criminal justice agencies have jurisdiction.

Federal Cases. Federal cases are usually processed in Billings, Great Falls, or Missoula, Montana—each of these locations are 300 to 400 miles away from the reservation. The distance makes it difficult logistically to arrange victim testimony if the case goes to trial. Oftentimes, the victim's family cannot accompany and support the victim due to the costs of travel and accommodations. Whenever possible, an advocate from the Crisis Center accompanies the victim to court.

Federal sex offenders must comply with special conditions of supervision that include registration with the tribe and the state, and completion of a course of treatment after prison (if mandated in their sentence). The federal probation officer assigned to the reservation covers a seven-county region in the state. He has a caseload of about 90 probationers, which includes sex offenders. A sex offender treatment provider based in Billings is flown in weekly to conduct evaluations and provide treatment for federal sex offenders (there are no sex offender treatment providers on the reservation).

Tribal Court. For adult sex offenders, conviction in Tribal Court can result in a fine of up to \$5,000, commitment to up to one year in jail, or both. For juveniles, conviction can result in commitment to juvenile detention. There is currently no supervised release for adult or juvenile offenders convicted in the tribal system, nor is treatment available through tribal court. Adult sex offenders convicted under tribal law are required to register with the tribe for 10 years.

Incarceration. There is a tribal jail in Poplar and a county jail in Wolf Point that house state and federal offenders (under one year). Federal offenders with more than a one year commitment go to federal prisons; most eventually return to the reservation after incarceration. There is a juvenile detention center in Poplar that houses youth convicted of tribal crimes.

Registration. The Tribal Probation Department is responsible for overseeing the registration of adults living on the reservation who have been charged with tribal, state, or federal sex crimes. Offenders are required to come into the probation office to register. The department lacks sufficient staff to monitor offenders in the community for compliance with all registration requirements (e.g., to verify their residence or the condition of no contact with children).

Use of Traditional Healing

The tribal code includes a provision that allows members to request that the court allow them to use traditional healing methods to deal with offenses. Few sex offenders in recent times have chosen traditional methods—perhaps because they must expose their transgressions to the community. Traditional healing is often a lengthy process. It can involve the offender seeking the counsel of a spiritual teacher and participating in numerous ceremonies in which he admits the wrongfulness of his actions, seeks forgiveness from victims, other tribal members, and the creator, and strives to make amends to all involved. The focus of this form of justice is not on punishment of the offender; but rather on the offender working to restore peace in the community. Traditional healing offers an alternative and/or additional way for the tribe to hold offenders accountable for their actions.

When the court and traditional healers work together, appropriate and individualized responses to sex offenders can follow. In one case, for example, a spiritual teacher working with a sex offender sought feedback from the Crisis Center before determining what course of action to take with the offender.

TEAM CHALLENGES AND NEXT STEPS

Members of the Fort Peck Sex Offender Management Training Team recognize that there is a substantial amount of work ahead of them. They must think creatively about how to overcome problems associated with providing services in an isolated, rural area. More resources are needed to better enforce laws, monitor offenders, assist victims, and protect communities. Tribal laws need to be examined and strengthened as necessary. Criminal justice practitioners on the reservation need training to better understand the seriousness of sex crimes, the threat that sex offenders pose to communities, and the need for consistent and effective interventions. But perhaps the team's most challenging tasks are coordinating responses across three governmental systems and making sure these responses address the unique needs of the Assiniboine Sioux Tribes.

It has been a struggle to get players from all relevant disciplines and systems to the table to engage in this work, primarily due to their lack of time and the long distances they often must travel to participate. To better share responsibilities, the team continues to expand to include broader representation from federal, state, and tribal agencies and the community. The team

believes it is especially important that tribal agencies are well represented; they have a vested interest in decisions that are made about how offenders will be managed in their communities.

