

CENTER FOR SEX OFFENDER MANAGEMENT

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C S O M

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**Twenty Strategies for  
Advancing Sex Offender  
Management in Your  
Jurisdiction**

*A Project of the U.S. Department of Justice,  
Office of Justice Programs*

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## About CSOM

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. A collaborative effort with funding from the U.S. Department of Justice, Office of Justice Programs, among other sources, CSOM is administered by the Center for Effective Public Policy.

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# Introduction

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The goal of sex offender management is to promote public safety by reducing the risk of recidivism among sex offenders. Significant advancements have been made in the field of sex offender management in recent years. These include a clearer understanding of the adults and juveniles who commit these offenses, of the interventions and strategies that have been demonstrated through research to be effective and that appear to have great potential in reducing risk, and of methods and processes for engaging partners and equipping and supporting staff to manage these cases.

This document was developed for policymakers interested in advancing adult and juvenile sex offender management in their jurisdictions. Based upon both research and practice, we offer 20 strategies that hold promise for reducing risk and promoting safe communities. Each strategy is illustrated by a case study representing one jurisdiction's efforts to thoughtfully advance practice. These policy and practice initiatives, the underlying rationale and available evidence supporting them, and the accompanying jurisdictional case studies together represent the tremendous progress that has been achieved in our nation's continued efforts to prevent further sexual victimization.

# 1

## Establish a Comprehensive, Ongoing Assessment Process

Although the label “sex offender” suggests that the individuals who commit sex offenses are essentially the same as one another, in actuality, they are a very diverse population. Sex offenders vary in terms of demographics, range of offending behaviors and patterns, motivations, intervention needs, and levels of risk posed to the community. This diversity means that “one size fits all” strategies will not be effective; rather, individual case management decisions should be based upon what is known about a given offender at a given point in time. A comprehensive, ongoing assessment process provides the mechanism for making informed and effective decisions on a case-by-case basis. Such a process is characterized by:

### **The use of empirically based assessment tools developed specifically for sex offenders:**

These instruments (e.g., STATIC-99, RRASOR, VASOR, STABLE- and ACUTE-2007) provide estimates of recidivism and/or help identify specific risk factors that are linked to recidivism. They are useful for informing sentencing and release decisions, intensity of interventions (i.e., more intensive supervision, monitoring, and treatment for higher-risk offenders), targets of intervention, and application of registration and community notification laws. Initial assessments of each offender provide a baseline for guiding early case management decisions; ongoing assessments of each sex offender capture changes in risk over time and ensure that case management strategies can be adjusted accordingly.

### **The use of multiple assessment instruments and multiple data sources:**

Although empirically based sex offense-specific assessment tools are fairly reliable, no instrument is 100% accurate nor does any single tool include the full range of risk factors. In addition, individuals who commit sex offenses are not “just” sex offenders, in that some have other issues or difficulties beyond sexual behavior problems that need to be considered (e.g., substance abuse, mental health disorders). For these reasons, it is important to also use empirically based assessment tools that are designed to estimate general and other violent recidivism potential and the presence of more general risk factors. And, finally, to increase the reliability of assessments overall, risk-need assessments should be augmented by data from interviews with offenders and collaterals, official records, clinical assessments, and other sources of information.

### **Continuity in assessment instruments:**

Using the same risk-need assessment instruments within and across agencies (e.g., sentencing courts, community supervision, corrections, institutional and community-based treatment) offers a common and consistent language by which stakeholders can communicate about offenders’ risk levels and the implications of case management decisions.

### **Well-trained staff:**

Sex offender assessment is a highly specialized field. The use of empirically based assessment instruments and other tools – and the appropriate interpretation and application of the results, whether administered by corrections or clinical staff – requires skill-based training (and “booster” training) by credentialed trainers.

### **Quality assurance:**

Quality assessments require quality control. Given the critical nature and implications of the information derived from the assessment process, accuracy is critically important. The establishment of methods to assure precision of scoring (e.g., inter-rater reliability), soundness of interviews and other assessment methods, and appropriate reporting and use of this information is essential.



# The State of North Dakota: Using Comprehensive Assessments to Inform Case Management Decisions

Within the state of North Dakota, the Department of Corrections and other key partners recognize the value of comprehensive and specialized assessments to inform sex offender management practices throughout the system. The application of these assessments to decision making is illustrated in the following ways:

- ◆ The court is expected to order pre-sentence investigations for all sex offenders and others, as defined within state codes;
- ◆ In some instances, judges order pre-sentence investigations for sex offenders charged with Failure to Register, which provides particularly useful information about sex offenders who have relocated to North Dakota from another state and for whom information is often lacking;
- ◆ At the time of pre-sentence investigations, officers complete a range of empirically supported risk-need assessment tools, including but not limited to the STATIC-99, STABLE-2007, and LSI-R, as a means of reliably identifying baseline levels of sex offense-specific and “general” risks and needs;
- ◆ Depending upon the findings of the initial risk-need assessments, some sex offenders are referred to specially trained clinicians at the Human Service Center for supplemental and more comprehensive psychosexual evaluations, which generally include the following battery: the MMPI-2, MCMI-III, IBS, Shipley, Carich-Adkerson Victim Empathy Scale, MSI-II, and PCL-R (as appropriate);
- ◆ For sex offenders under community supervision, the STABLE- and ACUTE-2007 are used to reliably and objectively assess changes in dynamic risk factors;
- ◆ The LSI-R and STABLE-2007 are re-administered every six months, and the ACUTE-2007 is re-administered monthly, to identify changes in risk and intervention needs over time; and
- ◆ Polygraphs can be used to augment assessment information, either as part of treatment programs’ requirements (i.e., to verify sexual history information or assess treatment compliance) or via referral by supervision officers, regardless of whether individuals are in treatment (i.e., to assess supervision compliance or explore a specific issue of concern).

For quality assurance purposes, credentialed professionals offer all staff working with sex offenders (both correctional and clinical) initial and ongoing “booster” training on administering and interpreting assessment data. In addition, a Department of Corrections employee is specifically tasked with reviewing pre-sentence investigations; the review process includes a review of all records and documents (e.g., police reports, victim impact statements) and rescoring of risk assessments to ensure reliability.

# 2

## Monitor Changes in Dynamic Risk

Empirically supported risk assessment instruments that are based on *static* (unchangeable) risk factors assist professionals in estimating the likelihood – low, moderate, or high – that sex offenders will reoffend sexually or non-sexually. These risk estimates are often used to support important decisions at specific points of time in the system, such as placement (e.g., community vs. prison), release from prison, and/or level of registration and notification (i.e., tier designations). In addition, risk scores from static assessment tools are used to guide decisions about efficiently and effectively allocating resources, by ensuring that more intensive supervision and treatment strategies are provided to those who pose a greater risk for reoffending (Andrews & Bonta, 2006; Hanson & Bourgon, 2008).

However, the most comprehensive and contemporary risk assessment approaches extend beyond the use of static tools by also including empirically supported instruments to assess *dynamic* (changeable) risk factors (see Hanson, Harris, Scott, & Helmus, 2007). There are two types of dynamic risk factors:

### Stable dynamic risk factors:

Stable dynamic risk factors are variables that can be slow to change (e.g., over a period of months) and are a central focus of sex offense-specific treatment. The stable dynamic risk factors most significantly related to recidivism are deviant sexual arousal, preferences, or interests; sexual preoccupations; antisocial attitudes, activities, and peers; intimacy deficits and conflicts in intimate relationships; and attitudes supportive of offending behavior (Hanson & Morton-Bourgon, 2005). Ongoing assessment of stable dynamic factors (typically every six months) assists corrections and treatment professionals in determining whether the treatment interventions being employed are having the desired influence on offenders' likelihood to reoffend.

### Acute dynamic risk factors:

Acute dynamic risk factors are elements that can change rapidly (within days or even hours) and can signal the need for immediate intervention. For sex offenders, acute dynamic risk factors include victim access, hostility, substance abuse, collapse of social supports, and lack of cooperation with supervision (Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005).

Historically, supervision officers and treatment professionals relied on professional judgment to determine if significant changes were occurring in offenders' lives or circumstances and the relative importance of these changes with respect to risk. They now have the advantage of empirically supported sex offense-specific tools for assessing these dynamic risk factors (i.e., the STABLE- and ACUTE-2007, previously the STABLE- and ACUTE-2000; Hanson & Harris, 2000; Hanson et al., 2007). The STABLE-2007 is typically administered at six-month intervals as a means of measuring progress toward treatment goals. The ACUTE-2007 is administered monthly or, in some cases, at each contact to rapidly identify "red flag" conditions that signal the need for immediate intervention for sex offenders under supervision.

Empirically based dynamic risk assessment measures provide increased consistency, structure, objectivity, and accuracy of ongoing assessment and monitoring efforts. By using these types of tools, supervision officers and treatment providers alike are better positioned to determine the risk factors that should be monitored most closely, identify any important changes in these risk factors, and recognize the implications for the nature and timing of responses to these changes.

# State of Iowa, Department of Corrections and Judicial Districts' Departments of Correctional Services: Implementing the STABLE- and ACUTE-2007

Recognizing that sex offenders' risk for recidivism can fluctuate over time as a function of changing circumstances and responses to interventions, the Iowa Department of Corrections (IDOC) and their community correctional partners, the Judicial Districts' Departments of Correctional Services (JDDCS), are committed to objectively monitoring these changes as a means of guiding individual case-by-case management decisions. The empirically based STABLE- and ACUTE-2007 are used for these purposes.

Implementation in Iowa first began when the 6th Judicial District's Department of Correctional Services (DCS) served as a test site in the research and data collection for the Dynamic Supervision Project. This highly influential and ongoing study involves the assessment of dynamic risk factors among sex offenders under community supervision using structured tools. In 2004, after community-based supervision officers received intensive training on the scoring and practical application of these tools, their use was expanded to the 1st, 2nd, and 8th Judicial Districts. In the fall of 2008, the STABLE- and ACUTE-2007 were implemented statewide. The STATIC-99 and ISORA-8 (Iowa Sex Offender Risk Assessment) are used to form the baseline actuarial risk of sexual recidivism. Iowa is currently involved in a validation study with both tools to determine the best approach to supervision, treatment, and monitoring strategies.

The STABLE- and ACUTE-2007 assessment tools are used throughout the state with offenders nearing release from prison, as well as those under local or federal supervision. These instruments:

- ◆ Augment static and dynamic risk assessments in use throughout Iowa, including the STATIC-99 and the ISORA-8, to assess the likelihood of sexual recidivism; the LSI-R, to assess the likelihood of general recidivism and to identify criminogenic needs; the Jesness Inventory, to assess offender traits and attitudes; and other assessment information (e.g., psychosexual evaluations) that inform case management planning;
- ◆ Support the prioritization of prison-based treatment programming and result in the acceleration of programming for low-risk offenders in order to facilitate earlier transition to the community;
- ◆ Guide the establishment of community supervision plans and individually tailored treatment plans;
- ◆ Provide important feedback regarding the impact of the interventions that supervision and treatment professionals are employing with individual sex offenders; and
- ◆ Identify changing conditions that may be signals of elevated risk for offenders under community supervision.

Iowa is also considering using the STABLE- and ACUTE-2007 to inform risk-based determinations about the appropriate use of electronic technologies for monitoring sex offenders, such as the type of monitoring to be conducted (e.g., GPS, electronic bracelets) and the conditions associated with this monitoring.

