

GLOSSARY OF TERMS USED IN THE MANAGEMENT AND TREATMENT OF SEXUAL OFFENDERS

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Introduction

Terminology used by professionals in any field can be difficult to understand. Furthermore, there are often multiple terms used for similar subjects within a given discipline. Advancing a common language in a field is critically important. The field of sex offender management is no exception.

The purpose of this document is to provide, in a single source, a comprehensive listing of terms with definitions that reflect conventionally accepted language in the domain of sex offender management. The Center for Sex Offender Management has created this glossary as a reference document and training aid for professionals in the field.

Glossary of Terms Used in the Management and Treatment of Sexual Offenders

Abstinence: The decision to refrain from taking part in a self-prohibited behavior. For sex offenders, abstinence is marked by refraining from engaging in behaviors that are associated with their offense patterns and not dwelling on deviant fantasies and thoughts.

Abstinence Violation Effect (AVE): A term used to describe high risk factors and a variety of changes in beliefs and behaviors that can result from engaging in lapses. Among the components of the AVE are: a sense that treatment was a failure; a belief that the lapse is a result of being weak-willed and unable to create personal change; a failure to anticipate that lapses will occur; and recalling only the positive aspects of the abusive behavior (also referred to as the Problem of Immediate Gratification). When sex offenders are not prepared to cope with the AVE, the likelihood of relapse increases. The AVE is experienced most strongly when clients believe that lapses should never occur.

Abel Assessment for Sexual Interest: A psychological test giving an objective measurement of deviant sexual interests. This is a computer driven test that gives the operator an objective reaction time measure of deviant sexual interests. Offenders who participate in an Abel Assessment complete a 30-minute computerized test showing 160 slides of clothed adults, teens, and children. Objective reaction time measuring 22 sexual areas are compared using “z scores” and self report. A 60-minute paper and pencil questionnaire is coupled with the computerized test to provide extensive details of the offender’s history of interest, degree of control, accusations, and other information. The Abel test assesses most dangerous clients, least dangerous clients, and clients most likely to commit a sex crime.

Access to the Community: Refers to a sex offenders’ ability to leave the physical confines of a residential program (with or without permission) and enter the community for any purpose and under any level of supervision or under no supervision.

Access to Potential Victims: Any time a sex offender is alone with a potential victim the sex offender is considered to have access to a potential victim, and the potential victim is considered at risk.

Actuarial Risk Assessment: A risk assessment based upon risk factors which have been researched and demonstrated to be statistically significant in the prediction of re-offense or dangerousness.

Adaptive Coping Response (ACR): A change in thoughts, feelings, and/or behaviors that helps sex offenders deal with risk factors and reduces the risk of lapse. Adaptive coping responses help sex offenders avoid re-offending (relapse), and may be general in nature (e.g., talking with a friend who is upset, hurt, or angry) or specific to certain situations (e.g., avoiding children or refraining from masturbation to deviant fantasies).

General coping responses improve the quality of life. These responses include: effectively managing stress and anger; improving skill and ability to relate with others; changing life in ways which do not support sexually abusive behavior; learning to relax; and increasing knowledge, skills and ability to solve problems.

Specific coping responses deal with lapses and identified risk factors. These include: avoiding triggers to behavior (stimulus control); avoiding high risk factors; escaping from risk factors; developing specific coping methods for a particular problem and using them when the problem occurs; changing the way one thinks; learning ways to reduce the impact of the AVE; developing lapse contracts; setting positive approach goals; and using other methods of dealing with problems when they arise.

Adjudication: The process of rendering a judicial decision as to whether the facts alleged in a petition or other pleading are true; an adjudicatory hearing is that court proceeding in which it is determined whether the allegations of the petition are supported by legally-admissible evidence.

Admission Criteria: The specific characteristics and level of risk which can be treated and managed safely and effectively in a treatment program.

Adolescent/Juvenile Sexual Abuser: A person, legally or legislatively defined by the criminal or juvenile code of each state, with a history of sexually abusing other persons.

Aftercare: The portion of treatment that occurs after formal termination or graduation from the primary treatment program. Aftercare is provided either by the primary treatment provider or by community resources that are overseen and/or contracted by the primary treatment provider.

Aftercare Plan: The plan created by the primary treatment staff, family, other support systems, and the sex offender which includes the development of daily living skills, a focus on community reintegration while residing in a less structured/restrictive environment, a relapse prevention component, an emphasis on healthy living and competency building, and an identified system of positive support.

Aggravating Circumstances: Conditions that intensify the seriousness of the sex offense. Conditions may include age and gender of the victim, reduced physical and/or mental capacity of the victim, the level of cruelty used to perpetrate the offense, the presence of a weapon during the commission of the offense, denial of responsibility, multiple victims, degree of planning before the offense, history of related conduct on the part of the offender, and/or the use of a position of status or trust to perpetrate the offense.

Alford Plea: An Alford Plea allows the offender to admit that there is enough evidence to convict him or her at trial without admitting to the offense of record. This type of plea often precludes treatment since it is difficult to treat someone who has not admitted responsibility for the offense.

Anaphrodisiac: A drug or medicine that reduces sexual desire.

Androgen: A steroid hormone producing masculine sex characteristics and having an influence on body and bone growth and on the sex drive.

Anti-androgen: A substance that blocks the production of male hormones.

Aphrodisiac: Anything that stimulates sexual desire or arousal.

Assault Cycle: The sex offenders' pattern of abusing that includes triggers, feelings, behaviors, cognitive distortions, planning, etc. Methods of addressing the assault cycle may include charting, the use of a psycho educational curriculum, individual teaching/therapy, etc.

Assessment: See Phases of Assessment.

Autoerotic: Self-stimulation; frequently equated with masturbation.

Aversive Conditioning: A behavioral technique designed to reduce deviant sexual arousal by exposing the client to a stimulus which arouses him/her and then introducing an unpleasant smell or physical sensation.

Boredom Tapes: A behavioral technique wherein the client masturbates alone while talking into a tape recorder about the sexual fantasies he is using to achieve sexual arousal.

Castration: Removal of sex glands—the testicles in men and the ovaries in women. Chemical castration refers to the use of medications to inhibit the production of hormones in the sex glands.

Chaperone: This is a person who has been approved by a supervising officer to supervise contact between a person at risk (generally a minor or developmentally disabled person) and an offender.

Child Pornography: Any audio, visual, or written material that depicts children engaging in sexual activities or behaviors, or images that emphasize genitalia and suggest sexual interest or availability.

Civil Commitment: The confinement and treatment of sex offenders who are especially likely to reoffend in sexually violent ways following the completion of their prison sentence. Commitment is court ordered and indeterminate.

