

RHODE ISLAND SEX OFFENDER  
MANAGEMENT  
TASK FORCE

STRATEGIC VISION



Work in Progress  
Updated 4/27/2007

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## EXECUTIVE SUMMARY

What follows is a strategic vision for what a comprehensive, victim-centered approach to sex offender management could look like in Rhode Island. Sexual assault is a growing concern both nationally and in Rhode Island. It is estimated that approximately 78 forcible rapes of women 18 and older are committed every hour in the United States, and one of six women and one of 33 men have experienced an attempted rape as a child/and or adult (Greenfeld, 1997). At least one in five girls and one in seven boys have been abused by the age of 18 (Kilpatrick, 1992). To diminish the likelihood that known sex offenders will re-offend, their proper management and supervision is absolutely essential. Clearly a community-wide problem, only a coordinated, collaborative, statewide response will allow those responsible for adult and juvenile sex offender management to contain these offenders and minimize the risk for future sexual victimization.

In 2003, key leaders in Rhode Island made a commitment to improving public safety by looking critically at the manner in which sex offenders were identified, assessed, and managed throughout the criminal and juvenile justice systems. With the assistance of a grant from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, and technical support from the Center for Sex Offender Management (CSOM), the Department of Justice's national technical assistance provider on this topic, the Rhode Island Sex Offender Management Task Force (Task Force) embarked on a two-year planning process aimed at improving the quality and effectiveness of the state's adult and juvenile sex offender management system.

*The Typical\* Sex Offender in RI is*

- 43.8 years old
- Caucasian
- Male
- Lives in Providence County

*\* Compiled from a sample of sex offenders on the case load of the Intensive Sex Offender Probation Unit*

While the major focus of the Task Force has been, and continues to be, the development and implementation of a long-range strategic vision, a number of opportunities have emerged to enhance the existing system of managing sex offenders in Rhode Island. These changes have resulted both directly and indirectly from the Task Force's work. Changes have already been implemented within individual agencies – and in some cases collaboratively across agencies – as a direct result of Task Force members' enhanced knowledge and understanding of effective management practices and a critique of their individual agency's activities.

Sex offenders pose a risk to the communities in which they live – there is no denying this fact. With approximately 375 sentenced sex offenders incarcerated at the Adult Correctional Facility (ACI), and another 1500 registered sex offenders currently living in the community, every adult in Rhode Island should be invested in ensuring that sex offenders are managed in the community as effectively as possible. It is important to recognize, though, that by dispelling myths, understanding the facts, and committing to intervention strategies that are empirically demonstrated as effective methods to reduce the likelihood of recidivism, the risk posed by sex offenders can be significantly reduced. And because it has been demonstrated that sex offender management can only be effective when all of the entities involved in the management of these offenders work collaboratively, and because the greatest opportunity for sexual assault prevention rests in the public's awareness of sexual assault and our ability to respond appropriately to risk

conditions, it is crucial for everyone in Rhode Island – policymakers, practitioners, private providers, citizens - to learn about the state’s sex offender management strategy and support its initiatives.

Sexual assault is viewed by society as perhaps our most heinous crime. It is a violent act against freedom and intimacy – one whose effects are far-reaching and long lasting. It is not only the victim of an assault who is impacted, but also the families of the victim, the offender, their friends and co-workers, and the people who live in their communities. There are many misconceptions about sex offenders in our society. Much has been learned about the population and their behaviors in the past decade. Understanding these myths and this information can help us develop more effective criminal interventions.

This strategic vision has been developed to address those sex offenders who, research and experience tell us, can be successfully managed in the community after a period of incarceration, or upon being placed on probation. The research is promising regarding the ability to influence the likelihood of re-arrest for these sex offenders, given the comprehensive approach to their management highlighted in this strategic vision. There are however, some offenders who cannot be effectively managed in the community. While we know this represents only a small percentage of sex offenders, it is critical that we develop a plan to effectively monitor them upon their release from incarceration. While many of the strategies outlined in this strategic vision will give officials the tools they need to better identify and plan for these offenders, some additional consideration and monitoring may be required upon their release.