# 3

## Implement a Collaborative Case Management Approach

Maintaining public safety and preventing sexual victimization cannot be accomplished by any single agency, organization, or entity working alone; sex offender management efforts require collaboration among multiple stakeholders (CSOM, 2000a; English, Pullen, & Jones, 1996). These often include, but are not limited to, the following:

**Corrections professionals**, who are responsible for routine case management activities in the institution or community (e.g., unit managers/case counselors, reentry specialists, probation or parole officers);

**Sex offense-specific treatment providers**, who deliver specialized programming (either institutional or community-based) designed to reduce reoffense risk and increase successful outcomes with sex offenders;

**Ancillary program practitioners**, who provide additional, non sex offense-specific services as warranted (e.g., cognitive skills interventions, substance abuse treatment, couples/family therapy);

**Polygraph examiners**, who administer exams for supplementary assessment, accountability, or monitoring purposes;

**Victim advocates**, who establish or maintain contact with victims for purposes of safety planning and service delivery and can provide information to shape offender intervention strategies;

**Law enforcement officers**, who are responsible for collecting and verifying sex offender registration data and can augment corrections professionals' supervision of sex offenders in the community; and

**Other professionals**, who assume important functions on a case-by-case basis (e.g., teams managing juveniles may involve school counselors, child protective services staff, and youth mentors).

By recognizing the value of diverse perspectives and meaningful partnerships, these professionals can create integrated and coordinated sex offender management teams that can maximize existing resources, minimize duplication of efforts, and enhance the effectiveness and efficiency of sex offender management practices. Collaborative case management teams can accomplish this by:

- Developing agreed-upon and complementary goals and benchmarks through a single, overarching case management plan;
- Employing assessment, treatment, supervision, and other strategies that are supported by research;
- Ensuring that all stakeholders have access to complete and comprehensive information for case management decisions on an ongoing basis; and
- Delivering consistent and unified messages about offender accountability, prevention of sexual victimization, and public safety to offenders and the general public.

# Collaborative Case Management in Michigan

In an effort to enhance the management of sex offenders under community supervision, Michigan's Department of Corrections and Kalamazoo County Sheriff's Department developed an approach to collaborative case management. Replication efforts are now underway in other parts of the state.

## The Primary Players

- ◆ **Community supervision:** Specialized officers manage caseloads of 25–30 sex offenders who are placed under the supervision of probation and parole. Because they have primary responsibility for supervising the sex offenders, the officers serve as the case management team conveners.
- ◆ **Victim advocates:** Advocates from a local rape crisis center, child advocacy center, and the prosecuting attorney's office participate as core members of the case management team. Victim advocates often know the offender or the offender's family and contribute key information that shapes the management strategies employed in a particular case. Victim advocates also make contact with victims, provide and receive information, and when needed, make service referrals.
- ◆ **Treatment providers:** Contracted sex offender treatment providers work closely with supervision officers on the management of individual cases. During case management meetings, the treatment progress of individual offenders is discussed and strategies for enhanced supervision or modified treatment approaches are agreed upon.
- ◆ **Polygraph examiners:** A polygraph examiner works closely with other members of the case management team.

## The Key Features of the Case Management Process

- ◆ **Beginning the case management process:** An initial case management plan is developed based upon a comprehensive assessment process. For offenders returning to the community on parole from state incarceration, transition teams composed of supervision officers, treatment providers, victim advocates, and others meet with the offenders prior to release to begin the case planning process. For offenders sentenced by the court to probation, supervision officers develop the initial case plan in consultation with treatment providers and victim advocates.
- ◆ **Collaborative case management as a dynamic process:** Case management teams meet monthly to review active cases. Each offender's case is reviewed by the case management team a minimum of every six months, with more frequent reviews occurring as the case requires. The team assesses the progress of individual offenders (community adjustment, treatment progress, etc.) and the results of updated risk assessments, identifies issues since the offender's last review, and adjusts case plans and interventions based upon the assessment of specific behavioral indicators.
- ◆ **Facilitating collaborative information exchange:** The free exchange of information about individual offenders is central to the collaborative case management process. A release of information is signed by each offender to allow for the sharing of information, and each team member signs a confidentiality agreement. A structured e-mail exchange occurs prior to monthly case management meetings to identify issues to be discussed at the next meeting. Telephone contact and e-mail exchanges regarding specific cases are common in the interim.

# 4

## Adopt a Victim-Centered Approach

Contemporary sex offender management approaches not only take into account the ways in which laws and agency policies and practices promote public safety and offender accountability, but also support the needs and interests of victims (see, e.g., CSOM, 2000b; D'Amora & Burns-Smith, 1999; English et al., 1996). Victim advocates bring a unique perspective and set of experiences in this regard and are central partners in sex offender management efforts.

Multiple tangible benefits can be derived from a victim-centered approach to sex offender management, including the following:

- The investigations and prosecutions of sex crimes are more streamlined and responsive to victims, thereby reducing the potential for system-induced trauma;
- Victims, their families, and the general public may have greater confidence in practitioners' efforts to address sexual victimization and manage sex offenders, which may in turn increase reporting rates and victims' engagement in the investigation and subsequent court processes;
- Gaps in services for victims and their families are more readily recognized and remedied;
- Supervision officers and treatment providers can gain greater insight into sex offenders' modus operandi on a case-by-case basis;
- Safety plans for victims and their families are more individually tailored, better informed, and more effectively implemented;
- Paroling and other releasing authorities have the added benefit of victims' perspectives when making release decisions and victims have a voice in the process;
- Victim empathy components of sex offense-specific treatment can be enhanced;
- The range of professionals throughout the system better appreciate the ways in which their interactions can either support victims and their families or have a negative impact on them;
- Public education efforts that address ways to prevent sexual victimization can be improved; and
- Laws and policies are informed and supported by a broader set of perspectives.

In addition to ensuring the availability and capacity of risk-reducing programs and services for sex offenders, a victim-centered approach requires policymakers to equally establish and support services and other resources for victims and their families.

# Rhode Island's Victim-Centered Approach

*Our vision is a coordinated system designed to enhance public safety through the effective management of sex offenders. Our mission is to develop a statewide system for sex offender management that promotes community safety through victim advocacy and services, and includes integrated criminal justice interventions, offender treatment and monitoring, as well as system and offender accountability.*

Since 2003, 27 leaders in Rhode Island have teamed to improve public safety by critically examining the manner in which sex offenders are identified, assessed, and managed in the criminal and juvenile justice systems and by strengthening victim services and the role that advocacy plays in promoting victim-centered sex offender policy and service delivery. The commitment of the Rhode Island Sex Offender Management Task Force to a victim-centered approach is represented in many ways, including the following:

- ◆ **Key leadership role:** The statewide task force is jointly chaired by the Executive Director of the victim advocacy coalition (Day One), a private defense lawyer, and representatives from both the Division of Children, Youth, and Families and the Department of Corrections. They advance policy at the agency level and practice at the case level, and support legislative changes that promote offender accountability and strategies for reducing recidivism.
- ◆ **Sexual Assault Nurse Examiner (SANE) program:** Beginning in 2009, Day One will operate a SANE program in collaboration with the Department of Health, the Attorney General's Office, State Police, the Rhode Island Medical Society, and several hospitals. The program will offer immediate, compassionate, and culturally sensitive forensic examinations for sexual assault victims; ensure that victims are able to make informed decisions regarding medical and legal decisions; and provide victims with referrals to legal advocacy agencies.
- ◆ **Victim Advocate position, Rhode Island Department of Corrections (DOC):** Since 2005, a full-time Day One staff person has been assigned to support the victims of sex offenders who are under the supervision of the DOC's Sex Offender Probation Unit. This Victim Advocate works with both treatment providers and supervision officers to monitor offenders' case plans and victims' safety plans and participates in weekly case staffings.
- ◆ **Enhanced Victim Service Project:** The Rhode Island Parole Board has established the Enhanced Victim Service Project to provide crime victims with advocacy, referral, and opportunities for restorative justice programs such as Victim-Offender Mediation.
- ◆ **Advancing professional development:** Through a combination of grant initiatives, the task force has taken the lead for the state in advancing professional development by designing, coordinating, and delivering training for law enforcement, for prosecution, defense, and the courts, and for supervision and treatment professionals working with both adult and juvenile sex offenders.
- ◆ **Promoting sound policies:** The task force has worked in collaboration with their partners to champion legislation that protects victims and holds offenders accountable. By working together, advocates and other professionals are able to educate lawmakers and promote sound policies that advance and support effective practice.

# 5

## Deliver Evidence-Based Sex Offender Treatment

The overarching goal of sex offender treatment is to prevent individuals from engaging in further sexual victimization – and research indicates that treatment may be effective in attaining this goal. Adult sex offenders who receive treatment have lower rates of recidivism than offenders who do not receive such treatment (Aos, Miller, & Drake, 2006; Lösel & Schmucker, 2005). This also holds true for juveniles who have committed sex offenses (Reitzel & Carbonell, 2006).

Simply providing treatment does not mean that it will be effective, however. Evidence-based practices in corrections, including research with sex offenders, indicate that sex offense-specific treatment is most likely to be effective when the following conditions are present (see Andrews & Bonta, 2006; Hanson & Bourgon, 2008):

### Programs use a cognitive-behavioral model:

This research-supported framework teaches individuals to understand the relationship between their thinking patterns and actions, helps them identify specific thoughts that led them to engage in sex offending behaviors, and guides them toward healthy alternatives through the use of modeling, skill-building, practice, and reinforcement.

### Targets of intervention are research-based:

Researchers have identified specific elements or characteristics that are linked to reoffending for sex offenders and other offender populations (i.e., criminogenic needs). Sex offender treatment programs that emphasize these factors (e.g., deviant sexual interests, sexual preoccupations, pro-offending attitudes, intimacy deficits) over other factors that are not linked to reoffending (e.g., low self-esteem, lack of remorse, denial) have better outcomes.

### Treatment is individualized and guided by reliable and valid assessment instruments:

Sex offenders are a diverse population and, therefore, treatment must take into account important variations such as levels of risk and intervention needs. Treatment is more effective when research-supported assessment tools are used to determine the appropriate level of service (i.e., dosage and intensity), to identify the specific risk factors that should be targeted in treatment, to assess progress that offenders are making in treatment, and to make ongoing adjustments to treatment plans.

### Treatment providers' styles and techniques align with research:

Research demonstrates that characteristics of providers (e.g., warm, genuine, empathic), the nature of the interactions between providers and offenders (e.g., firm but fair), the ways in which providers attempt to engage offenders (e.g., through motivational interviewing), and the extent to which providers adjust approaches to match clients' learning needs (e.g., gender-responsive, developmentally appropriate, culturally sensitive) all have an impact on outcomes.

### Providers are well trained and well supervised:

Specialized education, training, and supervised experience are required to ensure that staff fully understand and can apply treatment models and techniques in the most effective ways and that they remain abreast of advances in the field.

### Programs are monitored and evaluated:

Providers should be expected to collect performance measurement data to determine the extent to which interventions are reaching their potential. Performance data (i.e., number of clients successfully completing and unsuccessfully terminating) as well as outcome data (e.g., reoffense following treatment) should be collected and analyzed by an objective party, where possible. If outcomes fall short of expectations, adjustments in program services should be made.



