

# SECTION 1: SUPERVISION OF SEX OFFENDERS IN THE COMMUNITY: AN OVERVIEW

2 hours, 15 minutes

Presentation Content	Teaching Notes
<p><b>TOPIC: INTRODUCTION</b> (30 minutes maximum, including time for introductions)</p> <p><b>LEARNING OBJECTIVES</b> At the conclusion of this section, you will be able to—</p> <ul style="list-style-type: none"> <li>▪ Identify the rationale for a specialized approach to the supervision of sex offenders in the community;</li> <li>▪ Articulate the goals and learning objectives of this training curriculum and outline its content;</li> <li>▪ Summarize the state of knowledge regarding sex offenders and their victims; and</li> <li>▪ Identify the core elements of sex offender supervision approaches emerging around the nation.</li> </ul> <p><b>LEARNING ACTIVITY: INTRODUCTIONS OF FACULTY AND PARTICIPANTS</b> Participants and faculty should introduce themselves by providing their name, the nature of their job, their experience in sex offender supervision, and their expectations of the training.</p>	<p>➤ Use slide 1: Learning Objectives</p> <p><b>Note:</b> Allow time for introductions to set a tone for the training that encourages participation and interaction. This is an opportunity for the trainer to get a sense of the group’s levels of knowledge and experience. Introductions in large groups can be made around individual training tables. Introductions of all participants would be appropriate in small groups.</p>



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<p><b>TOPIC: THE NEED FOR A TRAINING CURRICULUM ON THE MANAGEMENT OF SEX OFFENDERS IN THE COMMUNITY</b> (5 minutes)</p> <p> <b>THE PRESENCE OF SEX OFFENDERS IN THE COMMUNITY</b> Despite legislative changes and sentencing practices that increase the likelihood and length of incarceration for those convicted of sex offenses, many offenders are supervised in the community. A recent <b>U.S. Department of Justice</b> study reports that approximately 265,000 sex offenders are under the care, custody, or control of correctional agencies in the United States. Of those, almost 60 percent were under some form of community supervision.<sup>1</sup> In fact, most sex offenders will be released into the community at some point—either directly following sentencing, or after a term of incarceration in jail or prison. These offenders present myriad challenges to probation/parole agencies that are primarily responsible for supervising them on a daily basis.</p> <p> <b>CONSEQUENCES OF RE-OFFENSE TO THE VICTIM AND THE COMMUNITY</b> Because of the often volatile community response to sex offenses and the irrefutable harm that a re-offense would cause potential victims, the many issues surrounding the community supervision of sex offenders and how best to ensure public safety are of critical importance to both criminal justice agencies and the public.</p> <p> <b>GOALS OF THIS CURRICULUM</b> Responding to its legislative mandate and the request of numerous agencies in the field, the <b>Office of Justice Programs, U.S. Department of Justice</b> sponsored CSOM’s development of this curriculum. The curriculum has been developed to achieve several goals:</p>	<p> <b>Refer to handout:</b> Cite or draw participants' attention to the BJS Report <i>Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault, 1997</i>. The complete text can be found among the Section 1 participant materials included with this version of the curriculum.</p> <p>➤ Use slide 2: Goals of this</p>

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<ul style="list-style-type: none"> <li>▪ It articulates the variety of challenges involved in supervising sex offenders in the community, particularly the ways in which they differ from other populations under supervision.</li> <li>▪ It synthesizes the experiences of and lessons learned by many agencies that have developed innovative approaches to sex offender supervision.</li> <li>▪ It provides guidance for probation/parole officers, supervisors and policymakers, treatment providers, polygraph examiners, and others who work with supervision agencies to assure the safe and effective supervision of sex offenders in the community.</li> </ul> <p>There is little empirical evidence to establish the efficacy of the emerging set of supervision practices explained and described herein. However, the experiences of numerous agencies and the practical lessons emerging lend credence to such approaches. Significant evaluation research is currently underway to document more thoroughly the implementation and impact of the supervision practices which we will be covering.<sup>2</sup></p> <p> TRAINING SEGMENTS</p> <p>The training is organized into three major sections (two in addition to this overview section):</p> <ul style="list-style-type: none"> <li>▪ <i>Section 1: Supervision of Sex Offenders in the Community: An Overview.</i> This section provides insight into the need for a specialized approach to the supervision of sex offenders in the community, details the goals of the curriculum, and previews its content. It also introduces participants to the conceptual basis and some of the emerging thinking that supports a specialized approach to supervising sex offenders in the community. It focuses, for instance, on the importance of having a clearly articulated, shared</li> </ul>	<p>Curriculum</p> <p><b>Note:</b> Trainers may want to take this opportunity to quickly walk through the participant materials with the audience.</p> <p>➤ Use slide 3: Training Segments</p>

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<p>philosophy of supervision to guide all practitioners and stakeholders in their work. It also articulates some of the most prominent themes emerging from practice, including the importance of a victim-centered approach to supervision and the need for collaboration across traditional boundaries of agency and discipline.</p> <ul style="list-style-type: none"> <li>▪ <i>Section 2: Innovative Approaches to Supervision of Sex Offenders in the Community.</i> This section covers some of the current strategic thinking regarding how best to use existing resources to ensure the successful supervision of offenders in the community. How can the components of supervision be arrayed into an effective strategy? This section addresses, for example, what it means to conduct victim-centered supervision; the necessity and benefits of collaboration beyond agency boundaries; the use of a containment approach to supervision, including the use of the polygraph; supervision networks; and the use of a sanction/reward approach to supervision.</li> <li>▪ <i>Section 3: Components of Supervision: Specialized Approaches to Managing Sex Offenders.</i> This section outlines and describes the specific components—tools, activities, and methods—of sex offender supervision. They include caseload specialization, the information necessary to make informed decisions regarding supervision, the presentence investigation, assessment, the case plan, classification, the case file, conditions of supervision, surveillance, victim impact/safety considerations, and monitoring compliance. The section focuses in particular on how and why the components of supervision necessary to supervise sex offenders safely and effectively in the community differ from those often applied to other types of criminal offenders. This section also provides a brief overview of sex offender</li> </ul>	<p><b>Note:</b> The use of the polygraph will be addressed only briefly in this curriculum. CSOM is developing a curriculum that focuses on the use of polygraphy in the supervision of sex offenders.</p>

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<p>specific treatment—its effectiveness and how it differs from other types of mental health treatment.</p>	<p><b>Note:</b> It's very important to</p>