Over the past twenty-four months, the Task Force has worked to develop expertise in the empirical knowledge and national promising practices in sex offender management. In addition to looking outward, the Task Force has devoted considerable attention to looking inward – to understanding in specific detail the policies and practices employed in Rhode Island’s current sex offender management system. As a result of this research and extensive deliberation more than eighty recommendations for improving or changing the existing system were identified.

Successful implementation of the following strategies will be essential if Rhode Island is to reap the positive benefits of a collaborative and comprehensive approach to sex offender management:

- **Goal 1: Ensure Sex Offenders Are Held Accountable For Their Crimes And Prevent Future Victimization.**
- **Goal 2: Give Professionals The Tools They Need To Enhance The Protection Of The Community.**
- **Goal 3: Optimize Offenders Opportunity To Succeed In The Community.**
- **Goal 4: Provide The Community With The Information They Need To Keep Their Families Safe.**
- **Goal 5: Ensure The On-Going Implementation Of The Comprehensive Approach To Sex Offender Management Highlighted In This Plan.**

It is important to emphasize that *deliberate, tailored and specific management strategies are key to reducing sexual recidivism in Rhode Island*. Sex offenders are a heterogeneous group of people and, as

a result, they need individualized support and treatment. A collaborative approach to sex offender management will enable Rhode Island to address the individual and specific needs of each offender. This collaborative model is by far the most cost effective and efficient way of managing sex offenders. CSOM describes collaboration as essential and contends, "...only through collaborative approaches can those responsible for sex offender management contain these offenders and minimize the risk of future sexual victimization" (CSOM, October 2000).

Our fears associated with sex offenders are certainly warranted, but they are far more often based in myth than fact. The mission of Task Force is to promote public safety through the effective management of sex offenders; to engage and collaborate with the community to assure community safety; to know how and when offenders pose a risk to perpetrate; and to have in place management strategies that can effectively intervene when risk is present, resulting in safer communities throughout the state.

## **INTRODUCTION**

Sexual assault is a growing concern both nationally and in Rhode Island. It is estimated that approximately 78 forcible rapes of women 18 and older are committed every hour in the United States, and one of six women and one of 33 men have experienced an attempted rape as a child/and or adult (Greenfeld, 1997). At least one in five girls and one in seven boys have been abused by the age of 18 (Kilpatrick et al., 1992). To diminish the likelihood that known sex offenders will reoffend, their proper management and supervision absolutely essential. Clearly a community-wide problem, only a coordinated, collaborative, statewide response will allow those responsible for adult and juvenile sex offender management to contain these offenders and minimize the risk for future sexual victimization.

In 2003, key leaders in Rhode Island made a commitment to improving public safety by looking critically at the manner in which sex offenders were identified, assessed, and managed throughout the criminal and juvenile justice systems. With the assistance of a grant from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, and technical support from the Center for Sex Offender Management (CSOM), the Department of Justice's national technical assistance provider on this topic, the Rhode Island Sex Offender Management Task Force (Task Force) embarked on a two-year planning process aimed at improving the quality and effectiveness of the state's adult and juvenile sex offender management system. This document outlines the work of the Task Force to date, key findings, goals for enhancing the state's current approach to adult and juvenile sex offender management, and plans for implementing those enhancements.

## **ACKNOWLEDGEMENTS**

The work of the Rhode Island Sex Offender Management Task Force would not have been possible without the resources and support of the following:

- The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (2003-WPBX0004 and 2006-WP-BX-0017) for funding this project;
- The Center for Sex Offender Management for their on-going technical support, extensively researched knowledge base, insight and generosity in terms of time and staff;
- Madeline (Mimi) Carter, CSOM Project Director, for the excellent facilitation, guidance, enthusiasm and support she has provided;

- All of the agencies and individuals who participated in interviews, focus groups and surveys conducted during the Comprehensive Community Assessment phase of the project;
- Chief Justice Joseph P. Rodgers, Attorney General Patrick Lynch and Department of Corrections Director A.T. Wall for their early support in launching this project;
- All of the state departments and agencies who lent the time and talent of their staff to this project; and lastly
- Each member of the Task Force for following through on their commitment to participate in a long-term, multi-disciplinary, collaborative process to critically assess, and make plans to improve, the management of juvenile and adult sex offenders.