# The Vermont Treatment Program for Sexual Abusers: A Model Approach

For the past two decades, Vermont has operated a coordinated, statewide network of specialized sex offender treatment through the Vermont Treatment Program for Sexual Abusers (VTPSA). It is administered by the Department of Corrections and operates under the Vermont Center for the Prevention and Treatment of Sexual Abuse. Its mission is to “enhance community safety by providing quality, victim-sensitive, evidence-based treatment to individuals who have committed sexual offenses.” When established, this system-wide strategy was the first of its kind in the United States. Currently, the VTPSA is comprised of 3 prison-based and 13 community-based programs. The key elements outlined below illustrate this model approach.

- ◆ **Evidence-based strategies:** The VTPSA employs a research-supported model of sex offender treatment – the cognitive-behavioral approach, which is generally delivered in a group format. Individual, partner/family, and medication therapies are used adjunctively as warranted. Sex offenders with substance abuse, mental health, or other co-occurring difficulties may be referred for additional programs. The VTPSA is framed on evidence-based principles of effective correctional intervention: risk, need, and responsivity (Andrews & Bonta, 2006). Sex offenders are placed into treatment programs based on reoffense risk, with higher-risk sex offenders receiving higher-intensity services; treatment primarily addresses criminogenic needs associated with offending behaviors; and services are adjusted to maximize offenders’ responses to treatment by taking into account factors such as motivation, denial, and learning difficulties.
- ◆ **Treatment on a continuum:** Three levels of treatment are available in prisons: high, moderate, and low intensity. Sex offenders in the high-intensity program receive approximately 8 hours of treatment weekly over the course of 2–3 years, whereas those in the low-intensity program receive roughly two hours of treatment per week over a 6-month period. In community-based programs, sex offenders generally participate in weekly group sessions for roughly two years and monthly aftercare meetings for another year. Services for special-needs offenders and those with statutory offenses are also available. To enhance sex offender management efforts, community treatment providers work closely with supervision officers.
- ◆ **Assessment-driven treatment:** Beginning at the point of sentencing and continuing throughout the system, key decisions about sex offender treatment are informed by specialized, research-supported assessments. Examples of these measures include the STATIC-99, Vermont Assessment of Sex Offender Risk, Level of Service Inventory-Revised, and the Sex Offender Treatment Needs and Progress Scale. Assessments are used not only for program placement decisions, but also for gauging sex offenders’ progress in treatment over time.
- ◆ **Treatment outcomes:** Research on VTPSA programs indicates that sex offenders who complete either prison- or community-based treatment recidivate sexually at significantly lower rates than those who did not receive or failed to complete such treatment (McGrath, Cumming, Livingston, & Hoke, 2003; McGrath, Hoke, & Vojtisek, 1998).
- ◆ **Quality control:** Detailed treatment guidelines for providers have been formalized by the VTPSA, and compliance is monitored routinely through supervision and quality improvement activities (e.g., monthly clinical supervision meetings in the community, weekly treatment team meetings).

# 6

## Enhance Treatment Capacity

Because sex offender treatment is associated with reduced recidivism among sex offenders, the importance of quality and capacity is clear.

Methods to assure the quality of services delivered include:

### **Securing the services of skilled providers:**

Practice standards that establish minimum educational and training requirements for providers have been developed by the Association for the Treatment of Sexual Abusers (ATSA, 2005).

### **Establishing formal mechanisms to ensure minimum standards for treatment are met and maintained:**

Using national or local guidelines, some states (e.g., Colorado, Illinois, Tennessee) have established statewide standards and/or formal certification processes that must be met for providers to deliver sex offender treatment services.

### **Establishing qualification standards and treatment requirements in service agreements and requests for proposals:**

Another method jurisdictions use to ensure the qualifications of providers and the treatment delivered is to outline specific requirements in requests for proposals and other service agreements negotiated between contracting agencies and private providers.

### **Disseminating approved provider lists:**

Many jurisdictions establish lists of approved providers based upon national or local criteria. These lists are particularly helpful to justice system professionals who are responsible for referring offenders to appropriate treatment.

Methods to enhance treatment capacity include the following:

### **Begin by understanding the current capacity:**

Two organizations maintain lists of providers nationally: ATSA maintains a state-by-state list of all its members and The Safer Society Foundation conducts periodic surveys of programs and maintains a national directory.

### **Recruit qualified providers:**

Contracts for service are one way to recruit qualified providers to areas that experience capacity shortages. Another way is to encourage established providers with skills in working with “general” offenders and delivering cognitive-behavioral programming to seek specialized training.

### **Provide in-state training:**

Still other jurisdictions use justice system resources to provide in-state training for qualified providers (which may also serve to provide ongoing training for other professional staff). This both increases providers’ ability to meet ongoing continuing education requirements and reinforces collaborative partnerships.

### **Subsidies, health insurance, and other forms of financial support:**

The use of public monies to subsidize treatment costs can help overcome the financial barriers some treatment professionals encounter, particularly where offenders are solely responsible for costs. Providing access to offices for conducting treatment groups (e.g., probation office conference rooms) can reduce providers’ costs. Finally, where possible, state provisions that enable those with insurance to pay for or subsidize treatment with insurance benefits should be established.

# Supporting Enhanced Treatment Capacity: The Tennessee Sex Offender Treatment Board

Since its establishment by the legislature in 1995, Tennessee's Sex Offender Treatment Board (SOTB) has dedicated itself to improving and expanding sex offender treatment throughout the state. The SOTB has worked to build and enhance treatment capacity by:

- ◆ **Establishing statewide provider qualifications:** The SOTB has developed statewide standards for sex offender treatment providers. Peer support and guidance is available to providers seeking to comply with approval requirements.
- ◆ **Creating a directory of approved providers:** A directory of more than 300 approved providers is maintained and made available by the SOTB.
- ◆ **Promoting professional development opportunities:** The SOTB conducts an annual statewide conference that provides continuing education credits for sex offender treatment providers.
- ◆ **Establishing a training program for non-sex offender treatment providers:** Providers who are certified by the Tennessee Department of Health, Division of Health Related Boards but who do not have specialized credentials to work with sex offenders can gain SOTB approval by (among other requirements) attending a three-day mandatory training at the SOTB's annual conference, independently receiving a minimum of 50 hours of specialized training, and undergoing 2,000 hours of clinical supervision by an approved provider.
- ◆ **Reducing direct costs to providers:** In some rural areas of the state where a full-time sex offender treatment practice is less feasible, probation and parole agencies provide no-cost office space to providers who conduct sex offender treatment groups.
- ◆ **Establishing reimbursement mechanisms for sex offender treatment costs:** The Sex Offender Treatment Fund was established to support the costs of treatment for indigent sex offenders and is administered by the SOTB. Payment is made directly to the provider in these cases. In addition, TennCare, the state's health insurer, reimburses treatment costs to approved providers for those offenders who have state health insurance.

Over the past decade, the number of approved providers has nearly doubled – increasing from 147 to 283. To further advance treatment capacity and quality in the state, Tennessee's SOTB is establishing a formal process to ensure providers' compliance with treatment standards and is developing a training program specifically for new providers.

# 7

## Establish Seamless Information Exchange Mechanisms

The day-to-day management of sex offenders depends on the accurate recording and exchange of key information among those responsible for case management. Too often, historical information, assessment results, and other key data collected by one agency are not stored or shared with others. This results in information gaps, duplication of effort, and missed opportunities to build upon the efforts of other professionals. Despite concerns about protection and privacy rights, agreements about the exchange of case management information among professionals are possible.

Professionals working with sex offenders should have access to and readily exchange, among other information, the following:

- Arrest reports;
- Victim impact statements;
- Criminal history data;
- Pre-sentence investigations;
- General and sex offense-specific risk and needs assessments;
- Psychosexual evaluations;
- Pertinent medical or mental health concerns;
- Institutional adjustment and disciplinary records;
- Institutional and community treatment records;
- Previous parole and probation reports;
- Transition, reentry, and parole plans;
- Current treatment plans; and
- Current case management (including supervision) plans.

The case management team process provides a forum for the exchange of this information; establishing automated platforms for information exchange adds efficiency.

# Automated Exchange of Case Management Information in Connecticut

The Center for the Treatment of Problem Sexual Behavior, Connecticut's primary treatment provider for sex offenders, has worked with correctional institutions and community supervision agencies in recent years to build a system that facilitates the exchange of offender information in an efficient and timely manner.

Key features of this process include:

- ◆ **Pre-release case management planning and information sharing:** Three staff members of The Center for the Treatment of Problem Sexual Behavior are assigned to the state's correctional institutions. They conduct evaluations of sex offenders who are within four to six months of release and develop initial case management plans based upon a variety of issues, including an assessment of each offender's risk and needs, victim impact, and treatment progress. This information is shared with:
  - The courts and probation (for offenders who are returning to probation supervision as part of a split sentence);
  - The parole board (for release decision-making purposes); and/or
  - Parole (for offenders being released on parole supervision).
- ◆ **Post-release case management planning and information sharing:** An initial collaborative case management meeting is conducted just prior to an offender's release and after a probation or parole officer has been assigned to the case. Thereafter, weekly collaborative case management team meetings are held and information is routinely shared by all members of the team. Comprehensive assessment and case management information is routinely updated electronically by treatment staff and is shared with other members of the case management team.
- ◆ **Information sharing facilitated by automated systems:** Though each agency involved in the management of the case – institutional corrections, the courts, probation and parole, and victim advocates – maintains independent management information systems and case files, they are all also able to exchange information electronically. This automated information exchange system enhances their ability to communicate and makes the sharing of information more efficient. For example, treatment staff enter case notes into the automated information system within 24 hours of treatment sessions and others enter case plan updates on a weekly basis. These reports and updates are accessible by all case management team partners. To ensure confidentiality, number identifiers are used in place of names and all electronic information is encrypted.

# Promote Successful Post-Release Outcomes through Informed Release Decisions

Most sex offenders will be released from confinement at some point. Discretionary release provides for the early release of offenders before the expiration of their sentences. For a variety of reasons, discretionary release is preferable to offenders “maxing out” their prison sentences.

## Understanding the Importance of Discretionary Release

- Research demonstrates that discretionary release practices that are well informed (e.g., by assessments of risk and needs, participation in facility-based programs and services, comprehensive release planning) are associated with improved outcomes for offenders (Petersilia, 2003; Seiter & Kadela, 2003).
- When sex offenders engage in offense-specific programming within facilities, motivation to change may increase. This, in turn, can have a positive impact on offenders’ willingness to participate in community-based sex offender treatment after release (Barrett, Wilson, & Long, 2003; Spencer, 1999).
- For sex offenders who would otherwise not be motivated to participate in sex offender programming within facilities, discretionary release provides an incentive to engage in treatment.
- For offenders who are already committed to treatment, discretionary release provides an added incentive for treatment participation.
- Treatment participation is particularly important because evidence indicates that sex offenders who receive well-designed and appropriate prison-based treatment recidivate at lower rates than those who do not receive treatment (see, e.g., Aos et al., 2006; Lösel & Schmucker, 2005).

## Using Information to Guide Release Decision Making

Release decision makers report that they are less likely to grant conditional release to sex offenders than to non-sex offenders. This is not surprising, given the pressures associated with media attention, public criticism, and concerns about reoffense. However, empirically based sex offense-specific (and general offense) risk assessment instruments, in combination with clinical evaluations, treatment progress reports, and well-prepared release plans, may make discretionary release decisions more possible. This is critically important given that discretionary release results in a period of supervision that, if supported by community-based treatment, also promotes more successful outcomes (see, e.g., Petersilia, 2003; McGrath et al., 2003; Wilson, Stewart, Stirpe, Barrett, & Cripps, 2000).