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<p><b>TOPIC: VICTIMS OF SEXUAL ASSAULT</b> (30 minutes)</p> <p><b>INTRODUCTION</b></p> <p>Before we proceed to a discussion of supervision, it is important to begin with a focus on the victims of sex offenses. Sexual assault is a destructive crime. It is often shrouded in shame, secrecy, and denial. People who have been sexually assaulted, whether as children or as adults, often struggle for years and decades to achieve a sense of safety and well-being following the assault. As professionals working with people who perpetrate sexual assault, we have the power to promote victim healing in our interactions with victims, as well as the power to help prevent re-offense, in part by hearing what victims have to say about offenders.</p> <p>A primary concern facing professionals working with sex offenders under supervision or in treatment is preventing sexual re-offense by the offender. Jurisdictions across the country that apply a multidisciplinary model of sex offender management are learning that <i>no single entity can prevent sexual assault alone</i>. Only through the use of collaborative approaches can those responsible for sex offender management contain these offenders and minimize the risk of future sexual victimization. Victims and victim advocates are an essential part of this equation. When probation and parole officers and offender treatment providers engage victims and victim advocates in their work, the goal of victim and community safety is served.</p> <p>Sex offender management asks us to reconsider the role of victims. The question is not only “what are we obligated to do for crime victims?” but “what can working with victims of sexual assault teach us?”</p>	<p>include the voices of victims in this part of the training, either as part of the training team or through a reading or video clip. It is difficult for anyone who has not experienced sexual assault or worked closely with sexual assault victims to understand the depth and the impact of the trauma, and personal stories are one of the best ways to make this issue real for participants. “A Rape Victim’s Plea for a Maximum Sentence,” a victim’s statement, is included among the participant materials for Section 1 of this medium version of the curriculum.</p> <p><b>Discussion:</b> It may be</p>



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<p><b>? Discussion Question:</b> Is working with victims and/or victim advocates part of your current strategy? What is your agency’s policy on working with them?</p> <p><b>WHO ARE THE VICTIMS OF SEX OFFENSES?</b>  The picture of the victims may be surprising to many of us. Sexual victimization is perhaps more prevalent in our society than we realize. Many victims are assaulted in their own homes by people they know. Children—both boys and girls—are just as much at risk of sexual assault as adults are. In addition, many victims remain reluctant to come forward and report the abuse to the criminal justice system. The experience of victimization is a life-altering event. Victims must learn to live with fear.</p> <p>For many years, our knowledge about the incidence of sexual assault and its victims was ill-founded in fact and research, but that picture is changing. The information under review today comes primarily from three studies: <i>Rape in America; Prevalence, Incidence, and Consequences of Violence Against Women;</i> and the <i>National Survey of Adolescents</i>. These studies are based on victim surveys and clearly indicate that, contrary to what we might believe, sexual assault is a widespread phenomenon that reaches into every socioeconomic group and into all age groups—particularly the young. Every single hour, 78 rapes of adult women take place.<sup>3</sup> One in four young girls and one in six young boys will be assaulted by age 18.<sup>4</sup> The NVAW Survey indicates that 1 in 6 U.S. women and 1 in 33 U.S. men have experienced an attempted or completed rape as a child and/or as an adult<sup>5</sup> (rape is defined as “an event that occurred without the victim’s consent and involved the use of</p>	<p>appropriate to pause at this point and ask participants to comment on the degree to which their agencies currently involve victims. For some agencies, this will be a clear departure from past and current practice, while other agencies will have significant experience in this area. Please consider time constraints and use this discussion question only if you can do so within the 30 minutes allotted for this subsection.</p> <p><b>Note:</b> For additional information on this topic, see CSOM's forthcoming curriculum module, <i>The Role of Victims and Victim Advocates in Managing Sex Offenders</i>.</p> <p><b>Note:</b> The statistics cited here come mainly from three credible, federally funded studies.</p> <ul style="list-style-type: none"> <li>➤ Use slide 4: Who Are Victims?</li> <li>➤ Use slide 5: Findings</li> <li>➤ Use slide 6: Findings</li> </ul> <p> <b>Refer to handout:</b> Cite or draw participants’ attention to the following document</p>

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<p>force or threat of force, and involved sexual penetration of the victim’s vagina, mouth, or rectum”).<sup>6</sup></p> <p>Although the typical victim of sexual assault is often thought to be an adult woman, these studies also reveal that sexual assault is a major threat to children and young people. <i>Rape in America</i> found that 62 percent of victims of sexual assault were under age 18 at the time of their first victimization. The NVAW Survey found that 22 percent of victims were under age 12 and 32 percent of victims were between ages 12 and 17 at the time of their first assault. The <i>National Survey of Adolescents</i><sup>7</sup> found that 8.1 percent of adolescents reported experiencing at least one sexual assault in their lifetime—that translates to 1.8 million adolescents assaulted in their lifetime (based on 1995 U.S. Census data). Sexual assault is a tragedy of youth in America.</p> <p>Many of us also imagine the “typical” rape or assault to be one perpetrated by a stranger preying upon a person in some unfamiliar, inherently dangerous setting—a lonely park or a dark alley. Contrary to the myth of the “dangerous stranger” as the typical assailant, these surveys document that 78 percent of adult women who were assaulted knew their perpetrators. Among children under the age of 12 who were assaulted, 90 percent knew their offender.<sup>8</sup> The <i>National Survey of Adolescents</i> found that nearly 3 of 4 victims were assaulted by someone they knew well. Almost one-third of the perpetrators were friends of the victim. About 1 in 5 were family members. Only 23.2 percent were strangers to the victim.</p> <p>Again, we think of potential victims being most at risk in public or strange places. The surveys reveal the contrary. In the <i>National Survey of Adolescents</i>, over 30 percent of assaults were reported to have taken place in the victim’s own home; 23.8 percent in</p>	<p>included in its entirety in the among the participant materials for Section 1 of this medium version of the curriculum: the NIJ Research in Brief entitled <i>Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey, 1998. Rape in America: A Report to the Nation, 1992</i> is also worth referencing. It’s available from the National Victim Center in Arlington, VA, for \$10.</p> <p>➤ Use slides 7-8: Findings</p> <p>➤ Use slides 9-11: Relationship Between Victim and Offender</p> <p>➤ Use slide 12: Location of Sexual Abuse</p>