Sustaining a collaborative structure that facilitates the effective management of sex offender cases takes determination, effort, and ingenuity. To be successful, involved practitioners must be willing to look beyond their own agency-specific policies and think "outside of the box" about how tribal, federal, and state governments can best contain sex offenders living on the reservation and keep communities safe. To this end, the tribes have taken some steps to facilitate improved responses. For example, the Tribal Probation Department has been working with the Wolf Point Sheriff's Department to better coordinate tribal and state sex offender registration. The tribe has enlisted the Sheriff Department's help in fingerprinting and photographing sex offenders, since tribal probation does not have the equipment for these procedures.

TEAM RESEARCH COORDINATOR

The tribes at Fort Peck were awarded a planning grant through the U.S. Department of Justice, Office of Justice Programs in October 2000 to aid them in strategizing about how to improve their sex offender management system. The grant provides funding for a research coordinator who will help the Sex Offender Management Training Team further develop objectives, analyze current practices, collect data on cases, gather information necessary to develop culturally appropriate, comprehensive responses to sex offenders on the reservation, and coordinate community education on this topic.

SUMMARY

The Assiniboine Sioux Tribes at Fort Peck, Montana, formed a Sex Offender Management Training Team that meets regularly to discuss individual sexual abuse cases and explore how to better coordinate the management of sex offenders on the reservation across federal, state and tribal criminal justice systems. Under the leadership of the director of the victim assistance program, the team maintains a focus on helping sexually abused children in a culturally appropriate way, and preventing future victimization.

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Yankton Sioux Tribe of South Dakota

INTRODUCTION

The Yankton Sioux Indian Reservation is located in southeastern South Dakota, within Charles Mix County. The southern boundary is the middle of the Missouri River as it turns east along the northern boundary of Nebraska. The on-reservation Yankton Sioux Indian population is approximately 3,800. There is also a significant, but undetermined number of Indians who are not Yankton Sioux living on the reservation, along with individuals who are not Indians. These populations reside mainly in the communities of Greenwood, Lake Andes, Marty, and Wagner. Marty has been the seat of tribal government since 1983.

BACKGROUND

Related Land Ownership and Jurisdictional History. In the early to mid-1850's, the Yankton Sioux Tribe possessed and occupied roughly the southeastern quarter of South Dakota, parts of northwestern Iowa and parts of southeastern Minnesota. The Yankton Treaty of 1858 with the U.S. government established the reservation and reduced the land possessed by the tribe to 430,504 acres. Tribal land was further reduced by the Yankton Agreement of 1892. Through this agreement, about 262,000 acres of reservation land (presently known as "Indian Country") was allotted to adult tribal members; the remaining 168,000 acres was sold to the U.S. government. The tribally owned land base was still further reduced when the Bureau of Indian Affairs (BIA) Yankton Agency allowed thousands of acres that were originally allotted to tribal members to be sold to non-Indian settlers. At present, the tribe and its members own about 56,500 acres. However, the tribe currently exerts jurisdiction within its original boundaries, as established through the 1858 Treaty.

Tribal Government. The tribe is an unincorporated tribe operated under an amended constitution and by-laws approved in 1963 and 1975. The General Council, which is composed of all enrolled tribal members age 18 and above, is the ultimate legislative authority. A nine-member Business and Claims Committee is the elected governing body and conducts the day-to-day business of the tribe. Elections are held every two years.

In 1995, the tribe enacted its own civil and criminal code. Tribal Court is funded through a contract with the BIA. It is staffed by a judge, a public defender, a prosecutor, a bailiff, a clerk of courts/secretary, and a probation officer. The tribal code is periodically expanded to address increased governing responsibilities. The historical shifts in criminal jurisdiction influenced which system (federal, state, or tribal) was responsible for investigating and prosecuting sexual assault cases on tribal lands and managing convicted sex offenders. These changes also impacted the level of coordination needed among these systems in responding to these cases.

The Yankton Sioux Tribe became a CSOM Resource Site in November 1998.