## Building Accountability Measures in the Community to Support Discretionary Release

To support successful outcomes following release, decision makers should:

- Use empirically based assessment information, augmented by clinical evaluations and treatment progress reports, to tailor the conditions of release to the unique risk factors of offenders; and
- Rely on specialized parole supervision units, staffed by qualified and well-trained staff who, along with qualified treatment providers and other case management team members, provide the structure for community accountability and intervention that will assure the greatest likelihood for success after release.

# Pennsylvania's Approach to Informed Release Decision Making

The Pennsylvania Board of Probation and Parole is committed to an informed release decision-making process. The Board uses actuarial risk assessment tools, treatment progress reports, and stakeholder input to inform their release decisions. Offenders are typically released when there is evidence that risk to reoffend has been reduced. The following data and information informs the release decision:

- ◆ **Risk assessment data:** The Board uses the STATIC-99 to assess the level of risk of sexual reoffense. LSI-R data provides an assessment of risk of general reoffense as well as an understanding of an offender's criminogenic needs.
- ◆ **Additional assessment information:** Also available for consideration by the Board are results from in-depth sex offense-specific evaluations that are conducted by the Commonwealth's Sex Offender Assessment Board (SOAB). The SOAB conducts evaluations for the court to determine if sex offenders meet the statutory construct of a sexual predator and if they are required to register. The SOAB also conducts risk assessments for the Board and takes into consideration relevant issues related to treatment and management.
- ◆ **Treatment progress assessment:** The Board requires all offenders interested in parole release to participate in institutional treatment if they are assessed to need treatment. They receive an evaluation from institutional treatment staff about an offender's level of therapeutic engagement and treatment progress.
- ◆ **Community and victim input:** The Board considers information from victims, prosecutors, and judges regarding specific cases when making release decisions; this input provides an additional means of informing release decisions. Should parole be granted, this information is also used to consider specific release conditions.
- ◆ **Specialized parole conditions:** The Board differentiates between sub-populations of offenders by imposing different sets of specialized, clinically driven release conditions. A protocol was developed to guide the consistent use of specialized conditions (e.g., computer access restrictions, prohibitions about unsupervised contact with children).
- ◆ **Specialized parole supervision:** In all parole districts across the Commonwealth, offenders released to the community will be under the supervision of parole officers who are specially trained in the supervision and management of sex offenders. Caseloads average 50 offenders per agent.
- ◆ **Transparency:** The Board endorses a transparent approach to decision making; their decision-making instrument will soon be available to the public on their website.

# 9

## Implement a Strategic Sex Offender Reentry Process

The number of offenders released from prison to the community each year and the high rate of technical violations and new crimes committed following their release have brought increased attention to establishing reentry practices that support more successful outcomes among released offenders. Although reentry is challenging for most offender populations, barriers are more pronounced for sex offenders. Because of this, the need for reentry planning is especially important with sex offenders.

Implementing a strategic reentry process for sex offenders involves the following:

### Starting early:

Planning for release at the point of entry provides time to identify and address offenders' risk factors and stabilization needs well in advance of their release.

### Conducting comprehensive assessments:

Because sex offenders are a diverse population, comprehensive assessments are critical to understanding the unique risk factors that may contribute to an individual offender's likelihood of reoffending. Record reviews, clinical interviews, research-supported risk-need tools, and other assessment methods should be used to identify the targets of intervention that are most likely to result in risk reduction and successful reintegration.

### Tailoring institutional case management plans to the individual offender:

Individually tailored case management strategies should be developed to address the issues that would otherwise be barriers to success. Further, they should identify the optimal timing of service delivery (early in the incarceration period, toward the end of the prison term, during the transition phase, or following release). The institutional case management plan should be updated periodically, based upon reassessments and changing conditions.

### Using an evidence-based approach to service delivery:

The evidence-based research in corrections indicates that cognitive and cognitive-behavioral models of intervention are effective in reducing recidivism (see Landenberger & Lipsey, 2005). In addition, programs for offenders, including sex offenders, are most effective when they prioritize factors linked to recidivism (see Andrews & Bonta, 2006; Hanson & Bourgon, 2008). Finally, the outcomes of prison-based treatment programming can be maximized when services are delivered based on risk level: higher-risk offenders benefit more from higher-intensity services than do lower-risk offenders (Andrews & Bonta, 2006; Hanson & Bourgon, 2008).

### Seamless transitioning:

During offenders' incarceration, professionals work with offenders to understand their specific risk factors, strengths, and ongoing intervention needs. A seamless transition to the community builds upon and supports this work by identifying in advance the professionals with whom offenders will be interacting routinely in the community (e.g., supervision officers, treatment providers); providing opportunities for dialogue and the exchange of information; establishing release expectations (including treatment placement, approved housing, supervision conditions, and initial appointment dates); and working with victim advocates to ensure issues of victim notification and safety planning are addressed prior to release. The importance of seamlessness is also evident given that the early months following offenders' release to the community are a period during which higher rates of "failure" occur (Langan, Schmitt, & Durose, 2003; Petersilia, 2003).



# Facilitating Public Safety through Reentry in Texas

The Texas Department of Criminal Justice (TDCJ) has implemented an approach to sex offender reentry that reflects the current research and practice literature. The following are important elements of TDCJ's approach:

- ◆ **Proactive reentry planning:** All offenders go through a comprehensive assessment process soon after prison admission. The results are used to classify offenders into security levels, identify appropriate housing options, and triage offenders into programs and services.
- ◆ **Evidence-based interventions in the prison setting:** Recognizing the diversity of sex offenders, TDCJ offers two sex offense-specific treatment programs. The Sex Offender Education Program (SOEP) includes a four-month curriculum for lower-risk sex offenders. The Sex Offender Treatment Program (SOTP) is an 18-month intensive specialized program that is conducted in a therapeutic community. It is designed for higher-risk sex offenders and utilizes a cognitive-behavioral approach with a relapse prevention framework. Program entrance decisions are informed by risk level (as determined by the STATIC-99) and anticipated release date. In addition, TDJC provides additional prison-based programs to address other criminogenic needs (e.g., substance abuse).
- ◆ **Roles of Institutional Parole Officers (IPOs):** IPOs serve as the link between prison-based services and community management efforts. IPOs provide parole officers with information about returning sex offenders (e.g., treatment summaries, assessment results, official documentation) that guides the development of comprehensive and individualized community case management plans.
- ◆ **Continuity of care:** For those sex offenders who receive prison-based sex offender treatment, a seamless transition into community-based programming allows them to build upon the treatment progress they have made in prison. This is made possible by a common, evidence-based treatment model and a commitment to collaboration and information sharing among those involved in the reentry process, including treatment providers in the institutional and community settings.
- ◆ **Early involvement of community parole officers:** Prior to release, officers are responsible for approving the sponsors and home plans of sex offenders. Designated sponsors are required to sign a "Collateral Contact Form" which describes the supervision process, outlines relevant risk factors, and details the responsibilities of serving as a sponsor. When approving a home plan, officers identify whether the proposed residence is in a child safety zone, investigate routes of travel that the offender might take, identify the potential presence of vulnerable parties in the home, and confirm the availability of community-based treatment programs.
- ◆ **Housing and employment:** Recognizing that stable, gainful employment can enhance successful reentry, Project RIO, a statewide initiative, links offenders to jobs that match their skills, education, and interests prior to release and provides ongoing employment support in the community.
- ◆ **Specialized community supervision:** TDCJ has implemented a statewide approach to specialized sex offender supervision. Based upon assessment results, sex offenders are supervised at different levels of intensity by specialized officers. Each level has specific contact standards and requirements.

The longstanding role of law enforcement officials in responding to crimes, providing public protection, and leading crime prevention initiatives makes them vital partners in a systemwide response to sexual victimization and sex offender management. The growing use of community policing strategies, in which public education and problem-solving partnerships are common, provides law enforcement with an ideal framework to complement and enhance existing efforts.

Key benefits of collaborative partnerships between law enforcement and other key stakeholders include, but are not limited to, the following (see, e.g., IACP, 2007; Woods, 2008):

### **Enhancing the investigation of sex crimes:**

Law enforcement officers are often the first responders to victims of sex crimes, which highlights the value of partnering with rape crisis and other victim services or advocacy representatives to ensure that the needs and interests of victims are effectively addressed at the outset. In addition, the complexities of the investigation process (e.g., collection of forensic evidence, limited corroborating witnesses, interviewing child victims) require specialized experience and expertise that are often best met through the carefully coordinated activities of multiple disciplines, including law enforcement, child protection officials, victim advocates, medical professionals, and prosecutors.

### **Supporting supervision and monitoring of sex offenders:**

Law enforcement officers can support the ongoing case management of sex offenders in the community through their interactions and observations while on routine patrol or other enforcement activities. For example, through the process of conducting in-person address verifications for sex offender registries, they can assist community corrections and supervision officers with tracking and monitoring efforts, particularly if they are equipped with an awareness of specific conditions of supervision, important factors that may signal increased risk, and mechanisms for timely information sharing.

### **Increasing public awareness through community notification:**

Statutory requirements for notifying citizens about registered sex offenders in local communities provide an invaluable and proactive public education opportunity, particularly when community meetings are convened with the collaboration of law enforcement, community supervision officers, corrections officials, prosecutors, victim advocates, and treatment providers. This structured team approach facilitates community awareness, involvement, empowerment, and effective problem solving regarding sex offender management and the prevention of sexual victimization. It also offers the opportunity for the public to learn about the various sex offender management strategies that are in place to protect them and to understand the specific roles that different agency officials/representatives play in the system of sex offender management.

### **Promoting prevention through outreach:**

Law enforcement agencies assume key leadership roles in educating citizens about crime prevention and safety through partnerships with civic organizations, schools, public and private agencies, victim advocacy groups, community leaders, and the media. Collaborations between these and other entities have resulted in a number of community education and awareness activities geared to the prevention of rape, child sexual abuse, and on-line sexual exploitation.

# Promising Partnerships with Law Enforcement: The City of Mesa Police Department Center Against Family Violence

In 1996, the City of Mesa Police Department, in Maricopa County, Arizona, assumed a leadership role in establishing The Center Against Family Violence (CAFV), a unique, community-oriented, collaborative approach to responding to, investigating, and prosecuting cases involving sexual abuse, domestic violence, and other maltreatment. The CAFV brings together a team of professionals at a common, victim-friendly location to create a “one-stop” approach to addressing these crimes and providing necessary resources, information, and services to victims and families.

The team includes representatives from the City of Mesa Police Department, the City of Mesa Prosecutor’s Office, the Maricopa County Attorney’s Office, St. Joseph’s Hospital and Medical Center, the Sexual Assault Nurse Examiner/Domestic Violence Unit of Scottsdale Health Care, the Arizona Department of Economic Security – Child Protective Services, and other agencies. Key activities of the CAFV include the following:

- ◆ Gathering information and evidence from victims and their families in a sensitive manner;
- ◆ Providing on-site forensic medical examinations and other medical attention for victims;
- ◆ Offering immediate on-scene crisis intervention from trained victim assistance volunteers;
- ◆ Conducting single video interviews with victims to avoid re-traumatization; and
- ◆ Ensuring a safe and nurturing environment for victims and families.