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<p>the victim's neighborhood; and 15.4 percent at the victim's school. The experience of being assaulted by a known person in one's own home or another familiar place may actually increase the trauma of assault. Such a violation of trust may make it all the more difficult to feel any degree of safety again—even in seemingly safe surroundings or with trusted friends.<sup>9</sup></p> <p>Despite efforts to make the system more responsive to the needs of victims, according to the FBI, only about 10 percent of sexual assault victims actually report their victimization to authorities. <i>Rape in America</i> indicates that 84 percent of those assaulted never report their offense, and for those who do not report within the first 24 hours after an assault, the chance that they will ever report drops off dramatically.<sup>10</sup> The <i>National Survey of Adolescents</i> also found that 86 percent of those assaulted did not report the assault to authorities. Only 13 percent were reported to police, 5.8 percent to child protective services agencies, 5 percent to school authorities, and 1.3 percent to other authorities.</p> <p>Other myths—such as the frequency of false allegation—are subject to confusion. There is really no way to track false allegations. The statistic that is often used to discredit sexual assault victims is based on "unfounded allegations." Reasons for a case to be labeled "unfounded" vary from jurisdiction to jurisdiction and can depend upon such things as resources and training for law enforcement personnel who respond to sexual assault cases. Cases can be declared "unfounded" for such things as late reporting, the recall of additional facts, specific allegations that are determined to be false, insufficient evidence, or the fact that the victim reported the crime to someone other than law enforcement.<sup>11</sup> None of these reasons is equivalent to finding that the assault did not happen and that the allegation is truly false, yet they are frequently</p>	<p>➤ Use slide 13: Reporting of Sexual Abuse</p>

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<p>discussed as if they were the same thing.</p> <p>As many as 70 percent of the victims of sexual assault do not experience visible injury. This does not mean, however, that the trauma associated with the assault is insignificant. Victims who have no obvious physical injuries may experience extensive trauma related to the guilt associated with not having the physical injuries to prove that they resisted and are not “at fault” for the assault perpetrated on them. Indeed, some of the most devastating effects on victims include guilt, shame, embarrassment, powerlessness, fear, anger, and a sense of betrayal.<sup>12</sup> A typical reaction of someone who has been sexually assaulted is denial that the abuse occurred and a great desire to forget about the incident.<sup>13</sup></p> <p><i>Why do these myths/misconceptions matter?</i> Some of you may be asking yourselves, “So what”? Who cares if people have the wrong idea about sexual assault? Unfortunately, this is not just an issue of people having inaccurate information. Rather, the things we believe about sexual assault affect how we as professionals respond to victims and offenders.</p> <p>One consequence of holding misconceptions about sexual assault is the tendency to question the credibility of victims who do not fit the stereotype of how victims should behave or who they are. For example, common myths about sexual assault can influence police practice, in that cases may be investigated as if the offender is unidentified, when in most cases the offender is known to the victim. Additionally, offenders who do not fit the stereotype of an offender, such as looking like a “dirty old man” or acting mentally “unstable,” may be treated with less concern, increasing the risk that they may re-offend.</p>	



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<p><b>CONSEQUENCES OF SEXUAL ASSAULT</b></p> <p>The experience of being involved with the criminal justice system—having to discuss one’s experience, appear in public, and testify in court—may result in a victim reexperiencing some of the stages of trauma that Burgess and Holmstrom outline.<sup>14</sup></p> <p><i>Rape in America</i> indicates that women and girls who have been victims of sexual assault are much more likely to experience serious consequences later (e.g., prostitution, psychiatric problems, homelessness, HIV, eating disorders, suicide, substance abuse, self-esteem problems, and teen pregnancy) than women who have not experienced sexual victimization.<sup>15</sup> Secondary victimization—impact on the family, friends, and partners of victims—may also occur. Nonoffending parents and siblings of incest victims are often resistant and confused and need specialized supportive services.</p> <p>The <i>National Survey of Adolescents</i> found that adolescents who are the victims of sexual assault experience long-term risk of experiencing post-traumatic stress disorder (PTSD) and other consequences, such as substance abuse and a greater likelihood of becoming involved in delinquent activities. That study documented the initial and long-term effects of child sexual abuse on its victims. Initial effects include fear, anxiety, low self-esteem, depression, anger and hostility, sexual behavior problems, aggressive/delinquent behavior, substance use/abuse/dependency, impaired social functioning, distorted cognitive schemata, and impaired affective processing.</p> <p>Long-term mental health effects include sexual disorders, PTSD, depression, suicide attempts, anxiety disorders, substance use/abuse/dependency, sleep disorders, personality disorders, dissociative disorders, low self-esteem, impaired social relationships, and increased</p>	<p><b>Note:</b> Burgess and Holmstrom coined the term “rape trauma syndrome” to refer to the long- and short-term physical and psychological responses common to female victims of forcible rape. Trainers are encouraged to reference the article from the <i>American Journal of Psychiatry</i>.</p> <p>➤ Use slide 14: Consequences of Sexual Assault for Victims</p> <p>➤ Use slide 15: Sexual Assault and Post Traumatic Stress Disorder</p> <p>➤ Use slide 16: Initial Mental Health Effects of Child Sexual Abuse</p> <p>➤ Use slide 17: Long-Term Mental Health Effects of Child Sexual Abuse</p>



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<p>vulnerability to other victimizations and traumatic experiences.</p> <p>WHY IS THIS INFORMATION ABOUT VICTIMS RELEVANT TO YOUR WORK?</p> <p>Understanding and anticipating possible victim responses may make it easier both for you and for any victims with whom you will work. It may help to ensure that victims' needs and rights are respected and supported as you do your work. In addition, it will assist you in doing whatever you can to assure that victims are safe from revictimization. You may also be able to use these insights to design responses to the offenders on your caseload that are more beneficial to victims and others in the community.</p> <p>The following are descriptions of the range of responses victims might experience as a result of the assault:</p> <ul style="list-style-type: none"><li>▪ <b>Fear:</b> Victims may still experience a tremendous amount of fear, regardless of how much time has passed since the last assault. Fears can be varied and numerous and be about physical safety and reassault, exposure to loved ones or the public, or retribution by the offender or his allies. Victims may be as fearful of the criminal justice system and process as they are of these other things. Both child and adult victims may have been threatened with violence or other consequences for disclosure. They may believe that cooperating with you will make the experience worse for them.</li><li>▪ <b>Anger:</b> Many victims are angry at the offender, the legal system, their families and friends, and/or themselves. Their lives have been transformed by the assault and its disclosure. They may act angrily toward you, even though your role is to help them. Don't take this personally, and don't hold it against the victim.</li></ul>	<p>➤ Use slide 18: Range of Victim Responses</p>