Clarification: This procedure requires the sex offender to write a letter to the victim, in an effort to relieve the victim of any responsibility for the sexual abuse and clarify what occurred in language the victim can understand. Clarification is permitted only after the offender and victim have adequately demonstrated progress in their respective therapy programs. This is a supervised process by the offender and victim's treatment provider and sometimes the supervision officer. This procedure is a pre-requisite for re-unification to occur. In cases where the victim is not in therapy, the offender may still write a letter and the letter is kept in the offender's treatment file. This process varies, but usually requires the offender to accomplish the following tasks:

- Verbalize full responsibility for his sexual deviancy and for making the victim endure the abuse;
- State why he chose the victim and how he misused those qualities to abuse him/her;
- Acknowledge "grooming" behavior which;
 - Affected family relationships;
 - Isolated the victim;
 - Created confusion or guilt for the victim;
 - Manipulated the victim into compliance; and
 - Convinced the victim to keep the abuse secret.
- Support the victim's decision to report abuse and take responsibility for making the victim endure the legal process;
- Acknowledge deviancy as a life-long process and describe what the offender is doing to manage it; and
- Make no request for forgiveness and ask no questions of the victim.

Clinical Polygraph: A diagnostic instrument and procedure designed to assist in the treatment and supervision of sex offenders by detecting deception or verifying truth of statements by persons under supervision or treatment. The polygraph can assess reports relating to behavior. The three types of polygraph examinations that are typically administered to sex offenders are:

- **Sexual History Disclosure Test:** Refers to verification of completeness of the offender's disclosure of his/her entire sexual history, generally through the completion of a comprehensive sexual history questionnaire.
- **Instant Offense Disclosure Test:** Refers to testing the accuracy of the offender's report of his/her behavior in a particular sex offense, usually the most recent offense related to his/her being criminally charged.
- **Maintenance/Monitoring Test:** Refers to testing the verification of the offender's report of compliance with supervision rules and restrictions.

Clinical Support: Clinical support refers to participants in an aftercare group or receipt of individual therapeutic support.

Cognition: Refers to the mental processes such as thinking, visualizing, and memory functions that are created over time based on experience, value development and education.

Cognitive Distortion (CD): A thinking error or irrational thought that sex offenders use to justify their behavior or to allow themselves to experience abusive emotions without attempting to change them. Cognitive distortions are ways sex offenders go about making excuses for justifying and minimizing their sexually abusive behavior. In essence, these are self-generated excuses for taking part in one's relapse patterns. These thoughts distort reality.

Cognitive Restructuring: A treatment technique wherein the client is made aware of distorted thinking styles and attitudes that support sexual offending and/or other problem behaviors and is encouraged to change those cognitions through confrontation and rebuttal.

Coitus: Sexual intercourse between a male and female, in which the male penis is inserted into the female vagina.

Collaboration: A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. This type of relationship developed between supervising officers, treatment providers, polygraph examiners, victim advocates, prosecution and the defense bar has been credited with the success of effective sex offender management. This type of relationship includes a commitment to:

- Mutual relationships and goals;
- A jointly developed structure and shared responsibility;
- Mutual authority and accountability; and
- Sharing of resources and rewards.

Collateral Contacts: The sharing and use of information regarding a sex offender among law enforcement, probation/parole officers, treatment providers, employers, family members, and friends of the offender to enhance the effectiveness and quality of community supervision.

Community Justice: A proactive systems approach which emphasizes community partnerships and crime prevention. Principles of Community Justice include:

- The community (including individual victims and offenders) is the ultimate customer, as well as a partner, of the justice system;
- Partnerships for action, among justice components and citizens, strive from community safety and well being;
- The community is the preferred source of problem solving as its citizens work to prevent victimization, provide conflict resolution, and maintain peace; and
- Crime is confronted by addressing social disorder, criminal activities and behavior, and by holding offenders accountable to victims and the community.

Community Notification Laws: Laws which allow or mandate that law enforcement, criminal justice, or corrections agencies give citizens access to relevant information about certain convicted sex offenders living in their communities (see Megan's Law).

Community Supervision: Day to day casework by a supervision officer that centers around the officer's monitoring of the offender's compliance to conditions of supervision, as well as the offender's relationship and/or status with his/her family, employers, friends and treatment provider. From these sources, the officer obtains information about the sex offender's compliance with conditions of community supervision, participation in treatment and risk of reoffense, and assists the offender in behavior modification and restoration to the victim and community. Types of community supervision include:

- *Bond supervision (also called "Pre-Trial Supervision"):* Supervision of an accused person who has been taken into custody and is allowed to be free with conditions of release before and during formal trial proceedings.
- *Parole supervision:* The monitoring of parolees' compliance with the conditions of his/her parole.
- *Probation supervision:* The monitoring of the probationers compliance with the conditions of probation (community supervision) and providing of services to offenders to promote law abiding behavior.

General goals of community supervision include (American Probation and Parole Association, 1995):

- Protection of the community and enhancement of public safety through supervision of offenders and enforcement of the conditions of community supervision;
- Provision of opportunities to offenders which can assist them in becoming and remaining law-abiding citizens; and
- Provision of accurate and relevant information to the courts to improve the ability to arrive at rational sentencing decisions.

Conditions of Community Supervision: Requirements prescribed by the court as part of the sentence to assist the offender to lead a law-abiding life. Failure to observe these rules may lead to a revocation of community supervision, or graduated sanctions by the court. Examples of special conditions of community supervision for sex offenders are noted below:

- Enter, actively participate, and successfully complete a court recognized sex offender treatment program as directed by your supervising officer, within 30 days of the date of this order;
- No contact with the victim (or victim's family) without written permission from your supervising officer;
- Pay for victim counseling costs as directed by the supervising officer;
- Submit at your expense to polygraph and plethysmograph testing as directed by your supervising officer; and
- Do not possess any sexually explicit materials.

Contact: As a special condition of supervision or as a treatment rule, a sex offender is typically prohibited from contact with his/her victim or potential victims. Contact has several meanings noted below:

- Actual physical touching;
- Association or relationship: taking any action which furthers a relationship with a minor, such as writing letters, sending messages, buying presents, etc.; or
- Communication in any form is contact (including contact through a third party). This includes verbal communication, such as talking, and/or written communication such as letters or electronic mail. This also includes non-verbal communication, such as body language (waving, gesturing) and facial expressions, such as winking.

Contact with Prior Victims or Perpetrators: This includes written, verbal or physical interaction, and third party contact with any person whom a sex offender sexually abused or who committed a sexual offense against the sex offender.

Containment Approach: A model approach for the management of adult sex offenders (English, et al., 1996). This is conceptualized as having five parts:

1. A philosophy that values public safety, victim protection, and reparation for victims as the paramount objectives of sex offender management;
2. Implementation strategies that rely on agency coordination, multi-disciplinary partnerships, and job specialization;
3. A containment approach that seeks to hold sex offenders accountable through the combined use of both the offenders' internal controls and external criminal justice control measures, and the use of the polygraph to monitor internal controls and compliance with external controls;
4. Development and implementation of informed public policies to create and support consistent practices; and
5. Quality control mechanisms, including program monitoring and evaluation, that ensure prescribed policies and practices are delivered as planned.

Conviction: The judgment of a court, based on the verdict of guilty, the verdict of a judicial officer, or the guilty plea of the defendant that the defendant is guilty of the offense.

Copulation: Sexual intercourse; coitus.

Covert Sensitization: A behavioral technique in which a deviant fantasy is paired with an unpleasant one.

Crossover: A sexual behavior pattern which reveals that a sex offender is aroused or acting out to sexual interests in addition to the offenses of record or conviction.

Cruising: The active seeking out of a victim for purposes of engaging in deviant sexual activity.