An initial independent evaluation of the CAFV revealed a number of positive outcomes associated with its establishment:

- ◆ Greater compliance with first-responder protocols;
- ◆ Higher rate of joint investigations in Child Protective Services investigations;
- ◆ Significant improvement in the frequency, quality, and timeliness of forensic medical examinations;
- ◆ Reduced rates of multiple interviews of children;
- ◆ Higher percentage of cases accepted for prosecution; and
- ◆ Increased conviction rates following prosecution.

Participating agencies report that the improved communication, information sharing, and multidisciplinary approaches used in these investigations demonstrates that the quality of work involving these difficult cases can be dramatically improved through collaboration.

Supervision officers play a key role in community safety by developing case management plans that match the needs and risk factors of individual offenders, forming and leading teams of professionals to make collaborative case management decisions, monitoring offenders' behavior, responding proactively when concerns arise, and reinforcing offenders' prosocial efforts. The following are among the promising approaches that can support effective community supervision with sex offenders:

### **Specialization:**

The effectiveness of supervision can be enhanced by ensuring that specialized training is provided to officers who will have responsibility for this population; using sex offense-specific assessment tools to guide case management decisions; imposing specialized conditions to address the risk factors that are unique to sex offenders; and assigning sex offense-specific caseloads where practical (see, e.g., Cumming & McGrath, 2005; English et al., 1996).

### **A balanced, success-oriented approach:**

Supervision practices that are driven primarily by surveillance and sanctioning philosophies generally do not reduce recidivism; in contrast, approaches that balance surveillance and monitoring with change-promoting strategies are associated with significant recidivism reductions (Aos et al., 2006). This means that in addition to monitoring and enforcement activities, officers should foster internal motivation, promote lasting change through incentives and reinforcement, make referrals to programs and services to address offenders' criminogenic needs, and help them develop the skills and competencies that are necessary for them to be successful. Successful offenders result in safer communities.

### **Supervision intensity based on recidivism risk:**

The evidence-based correctional literature consistently demonstrates that when the intensity of interventions is based on assessed level of risk to reoffend (e.g., higher-risk offenders receive higher-intensity supervision or treatment), recidivism reductions are maximized (Andrews & Bonta, 2006; Lowenkamp, Pealer, Smith, & Latessa, 2006). And because risk fluctuates over time with offenders' changing circumstances, the ongoing monitoring of dynamic risk factors provides important guidance regarding the need to adjust the level of supervision, either upward or downward, based on increases or decreases in risk.

### **A priority on field contacts:**

Requiring offenders to come to the supervision agency office to meet with the officer delivers an important accountability message to offenders. At the same time, office contacts provide only a small snapshot of offenders' lives, and the ways in which they present themselves at the office and in the community may be very different. Field visits provide officers with the greatest opportunity to determine the degree to which sex offenders are complying with the terms and conditions of supervision and adapting to the community, particularly when officers have the opportunity to engage family, friends, and others about offenders' adjustment (Cumming & McGrath, 2005; English et al., 1996). Allowing officers to have flexible work schedules is vital for implementing this strategy.

### **Responding effectively to violations:**

All instances of non-compliance should be addressed in a timely manner. Some violations may require arrest and return to incarceration, but others may be best addressed through other interventions. To promote consistent and proportionate decision making, agencies may establish formal guidelines that use objective means of weighting the offenders' risk and the severity of the violation behavior to determine an appropriate response or range of responses.

# Effective Community Supervision in Ohio

The Ohio Adult Parole Authority uses a specialized approach to supervising sex offenders in the community. The following are key elements of this approach:

- ◆ **Specialized units:** In its most urban areas, the state has established specialized supervision units.
- ◆ **Specialized training:** Specialized training is often conducted by the agency's Sex Offender Specialists, who are regionally based staff at the supervisory level with extensive experience and knowledge of sex offender management. Opportunities to participate in specialized training at state and national conferences are provided as well.
- ◆ **Caseload sizes:** Guidelines are being developed to establish caseloads and caseload size limits based upon the risk levels and identified needs of offenders. These guidelines will result in reduced caseloads for officers who work with higher-risk/higher-need offenders.
- ◆ **Individually tailored case management plans:** Individualized plans are developed to guide post-release supervision efforts for each offender. These plans take into account the perspectives of the parole officers and others who have worked with the offenders in the community and are tailored to address the risk levels and unique needs of each offender. The STATIC-99 risk assessment tool is used (along with a general offender risk assessment tool that has been validated on Ohio offenders) at the outset of the community supervision process to help determine the necessary intensity of supervision. Throughout the supervision process, officers can add or remove conditions in response to changes in risk level and criminogenic needs.
- ◆ **Collaboration:** Officers work closely with stakeholders who have a role in managing or supporting the offenders, including sex offense-specific treatment providers, other program/service staff, employers, and family members, to ensure that strategies are well informed and that all parties are operating from consistent information. To enable officers to engage in more collaborative efforts in the community and to provide greater opportunities for field contacts with offenders and others during non-traditional business hours, the agency allows officers to use flex time.
- ◆ **Success-oriented supervision strategies:** Promoting offender success is emphasized since offender success is directly linked to community safety. Some officers are trained in motivational interviewing and other effective offender interaction techniques that are designed to promote offenders' engagement and internal motivation. The agency is also implementing a case management process that focuses on the nature and quality of officer interactions with offenders and their family members rather than strict contact standards.
- ◆ **Responding to violations:** A research-based, progressive sanctioning grid is used to guide responses to non-compliance with supervision expectations and to ensure that these responses are individualized, timely, proportional, and consistent. In addition to violation responses, officers can provide incentives and rewards (e.g., removing certain conditions, reducing supervision intensity or contact expectations) to reinforce compliance and progress.

Difficulties securing employment, financial concerns, and disruption to prosocial relationships are but a few of the challenges offenders face when reintegrating into the community, particularly following a period of incarceration. These barriers are especially significant for sex offenders, who also face negative public sentiment and restrictions on housing options.

Laws restricting where sex offenders can reside have swept the country in recent years. These “sex offender-free zones” prohibit offenders from residing anywhere from 1,000 feet or less to 2,000 feet or more from locations where children congregate, including schools, day care centers, parks, and bus stops. [More than half of the states have passed residency restriction laws (Council of State Governments, 2008).] Other communities further limit or prohibit sex offenders’ access to homeless shelters or other residential settings (including treatment centers) where more than one sex offender might reside. In some localities, particularly urban areas, these exclusion zones can severely limit sex offenders’ access to housing options. Instances of offenders being forced into homelessness or congregating under bridges have been widely reported.

These conditions raise serious community safety concerns:

### Key Concerns

- Some sex offenders are denied conditional release from confinement as a result of an inability to secure housing. These offenders serve their maximum terms and are released to the community without a period of community supervision or treatment. In these instances, justice system professionals are unable to provide oversight and monitoring to offenders in the critical months following release from confinement when reoffense is most likely to occur
- Others are denied access to residential settings that offer the structure and treatment necessary to decrease the likelihood of reoffense.
- Still others experience organized community efforts to prevent them from moving into specific homes or neighborhoods.
- Aware of community members’ concerns, some landlords are reluctant to rent to sex offenders, even in those areas where restrictions do not apply.

These conditions run counter to efforts to reduce the rate of reoffense, in that research demonstrates that stabilization in the community contributes to decreases in reoffense rates among sex offenders (Hanson & Harris, 2000; Hanson et al., 2007).

### The Solution

Some jurisdictions are proactively establishing mechanisms to identify and secure affordable and sustainable housing for sex offenders. In some instances, state resources are directed to housing options for sex offenders (e.g., rent subsidies). In still others, department of corrections staff work with local landlords to reserve apartments for displaced or releasing sex offenders. These arrangements often have the added benefit of providing for added security measures (such as around-the-clock duty personnel and security cameras). As a means of addressing these problems in a deliberate manner, housing representatives are increasingly joining the memberships of state and local sex offender management policy teams.

# Washington State Department of Corrections – Housing High-Risk Offenders: A Partnership for Community Safety

In 2002, the Washington State Department of Corrections (DOC), with the support of legislators, the Governor and Attorney General, and other state agency partners, initiated an effort to promote access to housing for high-risk populations, including sex offenders. The partnership is composed of 25 members, including the DOC, the Department of Social and Health Services, the Department of Community, Trade and Economic Development (CTED), the Department of Veterans Affairs (DVA), U.S. Housing and Urban Development, Regional Support Networks, local law enforcement, the courts, victims and family advocates, for profit and nonprofit treatment providers, support service providers, and faith-based organizations.

Among the initiatives in Washington that support appropriate, sustainable housing for sex offenders are the following state- and locally based efforts:

- ◆ **Community Risk Management Specialists:** Since 2000, the DOC has funded Community Risk Management Specialists throughout the state. These individuals identify needed community supports, including housing options, for high-risk sex offenders returning to the community from state prison. DOC staff work closely with selected landlords, who participate in the early stages of reentry planning. Landlords are trained to serve as mentors and members of the offenders' community support network. Released offenders are managed by a local Risk Management Transition Team. Led by a Community Risk Management Specialist, these teams work with landlords and service providers on the supervision and management of individual cases. The Community Risk Management Specialist is also responsible for educating the community about the need for housing resources for sex offenders.
- ◆ **Reentry Housing Pilot Project:** In 2007, the Washington State legislature passed ESSB 6157. The bill's intent is to support evidence-based programming for offenders (including sex offenders) to facilitate their successful reentry into the community. Under ESSB 6157, the CTED is authorized to develop supportive reentry housing pilot programs for offenders who do not have a viable release plan. Key components of the legislation direct that pilot program staff work closely with DOC staff in the management of these cases, and that community-based shared housing arrangements or other non-institutional living arrangements be established.
- ◆ **County Sex Offender Management Teams:** Some of Washington's counties have established local sex offender management teams for the purposes of assuring the successful reintegration of reentering sex offenders. The Sex Offender Management Team in King County is one such example. The team addresses a variety of need areas, including identifying housing options for sex offenders.

Public opinion shapes legislation, funding, and the political landscape of sex offender management. Without information to the contrary, the public may believe that sex offenders cannot be successfully managed in the community, and therefore only longer sentences and harsher punishment will mitigate what many believe to be high rates of reoffense (Levenson et al., 2007; Mears et al., 2008). These perceptions pose a significant challenge to those working to advance effective sex offender management strategies.

Most policymakers, and certainly all those in the justice system, understand that eventually most sex offenders will be released from confinement and that it is therefore in the best interest of public safety to employ practices that have been demonstrated to reduce recidivism. Those practices, many of which have been discussed throughout this paper, can only be possible with the support, even participation, of the members of the communities to which sex offenders will return.

Gaining the public's acceptance of and participation in sex offender management strategies is not only important for political purposes, but also because community involvement in sex offender management has been demonstrated to further reduce the likelihood of reoffense (Wilson, Picheca, & Prinzo, 2005).

## **Raising Public Awareness**

Efforts to educate and engage the community regarding sex offenders and sexual victimization have expanded significantly over the past decade. Increasingly, government agencies are providing information to the public through awareness campaigns, websites, and often through public education meetings that are conducted in the context of sex offender notifications. Primary and secondary prevention efforts continue to grow nationally and internationally. Through these and other methods, citizens are informed about efforts that can reduce harm among known sex offenders and empowered to take action to prevent sexual abuse from occurring in the first place.