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<ul style="list-style-type: none"> <li data-bbox="191 310 938 821">▪ <b>Guilt:</b> Many victims believe the myths about their own responsibility for the assault or assaults. In cases of intrafamilial assault, victims may see themselves as responsible for whatever may happen to the family in the aftermath—the economic impact of the offender losing his job, divorce, or fighting within the family. Some family members may blame victims as well and accuse them of fabricating the abuse. For children, this can be very confusing. Many victims need reassurance that the problem was caused by the offender’s behavior, not by their reaction to it.</li>   <li data-bbox="191 863 938 1094">▪ <b>Shame:</b> Victims often feel embarrassed, exposed, and ashamed. They may feel as if they have been made dirty by what was done to them and that they are now unacceptable to others in some way. They may find it very difficult to talk explicitly about what the offender did to them.</li>   <li data-bbox="191 1136 938 1535">▪ <b>Ambivalence:</b> One of the hardest things for many people to understand—especially when abuse happens within a family or intimate relationship—is that many victims still feel love for the offender. They don’t want their relationship with the offender to end completely; they just want the abuse to stop. They may not want to see the offender hurt or punished, just prevented from re-offending. It’s important to recognize and acknowledge these feelings.</li>   <li data-bbox="191 1577 938 1881">▪ <b>Boundary issues:</b> Children rely on adults to teach them about appropriate relationships. When a child has been sexually abused by an adult, especially a parent or caretaker, the child can have a difficult time determining the appropriate boundaries in relationships and setting or recognizing limits. This is also true of adults who were sexually abused as children.</li> </ul>	

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<p>The aftermath of sexual assault or its disclosure can cause a lot of disruption in a victim’s life. Adults may find it hard to work or to be with people they formerly trusted; in general, their lives may feel chaotic to them. Don’t be surprised if they are not always consistent in their attitude toward you and toward the offender. The next section discusses ways to work with this information.</p> <p>Research can be helpful to us in understanding what the needs of victims are as we work with them either directly or indirectly. The major needs of victims are for information, for being believed, and for not being blamed. The practical application of those ideas suggests that, in order to meet these needs, the system should provide: safety and security, ventilation and validation, prediction and preparation, and information/education.</p> <p>One of the lessons that we are also learning is that victims’ concerns can better be addressed through collaborative approaches to supervision that involve victim advisory councils and focus groups, training and cross-training among different agencies and professions, consistent information and referral, program evaluation and performance measures that</p>	<p>➤ Use slide 19: Victims’ Major Needs: Research Findings</p> <p>➤ Use slide 20: Victims’ Major Needs: Practical Applications</p> <p> <b>Refer to handouts:</b> Included in the participant materials for Section 1 of the medium version of this curriculum are two items that will be of practical assistance in working with victims: a Victim Impact Resource Package that provides suggestions and examples of how to develop and utilize a victim impact statement and a nationwide list of toll-free numbers for organizations that provide assistance on victims’ issues.</p> <p>➤ Use slide 21: Collaborative Approaches</p>

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<p>change to reflect victim concerns, and the development of victim/offender programming (this approach must be pursued with extreme caution, always respecting the victim’s right not to participate).</p>	



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<p>would probably tell you that the men in this room look like an average group of sex offenders. Although some sex offenders may display behavior and characteristics that are similar to those exhibited by other types of criminal offenders (e.g., a lack of education; unstable employment and residence; drug and alcohol abuses that interfere with daily life; frequent altercations with families, friends, and strangers; and an overall resistance to authority figures), most of them do not have extensive criminal histories or “traditional” criminal lifestyles.</p> <p>The vast majority of sex offenders are not mentally ill and do not commit their sex crimes because of such an affliction. Perhaps as few as 4 percent of sex offenders have a severe mental illness. A subset of sex offenders display signs of less serious mental problems such as anxiety disorder and narcissism. Sex offenders engage in their abusive and criminal behavior for diverse and complex reasons, and they often create complex facades to conceal their crimes.<sup>16</sup></p> <p> WHAT DO SEX OFFENDERS DO?</p> <p>Sex offenses do not just happen. Extremely few offenders commit their crimes without any forethought or planning. For most offenders, the offense is planned hours, days, weeks, or even months before the actual sex crime is physically perpetrated. The vast majority of sex offenders (with the exception of those who are seriously mentally ill) know that their abusive behavior is against the law and that it conflicts with the behavioral norms and ethics they have been exposed to and taught. Although most sex offenders do not believe sexually abusive behavior is acceptable, they manage during their offense cycle to rationalize their behavior. When they perpetrate their sexual abuse, these offenders are likely to have convinced themselves that they are not really committing a sex offense and that their behavior is “okay” or “acceptable.”</p>	<p>➤ Use slide 24: Offense Cycle</p>

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<p>Several attempts have been made to create typologies of offenders—categories that provide some framework to classify offenders by their behaviors, their victims, their reasons for offending, and their risk of re-offense. Such typologies have been developed in order to assist us in identifying appropriate treatment, supervision, and criminal justice responses to sex offenses. In other words, to help us to determine what interventions work most effectively for whom. Unfortunately, most typologies either are extremely complex or have little empirical basis (that is, there is no research to confirm that the way in which they separate different types of sex offenders is accurate). There are some distinctions, however, that may be helpful.</p> <p>Before we go any further into a discussion of typology, however, there's an important caution we need to make. Recent research has demonstrated a predominance of “crossover” behavior among sex offenders; that is, regardless of whatever primary sexual interest or preference or M.O. (modus operandi) an offender has, most offenders also engage in other types of offenses or against other categories of victims. Any insight we gain from using typologies has to be balanced against this information about crossover.</p> <p><b>TYPOLOGY OF SEX OFFENDERS</b></p> <p>The first typology for adult male sex offenders was developed by Dr. Nicholas Groth in 1979<sup>17</sup>; the second, known as the FBI Typology (and developed by Kenneth Lanning), is based upon Dr. Groth’s work; and the third (the Knight-Prentky Typology) takes Dr. Groth’s work and validates the different types statistically. Let's talk about the Groth Typology. It breaks down adult male sex offenders into two categories—the Child Molester and the Rape Offender.</p>	<p>➤ Use slide 25: Typology of Sex Offenders</p> <p><b>Note:</b> Definitions for the sex offender-specific terms</p>