Culpability: While the term guilty implies responsibility for a crime or at the least, grave error or misdoing, culpability implies a lower threshold of guilt. Culpability connotes malfeasance or errors of ignorance, omission, or negligence. Criminal justice practitioners and treatment providers use an assessment that includes a detailed examination of abusive behavior and criminal histories to determine culpability in sex offenses.

Denial: A psychological defense mechanism in which the offender may act shocked or indignant over the allegations of sexual abuse. Seven types of denial have been identified (Freeman-Longo and Blanchard, 1998):

1. *Denial of facts.* The offender may claim that the victim is lying or remembering incorrectly;
2. *Denial of awareness.* The offender may claim that s/he experienced a blackout caused by alcohol or drugs and cannot remember;
3. *Denial of impact.* Refers to the minimization of harm to the victim;
4. *Denial of responsibility.* The offender may blame the victim or a medical condition in order to reduce or avoid accepting responsibility;
5. *Denial of grooming.* The offender may claim that he did not plan for the offense to occur;
6. *Denial of sexual intent.* The offender may claim that s/he was attempting to educate the victim about his/her body, or that the victim bumped into the offender. In this type of denial, the offender tries to make the offense appear non-sexual; and
7. *Denial of denial.* The offender appears to be disgusted by what has occurred in hopes others would believe s/he was not capable of committing such a crime.

Detumescence: The process of a fully or partially erect penis losing erection and becoming flaccid resulting from drainage of blood from the erectile tissue in the penis. This usually occurs because the man is no longer aroused by the erotic stimulus that previously caused the man's penis to become erect.

Deviant Arousal: The sexual arousal to paraphilic behaviors. Deviant arousal is a sex offender's pattern of being sexually aroused to deviant sexual themes. Not all sex offenders have deviant arousal patterns. The most common method of assessing deviant arousal is through phallometric assessment conducted by a trained and qualified sexual abuse treatment specialist.

Disinhibitors: Internal or external motivators (stimuli) which decrease reservations or prohibitions against engaging in sexual activities. An example of an internal disinhibitor is a cognitive distortion (e.g., "that 8 year old is coming on to me," or "she said no, but she really wants to have sex with me"). Alcohol and drug use are examples of external disinhibitors.

Disposition: A final settlement of criminal charges.

Drug Testing: A chemical analysis of one or more body substances to determine the presence or absence of drugs or drug metabolites.

DSM-IV/ICD-10: The DSM-IV is an abbreviation for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition and the ICD-10 is an abbreviation for the International Classification of Diseases, Tenth Edition. These are compendia of diagnoses and their definitions that are utilized universally in psychiatry and related professions.

Egosyntonic: Congruent with an individual's self image or values.

Egodystonic: Disruptive to an individual's self-image or values.

Electronic Monitoring: An automated method of determining compliance with community supervision restrictions through the use of electronic devices. There are three main types of electronic monitoring utilizing different technologies (Crowe, 1998):

1. *Continuous Signaling Technology*: The offender wears a transmitting device that emits a continuous coded radio signal. A receiver-dialer is located in the offender's home and is attached to the telephone. The receiver detects the transmitter's signals and conveys a message via telephone report to the central computer when it either stops receiving the message or the signal resumes again.
2. *Programmed Contact Technology*: This form of monitoring uses a computer to generate either random or scheduled telephone calls to offenders during the hours the offender should be at his/her residence. The offender must answer the phone, and verify his/her presence at home by either having the offender transmit a special beeping code from a special watch attached to the offender's wrist, or through the use of voice or visual verification technology.
3. *Global Positioning Technology (GPS)*: This technology is presently under development and is being used on a limited basis. The technology can monitor an offender's whereabouts at any time and place. A computer is programmed with the places offenders should be at specific times and any areas that are off limits to the offender (e.g., playgrounds and parks). The offender wears a transmitting device that sends signals through a satellite to a computer, indicating the offender's whereabouts.

Empathy: A capacity for participating in the feelings and ideas of another.

Evaluation: The application of criteria and the forming of judgments; an examination of psychological, behavioral, and/or social information and documentation produced by an assessment (sex offender assessments precede sex offender evaluations). The purpose of an evaluation is to formulate an opinion regarding a sex offender's amenability to treatment, risk/dangerousness, and other factors in order to facilitate case management.

Exclusion Criteria: The specific offender characteristics and level of risk which cannot be treated and managed safely and effectively in a treatment program.

External, Supervisory Dimension (ESD): The dimension of relapse prevention that enhances the ability of probation/parole officers and significant others (e.g., employer, family members, and friends) to monitor a sex offender's offense precursors.

False Remorse: An insincere attempt by the offender to show s/he feels sorry for the abuse s/he has committed. The false remorse is usually self-pity or self-disgust.

False Resolve: An insincere effort on the part of an offender to make promises to him/her self never to abuse again.

Family Reconciliation: The therapeutic process that ends with a resolution of problems and conflict areas that prevent a family from having a healthy, non-abusive relationship. Family reconciliation must take place before family reunification can occur. Reconciliation may take place without reunification, although reunification should not occur without reconciliation.

Family Reunification: This is the joining again of the family unit as part of a sex offender's treatment plan. It is a step-by-step process with achievable goals and objectives.

Gender Role: The pattern of behaviors and attitudes considered appropriate for a male or a female in a given culture.

Graduation or Discharge Readiness: Documented evidence of a sex offender's accomplishment of treatment goals outlined in an individual treatment plan. Sex offender progress that leads to graduation or discharge readiness may include, but is not limited to:

- A decrease in the offender's risk/dangerousness to the community;
- Aftercare planning;
- A community reintegration plan;
- The ability to recognize and alter thinking errors and to intervene in the assault cycle;
- The ability to develop and use relapse prevention plans;
- Knowledge of healthy sexuality and safe sex practices;
- Improved social skills;
- Vocational and recreational planning; and
- A commitment to attend aftercare support groups.

Grooming: The process of manipulation often utilized by child molesters, intended to reduce a victim's or potential victim's resistance to sexual abuse. Typical grooming activities include gaining the child victim's trust or gradually escalating boundary violations of the child's body in order to desensitize the victim to further abuse.

High Risk Factors (HRF): A set of internal motivations or external situations/events that threaten a sex offender's sense of self-control and increase the risk of having a lapse or relapse. High risk factors usually follow seemingly unimportant decisions (SUDs).

Homogeneous: Similar in significant characteristics that relate to treatment and living needs (e.g., age, cognitive ability, type of sexual offending behavior, mental health diagnosis, etc.).

Incest: Sexual relations between close relatives, such as father and daughter, mother and son, sister and brother. This also includes other relatives, step children, and children of common-law marriages.

Index Offense: The most recent offense known to authorities.

Individual Treatment Plan: A document outlining the essential treatment issues which must be addressed by the sex offender. Treatment plans often consist of core problem areas to be addressed in treatment such as cognitive restructuring, emotional development, social and interpersonal skills enhancement, lowering of deviant sexual arousal, anger management, empathy development, understanding of the sexual abuse cycle, and the formulation and implementation of a relapse prevention plan. These plans include the:

- Problem to be addressed;
- Proposed treatment;
- Treatment goal;
- Responsible staff; and
- Time frame to meet goals.