## **Engaging the Public in Recidivism-Reducing Strategies**

A particularly innovative model of public engagement has emerged over the past decade. Circles of Support and Accountability (CoSA) began as a response to the release of a high-risk, repeat child sexual abuser from prison in Ontario, Canada. Like many high-risk offenders, this offender had no prosocial ties to the community. In the face of vehement public reaction to his impending release, contact was made with a Mennonite pastor who agreed to organize a group of congregants to provide the offender with both support and accountability. This and a similar intervention several months later led to an effort between the Mennonite Central Committee of Ontario and Correctional Services of Canada to formally pilot the approach. Since then, CoSA initiatives have been documented throughout Canada and the United Kingdom and are being piloted in several jurisdictions in the United States. The widespread replication of this model can be attributed to consistent empirical findings. Studies indicate that offenders who participate in CoSA have a 70% reduction in sexual recidivism and that when a reoffense does occur, the severity is significantly reduced (Wilson, Cortoni, & Vermani, 2007; Wilson et al., 2005). In addition, 90% of CoSA participants reported that in the absence of CoSA, they would have had difficulties adjusting to the community; two-thirds believed they would have returned to crime without help from CoSA; and, finally, surveys of citizens in CoSA communities indicate that nearly 70% of respondents experience increased feelings of safety as a result of offenders' participation in CoSA.



# Circles of Support and Accountability Canada: A Model for Community Engagement in the United States

The goal of Circles of Support and Accountability (CoSA) is to prevent victimization by providing humane support and accountability to sex offenders. CoSA is a restorative justice approach to the management of high-risk sex offenders using professionally facilitated volunteers. Each Circle involves four to seven trained volunteer community members. These volunteers form a "Circle of Support and Accountability" around a sex offender (referred to as the "Core member").

The Core member's participation is voluntary. The Circle meets regularly and is guided by a written and signed agreement. The Core member commits to openly communicating with the Circle. In addition to Circle meetings, the volunteers meet with the Core member on a daily basis and provide assistance with reintegration challenges.

Other key features of the CoSA model include the following:

- ◆ **Sex offense-specific training for CoSA volunteers:** Circles of Support and Accountability volunteers initially receive up to 30 hours of training, which is followed by ongoing instruction. Advanced training focuses on the specific triggers of the individual Core member.
- ◆ **Creating an "intentional" community for the Core member:** CoSA staff and volunteers create "intentional" community functions and activities that enhance the Core member's integration into the community through safe and controlled means.
- ◆ **Case management involvement:** CoSA staff and volunteers work collaboratively with community agencies, treatment providers, community supervision officers, the police, and the courts to coordinate a case management strategy. CoSA volunteers play an important role on the case management team by serving as the Core member's prosocial community support network.

# 14 Engage a Multidisciplinary Team to Establish and Oversee Statewide Policy and Local Implementation

The nature of the offenses perpetrated by sex offenders, the complexities of their behavior, and the range of approaches that are used to promote public safety necessitate a strategic approach to the management of sex offenders. Creating the opportunity for successful outcomes requires more than any single agency can do on its own. Good police work alone will not reduce recidivism, just as sentencing policies independent of appropriate treatment and supervision will be ineffective in reducing reoffending.

Multidisciplinary collaborative teams – both at the state and local levels – are therefore important, given that sex offender management involves such a broad spectrum of individuals, agencies, and activities (CSOM, 2000a). Those with a critical role to play include:

- Law enforcement;
- Prosecution;
- Defense;
- The judiciary;
- Community and institutional corrections;
- Evaluators and treatment providers;
- Victim advocates;
- Legislators;
- Polygraph examiners;
- School officials;
- Human services and child welfare;
- Community- and faith-based organizations;
- Employers;
- Families; and
- Others who contribute to monitoring, supervising, or providing services to these offenders.

*Statewide teams* address policies at the state level, such as setting standards for treatment providers, establishing protocols for the conduct of community notification meetings, promoting community education efforts, establishing local practice standards (for example, supervision policies, access to mental health services, and housing, etc.), educating policymakers, and promoting research-supported legislative initiatives.

*Local teams* address policies and practices that guide how the system manages offenders at the community level — beginning with primary prevention education, to the investigation of a sexual assault, to the supervision and treatment of offenders.

Both state and local policy teams assume responsibility for familiarity with the contemporary literature on sex offender management, applying this research into evidence-based practice, critically examining the jurisdiction's sex offender management practices and considering how these can be improved, establishing policies that are uniformly applied across agencies, instituting quality assurance measures, and providing oversight to ensure the attainment of specific performance outcomes.

# The Policy Team Approach to Sex Offender Management — State of Colorado: Sex Offender Management Board

In 1992, the Colorado General Assembly established a statewide policy team, the Sex Offender Management Board (SOMB), to create informed standards to govern adult sex offender management efforts in the state, with the overarching goals of promoting community safety and protecting victims. The SOMB is comprised of appointed representatives from a wide range of agencies, organizations, and entities such as members of the judiciary, district attorney's offices, public and private defense bar, law enforcement, victim advocacy, specialized treatment providers, polygraph examiners, county commissioners, and representatives from human services, child welfare, education, public safety, adult and youth corrections, and community corrections agencies.

In accordance with its initial charge, in 1996 the SOMB published the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*. The General Assembly expanded the SOMB's role to juvenile offenders, which led to the development of a comparable but distinct set of standards and guidelines for those responsible for managing juveniles. In 2002, the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* was completed. Because the sex offender management field continues to evolve and advance, the SOMB released a revised set of adult offender standards in 2008.

The roles and responsibilities of the SOMB have expanded over time and include, among others:

- ◆ Approving and maintaining current lists of qualified providers who are able to conduct assessments, treatment services, and polygraph examinations;
- ◆ Developing specialized protocols that pertain to risk assessment, lifetime supervision, community notification, safety planning, quality assurance for post-conviction polygraphs, and working with sex offenders who have developmental disabilities;
- ◆ Creating specialized juvenile-focused materials such as conditions and guidelines for community supervision, safety assessments, cross-agency information sharing, and resources for schools;
- ◆ Supporting professionals at the local level by sponsoring multidisciplinary training events, creating and disseminating resource inventories, and offering assistance with implementing the standards and guidelines;
- ◆ Establishing a formal mechanism by which complaints regarding violations of the state's established standards and guidelines are submitted to and reviewed by the SOMB; and
- ◆ Producing commissioned research reports for, and providing other requested information to, the legislature on key sex offender management issues to assist with the development of informed public policy.

The SOMB, which convenes monthly meetings that are open to the public, is administered by the Office of Domestic Violence and Sex Offender Management in the Division of Criminal Justice, under the Colorado Department of Public Safety.

# 15 Implement a Deliberate Professional Development Strategy

In a field where the stakes are high, the dynamics are complex, the interventions are specialized, and the literature is evolving, it is essential that those who play a role in sex offender management are equipped with the necessary knowledge and skills to promote sound policy and carry out effective practices.

## **Different Roles, Similar Professional Development Needs**

Although the many stakeholders involved in sex offender management play different roles and therefore have unique professional development needs, each also has a need for a core base of knowledge. This core knowledge base includes, among other topics:

- Dynamics of sex offending;
- Diversity of sex offenders;
- Needs of victims;
- Similarities and differences between and among adult and juvenile sex offenders;
- Core principles of evidence-based practice;
- Specialized sex offender assessment and treatment;
- Collaboration and case management; and
- Research-supported management and intervention strategies.

## **Different Roles, Different Professional Development Needs**

In addition to this core base of knowledge, professionals have specific professional development needs. These include the following:

- Law enforcement agents and other investigators need specialized knowledge to ensure that the investigative process is conducted in a manner that reflects victim sensitivity, promotes the thorough collection of evidence, and facilitates appropriate case outcomes.
- Prosecutors, defense attorneys, and judges need specialized knowledge to make informed decisions relative to the prosecution (particularly plea negotiating), and sentencing/disposition phases in order to understand the impact of sex offenses on victims and to provide support for the interventions necessary for offender accountability and risk reduction.
- Supervision officers, victim advocates, treatment providers, and other professionals need specialized knowledge to conduct/understand comprehensive assessments, identify risk factors, and develop and monitor case management plans.
- Policymakers need specialized knowledge to advance sound laws and policies that will produce the most beneficial outcomes.

Specific, deliberate methods should be established to ensure the competency of professionals working with sex offenders. Jurisdictions should:

- Provide all stakeholders with a core curriculum on sex offender management, as well as the specialized knowledge and skills necessary to fulfill their specific responsibilities;
- Provide all stakeholders with ongoing knowledge and skill development opportunities to keep pace with emerging research; and
- Establish methods to ensure the quality of the trainers and training curricula, as well as stakeholders' competency in the subject matter relevant to their work.

# Creating a Sustainable Infrastructure for Ongoing Professional Development: The Hawai'i Academy for Training on Sex Offender Management

For more than a decade, the Hawai'i Department of Public Safety has coordinated the Sex Offender Management Team (SOMT), a multidisciplinary committee whose mission is to “develop and implement, through a collaborative effort and legislative support, best practice standards statewide for the evaluation, treatment, disposition, ongoing assessment and supervision of adult sex offenders and youth with sexualized misbehavior.” As a means of advancing this mission, the agencies and entities represented on the SOMT have made significant investments in professional development, largely by hiring national consultants to conduct trainings on issues such as assessment, treatment, and supervision.

While fruitful, these training events did not reach all personnel because of scheduling, space limitations, costs, staff turnover, and the need to provide supervision and services while these events were being conducted. In addition, new developments in the sex offender management field continue to make ongoing education efforts a necessity. These challenges have been faced by agencies throughout the nation, but are exacerbated in Hawai'i because of its relative isolation from the mainland and the associated high costs of bringing training to the islands. As such, the SOMT formalized a partnership with the University of Hawai'i, through the Department of Psychology and the Public Policy Center at the School of Social Sciences, to establish the Hawai'i Academy for Training on Sex Offender Management. This training academy is designed to create a sustainable infrastructure for ensuring that the initial and ongoing professional development needs of core practitioners will be met in a consistent and cost-effective manner. The objectives of the training academy are to:

- ◆ Identify the core professional development needs (e.g., initial and ongoing, theory and skills-based) for the respective agency personnel and contracted providers;
- ◆ Establish discipline- and agency-specific professional development requirements;
- ◆ Codify a series of contemporary curriculum modules – informed by evidence-based and other promising sex offender management strategies – to address the various professional development requirements;
- ◆ Create and maintain a pool of skilled trainers through a “train the trainers” approach; and
- ◆ Design and implement quality assurance monitoring of both the curricula and the trainers to ensure that the mission of the academy is met on an ongoing basis.

The Hawai'i Academy for Training on Sex Offender Management is ultimately intended to become a statewide certification program for field professionals.

In a 1997 study examining secondary trauma among professionals in the sex offender management field, a majority of respondents identified themselves as experiencing symptoms associated with distress, including flashbacks, nightmares, and intrusive images (Rich, 1997). They were also more likely to report experiences of anxiety, depression, and isolation.

Secondary trauma is the psychological, emotional, and physical effects of exposure to the traumatic experiences of others. As staff become more immersed in sex offender management, the likelihood of experiencing trauma increases (Cumming & McGrath, 2005; Pullen & Pullen, 1996; Thorpe, Righthand, & Kubik, 2001). Staff who are exposed to descriptions of sexual abuse, offenders' attitudes and statements that support sexually abusive behavior, and the impact sex offenses have on victims may experience anxiety, depression, helplessness, and other stress reactions (Dane, 2000; Figley, 1995; Thorpe et al., 2001). The burden of responsibility for community safety, high caseloads, chaotic work environments, and a lack of training and emotional support are compounding factors.