## **BACKGROUND ON THE RHODE ISLAND SEX OFFENDER MANAGEMENT TASK FORCE**

### *Early Efforts to Establish a Multi-Disciplinary Strategy*

Policymakers in Rhode Island have long recognized the need for a collaborative, victim-centered approach to the management of sex offenders. Attempts were made in 2000 to establish such a team in Rhode Island. With a grant award received from the U.S. Department of Justice, a statewide planning team was convened. Although considerable work was accomplished, several roadblocks – lack of direction, a leadership void, legislative issues and conflicting agendas – interfered with these efforts, and the group stopped meeting in June 2001.

### *The Need for Amended Legislation Regarding Sex Offender Registration and Community Notification Law Provides the Needed Catalyst*

By late 2002, it had become apparent that the Sex Offender Registration and Community Notification Law, passed in 1996, contained a number of statutory shortcomings that were rendering the law ineffective. Recognizing the need for broad support to revise the state's legislation on these requirements, as well as the opportunity the process of garnering support for legislative change might offer to build a multi-disciplinary approach to addressing these issues, the group that convened in 2000 reassembled to develop a series of amendments to the 1996 statute. Through this coordinated effort, amended bills were introduced in both the Rhode Island House and Senate, and corroborative testimony was offered in committee hearings in both chambers. House and Senate approval of the proposed amendments demonstrated the kind of success that could be achieved through a coordinated effort of this kind.

### *Success Breeds Success*

This joint effort rejuvenated an interest in the earlier attempt to establish a coordinated sex offender management strategy and created sufficient momentum to build on the work accomplished in 2000 and 2001. With the assistance of the Office of the Presiding Justice of the Rhode Island Superior Court and the Office of the Rhode Island Attorney General, and with technical assistance from CSOM, a meeting of the Rhode Island Sex Offender Management Task Force was convened in April 2003.

### *Formation of the Rhode Island Sex Offender Management Task Force*

The principal of inclusiveness determined the selection of those who would serve on the Task Force, with specific effort paid to including the expertise of all disciplines involved in sex offender management.

Building a cohesive, collaborative, multi-disciplinary process was established as an expectation. The Task Force's initial meetings were devoted to articulating the vision, mission, goals, and objectives of the Task Force, as well as establishing ground rules for the group's work together and discussion of members' expectations of one another, and the work to be accomplished. Task Force leaders were identified by consensus. In selecting the leadership of the Task Force, members remained sensitive to the diverse range of stakeholders involved. As a result, leaders from the victim services community, the defense bar, the juvenile justice system and the Department of Corrections (DOC) were selected to serve as co-equal chairs of the Task Force.

#### *Federal Grant Award Provides Support to the Task Force*

In 2003, just several months after the Task Force was formally convened, the Department of Corrections submitted an application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for grant funds to support the Task Force's work in critically assessing the state's adult and juvenile sex offender management practices and implementing change strategies to enhance our current approach. The application was accepted and funds from the grant have been used to support the work of the Task Force's and the development of this strategic vision. After two years of active engagement, knowledge development, and critical assessment of Rhode Island's sex offender management practices, Rhode Island is well on its way to improving public safety through a collaborative and comprehensive approach to sex offender management.

#### *Public Safety is Paramount*

The mission of the Task Force has been clear from the start: the promotion of public safety through victim advocacy and services, and the establishment of a statewide system of adult and juvenile sex offender management that includes integrated criminal justice interventions and offender accountability through monitoring and treatment. While much has been achieved through collaboration, the true value of this effort will be the successful implementation of the strategies contained in this strategic vision -- strategies identified by the Task Force as key to effective policy and practice in Rhode Island.