Internal, Self-Management Dimension (ISD): The aspect of relapse prevention that allows a sex offender to recognize and control offense precursors.

Intake Procedure: The process of admission/reception into a treatment program.

Intrusive: The degree to which a treatment technique invades the usual physical and/or psychological privacy and/or functioning of a sex offender in order to address specific components of sexually aggressive behavior. Because sex offender treatment is usually involuntary/mandatory, all abuse specific treatment may be considered intrusive and may require informed consent. The use of phallometric measurement, pharmacological agents, and treatment modalities involving physical contact are generally deemed to be the most intrusive treatment methods. Treatment providers who use the most intrusive treatment methods should consider requiring a separate statement of informed consent for each method. Audio recording of masturbation satiation exercises and verbal confrontations that violate normal body space boundaries are examples of intrusive treatment techniques. Abusive techniques such as shaming, verbal abuse, and name calling are not commonly used or accepted intrusive treatment techniques.

Intrusive is also used in sex offender management to describe the degree of intrusiveness or violation of the victim by the sex offender. This is often categorized along a continuum from relatively low intrusiveness offenses, such as obscene phone calling or exhibitionism, to high intrusiveness offenses, such as forced intercourse with a minor by a parent.

Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act: Enacted in 1994, this federal mandate requires states to establish stringent registration programs for sex offenders—including lifelong registration for offenders classified as “sexual predators” by September 1997 (see Sex Offender Registration).

Justification: A psychological defense mechanism by an offender in which s/he attempts to use reasoning to explain offending behavior.

Lapse: An emotion, fantasy, thought, or behavior that is part of a sex offender’s cycle and relapse pattern. Lapses are not sex offenses. They are precursors or risk factors for sex offenses. Lapses are not failures and are often considered as valuable learning experiences.

Lapse Contract: A contract signed by the sex offender, his/her therapist, and/or probation/parole officer that describes the extent to which the sex offender is permitted to lapse. Effective lapse contracts include clauses that require sex offenders to delay engaging in the lapse, permit only one instance of the lapse, require that the sex offender immediately report the lapse to the therapist and/or the probation/parole officer, and receive some penalty for the lapse behavior (e.g., a curfew, a driving restriction, house arrest, etc.).

Less Restrictive: The result of changing the environment in which a sex offender lives by decreasing security offered by the physical structure (e.g., increased number of roommates), reducing the level/intensity of supervision, allowing greater access to unsupervised leisure time activities, and permitting community or family visits. A less restrictive environment is usually the result of significant treatment progress or compliance with the treatment program and environment.

Level of Risk: The degree of dangerousness a sex offender is believed to pose to potential victims or the community at large. The likelihood or potential for a sex offender to re-offend is determined by a professional who is trained or qualified to assess sex offender risk.

Level of Service Inventory-Revised (LSI-R): A risk assessment tool designed to assess re-offense risk and treatment needs among the general criminal population. This tool utilizes a 54 item scale scored “yes” or

“no” or a “0-3” rating by clinical staff or case managers (Andrews and Bonta, 1995). This instrument has not been validated for a sex offender population.

Maladaptive Coping Response (MCR): An apparent effort to deal with a risk factor or lapse that actually enables the sex offender to get closer to relapse (e.g., an angry rapist who decides to take a drive and picks up a female hitch-hiker, or a child molester who knows that he has a problem with alcohol and decides to have a drink because he is upset).

Masochism: A sexual deviation in which an individual derives sexual gratification from having pain, suffering and/or humiliation inflicted on him/her.

Masturbation: Self-stimulation of the genitals; autoeroticism.

Megan’s Law: The first amendment to the Jacob Wetterling Crimes Against Children and Sexually Violent Offenders Act. This was passed in October 1996 and requires states to allow public access to information about sex offenders in the community. This federal mandate was named after Megan Kanka, a seven-year-old girl who was raped and murdered by a twice-convicted child molester in her New Jersey neighborhood (see Community Notification).

Minimization: An attempt by the offender to downplay the extent of abuse.

Minnesota Sex Offender Screening Tool—Revised (MnSOST-R): A risk assessment tool commonly used for screening adult sex offenders for civil commitment and community notification. This tool has 16 items scored by clinical staff or case managers using a weighted scoring key.

Mitigating Circumstances: Conditions that may modify the seriousness of a sex offense. Conditions may include the offender participating in the offense under coercion or duress; a lack of sufficient capacity on the part of the sex offender for judgment due to physical or mental impairment; or sincere remorse and a course of action undertaken to demonstrate restitution, responsibility, and culpability.

Multi-Cultural Issues: Any difference that exists between the language, customs, beliefs, and values among various racial, ethnic, or religious groups.

Multi-Disciplinary Team: A variety of professionals (e.g., psychologists, psychiatrists, clinical social workers, educators, medical personnel, recreational staff, paraprofessionals, criminal justice personnel, volunteers, and victim advocates) working together to evaluate, monitor, and treat sex offenders.

Narcissism: Excessive self-love; self-centeredness, beliefs that the individual is overly “special,” often resulting in the individual’s belief that rules, requirements and laws that apply to others should not apply to him/her. Also, sexual excitement through admiration of one’s own body.

Nolo Contendere: A plea in criminal prosecution that, without admitting guilt, leads to conviction but does not prevent denying the truth of the charges in a collateral proceeding. A defendant may plead nolo contendere only with the consent of the court after the judge has obtained a factual basis. A plea of nolo contendere cannot be considered an admission of guilt in civil court proceedings.

Obscene: A legal finding that a specific depiction, typically sexually explicit, is so abhorrent to a community's standards of acceptability that it is an exception to the First Amendment's free speech protections and is therefore illegal to possess or distribute. Examples of obscene materials include depictions of children engaged in sexual behavior.

Obsession: A neurosis characterized by the persistent recurrence of some irrational thought or idea or by an attachment to or fixation on a particular individual or object.

Orgasmic Reconditioning: A behavioral technique designed to reduce inappropriate sexual arousal by having the client masturbate to deviant sexual fantasies until the moment of ejaculation, at which time the deviant sexual theme is switched to a more appropriate sexual fantasy.

Outcome Data: Data that demonstrates clear, relevant, and undisputed information regarding the effect of supervision and/or treatment on sex offender recidivism rates.

Pam Lychner Act: Passed in 1996, this federal amendment to the Jacob Wetterling Act requires the U.S. Department of Justice to establish a National Sex Offender Registry (NSOR) to facilitate state-to-state tracking of sex offenders and lifetime registration and 90-day address verification requirements on violent and habitual sex offenders. This act also requires the Federal Bureau of Investigations (FBI) to handle sex offender registration and notification in states unable to maintain "minimally sufficient" programs on their own.