THE YANKTON SIOUX APPROACH

Number of Registered Sex Offenders

As of fall 2000, there were approximately 23 sex offenders living in Charles Mix County who were listed on the state registry. This includes federal, state, and tribally convicted offenders, although offenders convicted in Tribal Court are not required by law to register.

Processing of Cases

When suspected child sexual abuse is reported, tribal Child Protective Services (CPS) processes the majority of the complaints. CPS then refers cases to the appropriate investigating agency (the FBI, tribal criminal investigators, or county law enforcement agencies). Most felony cases involving Indian suspects and victims are dealt with in federal court; Tribal Court handles misdemeanor cases. Tribal Court can sentence offenders to probation and payment of fines. However, through the Tribal Court system there is no specialized supervision or treatment for sex offenders.

Formation of a Team

In 1996, the tribe formed a Multi-Disciplinary Team (MDT) through a mandate of the U.S. Attorney's Office to encourage collaboration among agencies that work with children and families. The goal was to improve investigation, prosecution, and disposition of cases of child sexual abuse. The MDT initially dealt with federal cases. The team includes representatives from the Yankton Sioux General Council, the U.S. Attorney's Office, federal and tribal probation offices, Indian Health Services (IHS), BIA, schools, social services, the FBI, local law enforcement, victim advocates, the child protection program, and others. It meets monthly to share information and collaborate on service provision. Tribal team members work within a 16-mile radius, so it is fairly easy for them to meet regularly and convene on short notice if necessary. Team members have good working relationships, since they interact frequently on a variety of issues related to child abuse and neglect on the reservation.

MDT efforts facilitated more professional and community awareness of the problem of child sexual abuse and the development of stricter tribal laws that have resulted in more cases being prosecuted and in increased convictions. Over time, however, the MDT became concerned about the need for better management of sex offenders returning to the reservation after serving time in prison or jail.

Subcommittee Focuses on Sex Offender Issues

A subcommittee of the MDT was formed in late 1998 to serve as the CSOM Resource Site Team. Tribal members of the CSOM Resource Site subcommittee, in particular, are committed to coordinating services for victims of sexual abuse, working together to prevent sexual abuse, and promoting communication and resource sharing among those who manage sex offenders on the reservation. Although the MDT specifically addresses child sexual abuse, team meetings provide a forum for tribal members to track cases of adult sexual assault and discuss the management of these cases.

Team Goals and Activities. The MDT's highest priority is to protect children of the tribe and prevent more victimization. The Business and Claims Council recently endorsed the work of the subcommittee in better managing sex offenders living on the reservation and protecting the public. Subcommittee goals and activities include the following:

- Oversee the management of sex offenders and the provision of services to victims. The tribe is trying to provide services for victims and perpetrators with very limited resources and support, in the face of community denial that the problem exists. To build resources, the MDT is hoping to involve additional local programs, as well as county and state officials; seek increased grant funding; upgrade community education efforts; and hold informational meetings of agencies not participating on the team to further identify gaps in service provision.
- Aid in the flow of information to the various agencies involved in sex offense cases. Agencies and practitioners tend to focus on their specific tasks in the process of responding to cases of sex abuse; however, they need to be informed about the roles of other involved agencies, share information about cases, and coordinate service delivery. The CSOM subcommittee brings data, issues, and concerns about sex offender management to the communal table to provide a clearer picture of the pre-and post-disposition needs related to offender accountability and community safety. The subcommittee has also created a memorandum of understanding regarding coordinated service delivery among agencies involved in child sexual abuse cases.
- Update the sex offender registry to include tribally convicted sex offenders and determine how to best notify the community of the presence of these offenders. The subcommittee is working to encourage the General Council to pass an addition to the tribal code concerning registration and notification. While tribal probation officers can include registration on the state registry as part of a sex offender's conditions of probation, there is no law requiring tribally convicted sex offenders to register. The tribe is holding two public hearings to get feedback from the community regarding notification and subsequently will propose a notification protocol. Once the proposed laws are written, they will be presented to the General Council for a vote.
- Continue to provide sex offender risk assessment and case management, prioritizing cases according to risk. The courts can benefit from more information and training on conducting risk assessments of sex offenders. Also, treatment providers need to be involved as CSOM Resource Site subcommittee members. In addition to federally contracted private treatment providers, there is an outpatient treatment program for first-time sex offenders through the federal diversion program.