## **VISION AND MISSION OF THE RHODE ISLAND SEX OFFENDER MANAGEMENT TASK FORCE**

At the inception of its work together, the Task Force articulated both a vision and a mission statement. Developed by consensus, the vision and mission statements remain the driving force for the implementation of the policies and procedures outlined in this strategic vision.

***Vision Statement:*** *Our vision is a coordinated system designed to enhance public safety through the effective management of sex offenders.*

***Mission Statement:*** *Our mission is to develop a statewide system for sex offender management that promotes community safety through victim advocacy and services, and includes integrated criminal justice interventions, offender treatment and monitoring, as well as system and offender accountability.*

## **GOALS OF THE RHODE ISLAND SEX OFFENDER MANAGEMENT TASK FORCE**

To carry out its mission, Task Force members identified the following goals for their work together:

1. Develop a formalized interagency, multi-disciplinary collaboration that will enable the exchange of information; provide cross-training, on-going assessment and monitoring of sex offender management policies and practices; and result in effective, coordinated interventions.
2. Develop an understanding of current practice with regard to juvenile and adult sex offender management and victim services.
3. Assess the strength and gaps of our current approaches to the management of adult and juvenile sex offenders and establish priorities for enhancements.
4. Implement key strategies to enhance current policy and practice across the criminal and juvenile justice systems.
5. Monitor the effectiveness of Rhode Island's implementation of these sex offender management strategies and evaluate their impact on public safety.

## **TASK FORCE MEMBERS**

The Task Force is comprised of the following agencies and their representatives.

### **Co-Chairs**

Association of Criminal Defense Lawyers, Past President  
Department of Children, Youth & Families (DCYF),  
RI Training School  
Day One  
Department of Corrections (DOC), Probation & Parole

Tom Briody

Chuck Golembeske  
Peg Langhammer  
Sisan Smallman

### **Members**

Justice Commission  
DCYF, Juvenile Probation & Parole  
Local Law Enforcement (Warwick)  
DOC, Probation & Parole  
DOC, Mental Health  
Department of the Attorney General  
Office of the Public Defender  
RI Parole Board  
RI State Police

Gina Caruolo  
Joseph Clifford, III  
Captain Linda Eastman  
David Florio  
Fredric Friedman, Ed.D.  
Alan Goulart  
John Hardiman  
Lisa Holley  
Lt. Pam Icart

Day One  
Sex Offender Community Notification Unit (SOCNU)  
Family Court  
Sex Offender Board of Review  
Clinical Services, Adult and Juvenile Private Provider

Tom Izzo  
Paula Kocon  
Linda Lynch  
Peter Loss  
James Moody

RI Department of Health

Beatriz Perez

Tides Family Services, Community-Based Provider  
DOC, Community Corrections  
Superior Court  
Day One  
Department of Education  
Office of the Public Defender (Juvenile)  
Department of the Attorney General (Juvenile)  
Police Chief's Association

Brother Michael Reis  
Jeff Renzi  
Magistrate Susan Revens  
Marlene Roberti  
Midge Sabatini  
Anne Travers  
Susan Urso  
Lt. Robert Voas

Facilitator, CSOM

Mimi Carter

## **STRATEGIC VISION OF THE RHODE ISLAND SEX OFFENDER MANAGEMENT TASK FORCE**

Over the past 24 months, the Task Force has worked to develop expertise in evidence-based and emerging national practices in sex offender management. In December 2003, the Task Force received training from five nationally recognized experts in sex offender management and since that time has completed a thorough literature review of the research on this topic.

In addition to looking outward, the Task Force has devoted considerable attention to looking inward – to understanding in specific detail the policies and practices employed in Rhode Island's current sex offender management system. For example, the Task Force has created detailed system flow charts of the adult and juvenile criminal justice systems (see Appendix), and has conducted an inventory of those resources available to provide services to victims, as well as to adult and juvenile offenders (see Appendix).