Paraphilia: A psychosexual disorder. Recurrent, intense, sexually arousing fantasies, urges, and/or thoughts that usually involve humans, but may also include non-human objects. Suffering of one's self or partner, children, or non-consenting persons is common. A deviation in normal sexual interests and behavior that may include:

- *Bestiality (Zoophilia):* Sexual interest or arousal to animals.
- *Coprophilia:* Sexual interest or arousal to feces.
- *Exhibitionism:* Exposing one's genitalia to others for purposes of sexual arousal.
- *Frotteurism:* Touching or rubbing against a non-consenting person.
- *Fetishism:* Use of nonliving objects (e.g., shoes, undergarments, etc.) for sexual arousal that often involves masturbation.
- *Hebophilia:* Sexual interest in, or arousal to, teens/post-pubescent children.
- *Klismophilia:* Sexual arousal from enemas.
- *Necrophilia:* Sexual interest in, or arousal to, corpses.
- *Pedophilia:* The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for pedophilia are as follows:
 1. Over a period of at least 6 months, recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a pre-pubescent child or children (generally age 13 years or younger);
 2. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
 3. The person is at least 16 years old and at least 5 years older than the child or children in the first criterion (this does not include an individual in late adolescence who is involved in an ongoing sexual relationship with a 12 or 13 year old).
- *Pederast:* Sexual interest in, or arousal to, adolescents.
- *Sexual Masochism:* Sexual arousal/excitement from being humiliated, beaten, bound, or made to suffer.
- *Sexual Sadism:* Sexual arousal/excitement from psychological or physical suffering of another.

- *Telephone Scatology*: Engaging in uninvited, sexually explicit talk with another person via the telephone. This is often referred to as “obscene phone calling.”
- *Transsexual*: A person who has undergone a surgical sexual/gender change.
- *Transvestic Fetishism*: The wearing of clothing articles and especially undergarments for persons of the opposite sex. This is often referred to as “cross dressing.”
- *Voyeurism*: Observing unsuspecting individuals, usually strangers, who are naked, in the act of dressing or undressing, or engaging in sexual activities.

Parole: A method of prisoner release on the basis of individual response and progress within the correction institution, providing the necessary controls and guidance while serving the remainder of their sentences within the free community.

Pathology: Structural and functional deviations from the norm that constitute disease or psychological malfunctioning.

Pedophile: An individual who turns to prepubescent children for sexual gratification. (The DSM-IV criteria for pedophilia is noted under pedophilia.) There are several typologies of pedophiles, including:

- *Fixated Pedophile*: An individual who is sexually attracted to children and lacks psychosexual maturity.
- *Regressed Pedophile*: Most commonly describes a sex offender who has a primary adult sexual orientation but under stress engages in sexual activities with underage persons.

Phallometry (Phallometric Assessment or Penile Plethysmography): A device used to measure sexual arousal to both appropriate (age appropriate and consenting) and deviant sexual stimulus material. Stimuli can be either audio, visual, or a combination.

Phases of Assessment: An assessment is the process of collecting and analyzing information about an offender so that appropriate decisions can be made regarding sentencing, supervision, and treatment. An assessment does not and cannot determine guilt or innocence, and it cannot be used to determine whether an individual fits the “profile” of an offender who will commit future offenses. Assessments lay the groundwork for conducting an evaluation.

There are several phases and types of sex offender assessments. These include the following:

- *Investigative Assessment*: An investigative assessment is generally completed by a team that includes law enforcement personnel, a prosecuting attorney, and a child protective services staff member. The purpose of this assessment is to gather as much information as possible regarding the modus operandi of a sexual abuser and to corroborate evidence regarding the crime scene and how the abuse occurred.
- *Risk Assessment*: A risk assessment considers the nature, extent, and seriousness of an offender’s sexually abusive behavior; the degree of threat the offender presents to the community or victim; and the general dangerousness of the offender in any particular setting. It determines specifically and in detail the appropriate setting, the intensity of intervention, and the level of supervision needed by a particular sex offender. A risk assessment is required prior to admission to any program for sex offenders, and is conducted on an ongoing basis after admission.
- *Treatment Planning Assessment*: The purpose of a treatment planning assessment is to identify specific problem areas, strengths and weaknesses, skills, knowledge, and the precedents and antecedents of the sexually abusive behavior. The assessment includes consideration of thinking, affect, behavior, organicity of behavioral and cognitive issues, psychiatric disorders, addictions, and family functioning.

- *Clinical Assessment*: A clinical assessment is necessary for treatment planning. It helps determine the problem areas that need to be addressed in treatment as well as the types and modalities of treatment most suitable to treat the sex offender.
- *Formal and Informal Assessments of Progress in Treatment*: Formal and informal assessments of progress in treatment are used to determine sex offender progress in treatment. They are typically done using pre-post testing of information learned, direct observation and evaluation of the skills the sex offender has acquired, and the extent of his/her behavioral change.
- *Graduation or Discharge Readiness Assessment*: A graduation or discharge readiness assessment is used to determine if a sex offender has successfully completed treatment. The sex offender's skills, knowledge, and abilities are evaluated based upon the treatment plan and other factors that were identified to determine the offender's progress.
- *Classification Assessment*: A classification assessment is conducted to determine the supervision classification status of a probationer or parolee who is a sex offender.
- *Outcome Evaluations*: Outcome evaluations are conducted after discharge from a program, typically by tracking all sex offenders to determine rates of recidivism/re-offense.

Plethysmograph: A device that measures erectile responses in males to both appropriate and inappropriate stimulus material (see Phallometry).

Polygraph: See Clinical Polygraph.

Pornography: The presentation of sexually arousing material in literature, art, motion pictures, or other means of communication or expression.

Positive Treatment Outcome: A treatment outcome that includes a significantly lower risk of the sex offender engaging in sexually abusive behavior as a result of attaining/developing a higher level of internal control. Positive treatment outcomes include a lack of recidivism; a dramatic decrease in behaviors, thoughts and attitudes associated with sexual offending; and other observable changes that indicate a significantly lower risk of re-offending.

Precocious Sexuality: Premature onset of sexual interest and behavior in children.

Precursors: A general term used to describe seemingly unimportant decisions (SUDs), maladaptive coping responses (MCRs), risk factors, lapses, and the abstinence violation effect (AVE). Precursors are events that occur prior to a sex offense.

- *Perpetuating Precursors*: Thoughts, feelings, and behaviors which are generally ongoing problems in the sex offender's life and often help maintain him/her in the pretend-normal phase of the cycle and trigger the relapse process (e.g., unresolved angers, alcohol and drug abuse, and low self-esteem). The pretend-normal phase of the deviant cycle for a sex offender is the phase in which the offender attempts to cover up his/her behavior by engaging in "normal daily routines" that do not include sexually deviant behavior.
- *Precipitating Precursors*: Thoughts, feelings, and events which generally began during the sex offender's childhood which influence the way he/she currently thinks, feels, and behaves (e.g., thoughts and feelings experienced today that are a result of abuse during childhood).
- *Predisposing Precursors*: Thoughts, feelings, and events which occur in the sex offender's life which trigger the deviant cycle and relapse process. These precursors are usually high risk factors and triggers which precede acting out (e.g., arguments with others, isolation, etc.).

Presentence Investigation Report: A court ordered report prepared by a supervision officer. This report includes information about an offender's index offense, criminal record, family and personal history, employment and financial history, substance abuse history, and prior periods of community supervision or incarceration. At the conclusion of the report, the officer assesses the information and often makes a dispositional recommendation to the court.

Probation: A court ordered disposition through which an adjudicated offender is placed under the control, supervision, and care of a probation field staff member in lieu of imprisonment, so long as the probationer (offender) meets certain standards of conduct.