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<p><i>Child Molester</i> Child molesters often utilize persuasion and/or manipulation to perpetrate the sexual abuse. They typically begin their involvement with children by using grooming behavior.<sup>18</sup> Grooming behavior is intended to make the victim or potential victim or victim's guardians feel comfortable with the molester and even interested in interacting with him.</p> <p><b>? Discussion Question:</b> What would be some examples of grooming behavior?</p> <p>In addition, the molester often convinces himself that the child wants to be involved in a sexual relationship with him and that his involvement with the child will meet his adult emotional needs. The molester is usually not interested in hurting the child and wants the child to enjoy the experience. The molester often projects thoughts and feelings he wants the child to have about him onto the child. He interprets the child's positive responses to the grooming and manipulation as acceptance of his behavior and convinces himself that the abusive behavior is not hurtful or damaging.</p> <p>According to the Groth Typology, there are two different types of child molesters.</p> <p>1. Fixated or Pedophile Pedophilia is a clinical diagnosis that appears in the <i>DSM-IV</i>*. A diagnosis of pedophilia is made when an individual who is over the age of 16 has a primary or overarching sexual attraction to prepubescent children. An individual does not have to act on his primary or overarching sexual attraction to prepubescent children in order to be diagnosed as a pedophile.</p> <p>For our purposes, it may be more helpful to think of this type of child molester as a fixated child molester. In fact, there may be times when someone is</p>	<p>referred to here, such as "grooming," can be found in CSOM's Glossary of Terms Used in the Management and Treatment of Sexual Offenders. This document can be found in its entirety among the participant materials for Section 1 of this version of the curriculum.</p> <p>* <i>American Psychiatric Association Diagnostic and Statistical Manual, Version 4</i></p> <p><b>Note:</b> A number of other criteria have to be met for a diagnosis of pedophilia, but that is beyond the scope of this training.</p>

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<p>considered to be a fixated molester even though he may not fully meet the complex DSM-IV criteria.<sup>19</sup></p> <p>When we describe someone as a fixated child molester, therefore, we are describing men who have a primary or overarching sexual attraction to children. These offenders often see their attractions as permanent and report that they have had them for as long as they can remember. Often, the interests began when the offenders reached puberty. More often than not, the victims of fixated molesters are young males (however, there are fixated molesters who abuse both males and females, and those who abuse only females). If you asked a fixated child molester to close his eyes and describe to you the person with whom he would most like to have sexual relations, the person who most “turns him on,” if you will, he would say something like: “a little boy, six years old, who has blond hair and blue eyes.”</p> <p>Fixated child molesters’ offenses tend to be planned and carefully carried out over a period of time. In other words, these offenders do not act impulsively and without forethought. Fixated child molesters engage in a variety of sexually abusive activities with children. Typically, however, the activities do not include intercourse or penetration. Fondling, masturbation, and other kinds of sexual stimulation are the most typical behaviors exhibited by fixated molesters. They focus on sexually stimulating both their victims and themselves, and they view their behavior as a way to meet their own emotional and social needs. Fixated child molesters usually perpetrate their abuse without using alcohol or other mood-altering substances.</p> <p><b>2. The Regressed or Situational Child Molester</b> According to the Groth Typology, the second type of child molester is known as regressed (or situational). Their primary sexual attraction is to adult females.</p>	

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<p>That is, if you asked them the question about the ideal sexual partner, they would more than likely describe an age-appropriate member of the opposite sex.</p> <p>The regressed or situational offender’s sexual involvement with children often develops as a result of their responses to external stress and situational difficulties that they experience. In other words, these molesters usually turn to children as a way to cope with the stress they are dealing with in their lives—as a way to feel better about their situations and themselves.</p> <p>Sex offender-specific treatment providers and supervision agents are typically able to identify a variety of specific short and long-term stressors in the lives of regressed/situational molesters. Their sexual abuse of children may increase or decrease in frequency depending upon their levels of stress and, unlike fixated child molesters, they may go for months or even years without molesting.</p> <p>In many instances, these individuals replace the conflicted and problematic relationships they are having with adult women by becoming sexually involved with children. They place pseudo-adult status on their victims and then view them as they would their peers.</p> <p>Unlike the victims of fixated molesters, the victims of regressed/situation molesters are usually female. Most, though not all, incest offenders fit the description of regressed/situation molesters. In general, regressed/situational molesters’ victims may be a little older than those of the fixated molester. In addition, while the sexually abusive behavior may begin prior to the time when the victim enters puberty, it may continue after the victim enters puberty. Also, and unlike the fixated molester, the regressed molester typically is involved</p>	

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<p>in consensual, age-appropriate sexual behavior, or has been at some point in his life.</p> <p>Whereas fixated molesters' attention is overwhelmingly focused upon the arousal of the child, regressed/situational molesters' focus primarily upon their own arousal and release. Regressed/situational molesters are also more likely to use alcohol or other illicit drugs as a part of their offense pattern.</p> <p><i>Rapist</i></p> <p>The other major form of sexual assault behavior is rape, in which the victims are usually, <i>though not exclusively</i>, post-pubescent. Rape is associated with very aggressive though not necessarily physically violent behavior on the part of the perpetrator. He attacks, threatens, and uses hostility and/or physical force to intimidate and overpower his victim.</p> <p>While this type of offender may use physical force, he may also use threats and intimidation as a method of forcing his victim into sexual activity. It is important to understand this because, as we discussed earlier in our discussion of victims, rape behavior often does not result in physical injury.</p> <p>When an individual commits rape, he is interested in overpowering and possessing complete control and dominance over his victim. Victims are often viewed by the rapists as weak and easily dominated. Rapists do not care about the emotions of their victims (as some child molesters do), and their primary interests are self-gratification, dominance, and control. Another difference between child molesters and rapists is that some rapists will victimize an individual once, then move on to others, which is much less likely with child molesters. Finally, rapists engage in penetration or specific sexual acts with their victims, as opposed to the high incidence of fondling that is commonly associated with child</p>	<p><b>Note:</b> The language here can be confusing. It is important to note that the use of the term "rape" here is not the same as its use in common speech or criminal justice arenas. Child molesters can rape their child victims (that is, engage in coerced penetration), but their typological category would depend on other characteristics of the assault and their behavior.</p>

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<p>molestation.</p> <p>Groth identified three different kinds of rapists in his typology.</p> <p><b>1. Anger Rapists</b>            Anger rapists, as one would assume, are very angry men. Although they may be angry at women in general, or may react angrily to specific behavior of their victim, they are more often angry about a variety of issues in their lives. They cannot and will not face the difficult issues in their lives directly and in a pro-social manner.</p> <p>Anger rapists tend to use a significant amount of physical force when they subdue their victims—in most cases, far more force than is necessary to perpetrate the abuse. This often leaves victims severely battered and bruised on various areas of their bodies. Anger rapists also tend to be verbally abusive during their assaults—which are short in duration and very explosive in nature.</p> <p>Anger rapists tend not to plan their specific offenses. Rather, they act impulsively to take advantage of situations that have presented themselves. Victim choice depends solely upon whom anger rapists see as vulnerable and available at the moment they decide they want to offend. Between 25% and 40% of known rapes are committed by men who are considered anger rapists.</p> <p><b>2. Power Rapists</b>            The second type of rapist in the Groth typology is the power rapist. Power rapists—like anger rapists—use sexual assault as a way to feel powerful and in control. They do not, however, discharge anger during their offenses and they only use the physical force necessary to perpetrate the offense. If power rapists can gain control through threat and psychological coercion (rather than physical</p>	