Following the December 2003 training, the Task Force divided into four sub-committees to conduct a comprehensive assessment of the state's management practices. This process was aided by the use of the Comprehensive Assessment Protocol (CAP) of Sex Offender Management (CSOM, forthcoming), a wide-ranging assessment tool designed to help communities better understand how each component of their adult and juvenile sex offender systems work, and to identify gaps in their system. These sub-committees considered the following sex offender management policy and practice areas in depth:

- Investigation, prosecution and disposition;
- Sex offender assessment;
- Sex offender supervision;
- Sex offender-specific treatment;
- Re-entry of sex offenders to the community from confinement;
- Sex offender registration; and
- Community notification.

Over a 10-month period and through the use of individual and group interviews with administrators and line staff, written and phone surveys, policy and procedure reviews, and first hand observation, each sub-

committee was charged with developing an in-depth understanding of the system they were responsible for reviewing, as well as knowledge of the literature and emerging practice in their area of inquiry.

At the completion of this phase of the Task Force's work, members met for a two-day meeting in December 2004 to review the findings of each sub-committee and to develop recommendations for developing a comprehensive, multi-disciplinary system for sex offender management in the state.

More than eighty recommendations for improving or changing the existing system were identified. Task Force members worked to prioritize these recommendations and to begin the process of forming strategies to implement these recommendations. Additionally, data were collected in November 2005 from a variety of sources (Department of Corrections Management Information Systems, Sex Offender Community Notification Unit files, and the Department of Probation and Parole Sex Offender Unit files) to help inform strategies and recommendations. These strategies have since been developed and form the basis of the strategic vision that follows, a plan designed to enhance the management of adult and juvenile sex offenders in Rhode Island.

## **POSITIVE CHANGE BEGINS TO EMERGE**

While the major focus of the Task Force has been, and continues to be, the development and implementation of a long-range strategic plan, a number of opportunities have emerged to enhance the existing system of managing sex offenders in Rhode Island. These changes have resulted both directly and indirectly from the Task Force's work. Changes have already been implemented within individual agencies – and in some cases collaboratively across agencies – as a direct result of Task Force members' enhanced knowledge and understanding of effective management practices and a critique of their individual agency's activities.

The following is a listing of change strategies that have already been implemented – or in some cases are in the process of implementation – as a result of the Task Force's work together thus far.

### **Victim Services**

#### **Accomplishment: Sexual Assault Nurse Examiner (SANE) Program**

SATRC, the Rhode Island Department of Health, the RIAG, Rhode Island State Police, the Rhode Island Medical Society, and several Rhode Island hospitals are actively engaged in a collaborative effort to launch a SANE Program in Rhode Island – the only state in the country without one. A SANE is a trained medical professional who, through immediate, compassionate, and culturally sensitive forensic evaluation of a sexual assault victim, assesses, documents, and collects forensic evidence. A SANE program in Rhode Island will enhance the investigation and prosecution of sexual assault cases and more effectively provide critical support to victims.

#### **Accomplishment: Enhanced Victim Advocate Position in Rhode Island Department of Corrections (DOC)**

Recognizing the need for enhanced victim services, SATRC established the position of Victim Advocate within the DOC in 2003. In March of 2005 the position became full-time. Stationed in the Office of Victim Services, the Victim Advocate supports victims of sex offenders who are under the supervision of the Sex Offender Probation Unit. Additionally, the Victim Advocate works with treatment providers and probation and parole officers, continually focusing on the need for their work to remain victim-centered.

**Accomplishment: Enhanced Victim Service Project**

The Rhode Island Parole Board provides crime victims with the opportunity to testify before the Board when an offender is being considered for release. The Board has established the “Enhanced Victim Service Project,” which provides crime victims with advocacy, referral and opportunities for restorative justice programs such as Victim-Offender Mediation. *The Parole Process for Victims* link on the Parole Board Web site will provide further information for crime victims wishing to access the Parole Board’s services.