Problem of Immediate Gratification (PIG Phenomenon): The PIG phenomenon is part of the Abstinence Violation Effect (AVE). It occurs when sex offenders selectively remember the positive sensations experienced during, or immediately after, past assaults, and forget the delayed negative consequences (e.g., guilt, loss of family and friends, loss of employment, newspaper and television coverage of arrest and conviction, incarceration, parole, etc.). Recalling only the immediate positive sensations from past assaults increases the likelihood of relapse. When sex offenders learn to counter the strength of the PIG phenomenon by focusing on the delayed negative effects of their acts (and the immediate and delayed harmful impacts on victims), the likelihood of relapse decreases.

Programmed Coping Responses: Coping responses and interventions that are well practiced by the offender so that they are used automatically when s/he is faced with a risk factor or high risk situation.

Progress in Treatment: Observable and measurable changes in behavior, thoughts, and attitudes which support treatment goals and healthy, non-abusive sexuality.

Promiscuous: Engaging in sexual intercourse with many persons.

Psychopath: A disorder characterized by many of the following: glibness and superficial charm; grandiosity; excessive need for stimulation/proneness for boredom; pathological lying; cunning and manipulative; lack of remorse or guilt; shallow affect; parasitic lifestyle; poor behavior controls; promiscuous sexual behavior and many short-term relationships; early behavioral problems; lack of realistic, long-term goals; impulsivity; irresponsibility; history of juvenile delinquency; likelihood of revocation on conditional release; and criminal versatility.

Hervey Cleckley (1982) developed the following three important points about psychopaths:

- Psychopaths have all of the outward appearances of normality—they do not hallucinate or have delusions and do not appear particularly encumbered by debilitating anxiety or guilt;
- Psychopaths appear unresponsive to social control; and
- Criminal behavior is not an essential characteristic.

Psychopathy Checklist—Revised: The clinical instrument to assess the degree to which an individual has characteristics of psychopathy. It is a 20-item instrument that is scored by the evaluator based on collateral information and typically an interview of the offender (Hare, 1991).

Psychopharmacology: The use of prescribed medications to alter behavior, affect, and/or the cognitive process.

Psychosexual Evaluation: A comprehensive evaluation of an alleged or convicted sex offender to determine the risk of recidivism, dangerousness, and necessary treatment. A psychosexual evaluation usually includes psychological testing and detailed history taking with a focus on criminal, sexual, and family history. The evaluation may also include a phallometric assessment.

Puberty (or Pre-Pubescence): The stage in life at which a child's reproductive organs become functionally operative and secondary sexual characteristics develop.

Range of Clinical Needs: Clinical needs of sex offenders may include developmental, psychiatric, neuropsychological, cognitive, and psycho-social issues.

Rape: Forcible sexual penetration of a child or an adult (vaginal, oral, or anal) with a penis, finger, or object. Groth (1979) proposed three types of rapists:

1. *Anger Rapist:* A sex offender whose rape behavior is motivated primarily by a desire to release anger and hostility on his/her victims. Offender's mood is one of anger and depression.
2. *Power Rapist:* A sex offender whose primary motivation for raping others is to feel powerful and exercise control over victims. Offender's mood is one of anxiety.
3. *Ritualistic-Sadistic Rapist:* A sexual offender whose primary motivation for raping is the eroticized power or anger. If power is eroticized the victim is subjected to ritualistic acts, such as bondage. If anger is eroticized, the victim is subjected to torture and sexual abuse. Offender's mood is one of intense excitement and dissociation.

Rapid Risk Assessment for Sex Offense Recidivism (RRASOR): A risk assessment tool that assesses sexual re-offense risk among adult sex offenders at five and ten year follow-up periods. In this tool, four items are scored by clinical staff or case managers using a weighted scoring key (Hanson, 1997).

Recidivism: Commission of a crime after the individual has been criminally adjudicated for a previous crime; reoffense. In the broadest context, recidivism refers to the multiple occurrence of any of the following key events in the overall criminal justice process: commission of a crime whether or not followed by arrest, charge, conviction, sentencing, or incarceration.

Reintegration: Gradual re-acclimation or adjustment to a non-supervised, less structured environment featuring opportunities to demonstrate new social skills and responsible decision making in support of community and personal safety.

Relapse: A re-occurring sexually abusive behavior or sex offense.

Relapse Prevention: A multidimensional model incorporating cognitive and behavioral techniques to treat sexually abusive/aggressive behavior. See Appendix I for listings of relapse prevention specific terminology.

Release of Information: A signed document for purposes of sharing information between and among individuals involved in managing sex offenders (e.g., two-way information release between treatment providers and legal professionals includes the sharing of sex offender legal and treatment records and other information necessary for effective treatment, monitoring and supervision).

Restrictive: The degree to which a program places limitations or external controls on a sex offender's physical freedom, movement within a treatment facility, access to the community, or other basic privileges. Secure treatment units with perimeter security and individual rooms for sex offenders that are locked at night and/or prisons would be considered the most restrictive treatment settings. The use of locked seclusion rooms and policies forbidding supervised community outings for sex offenders would be considered very restrictive intervention techniques.

Restitution: A requirement by the court as a condition of community supervision that the offender replaces the loss caused by his/her offense through payment of damages in some form.

Restorative Justice: Focuses on the repair of the harm to the victim and the community, as well as the improvement of pro-social competencies of the offender, as a result of a damaging act.

Reunification: A gradual and well-supervised procedure in which a sex offender (generally an incest offender) is allowed to re-integrate back into the home where children are present. This takes place after the clarification process, through a major part of treatment, and provides a detailed plan for relapse prevention.

Risk Controls: External conditions placed on a sex offender to inhibit re-offense. Conditions may include levels of supervision, surveillance, custody, or security. In a correctional facility, these conditions generally are security and custody related. In a community setting, conditions are a part of supervision and are developed by the individual charged with overseeing the sex offender's placement in the community.

Risk Factors: A set of internal stimuli or external circumstances that threaten a sex offender's self-control and thus increases the risk of lapse or relapse. Characteristics that have been found through scientific study to be associated with increased likelihood of recidivism for known sex offenders. Risk factors are typically identified through risk assessment instruments. An example of a sex offender risk factor is a history of molesting boys.

Risk Level: The determination by evaluation of a sex offender's likelihood of reoffense, and if the offender reoffends, the extent to which the offense is likely to be traumatic to potential victims. Based on these determinations, the offender is assigned a risk level consistent with his/her relative threat to others. Sex offenders who exhibit fewer offenses, less violence, less denial, a willingness to engage in treatment, no/few collateral issues (e.g., substance abuse, cognitive deficits, learning disabilities, neurological deficits, and use of weapons) are considered lower risk than those whose profile reflects more offenses, greater violence, and so on. Risk level is changeable, depending on behaviors exhibited within a treatment program. Disclosures of additional, previously unknown offenses or behaviors may also alter the offender's assessed level of risk.

Risk Management: A term used to describe services provided by corrections personnel, treatment providers, community members, and others to manage risk presented by sex offenders. Risk management approaches include supervision and surveillance of sex offenders in a community setting (risk control) and require sex offenders to participate in rehabilitative activities (risk reduction).