Team Staffing. The tribe was awarded a planning grant from the U.S. Department of Justice, Office of Justice Programs in 1999 for a half-time research coordinator to focus on sex offender management issues. The coordinator provides the CSOM Resource Site subcommittee the opportunity to learn what other state and tribal jurisdictions are doing in the area of sex offender management. The coordinator also works to facilitate collaboration among subcommittee members.

CHALLENGES AND NEXT STEPS

The MDT and the CSOM Resource Site subcommittee have experienced a high level of member turnover, mostly due to the fact that some team members left the agencies they were representing. They are attempting to fill vacancies with individuals willing to be active team members.

Lack of funding and resources to effectively manage sex offenders and provide victim services is an ongoing problem. The MDT and the CSOM Resource Site subcommittee continue to seek out grant funding and look for other innovative ways to financially support these efforts.

Tribal members reflect on the fact that many continue to deny the prevalence of child sexual abuse on the reservation. The MDT and the CSOM Resource Site Subcommittee plan to strategize about how to further educate professionals and the public on this topic.

Despite team efforts, there are gaps in interagency coordination of responses to victims and offenders. The MDT and the CSOM Resource Site subcommittee hope to expand to include other essential disciplines, including the judiciary, offender treatment providers, nongovernmental agencies that provides services for victims of sexual violence (e.g., the Women's Resource Center), and county agencies (e.g., the county Prosecutor's Office).

The CSOM Resource Site subcommittee hopes to begin to document and evaluate their efforts to manage sex offenders on the reservation and is exploring the possibility of seeking assistance from the University of South Dakota (90 miles from the reservation) or the Women's Resource Center.

SUMMARY

The Yankton Sioux Tribe of South Dakota formed a Multi-Disciplinary Team (MDT) in 1996 to deal with cases of child sexual abuse. The team includes representatives from the Yankton Sioux General Council, the U.S. Attorney's Office, federal and tribal probation offices, Indian Health Services, the Bureau of Indian Affairs, schools, social services, the FBI, local law enforcement, victim advocates, the child protection program, and others. In 1999, the MDT formed the CSOM Resource Site subcommittee to look specifically at the many issues facing those responsible for the treatment and supervision of sex offenders. With the establishment of the subcommittee, the MDT can examine more fully how to coordinate services for victims of sexual assault, work together to prevent sexual abuse, and promote collaboration among those who manage sex offenders.

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V. ADDITIONAL RESOURCE SITES

National Institute for the Study, Prevention, and Treatment of Sexual Trauma: Johns Hopkins

INTRODUCTION

The National Institute for the Study, Prevention, and Treatment of Sexual Trauma is affiliated with the Department of Psychiatry and Behavioral Sciences of the Johns Hopkins University School of Medicine in Baltimore, Maryland. The National Institute was established in 1991 as a freestanding private clinic. Johns Hopkins Hospital has been a pioneer in medical approaches to the treatment of psychosexual disorders. A sexual disorders clinic was formally established there in 1980.

GOALS OF THE NATIONAL INSTITUTE

The clinic provides care primarily to patients who have developed a sexual disorder and to victims of sexual trauma. It is dedicated to the goal of learning more about prevention by learning more about offenders and their afflictions. Learning more about victims of sexual trauma also contributes to knowledge of prevention. Many men with sexual disorders have also been victims.

SERVICES OFFERED BY THE NATIONAL INSTITUTE

The services offered include the following:

- comprehensive psychiatric and forensic evaluations and consultation;
- individual, group, and family therapy;
- pharmacotherapy—particularly the use of anti-androgenic (sex drive lowering) medication for men and women; and
- seminars for professionals and the public.