**Accomplishment: Parole Education Forums for Victims and Others**

Through the combined efforts of the Rhode Island Parole Board, the Sex Offender Community Notification Unit, Rhode Island police agencies, and the DOC’s Sex Offender Treatment Program, an informational forum was held to educate victims about the registration and notification processes for offenders who were soon to be released to the community, as well as the sources of support available to victims of sexual assault. These forums will be conducted annually in various locations throughout the state.

**Specialized Knowledge**

**Accomplishment: Law Enforcement Task Force Curriculum Committee**

Through the efforts of the Rhode Island State Police, the Law Enforcement Task Force Curriculum Committee has added training in sex offender registration and notification into the training curriculum used to train law enforcement officers across the state. With local police agencies integrally involved in the registration and notification process, and with offenders frequently moving between municipal boundaries, it is essential that all jurisdictions have a current and accurate understanding of the statutory requirements if a truly collaborative working relationship is to be realized between and among the state’s many police agencies.

**Investigation, Prosecution and Disposition**

**Accomplishment: Reexamination of the Charging Sexual Assault Cases**

As a result of an enhanced understanding of issues related to the effective management of sex offenders and the role of prosecution in this process, the Chief of the Criminal Division in the RIAG, has established a process to review the office’s charging decisions and disposition of sexual assault cases including issues related to the increased use of victim statements in making charging decisions, review of key evidence in that process, and other important considerations, with the intent of developing an improved list of charging considerations. Deputies within the criminal division will review the draft list of charging considerations before finalization and implementation. The ultimate goal is to enhance success in the prosecution of sexual assault cases.

**Assessment**

**Accomplishment: Assessment Tool “Static-99”**

Following the successful implementation of the Static-99, an empirically based tool for the assessment of sexual reoffense risk, by the Sex Offender Community Notification Unit, the Static-99 has been added to the battery of assessment tools used by the DOC Sex Offender Treatment Program. In addition to being a useful method to determine community notification level, the Static-99 affords treatment providers with a validated, easily scored, general assessment of long-term risk for the purposes of treatment planning and release preparation.

In December 2005, data from the Sex Offender Community Notification Unit (n = 137) were collected and analyzed for the purpose of understanding the risk levels of sex offenders subject to community notification. While this is just a small sample of the total number of sex offenders who have been assessed for community notification purposes, analysis revealed the following:

- Low risk (0-1): total = 32.1%
- Low-moderate risk (2-3): total = 48.2%
- Moderate-high risk (4-5): total = 16.1%
- High risk (6+): total = 3.6%

Eighty percent of these sex offenders scored low to low-moderate risk (scores 1-3) on the STATIC-99 risk assessment instrument.

### **Treatment**

#### **Accomplishment: Establishment of Juvenile Sex Offender Treatment Unit**

The Rhode Island Training School for Youth (RITS) has designed and established a specialized sex offender treatment unit, and its implementation has been contracted to a private vendor through a competitive bidding process. The work of the Task Force, and particularly the focus on best practice, continues to influence the on-going development of the program. It is significant to note that the Clinical Director at RITS is a co-chair of the Task Force.

#### **Accomplishment: Coordination of Juvenile Offender Services**

Using a collaborative approach, the DCYF has organized meetings of a wide range of community service providers in an effort to establish a continuum of care to meet the many and varied needs of RI sex abusing youth. This effort is in the implementation stage.

### **Re-entry**

#### **Accomplishment: Release Planning Classes for Incarcerated Offenders**

Committed to enhancing public safety through the successful re-entry of sex offenders into the community, the Sex Offender Treatment Program (SOTP) within the DOC continues to build upon an already established protocol for release planning services. In addition to the generic release planning that occurs for all offenders transitioning back to the community, two additional classes have been added for the transitioning of sex offenders who attend the SOTP. A community sex offender treatment provider leads one class and addresses continued treatment expectations, and the second addresses the development of daily life skills, housing, employment, Megan's Law, and support groups. Parole and probation staffs participate in the classes, affording officers and offenders an opportunity to become acquainted and to lay the foundation for a post-incarceration relationship. Offenders are able to ask questions about their release plans, and officers are able to establish clear expectations for behavior and performance before the offender's release. Supporting this effort has been the RI Parole Board and its officers, the Sex Offender Probation Unit, the Sex Offender Community Notification Unit (SOCNU), victim advocates and other DOC release planning personnel.