Risk Reduction: Activities designed to address the risk factors contributing to the sex offender's sexually deviant behaviors. These activities are rehabilitative in nature and provide the sex offender with the necessary knowledge, skills, and attitudes to reduce his/her likelihood of re-offense.

Sadism: The achievement of sexual gratification by inflicting physical or psychological pain and/or humiliation upon another.

Seemingly Unimportant Decisions (SUDs): Decisions sex offenders make that seem to them to have little bearing on whether a lapse or relapse will occur. SUDs actually allow sex offenders to get closer to high-risk factors that increase the probability of another offense (e.g., a pedophile who decides to go holiday shopping at a mall on a Saturday afternoon or decides to go to a Walt Disney movie on a Saturday afternoon is making a Seemingly Unimportant Decision--the certain presence of children in the mall or the inevitable presence of children at the theater creates a high-risk factor that may lead to lapse or relapse).

Selective Serotonin Reuptake Inhibitors (SSRIs): A class of antidepressant drugs, sometimes used in the treatment of sex offenders, that includes fluoxetine (Prozac), fluvoxamine, paroxetine and sertraline. SSRIs are mood stabilizers that can cause sexual dysfunction.

Self-Deprecation: Belittling or putting down oneself.

Sex Offender: The term most commonly used to define an individual who has been charged and convicted of illegal sexual behavior.

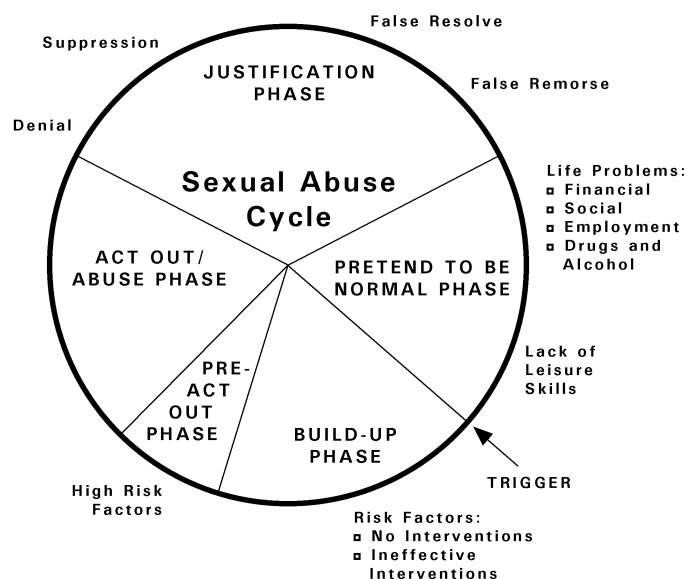
Sex Offender Registration: Sex offender registration laws require offenders to provide their addresses, and other identifying information, to a state agency or law enforcement agency for tracking purposes with the intent of increasing community protection. In some states, only adult sex offenders are required to register. In others, both adult and juvenile sexual offenders must register (see Jacob Wetterling Act).

Sexual Abuse Cycle: The pattern of specific thoughts, feelings, and behaviors which often lead up to and immediately follow the acting out of sexual deviance. This is also referred to as "offense cycle," or "cycle of offending."

Sexual Abuser: The term most commonly used to describe persons who engage in sexual behavior that is considered to be illegal (this term refers to individuals who may have been charged with a sex crime but have not been convicted).

Sexual Abuse Specific: A term used to imply that aspects of treatment, assessment, and programming are targeting sexually abusive behaviors and not generic problems. Sexual abuse specific treatment often includes limited confidentiality, involuntary client participation, and a dual responsibility for the therapist: meeting the offender's needs while protecting society).

Sexual Assault: Forced or manipulated unwanted sexual contact between two or more persons.



Sexual Contact: Physical or visual contact involving the genitals, language, or behaviors of a seductive or sexually provocative nature.

Sexual Deviancy: Sexual thoughts or behaviors that are considered abnormal, atypical or unusual. These can include non-criminal sexual thoughts and activities such as transvestitism (cross-dressing) or criminal behaviors, such as pedophilia.

Sexual Predator: A highly dangerous sex offender who suffers from a mental abnormality or personality disorder that makes him/her likely to engage in a predatory sexually violent offense.

Statement of Informed Consent: A clinical document that is signed by a sex offender which becomes part of the treatment record and may be admissible in court. It implies that the sex offender understands the benefits and risks of a particular treatment procedure and may voluntarily withdraw from the procedure without consequence. Informed consent is used with treatments such as behavioral therapy, phallometry, odor aversion, aversive conditioning techniques and chemotherapy treatments that may generate physical discomfort or be intrusive to the human body. Informed consent is not used with sex offense specific treatments such as group and individual therapy, and educational classes.

Successful Completion: Indicates a sex offender can graduate from a program with a discharge statement stating that s/he has successfully demonstrated all skills and abilities required for safe release from the program.

Suppression: The later part of the sexual abuse cycle after the individual offends during which a conscientious effort is made to cover up and forget the abusive behavior.

Termination of Community Supervision: Community supervision usually ends in one of three ways:

- *Early Termination.* For good behavior and compliance with the conditions of probation, the court may reduce the period of supervision and terminate community supervision prior to the conclusion of the original term.
- *Expiration of Sentence/Term.* An offender completes the full probated or incarcerated sentence.
- *Revocation.* If the offender violates the terms of the community supervision, the court, following a revocation hearing, may suspend community supervision and sentence the offender to a term in jail or prison.

Thinking Error: See Cognitive Distortion.

Transducer: The gauge used to measure physiological changes in penile tumescence during a phallometric assessment. Also referred to as a “strain gauge.”

Treatment Contracts: A document explained to and signed by a sex offender, his/her therapist, his/her probation/parole officer, and others that includes:

- Program goals;
- Program progress expectations;
- Understanding and acceptance of program and facility (if applicable) rules;
- Agreement by the sex offender to take full responsibility for his/her offenses within a specific time frame;
- Acknowledgment of the need for future stipulations as more risks and needs are identified (e.g., triggers, patterns, etc.) and that privileges or restrictions may be adjusted as progress or risk factors change;

- Parental/family requirements to participate in sexual abuse specific family treatment and be financially responsible when necessary;
- Acknowledgment of consequences for breaking the treatment contract; and
- Incentives.

Treatment Models: Various treatment models are employed with sex offenders.

