





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

1 hour, 15 minutes



Presentation Content	Teaching Notes
<p><b>TOPIC: INTRODUCTION</b> (5 minutes)</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>Note:</b> Presenters/trainers should take a few moments to introduce themselves as the session begins.</p> <p>➤Use slide 1: Learning Objectives</p>



Presentation Content	Teaching Notes
<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>Refer to handout:</b> Cite or draw participants' attention to NIJ Research in Brief <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 short version of the curriculum.</p>

Presentation Content	Teaching Notes
 <p><b>TOPIC: VICTIMS OF SEXUAL ASSAULT</b> (15 minutes)</p> <p><b>INTRODUCTION</b> 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 we are obligated to do for crime victims?” but “what can working with victims of sexual assault teach us?”</p>	



Presentation Content	Teaching Notes
<p><b>WHO ARE THE VICTIMS OF SEX OFFENSES?</b></p> <p>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>2</sup> One in four young girls and one in six young boys will be assaulted by age 18.<sup>3</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>4</sup> (rape is defined as “an event that occurred without the victim’s consent and involved the use of force or threat of force, and involved sexual penetration of the victim’s vagina, mouth, or rectum”<sup>5</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</p>	<p>➤ Use slide 2: Who Are Victims?</p> <p>➤ Use slides 3-4: Findings</p> <p>➤ Use slides 5-6: Findings</p>


Presentation Content	Teaching Notes
<p>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>6</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 in an unfamiliar, inherently dangerous setting. 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. Ninety percent of children under age 12 who were assaulted knew their offender.<sup>7</sup> The <i>National Survey of Adolescents</i> found that nearly 75 percent of perpetrators were someone the victim knew well. Almost 33 percent were friends of the victim and about 20 percent were family members. Only 23 percent were strangers to the victim.</p> <p>In the <i>National Survey of Adolescents</i>, more than 30 percent of assaults were reported to have taken place in the victim’s own home, 23.8 percent in 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 can 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>8</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 report their victimization to authorities. <i>Rape in America</i> indicates that 84 percent of those assaulted never</p>	<p>➤ Use slides 7-9: Relationship Between Victim and Offender</p> <p>➤ Use slide 10: Location of Sexual Abuse</p> <p>➤ Use slide 11: Reporting of Sexual Abuse</p>

Presentation Content	Teaching Notes
<p>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>9</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>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>10</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>11</sup></p> <p> CONSEQUENCES OF SEXUAL ASSAULT</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>12</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</p>	<p> <b>Refer to handout:</b> Cite or draw participants’ attention to the NIJ Research in Brief <i>Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey, 1998</i>, which is included among the participant materials for Section 1 of this short version of the curriculum. <i>Rape in America: A Report to the Nation, 1992</i> is also worth referencing. It is available from the National Victim Center in Arlington, VA, for \$10.</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>➤ <b>Use slide 12: Consequences of Sexual Assault for Victims</b></p>

Presentation Content	Teaching Notes
<p>who have not experienced sexual victimization.<sup>13</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 vulnerability to other victimizations and traumatic experiences.</p> <p>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 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>	<p>➤Use slide 13: Sexual Assault and Post-Traumatic Stress Disorder</p> <p>➤Use slide 14: Initial Mental Health Effects of Child Sexual Abuse</p> <p>➤Use slide 15: Long-Term Mental Health Effects of Child Sexual Abuse</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>



Presentation Content	Teaching Notes
<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>14</sup></p> <p> <b>WHAT DO SEX OFFENDERS DO?</b></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.</p>	<p>➤ Use slide 18: Offense Cycle</p>

Presentation Content	Teaching Notes
<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. 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>TPOLOGY OF SEX OFFENDERS</b></p> <p>There are a number of typologies that have been developed to allow us to study and respond to sex offenders. We will use a well-known and well-researched typology for adult male sex offenders that was developed by Dr. Nicholas Groth in 1979<sup>15</sup>. It breaks down adult male sex offenders into two categories – the Child Molester and the Rape Offender.</p> <p><i>Child Molester</i></p> <p>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>16</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>➤ Use slide 19: Typology of Sex Offenders</p>