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<p>intimidation), they will do so. As a result, the physical injuries usually associated with anger rapists are less common with power rapists.</p> <p>Power rapists tend to make demands and give orders to their victims. They are not, however, as verbally hostile as anger rapists. The offenses themselves may last over a longer period of time than those committed by anger rapists, and may be repetitive in nature. Domestic violence offenders who commit sexual assaults against their partners are often power rapists.</p> <p>Power rapists, like anger rapists, often look for potential victims that seem vulnerable. Unlike anger rapists, however, they consider how much intimidation and force are necessary to gain control. Their preference is to attack potential victims who are both physically vulnerable and relatively easy to intimidate. Power rapists usually plan their offenses and may fantasize about how they are going to “look” and “feel.”</p> <p>Both anger and power rapists may have weapons available when they commit their offenses. Anger rapists are more likely to use them to hurt their victims, while power rapists are more likely to use weapons to threaten their victims and thereby decrease the need to physically overpower them. Between 60% and 70% of known rape offenders fit into the power rapist category.</p> <p><b>3. The Sadistic Rapist</b>  Finally, sadistic rapists are individuals who have an erotic attraction to power, anger, or violence. Sadistic rapists engage in very compulsive, sometimes very ritualized sexual assault behavior. Because they have an erotic response to power and control, extreme violence and torture often characterize their assaults. In many cases, victims of sadistic rapists are murdered during the assaults.</p>	

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<p>Unlike all of the other types of sex offenders in Dr. Groth's typology, sadistic rapists often have very significant psychiatric difficulties that may have a direct relationship to the offense behavior.</p> <p>It is fortunate, given the high degree of violence and significant likelihood of victim death, that there are relatively few known sadistic rapists. Estimates are that approximately 2% to 5% of all rapists are sadistic in nature. It is also fortunate that once apprehended, sadistic rapists are usually removed from the community for many, many years or life.</p> <p>Unlike the other types of offenders that I have mentioned, we do not know how to treat sadistic rapists. Nothing that the treatment community has tried to do with this population has reduced the likelihood that they will offend again. In addition, if they are not apprehended, they are more likely than the child molesters and the other types of rapists to continue their brutal assaults.</p> <p><i>Non-contact offenders</i></p> <p>The Groth Typology that we just discussed does not include offenders who perpetrate non-contact forms of sexual abuse (such as voyeurs and exhibitionists<sup>20</sup>). These types of offenders are important to keep in mind as their recidivism rates are very high and many non-contact offenders have perpetrated or go on to perpetrate more serious, contact types of offenses.<sup>21</sup></p> <p>As we go through the training, I hope you'll see where this information will be useful. For one thing, it reminds us that there is no "one-size-fits-all" response to sex offenders. But it also gives us insight into how to use the information we get from and about individual offenders in determining the best way to supervise them.</p>	

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<p><i>Crossover</i></p> <p>As we mentioned earlier, most offenders have some preference for a particular victim or type of behavior, and this might lead one to believe that they would be less of a danger to those potential victims who do not match his or her preference. Research has demonstrated, however, that while crossover rates vary among different populations of sex offenders, a significant percentage engages in more than one type of abuse. In 1987, Gene Abel and a number of his colleagues examined crossover behavior in sex offenders and found that nearly 50 percent of the subjects in his study had engaged in multiple sex offending behaviors.<sup>22</sup> Another study conducted in 1998 also reports significant crossover with respect to the gender and age of victims.<sup>23</sup> This research has significant implications regarding the need to restrict access to a very wide range of potential victims (all ages, both genders, etc.) when a sex offender is placed on community supervision.</p> <p> <b>? Discussion Question:</b> What are some of the implications of crossover behavior for your work?</p>	<p>➤ Use slide 26: Statistics on Crossover</p> <p><b>Discussion:</b> Answers should include the following, at minimum:</p> <ul style="list-style-type: none"> <li>• Limitations of using typologies.</li> <li>• Need to restrict access to any type of victim.</li> <li>• Need to plan supervision under the assumption that multiple paraphilias are involved unless demonstrated otherwise.</li> <li>• Need to interview with questions designed to elicit information about behaviors in addition to instant offenses.</li> </ul>



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<p><b>TOPIC: AN EMERGING APPROACH TO SEX OFFENDER SUPERVISION</b> (40 minutes, including Learning Activity)</p> <p><b>CHALLENGES AND RESPONSES</b> Probation/parole agencies are faced with a number of significant challenges in their efforts to supervise sex offenders safely. These include—</p> <ul style="list-style-type: none"><li>▪ Victims who are usually sexually assaulted in or near their homes by individuals they know;</li><li>▪ Offenders who are being supervised in the same community where they have committed their offenses and where their victims and potential victims also reside;</li><li>▪ Offense patterns that are characterized by deceit, secrecy, repetitiveness, and extreme trauma to victims;</li><li>▪ Offense patterns that include a variety of offenses, making potential victims harder to identify and protect; and</li><li>▪ A fragmented criminal justice and social service system in which responsibility for investigating, prosecuting, sentencing, supervision, treatment, and monitoring of sex offenders is dispersed across agencies, disciplines, and branches of government.</li></ul> <p>It is not surprising, then, that in many jurisdictions around the nation, an approach to sex offender supervision is emerging that includes the following elements:</p> <ul style="list-style-type: none"><li>▪ <i>An understanding of the importance of a shared and consistent philosophy and strategy for the supervision of sex offenders in the community.</i> Because so many agencies are involved in the identification, assessment, supervision, and treatment of sex</li></ul>	<p>➤ Use slide 27: Challenges to Sex Offender Supervision</p> <p> <b>Refer to handout:</b> The trainer should draw participants' attention to the <i>Case Studies on the Center for Sex Offender Management's</i></p>