FEATURES OF THE APPROACH

Medication

The National Institute is a leader in the application of the medical approach to the treatment of sex offenders. Staff believe that sexual disorders can impair volition and that medical

intervention, such as Depo Provera and Depo Lupron, can significantly help individuals to control their behavior. They regard these medications as important aids in treatment because they reduce testosterone. A primary goal of treatment is to control inappropriate sexual thoughts and behavior while encouraging healthy relationships. Medication facilitates behavioral control so that group therapy can be more effective.

Medication is most likely to be prescribed to sex offenders who experience their sexual urges very intensely, or are especially drawn to children or the use of sexual coercion. Individuals who are diagnosed with pedophilia or sexual sadism, among others, are assessed particularly carefully to determine if medication would be advisable. Despite being recognized for their innovative use of medication in treating sex offenders, Institute staff are committed to using the least intrusive methods to obtain behavioral control. Staff estimate that between 15 and 25 percent of their clients receive medication.

Collaboration with Probation

The clinic receives referrals for assessments and treatment from defense attorneys, from the federal probation department, and from others (including self-referrals). The probation department also contracts for treatment services for clients under federal supervision. Once per month, letters are sent to parole or probation officers documenting a probationer's treatment compliance. Staff report non-compliance with treatment (such as nonattendance or failure to take medication) through a certified letter, or by telephone for more urgent issues. Staff also provide statements of treatment compliance for court records as appropriate. Probation officers may also attend meetings with treatment staff to discuss individual cases. However, treatment staff generally do not divulge the specific content of therapy sessions. Patient confidentiality is maintained, except for any mandated reporting required by law. Patients may be temporarily hospitalized during any period in which they are considered to be at heightened risk to others. Staff do not routinely use polygraphs or plethysmographs, although each may be used in selected instances.

Treatment may continue through an entire probation period and even past a client's involvement with the legal system. Sessions for probation clients begin weekly and are often reduced to once a month toward the end of the supervision period. The medical approach has also been used with female sex offenders; less than 3 percent of clinic clients are women.

Treatment Offerings

In addition to group therapy for adults, the clinic offers treatment for juveniles and family therapy and, at times, a support group for significant others. It also offers a group for individuals with developmental disabilities.

RESEARCH AND EVALUATION

The clinic director is widely published in psychiatric and other journals. A published study of recidivism reported that 92 percent of over 600 offenders remained free of even an

accusation of a new sex offense for at least five years following the initiation of treatment.²⁶ Research and data collection are ongoing processes.

SUMMARY

The National Institute for the Study, Prevention, and Treatment of Sexual Trauma, in collaboration with the Department of Psychiatry and Behavioral Sciences of the Johns Hopkins University Medical School and Hospital, represents the medical approach to the treatment of sex offenders. The Institute works closely with members of the defense bar who represent offenders voluntarily seeking treatment prior to arrest or conviction, and with federal and state probation offices by providing treatment to their probationers.

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²⁶ Berlin, F.S., Hunt, W.P., Malin, H.M., Dyer, A., Lehne G.K., and Dean S. (1991). "A Five-Year Plus Follow-up Survey of Criminal Recidivism within a Treated Cohort of 406 Pedophiles, 111 Exhibitionists and 109 Sexual Aggressives: Issues and Outcome," *American Journal of Psychiatry*, 148, pp. 1572-76.

Wisconsin Sex Offender Treatment Network

INTRODUCTION

Wisconsin is a large Midwestern state with an estimated year 2000 population of approximately 5.3 million residing within 65,499 square miles. With approximately 68 percent of its population living within a metropolitan area, it is a less "urban" state than the national average. Its minority population was about 9 percent in 1990. In 1995 it ranked 46th among states in percent of the population below the poverty line, and 42nd in its rate of violent crime.