Presentation Content	Teaching Notes
<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>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.</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.</p> <p>2. The Regressed or Situational Child Molester  According to the Groth Typology, the second type of</p>	<p><i>*American Psychiatric Association Diagnostic and Statistical Manual, Version 4</i></p>

Presentation Content	Teaching Notes
<p>child molester is known as regressed (or situational). Their primary sexual attraction is to adult females. 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>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 in consensual, age- appropriate sexual behavior, or has been at some point in his life.</p> <p><i>Rapists</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</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>

<b>Presentation Content</b>	<b>Teaching Notes</b>
<p>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 molestation.</p> <p>Groth identified three different kinds of rapists in his typology.</p> <p>1. Anger Rapists  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>	

<b>Presentation Content</b>	<b>Teaching Notes</b>
<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>2. Power Rapists</p> <p>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 intimidation), they will do so. As a result, the physical injuries usually associated with anger rapists are less common with power rapists.</p> <p>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>3. The Sadistic Rapist</p> <p>Finally, sadistic rapists are individuals who have an erotic attraction to power, anger or violence. Sadistic</p>	

<b>Presentation Content</b>	<b>Teaching Notes</b>
<p>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. 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><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>17</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>18</sup></p>	



Presentation Content	Teaching Notes
<p>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 polygraph examinations helps bring sex offender behavior more out into the open, where it is</li> </ul>	<p><i>Studies on the Center for Sex Offender Management's 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 the short version of this curriculum.</p>

Presentation Content	Teaching Notes
<p>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>▪ <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>▪ <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>▪ <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; to monitor compliance with supervision requirements; and to assist in the “maintenance” of offenders under long-term</li> </ul>	

Presentation Content	Teaching Notes
<p>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>19</sup></li> </ul> <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</li> </ul>	<p>➤Use slide 23: Collaboration...</p>

Presentation Content	Teaching Notes
<p>cannot</p> <ul style="list-style-type: none"> <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> <li>▪ <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</li> </ul>	<p>➤Use slide 24: Emerging Sex Offender Supervision Practices</p>

Presentation Content	Teaching Notes
<p>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>20</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 monitor the processes through which sex offenders are managed. Many jurisdictions that have written policies and procedures scrutinize them to ask whether they are clear, whether they can be improved, and what we can learn from the experiences of other jurisdictions. In addition, written policies and procedures help jurisdictions institutionalize the approaches 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 ensure consistency in practice.</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</i></li> </ul>	

<b>Presentation Content</b>	<b>Teaching Notes</b>
<p>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.</p>	

<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> 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>3</sup> Russell, D. (1984). *Sexual Exploitation*. Beverly Hills, CA: Sage Publications.

<sup>4</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>5</sup> *Rape in America*, 1.

<sup>6</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>7</sup> *Rape in America*, 4.

---

<sup>8</sup> *National Survey of Adolescents*.

<sup>9</sup> *Rape in America*, 6.

<sup>10</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>11</sup> *Ibid.*, 4.

<sup>12</sup> Burgess, A.W. and Holmstrom, L.L. (1974). "Rape Trauma Syndrome." *American Journal of Psychiatry*, 131/9, 981-985.

<sup>13</sup> *Rape in America*, 8.

<sup>14</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>15</sup> Groth, A.N. (1999). *Men Who Rape: The Psychology of the Offender*. New York: Plenum Press.

<sup>16</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>17</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>18</sup> *Dangerous Sex Offenders: A Task Force Report of the American Psychiatric Association*. (1999). Washington, DC: American Psychiatric Association, 44-50.

<sup>19</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>20</sup>*Ibid.*, 2-14.