### **Mitigating the Effects of Secondary Trauma and Creating Trauma-Resilient Workplaces**

Active steps must be taken to protect the well-being of those working with sex offenders. Community supervision officers; detention, jail, and prison staff; victim advocates; and treatment providers are among the obvious professionals who may experience secondary trauma. But law enforcement officers, prosecutors and defenders, judges, release decision makers, and others report experiencing secondary trauma as well. Furthermore, the effects of secondary trauma can extend beyond the individual to the organization. The following are strategies for supporting staff and building trauma resilient workplaces:

- Provide sex offender management training that includes a component on secondary trauma to equip those responsible for this work with the specialized knowledge and skills necessary to undertake it successfully.
- Establish clear boundaries and support employees in their efforts to sustain a balance between their personal and professional lives by maintaining reasonable workloads and caseloads, supporting a 40-hour workweek, and encouraging employees to take time off.
- Create a safe forum for processing experiences and reactions to enable staff to discuss the emotional and psychological challenges they experience.
- Make clear that an offender's failure does not reflect an employee's failure.
- Promote collaboration, particularly collaborative case management, to increase staffs' level of knowledge, confidence, and support during and following the decision-making process.
- Support flexible office policies as appropriate, such as non-traditional work schedules and assigning staff to work with sex offenders on a voluntary rather than a mandatory basis.
- Empower staff to contribute to policy development and decision making to ensure their expertise is maximized as well as to foster feelings of empowerment and control over their work environments.
- Promote employee wellness within the workplace and across workplaces by establishing stress reduction programs and opportunities, either through external providers and/or by creating peer support networks.

## Supporting Staff and Mitigating Secondary Trauma: The Oregon Sex Offender Supervision Network

In 1990, three community supervision officers attending a conference in Oregon organized a meeting of fellow officers who had responsibility for supervising sex offenders across the state. The conversation focused primarily on mitigating the effects of secondary trauma and the stressors of working with sex offenders. Exposure to descriptions of acts of violence; denial, minimization, and the deviant thoughts and cognitive distortions of offenders; a sense of professional isolation from colleagues who did not work with sex offenders; and the negative media attention that is sometimes associated with these cases underpin the stress related to this work. Participants immediately recognized the value of increased communication, information sharing, and networking among colleagues. Shortly thereafter, this group founded the Oregon Sex Offender Supervision Network. The Network was established based on a belief that empowerment and networking can provide essential support to those who work with sex offenders and on an assumption that participatory management can result in more effective strategies to manage sex offenders.

Over the years, the Network has grown in size and now includes direct service staff from a variety of disciplines, including the Oregon State Police, prison counselors, sex offender treatment providers, and members of the Board of Parole and Post-Prison Supervision. The Oregon Association of Community Corrections Directors (OACCD) provides support to the Network and a liaison from OACCD attends all Network meetings. The Network is formally endorsed by both the OACCD and the Oregon Department of Corrections to:

- ◆ Work together to provide support and share resources and professional expertise;
- ◆ Develop standards for the evaluation, treatment, and supervision of sex offenders;
- ◆ Provide training to enhance skill development; and
- ◆ Provide recommendations to the Department of Corrections, local community leaders, and the state legislature on policy issues related to the management of sex offenders.

In addition to these policy and advisory roles, the Network provides support to staff working directly with sex offenders, with specific efforts to mitigate the effects of secondary trauma, including the following:

- ◆ The Network's bimonthly meetings provide an open, nurturing environment for talking with peers about specific cases or the general challenges associated with working with sex offenders;
- ◆ Networking and case-specific problem solving occurs within the context of these meetings and between meetings through e-mail exchanges; and
- ◆ The Network has partnered with OACCD to provide a one-week course titled Sex Offender Supervision Specialist Training Certification, which includes a module on secondary trauma, to enhance the knowledge and skills of staff.

The effectiveness of any policy or practice depends upon the evidence that underlies it and the manner in which it is implemented. This paper describes a variety of policy choices with an empirical basis. But implementing evidence-based practices is insufficient if it is not done with fidelity. To realize the full potential of evidence-based practices, a commitment to quality control and assurance is essential.

Quality assurance should be measured at the system, agency, and individual levels:

### The “system” of sex offender management:

The most fundamental objective of sex offender management is to reduce the rate of reoffense among known sex offenders. While exemplary implementation of all the processes and strategies cumulatively referred to as “sex offender management” – crime investigation, charging and disposition, institutional management, release decision making and processes, community supervision, assessment and treatment, stakeholder involvement, community support, etc. – cannot assure a positive outcome in every case, positive outcomes are most likely to result when all aspects of this system are in alignment (applying evidence-based practices effectively) and when stakeholders work collaboratively and in an integrated fashion. The ongoing analysis and sharing of process and outcome data that provides information about the effectiveness of this system of management strategies offers stakeholders the opportunity to assess and continually advance practices that produce ever-improving results.

### The role of individual agencies:

In service of their public safety objective, it is incumbent upon each agency that plays a role in the system of sex offender management to have a comprehensive understanding of, and to implement with fidelity, evidence-based policies and practices that either have been empirically demonstrated or hold promise for risk management or recidivism reduction. Each agency must do its part in order for the system as a whole to maximize the potential of success.

### The importance of individual staff:

The research regarding the impact professionals can have on behavior change among offenders is compelling (see, e.g., Andrews & Bonta, 2006). For this reason, the importance of each individual involved in the management of a sex offender – whether a prosecutor, judge, treatment provider, or another professional – cannot be overlooked.

## Creating a “Culture of Quality” in Your Agency

Each agency that plays a role in sex offender management should take steps to assure the quality of services delivered and the competency of those delivering them. Organizations with a “culture of quality” (Howe & Joplin, 2005):

- Define measurable outcomes and performance indicators;
- Establish processes to routinely and systematically collect and analyze data;
- Objectively assess programs, services, and the knowledge, skills, and competencies of staff;
- Provide feedback to the agency as well as to staff;
- Create ongoing opportunities for staff training and coaching; and
- Use data and information to improve individual and agency outcomes, with the goal of improving system outcomes.



# Structuring a Deliberate Agencywide Quality Assurance Effort: The Idaho Department of Corrections

In an effort to ensure consistency and quality of the services and competencies of staff who specialize in sex offender supervision, the Idaho Department of Corrections has established a Program Coordinator position that is dedicated to internal quality assurance. The Program Coordinator monitors 183 supervision officers who are assigned to offices in the agency's 7 districts. Specific areas of responsibility include the following:

- ◆ **Emerging research:** Keeping abreast of new developments in the field, such as the release of new or revised empirically based assessment instruments;
- ◆ **Agency policy review:** Determining whether departmental policy aligns with current research;
- ◆ **Agency performance data:** Collecting and analyzing districtwide and agencywide data to determine performance trends;
- ◆ **Reliability of assessment scores:** Conducting an independent review of general offender and sex offense-specific assessment instruments to determine the accuracy of scoring;
- ◆ **Validity of assessment scores:** Evaluating whether the assessment instruments are appropriate for the population of interest (e.g., age, gender);
- ◆ **Appropriateness of case plans:** Reviewing case files to determine whether the outlined interventions and strategies address the criminogenic needs and dynamic risk factors identified through assessments;
- ◆ **Monitoring the timeliness of case data:** Interviewing officers and reading case files to assess the frequency and circumstances under which assessments are rescored and case management plans are updated;
- ◆ **Monitoring service delivery levels:** Conducting a variety of monitoring activities at the officer and district level, such as tracking individual officer caseload sizes and identifying district-level resource deficits, and adjusting resources to provide and maintain service delivery at the desired levels; and
- ◆ **Policy revision:** Revising agency policy and practice based on these findings.

In addition, the following steps are taken by the Program Coordinator, in conjunction with mid-level supervisors, to assess and advance the competencies of individual staff members:

- ◆ Community supervision officers are provided a standardized set of individual performance measures upon hiring, and training is provided on the basis of these measures to ensure clarity around the department's expectations;
- ◆ These standards are included as measures for employees' annual reviews;
- ◆ At least two case files per officer are reviewed per quarter (monthly for newer officers) until performance measures are consistently high; thereafter, file audits continue but are conducted less frequently; and
- ◆ Officers' skills (motivational interviewing, interpretation of assessment information to develop case management plans) are assessed through direct observation on a biannual basis (less frequently for skilled officers).

Early approaches to managing juvenile sex offenders were based on assumptions that have since been demonstrated to be inaccurate, such as the beliefs that these youth are likely to continue offending into adulthood, require intensive and long-term interventions, are “specialists” as sex offenders and distinct from other justice-involved youth, and generally mirror adult sex offenders (Chaffin, 2008; Letourneau & Miner, 2005). Contemporary strategies take into account the research about this population of youth and the types of interventions that are most likely to be appropriately responsive.

### **Use research-supported assessment tools designed for youth:**

Because juveniles and adults differ in important ways, including the respective risk factors associated with recidivism, risk-need assessments should be validated for use with juveniles (see, e.g., Prescott, 2006; Worling & Langstrom, 2006). Primary examples of juvenile sex offense-specific tools include the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen, 2001) and the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Righthand et al., 2005). Additional research-supported instruments designed to assess risk and needs among “general” justice-involved youth include the Structured Assessment of Violence Risk for Youth (Borum, Bartel, & Forth, 2005) and the Youth Level of Service/Case Management Inventory (Hoge, 2005).

### **Employ developmentally appropriate, research-based models of treatment:**

Current research suggests that both cognitive-behavioral treatment and Multi-Systemic Therapy (MST) approaches are associated with lower rates of sexual and non-sexual recidivism for juveniles who have committed sex offenses (Reitzel & Carbonell, 2006). Cognitive-behavioral approaches are designed to assist youth with changing unhealthy thinking patterns and practicing prosocial skills and competencies. MST targets multiple interactive factors that are associated with problem behaviors among youth, such as individual, family, peer, and school variables, and is designed to improve family functioning, parenting skills, affiliations with prosocial peers, school performance, and community supports (see, e.g., Saldana et al, 2006).

### **Employ balanced supervision strategies that engage caregivers:**

Intensive and punishment-driven approaches to supervision do not reduce recidivism among justice-involved youth (see, e.g., Aos et al., 2001; Lipsey & Wilson, 1998). Supervision of juvenile sex offenders should therefore reflect a collaborative case management approach that complements treatment efforts and includes parents, caregivers, and other sources of community support (Hunter, Gilbertson, Vedros, & Morton, 2004). Specially trained supervision officers should also use research-supported risk-need assessments designed for this population (e.g., J-SOAP-II) to inform the level and focus of community-based strategies.

### **Avoid application of adult-oriented laws:**

Juvenile sex offenders generally present a low risk for sexual recidivism and are more like other justice-involved youth than they are similar to adult sex offenders (see Chaffin, 2008; Letourneau & Miner, 2005). In light of this research, lawmakers are encouraged to exercise extreme caution when considering the inclusion of juveniles under the scope of sex offense-specific laws. Indeed, registration of juveniles has not been found to increase public safety, and it comes with potential unintended consequences, such as social and peer rejection, disruption in the development of a healthy identity, and other barriers to adjustment and stability (Chaffin, 2008; Letourneau & Armstrong, 2008; Letourneau & Miner, 2005).