BACKGROUND

The Wisconsin Sex Offender Treatment Network was established in 1993 with initial support from the Department of Corrections (DOC) to create the capacity for specialized, professional sex offender treatment across the state. The DOC recognized that more qualified treatment providers were needed to address the state's sex offender population. A trainer on contract with the DOC had been working with parole and probation officers for many years to identify the elements of sound, community-based sex offender treatment. Parole and probation officers often reported that therapists who met the desired criteria for a qualified treatment provider could not be found in their local community. The DOC, as a public institution, could not use public funds to train private therapists, so the Sex Offender Treatment Network was established as an independent entity. The network now provides training for new professionals and continuing education and networking for its fellows.

NETWORK ORIGINS

The Wisconsin Sex Offender Treatment Network was created as a nonprofit corporation with a volunteer board of directors. Network founders decided that the corporate structure was advisable so that grant funding could be obtained, and that the board would provide organizational guidance and credibility. A broad cross-section of well-regarded and interested people were sought for membership. Initial board members included a Roman Catholic archbishop, the clinical director of an inpatient prison sex offender treatment program, a prosecuting attorney, a leader in the Native American community, the director of the Department of Corrections, a psychiatrist, a psychologist, and the director of a sensitive crimes unit of a metropolitan police department. Board members were assured that their involvement would be limited to two annual half-day meetings, occasional mail consultation, and other responsibilities (if desired). There has been very little turnover in board membership.

Initially, two volunteers served as staff persons. Subsequently, income was generated from live and videotaped training programs, which enabled staff to be paid from the organization's budget. At present, the day-to-day functioning of the treatment network is managed by a

part-time administrator, with board members volunteering to provide program oversight, training curriculum development, and other activities determined by the board of directors.

GOALS OF THE NETWORK

The network's primary purposes are:

- to train mental health clinicians to understand and work effectively with sex offenders;
- to promote collegiality and cohesion among the trainees; and
- to provide ongoing education and support for clinicians who work in a specialty with extraordinary personal and professional demands.

The network seeks to offer high quality training, and at the same time to nurture its graduates in an effort to prevent demoralization and desertion of the field.

What the Network Offers

The network offers a comprehensive training program. The full curriculum is offered in twelve two-day modules, providing a total of 24 training days spread over the course of one year. Training sessions are taught by local, national, and international experts involved in various components of sex offender evaluation and treatment. In addition to the two days' monthly training, trainees are required to read professional literature in preparation for each module. An examination is given during the last hour of each module. Successful program completion is contingent upon attendance at all modules and satisfactory performance on examinations. Graduates are designated fellows in the Wisconsin Sex Offender Treatment Network, and are included on a list of qualified treatment providers, which is distributed to referring agencies across the state.

The network also offers continuing education segments, called "training updates," in one- to three-day segments. Fellows are required to annually attend at least four days of training updates to maintain their active status.

The full training program was largely recreated on videotape, involving 22 videos and approximately 100 hours of training. Eleven examinations have been developed for this training material. Most recently, staff have begun videotaping selected training updates. The videotape program has been distributed internationally.

CURRENT STATUS

The network has maintained a membership of about 90 fellows. Two full 24-day training programs have been completed. Approximately 12 days of training updates are offered per year. Staff believe that the network model could be replicated in other jurisdictions where sex offender treatment providers are needed and enthusiastic people become involved. Wisconsin now has many specialized treatment providers to choose from—all of whom receive credentials through the network. The DOC has also benefited from having this local training resource for its staff.

SUMMARY

The Wisconsin Sex Offender Treatment Network used the initial support of the Wisconsin Department of Corrections to provide training to therapists from around the state. That training has helped to ensure the availability of specialized, professional treatment throughout Wisconsin. The network provides training for new professionals and continuing education and networking for fellows of the network.

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A NOTE TO READERS

The Center for Sex Offender Management is interested in learning more about how jurisdictions around the country are developing sex offender management and treatment practices. We would be pleased to hear from your community.

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