- *Bio-Medical Treatment Model:* The primary emphasis is on the medical model, and disease process, with a major focus on treatment with medication.
- *Central Treatment Model:* A multi-disciplinary approach to sex offender and sexual abuser treatment that includes all program components (e.g., clinical, residential, educational, etc.).
- *Cognitive/Behavioral Treatment Model:* A comprehensive, structured treatment approach based on sexual learning theory using cognitive restructuring methods and behavioral techniques. Behavioral methods are primarily directed at reducing arousal and increasing pro-social skills. The cognitive behavioral approach employs peer groups and educational classes, and uses a variety of counseling theories.
- *Family Systems Treatment Model:* The primary emphasis is on family therapy and the inclusion of family members in the treatment process. The approach employs a variety of counseling theories.
- *Psychoanalytic Treatment Model:* The primary emphasis is on client understanding of the psychodynamics of sexual offending, usually through individual treatment sessions using psychoanalytic principles.
- *Psycho-Socio Educational Treatment Model:* A structured program utilizing peer groups, educational classes, and social skills development. Although the approach does not use behavioral methods, it employs a variety of counseling theories.
- *Psychotherapeutic (Sexual Trauma) Treatment Model:* The primary emphasis is on individual and/or group therapy sessions addressing the sex offender's own history as a sexual abuse victim and the relationship of this abuse to the subsequent perpetration of others. The approach draws from a variety of counseling theories.
- *Relapse Prevention (RP) Treatment Model:* A three dimensional, multimodal approach specifically designed to help sex offenders maintain behavioral changes by anticipating and coping with the problem of relapse. Relapse Prevention: 1) teaches clients internal self-management skills; 2) plans for an external supervisory component; and 3) provides a framework within which a variety of behavioral, cognitive, educational, and skill training approaches are prescribed in order to teach the sex offender how to recognize and interrupt the chain of events leading to relapse. The focus of both assessment and treatment procedures is on the specification and modification of the steps in this chain, from broad lifestyle factors and cognitive distortions to more circumscribed skill deficits and deviant sexual arousal patterns. The focus is on the relapse process itself. (See Appendix I for a list of terms commonly used in the relapse prevention treatment models.)
- *Sexual Addiction Treatment Model:* A structured program using peer groups and an addiction model. This approach often includes 12-Step and sexual addiction groups.

Treatment Planning/Process Meeting: A face-to-face gathering of a multi-disciplinary team to discuss the results of initial evaluations and outline the individual treatment plan for a sex offender. The meeting generally focuses on specific developmental, vocational, educational and treatment needs; and housing and recreational placement.

Treatment Program or Facility: Any single program in which sex offenders routinely are grouped together for services. It may include residential, educational, and day treatment programs; or any similar

service. A treatment program or facility is differentiated from an agency which may administer a number of different treatment facilities.

Treatment Progress: Gauges the offender's success in achieving the specific goals set out in the individual treatment plan. This includes, but is not limited to: demonstrating the ability to learn and use skills specific to controlling abusive behavior; identifying and confronting distorted thinking; understanding the assault cycle; accepting responsibility for abuse; and dealing with past trauma and/or concomitant psychological issues, including substance abuse/addiction.

Triggers: An external event that begins the abuse or acting out cycle (i.e., seeing a young child, watching people argue, etc.).

Victim Impact Statement: A statement taken while interviewing the victim during the course of the presentence investigation report, or at the time of pre-release. Its purpose is to discuss the impact of the sexual offense on the victim.

Victim-Stancing: The behavior of an individual who has been the perpetrator of victimization inaccurately portraying the real victim.

Violence Risk Appraisal Guide (VRAG): A risk assessment tool designed to assess sexual and non-sexual violence re-offense risk among adult male offenders. This tool has twelve items scored by clinical staff using a weighted scoring key (Quinsey, 1998).

Appendix I

TERMS COMMONLY USED IN RELAPSE PREVENTION TREATMENT MODELS

Abstinence
Abstinence Violation Effect (AVE)
Adaptive Coping Response (ACR)
Aggravating Circumstances
Cognitive Distortion (CD)
Dis-inhibitors
External, Supervisory Dimension (ESD)
High Risk Factors (HRF)
Internal, Self-management Dimension (ISD)
Lapse
Lapse Contract
Maladaptive Coping Response (MCR)
Mitigating Circumstances
Precipitating Precursors
Precursors
Predisposing Precursors
Problem of Immediate Gratification (PIG Phenomenon)
Programmed Coping Responses
Relapse
Risk Controls
Risk Factors
Risk Management
Risk Reduction
Self-Deprecation
Seemingly Unimportant Decisions (SUDs)
Stimulus Control

Appendix II

CENTER FOR SEX OFFENDER MANAGEMENT PROJECT OVERVIEW

Background

It is estimated that in the United States today, there are over 265,000 convicted sex offenders under the jurisdiction of corrections agencies, with more than one half under some form of community supervision. Given these numbers, it is critical that the individuals and agencies responsible for managing these offenders have ready access to the most current knowledge and practices in the field of sex offender supervision. Courts, corrections agencies, and treatment providers around the country have demonstrated—through collaboration between criminal justice and health system agencies—that with careful supervision and control, combined with appropriate treatment interventions, they can manage sex offenders and increase public safety. Others can draw upon these experiences, and create similar results in their own communities, if provided the opportunity to learn about and observe effective supervision strategies for these difficult offenders.

The Office of Justice Programs, the National Institute of Corrections and the State Justice Institute have entered into a collaborative agreement to create the Center for Sex Offender Management

Recognizing these needs, the Office of Justice Programs (OJP), U.S. Department of Justice, established the Center for Sex Offender Management (CSOM), in cooperation with the State Justice Institute (SJI) and the National Institute of Corrections (NIC), to serve as a national project to support local jurisdictions in the effective management of sex offenders under community supervision. NIC and SJI have joined OJP in the management of the project and are devoting additional resources to support corrections professionals and the judiciary as they address this critical issue within their specific arenas. This project is being administered through an interagency agreement among OJP, NIC and SJI, and a cooperative agreement between OJP and the Center for Effective Public Policy, in collaboration with the American Probation and Parole Association.

The National Summit: Promoting Public Safety through the Effective Management of Sex Offenders provides guidance on the training and technical assistance needs of the field

In November 1996, the Office of Justice Programs convened the *National Summit: Promoting Public Safety Through the Effective Management of Sex Offenders in the Community*. The Summit sought input from over 180 practitioners, academic researchers, and other experts about the most effective management strategies for this challenging offender population. Participants were asked as well about the information, training, and other needs of their colleagues as they work together to make America's communities safer. Their recommendations have resulted in the creation of the Center for Sex Offender Management. The four components of the Center for Sex Offender Management are designed to:

- Establish an information exchange;
- Conduct intensive training programs;

- Identify and foster resource jurisdictions; and
- Provide technical assistance to promote innovations in the field.

Providing access to the most current information through the Center's Information Exchange

The CSOM Information Exchange is designed to respond to the field's need for current, readily available, practical information, including current resource materials and referrals to other organizations that can provide assistance to practitioners. The Information Exchange is also designed to collect and synthesize information on sex offender management strategies from jurisdictions across the nation. That information is shared with others and used to shape future CSOM technical assistance efforts. The Information Exchange is developing and distributing policy and practice briefs on pressing issues; has created a web-site; and is compiling and making available information collected from local and state agencies around the country.

Providing training through the Center's Intensive Training and Resource Programs

CSOM is designing and delivering training programs for probation and parole agencies and officers, and for cross-system teams from jurisdictions across the country, in a variety of settings. In addition, CSOM has identified a number of Resource Sites from around the country, all of whom have developed comprehensive, collaborative approaches to sex offender management. CSOM is working with these sites to prepare them to serve as resources to communities that are interested in instituting successful supervision programs.

Providing support for effective innovations in the field through the Center's Technical Assistance Program

CSOM is providing support to jurisdictions that have demonstrated their commitment to establishing effective supervision strategies for sex offenders in the community and now seek assistance to explore innovations in the delivery of those strategies, through the technical assistance program. Technical assistance applications are evaluated on a case by case basis.

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