# Wisconsin Department of Corrections, Division of Juvenile Corrections

The Division of Juvenile Corrections (DJC) of the Wisconsin Department of Corrections has designed and implemented a specialized, integrated approach to managing juvenile sex offenders in correctional facilities, during transition, and in the community. The division's approach reflects current research on juvenile sex offenders and includes the following elements:

- ◆ **Comprehensive and holistic assessment strategies that guide interventions:** At intake into facilities, juvenile sex offenders participate in a thorough assessment process designed to explore a range of potential intervention needs (e.g., psychiatric, family, peer, substance abuse, education) beyond their sex offending behaviors. Youth determined to be higher risk are assigned to more intensive interventions (which utilize a cognitive-behavioral approach to address risk factors that are associated with offending behavior) than those who are lower risk (who may receive less intensive services). The results of the assessments that occur at intake are also used to identify issues and concerns to be addressed prior to each youth's transition to the community.
- ◆ **The use of a common juvenile sex offense-specific assessment tool:** The DJC uses the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II), a research-supported, specialized assessment tool, in offenders' initial and periodic re-assessments. Prior to release, the J-SOAP-II is re-administered as a means of assessing changes, identifying ongoing needs, informing transition and release efforts, and developing community case management plans. In the community, the tool is re-administered every three months.
- ◆ **Continuity of care:** A primary focus of the DJC is a proactive transition planning process to ensure juvenile sex offenders are linked to services in the community that support and build upon the treatment progress made in facilities. At least 90 days prior to release, the designated probation and parole agent organizes a collaborative transition team meeting to identify community treatment and supervision needs of the youth and to begin to develop an individualized, developmentally sensitive plan to address those needs. Providers from the community then "reach into" the facilities, so youth are able to begin to establish positive therapeutic relationships with them.
- ◆ **Specialized supervision based on risk level and identified needs:** Specially trained probation and parole agents manage juvenile sex offenders in the community. Prior to the offender's release, the agent uses the J-SOAP-II results and other data to design individualized supervision plans that are responsive to the offender's risk level and identified needs. General and specialized conditions are applied selectively and supervision strategies are adjusted over time. Parents/caregivers are identified specifically by the DJC as critical partners in the community supervision process. Probation and parole agents engage them proactively, refer them to needed services and supports, and work collaboratively with them to promote the success of juvenile sex offenders.
- ◆ **Investment in specialized training:** Recently, the DJC has prioritized specialized training for staff who work with juvenile sex offenders in facilities and the community. This training has focused on motivational interviewing, the case planning and management process, and the administration of the J-SOAP-II. Recognizing the evolving nature of the contemporary research and literature related to these youth, staff are afforded specialized, continuing education opportunities.

## Engage Legislators to Promote Informed Policies

With the heightened concerns about sex offenders and sexual victimization and the public's demand for legislative responses, sex offense-specific laws have been passed at unprecedented rates. Most prevalent in recent years have been laws that establish specialized civil commitment, mandatory minimum sentences, expanded requirements for registration and community notification, and residency restrictions. Enactment of these and other well-intentioned laws is typically reactive, in response to high-profile cases that fuel citizens' fears about their safety (Sample & Kadleck, 2008).

The resulting policies, which tend to be costly and far-reaching in applicability, are not necessarily developed with a thorough understanding of the facts pertaining to sex offenders, victims, and effective management strategies (Levenson & D'Amora, 2007; Sample & Kadleck, 2008). As a result, many sex offense-specific legislative initiatives are implemented in the absence of evidence supporting their effectiveness in promoting public safety or preventing sexual victimization.

Just as the field of corrections overall has moved toward implementing evidence-based practices, there has been recent movement toward developing evidence-based policies, whereby current research and data is used to inform correctional policies in order to reduce recidivism and increase public safety in cost-effective ways (see Andrews & Bonta, 2006; Aos et al., 2001, 2006). In addition, there has been a growing emphasis regarding the need for evidence-based sex offender management policies (Levenson & D'Amora, 2007; Sample & Kadleck, 2008). Developing informed sex offender management policies requires dedicated efforts to engage lawmakers in educational opportunities that are designed to increase their understanding of the following:

- The incidence and prevalence of sexual victimization;
- The nature of the victim-offender relationship, whereby most victims are related to or otherwise known to the offenders;
- The diversity of adult and juvenile sex offenders, including the varied levels of risk they pose to the community;
- The ability of practitioners to differentiate between lower- and higher-risk sex offenders based on empirically based assessment tools and to apply these tools at key decision points;
- Key elements of contemporary sex offender management and the goals underlying these components; and
- Research on the impact and effectiveness of various sex offender management laws and strategies, including the potential for paradoxical, risk-increasing effects.

Criminal justice and correctional policymakers throughout the country are increasingly taking steps to frame laws and other policies upon the evidence-based correctional literature, including current research about sex offenders and effective management strategies. This is occurring by convening legislative briefings, training events, and other educational forums for state lawmakers and other public executives; creating multidisciplinary task force groups, special committees, and advisory boards to provide policy analyses and recommendations; and commissioning research reports focused on specific areas of sex offender management policy. Equipping lawmakers – and the public they represent – with accurate and contemporary information about these issues allows for a more deliberate and informed response to sex offender management policy, more effective and efficient allocation of resources, and, ultimately, increased public safety.

## Promoting Informed Legislation: Kansas Sex Offender Policy Board

In 2006, the Kansas Governor and the Legislature established the Kansas Sex Offender Policy Board to provide guidance and recommendations to state officials regarding a range of sex offender management policies. Per statute, the Sex Offender Policy Board, under the authority of the Kansas Criminal Justice Coordinating Council (KCJCC), included the following members:

- ◆ Secretary of Department of Corrections;
- ◆ Commissioner of Juvenile Justice Authority;
- ◆ Secretary of Social and Rehabilitation Services;
- ◆ Director of the Kansas Bureau of Investigation;
- ◆ Chief Justice of the Supreme Court or designee; and
- ◆ Two persons (i.e., mental health provider, victim advocate) appointed by the KCJCC.

The Board analyzed policies that focused on community notification, residency restrictions, electronic monitoring, juvenile sex offender management, treatment and supervision standards for sex offenders, suitability of lifetime supervision, and public education. The following were among the key policy recommendations:

- ◆ Establish a multidisciplinary sex offender management board to address comprehensive, specialized, and victim-sensitive sex offender management standards and guidelines;
- ◆ Adopt developmentally appropriate assessment, treatment, and supervision approaches for juveniles who have committed sex offenses, including an emphasis on family interventions;
- ◆ Promote collaboration between law enforcement, community corrections and supervision, court services, prosecutors, and others to verify and update sex offender registry data;
- ◆ Educate the public about the uses and limitations of the sex offender registry, and ensure that the terminology and offenses on the registry are clearly defined and understandable;
- ◆ Establish a formal review process that may allow for waiver of registration for certain offenders under special circumstances;
- ◆ Reserve electronic monitoring for sex offenders assessed as a high risk for recidivism, and use this technology in conjunction with other management strategies (e.g., treatment, supervision);
- ◆ Forgo lifetime supervision legislation, given the current lack of evidence to support such a strategy;
- ◆ Make permanent the moratorium on residency restrictions, in light of the absence of evidence supporting the effectiveness of residency restrictions and the false sense of security that these laws may instill; and
- ◆ Allocate resources to develop public education and prevention programs regarding sex offenders, effective management strategies, and the prevention of sexual victimization.

These and other recommendations have resulted in well-informed and measured legislation pertaining to the management of sex offenders in Kansas.

An extensive body of scientific literature demonstrating “what works” in reducing adult and juvenile recidivism is available to guide policy investments and operational practices. While further study will undoubtedly expand and refine this knowledge base, sufficient information is available to support decisions that will result in positive outcomes for both offenders and communities. Only when these strategies are fully funded, implemented with fidelity, and operated with quality assurance will their *true* potential be realized.

The following are among the multiple evidence-based practices demonstrated to reduce recidivism within the correctional field:

- Use empirically based instruments to determine level of risk for recidivism (Grove, Zald, Lebow, Snitz, & Nelson, 2000);
- Objectively identify the risk to offend sexually and non-sexually (Andrews & Bonta, 2006; Hanson & Morton-Bourgon, 2007);
- Apply empirically based instruments to their intended population (e.g., juvenile, adult) in the appropriate setting (e.g., institutional, community) (Andrews & Bonta, 2006);
- Prioritize institutionally based treatment for higher-risk offenders (Lowenkamp, Latessa, & Holsinger, 2006);
- Provide a combination of treatment and supervision services (Aos, Miller, & Drake, 2006);
- Use empirically based treatment services (e.g., cognitive-behavioral treatment, family- and community-based programming) (Aos et al., 2001, 2006; Landenberger & Lipsey, 2005);
- Tailor treatment to individuals’ dynamic risk factors (Andrews & Bonta, 2006; Dowden, 1998);
- Measure treatment progress objectively (Andrews & Bonta, 2006);
- Deliver more intensive supervision services to higher-risk offenders (Lowenkamp, Pealer, Smith, & Latessa, 2006; Pealer & Latessa, 2004);
- Employ success-oriented supervision approaches (Taxman, Yancey, & Bilanin, 2006);
- Adjust interventions based upon changes in dynamic risk factors (Andrews & Bonta, 2006; Hanson et al., 2007);
- Engage offenders in the change process (Dowden & Andrews, 2004; Ginsberg, Mann, Rotgers, & Weekes, 2002);
- Support offenders’ success through community stability (e.g., sustainable housing, appropriate employment) (Petersilia, 2003; Taxman et al., 2006);
- Ensure interventions applied are appropriate for subpopulations of offenders served (e.g., juveniles, adults; male, female) (Andrews & Bonta, 2006; Gendreau, 1996);
- Tailor approaches with sensitivity to key offender characteristics (e.g., motivation, culture, functioning level) (e.g., Andrews & Bonta, 2006; Gendreau, 1996);
- Assure the qualifications of professional staff and provide skill-based training (Dowden & Andrews, 2004; Lowenkamp, Latessa, & Smith, 2006);
- Mobilize citizens to provide support and accountability to offenders in the community (Wilson, Cortoni, & Vermani, 2007);
- Maintain fidelity to program models that have been demonstrated effective (Lowenkamp, Latessa, & Smith, 2006); and
- Institute quality assurance measures to determine whether optimal outcomes are achieved (Gendreau & Andrews, 2001; Lowenkamp, Latessa, & Smith, 2006; Pealer & Latessa, 2004).

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## 20 Strategies to Advance Sex Offender Management in Your Jurisdiction

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1. Establish a comprehensive, ongoing assessment process.
2. Monitor changes in dynamic risk.
3. Implement a collaborative case management approach.
4. Adopt a victim-centered approach.
5. Deliver evidence-based sex offender treatment.
6. Enhance treatment capacity.
7. Establish seamless information exchange mechanisms.
8. Promote successful post-release outcomes through informed decisions.
9. Implement a strategic sex offender reentry process.
10. Partner with law enforcement.
11. Deliver quality supervision services.
12. Ensure appropriate, sustainable housing options.
13. Engage the public.
14. Engage a multidisciplinary team to establish and oversee statewide policy and local implementation.
15. Implement a deliberate professional development strategy.
16. Prevent secondary trauma.
17. Maintain quality assurance.
18. Tailor strategies for juveniles.
19. Engage legislators to promote informed policies.
20. Invest in what works.

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