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<p>offenders, a common philosophical framework and set of expectations are essential to allow successful collaborative work. In addition, the secrecy, manipulation, and deception that characterize sex offending behavior demand that there be a clear set of expectations for all involved to minimize the ability of offenders to circumvent the goals of community supervision.</p> <ul style="list-style-type: none"> <li>▪ <i>A primary concern for the prevention of future victimization and the safety and recovery of previous victims, to the extent possible.</i> Probation/parole agencies have traditionally been offender centered in their work. As the concepts of community and restorative justice spread, the notion of the victim as a primary concern in supervision is also growing. Because of the devastating impact of sexual assault on victims, prioritizing victim safety as a critical element of community supervision has become an urgent challenge for probation/parole agencies. Concerns for the recovery of the victim and the well-being of the community should guide the development of policy, the implementation of programs, and the actions of criminal justice practitioners and other professionals working with sexual assault victims and supervising perpetrators. These policies and programs must be sensitive to specific needs of victims and must not increase victim trauma.</li> <li>▪ <i>An acknowledgment that sex offenders must be held accountable for their actions.</i> The notion that sex offenders should be involved in treatment in no way suggests that they be allowed to escape responsibility for their own actions. Indeed, the offense-specific treatment that is emerging and becoming accepted across the nation holds the offender accountable, is victim centered, and is limited in its confidentiality. Some jurisdictions have found that integrating postconviction</li> </ul>	<p><i>National Resource Sites</i> for information regarding the ways in which diverse jurisdictions have operationalized these various elements. This document can be found in its entirety among the participant materials for Section 1 of this version of the curriculum.</p> <p>➤ Use slide 28: Emerging Sex Offender Supervision Practices</p>

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<p data-bbox="235 275 935 583">polygraph examinations helps bring sex offender behavior more out into the open, where it is subject to monitoring and intervention. These interventions aim to be preventive in nature and are based on the proposition that an offender who can successfully manage his behavior to avoid offending in the future is less of a risk to potential victims.</p> <ul style="list-style-type: none"> <li data-bbox="188 632 927 978">▪ <i>An understanding that some offenders can be managed safely in the community.</i> The research is promising regarding the ability to influence the likelihood of rearrest for sex offenses, given an adequate program of supervision and treatment. For those who cannot be safely managed in the community or who will not take responsibility for their continued abusing behavior, incarceration is the appropriate response.</li> <li data-bbox="188 1024 927 1486">▪ <i>A collaborative effort that begins with the cooperation of supervision agencies and offense-specific treatment providers.</i> Such an effort involves the recognition that information must be shared freely between supervision and treatment to prevent sex offenders from maintaining secrecy and deception or playing members of the team against each other to their own advantage. This collaboration requires a waiver of the confidentiality that is traditionally afforded patients in other kinds of mental health treatment.</li> <li data-bbox="188 1533 927 1879">▪ <i>Collaborative efforts may extend to include the polygraph examiner and victim advocate in a “containment approach” and may also extend to other agencies and individuals, such as law enforcement, who share responsibility for sex offender management.</i> The polygraph is attaining greater use as a tool to aid in the disclosure of a full sexual history, which is important for treatment and supervision purposes; to monitor compliance with</li> </ul>	<p data-bbox="967 600 1390 705">➤ Use slide 29: Emerging Sex Offender Supervision Practices</p> <p data-bbox="967 1514 1382 1787"><b>Note:</b> For more information about polygraphs and sex offending, see <i>Special Issue: Post-Conviction Sex Offender Testing. Polygraph.</i> American Polygraph Association (29:1), 2000.</p> <p data-bbox="967 1864 1369 1896">➤ Use slide 30: Collaborative</p>

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<p>supervision requirements; and to assist in the “maintenance” of offenders under long-term supervision. Victim advocates are essential to ensuring that victim safety and other victim concerns are adequately addressed in policy and practice. The development of intra-agency, interagency, and interdisciplinary teams (at both policy and case management levels) helps jurisdictions overcome the fragmentation that often results from a complex criminal justice system and assists in the development of more effective supervision strategies for sex offenders. These teams develop and consistently evaluate policies, procedures, and protocols for managing sex offenders. Collaboration is vitally important in the effective supervision of sex offenders in the community because it—</p> <ul style="list-style-type: none"> <li>▪ Improves communication among the agencies involved;</li> <li>▪ Allows for quicker and less intrusive responses to victims;</li> <li>▪ Promotes the exchange of ideas among individuals with different perspectives and expertise;</li> <li>▪ Facilitates the sharing of information about specific cases and resources;</li> <li>▪ Improves system problem-solving ability;</li> <li>▪ Provides ongoing support for team members;</li> <li>▪ Increases the understanding by all team members of what everyone else on the team needs to do their jobs well; and</li> <li>▪ Fosters a unified and comprehensive approach to the management of sex offenders.<sup>24</sup></li> </ul> <p><b>LEARNING ACTIVITY: COLLABORATION</b> (15-20 MINUTES) Ask participants to develop a list of all the agencies that have some role in sex offender supervision in their jurisdiction.</p>	<p>Efforts Mean:</p> <p><b>Note:</b> If time permits, use a round-robin process to get a list of all potential stakeholders or ask them to share in small groups.</p> <p><b>Note:</b> This brief exercise will illustrate the complex web of involvement that multiple agencies share in this matter, and encourage participants to begin thinking about their experiences with collaboration and what they may need to work on in order to implement some of the ideas that have come out of the training.</p>



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<p>Follow-up questions:</p> <ol style="list-style-type: none"> <li>1. What are some examples of how these agencies have worked together successfully (on sex offender or other issues)?</li> <li>2. What are examples of some of the barriers that impeded them from working together effectively?</li> <li>3. How might you have worked together more successfully or what would you do differently now? In other words, what have you learned from your experiences with collaboration?</li> </ol> <p>To review the practices so far, then:</p> <ul style="list-style-type: none"> <li>▪ Shared, consistent philosophy, and strategy</li> <li>▪ Primary concern for victim safety and recovery</li> <li>▪ Prevention of future victimization</li> <li>▪ Sex offenders held accountable for their actions</li> <li>▪ Some offenders can be managed safely and some cannot</li> <li>▪ A collaborative effort</li> </ul> <p>In addition:</p> <ul style="list-style-type: none"> <li>▪ <i>An understanding that traditional methods of assessment and supervision may not be appropriate for sex offenders and that specialized approaches are warranted.</i> Because of the high stakes involved for the victim and because sex offenders present challenges that may not be present with other criminal populations, specialized approaches to community supervision are being developed and implemented in jurisdictions around the country that include: specialized caseloads, relapse prevention as an organizing principle for supervision, the imposition and management of specialized conditions, and the use of a collaborative team approach with team membership extending beyond the criminal justice system.</li> </ul>	<p>➤ Use slide 31: Emerging Sex Offender Supervision Practices</p>

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<p>▪ <i>Informed and consistent public policy wherever and whenever possible.</i> To develop, maintain, and improve approaches to their community supervision of sex offenders, local criminal justice practitioners must be actively involved in creating new and improved public policy at all levels of government. These practitioners should work with policymakers, the judiciary, and state corrections departments to develop informed policies that reflect the most recent research regarding sex offender supervision, and support a public safety philosophy that emphasizes the safety of past and potential victims and the community. In addition to shaping broad jurisdictional policies regarding sex offender management, supervision representatives must also work to ensure that there are clear, written guidelines in their own agencies to guarantee that sex offense cases are managed and processed consistently. Such guidelines may include the following:</p> <ul style="list-style-type: none"> <li>▪ Timelines for victim reporting;</li> <li>▪ The acceptance or rejection of plea agreements in cases of sexual assault;</li> <li>▪ The use of polygraph information;</li> <li>▪ Treatment requirements for sex offenders;</li> <li>▪ Guidelines for treatment providers;</li> <li>▪ Guidelines for polygraph examiners;</li> <li>▪ Special conditions for the supervision of sex offenders;</li> <li>▪ Confidentiality waivers;</li> <li>▪ Requirements and standards for evaluation;<sup>25</sup> and</li> <li>▪ Guidelines agreed to by treatment providers on any family or victim recontact or reunification.</li> </ul> <p>Written policies and procedures also provide a mechanism for jurisdictions to examine critically and</p>	

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<p>monitor the processes through which sex offenders are managed. Many jurisdictions around the country that have written policies and procedures constantly scrutinize them to ask questions such as: Are there ways that the policies and procedures can be improved? Are they clear? What might we be able to learn from the experiences of other jurisdictions who are grappling with the complex issues associated with sex offender supervision? In addition, written policies and procedures assist jurisdictions to institutionalize the approaches that they have found to be most effective and helpful. Promotions, resignations, retirements, and staff transfers are common in most agencies and jurisdictions. Clear policies and procedures help to ensure congruity in practice as the composition of agency and jurisdiction-wide staffs change and evolve.</p> <p>The final element of this emerging approach to sex offender supervision is—</p> <ul style="list-style-type: none"> <li>▪ <i>An understanding that ongoing evaluation and monitoring are vital components in any sex offender supervision and management program. The information obtained through monitoring and evaluation assists in developing and improving the program. Evaluation and monitoring also allow the interagency team to examine, in a collaborative fashion, whether their policies and procedures are meeting the team’s goals.</i></li> </ul>	

<sup>1</sup> Greenfeld, L.A. (1997). *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Washington, D.C., cover page of document.

<sup>2</sup> Alexander, M.A. (1999). "Sexual Offender Treatment Efficacy Revisited." *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 101-116. One of the most important characteristics of emerging supervision practice is the inclusion of offense-specific treatment as a part of the supervision strategy. There is empirical basis to conclude that such treatment has demonstrated an impact upon the likelihood of re-offense for sexual offending.

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- <sup>3</sup> Kilpatrick, D., Edmonds, C., & Seymour, A. (1992). *Rape in America: A Report to the Nation*. Charleston: National Victim Center and Crime Victims Research and Treatment Center, Medical University of South Carolina, 1.
- <sup>4</sup> Russell, D. (1984). *Sexual Exploitation*. Beverly Hills, CA: Sage Publications.
- <sup>5</sup> Tjaden, P., and Thoennes, N. (1998). *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice; and the Centers for Disease Control and Prevention, 3.
- <sup>6</sup> *Rape in America*, 1.
- <sup>7</sup> Kilpatrick, D.G. and Saunders, B.E. (1997). *Prevalence and Consequences of Child Victimization: Results from the National Survey of Adolescents, Final Report*. U.S. Department of Justice, National Institute of Justice.
- <sup>8</sup> *Rape in America*, 4.
- <sup>9</sup> *National Survey of Adolescents*.
- <sup>10</sup> *Rape in America*, 6.
- <sup>11</sup> Archambault, J., Detective Sergeant, Sex Crimes Unit, San Diego Police Department, San Diego, CA.(2000). Presentation to the National Center for Women and Policing: Unfounded Allegations of Sexual Assault. Chicago, IL.
- <sup>12</sup> *Rape in America*, 4.
- <sup>13</sup> Darke, J. L. (1990). Sexual Aggression: Achieving Power through Humiliation, in *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, W.L. Marshall, D.R. Laws, and H.E. Barbaree (eds.). Plenum Press, New York, NY, 60.
- <sup>14</sup> Burgess, A.W. and Holmstrom, L.L. (1974). "Rape Trauma Syndrome." *American Journal of Psychiatry*, 131/9, 981-985.
- <sup>15</sup> *Rape in America*, 8.
- <sup>16</sup> D'Amora, D. (1999). Center Director: Special Services, Center for the Treatment of Problem Sexual Behavior. Presentation during the training program *In Defense of the Community: Effective Community-Based Responses to Sex Offenders*. Westchester County, NY.
- <sup>17</sup> Groth, A.N. (1999). *Men Who Rape: The Psychology of the Offender*. New York: Penum Press.
- <sup>18</sup> The Center for Sex Offender Management's Glossary of Terms Used in the Management and Treatment of Sexual Offenders defines the term grooming as: "The process of manipulation often utilized by child molesters, intended to reduce a victim's or potential victim's resistance to sexual abuse. Typical grooming activities include gaining the child's trust or gradually escalating boundary violations of the child's body in order to desensitize the victim to further abuse."
- <sup>19</sup> Op. Cit., D'Amora.
- <sup>20</sup> The CSOM Glossary defines exhibitionism as "exposing one's genitalia to others for purposes of sexual arousal" and voyeurism as "observing unsuspecting individuals, usually strangers, who are naked, in the act of dressing or undressing, or engaging in sexual activities." Both are listed under "Paraphilias."
- <sup>21</sup> *Dangerous Sex Offenders: A Task Force Report of the American Psychiatric Association* (1999). Washington, DC: American Psychiatric Association. Pp. 44-50.
- <sup>22</sup> Abel, G., Becker, J., Mittelman, M., Cunningham-Rathern, J., Rouleau, J., and Murphy, W. (1987). *Self-reported Sex Crimes of Nonincarcerated Paraphiliacs*.
- <sup>23</sup> English, K., Research Director, Colorado Department of Public Safety. (1998). Presentation to The Association for the Treatment of Sexual Abusers: *Crossover: The Value of the Polygraph*. Vancouver, Canada.
- <sup>24</sup> English, K., Pullen S., and Jones, L. (1996). *Managing Adult Sex Offenders: A Containment Approach*. American Probation and Parole Association. Lexington, KY, 2-8.
- <sup>25</sup> *Ibid.*, 2-14.