### **Supervision**

**Accomplishment: Juvenile Supervision**

Encouraged by the work of the Task Force, DCYF, through its Clinical Unit at RITS and its Juvenile Probation and Parole Unit, has begun to develop written policies and procedures for the management of juvenile sex offenders. Consideration is also being given to the possible creation of a specialized juvenile supervision caseload.

**Registration**

**Accomplishment: Sex Offender Registration Link to the Rhode Island State Police (RISP) Web Site**

Through the cooperative efforts of the RI Parole Board, the SOCNU, and the RISP, a link has been established between the Parole Board's website and the RISP's Website, affording greater public access to information regarding Level 2 and 3 sex offenders who are residing in Rhode Island's communities.

**Accomplishment: Juvenile Corrections Compliance Regarding Community Notification**

Through an improved working relationship between DCYF and SOCNU, DCYF is now providing SOCNU with all needed records and information to allow for determining risk level and community notification of juvenile sex offenders.

**Accomplishment: An Effort to Improve the Megan's Law Appeals Process**

Through the efforts of several key stakeholders – SATRC, the Defense Bar, the RIAG, and the Sex Offender Board of Review – a meeting was held with the judiciary in an attempt to have the judiciary place additional focus on issues related to risk level assessment and the movement of the appeals process throughout the system. As a result of this effort to improve understanding and communication, the Sex Offender Board of Review has revamped the narratives provided to the judiciary for use in the appeals process. On-going dialogue and effort is needed in this area as the appeals process continues to be slow.

**SMALL WINS INSUFFICIENT**

While these small wins are important, they are only a small step towards achieving the comprehensive victim-centered system needed to successfully manage sex offenders and protect victims. What follows is a vision for accomplishing that bigger picture the Task Force envisioned when it began two years ago.

**WHY IS SEX OFFENDER MANAGEMENT IMPORTANT TO RHODE ISLANDERS?**

Sex offenders pose a risk to the communities in which they live – there is no denying this fact. With approximately 375 sentenced sex offenders incarcerated at the Adult Correctional Facility (ACI), and another 1500 registered sex offenders currently living in the community, every adult in Rhode Island should be invested in ensuring that sex offenders are managed in the community as effectively as possible. It is important to recognize, though, that by dispelling myths, understanding the facts, and committing to intervention strategies that are empirically demonstrated as effective methods to reduce the likelihood of recidivism, the risk posed by sex offenders *can* be significantly reduced. And because it has been demonstrated that sex offender management can only be effective when all of the entities involved in the management of these offenders work collaboratively, and because the greatest opportunity for sexual assault prevention rests in the public's awareness of sexual assault and our ability to respond appropriately to risk conditions, it is crucial for everyone in Rhode Island – policymakers, practitioners, private providers, citizens - to learn about the state's sex offender management strategy and support its initiatives.

### *The Effects of Sexual Assault on its Direct Victims*

Sexual assault is viewed by society as perhaps our most heinous crime. It is a violent act against freedom and intimacy - one whose effects are far-reaching and long lasting. The psychological impact of sexual assault can be seen in the emotional response immediately after an assault. A victim may express anger, depression, guilt, anxiety, fear, or denial. Sometimes a victim will develop a sleeping or eating disorder. Long after an assault, a victim may experience nightmares or flashbacks. Irrefutably, the psychological trauma incurred when a person is sexually assaulted is permanent and influences the mental, physical, social, and sexual aspects of the victim's life, sometimes forever.

### *The Effects of Sexual Assault on its Indirect Victims*

It is not only the victim of an assault who is impacted, but also the families of the victim, the offender, their friends and co-workers, and the people who live in their communities. All of these people may be affected by the emotional stresses associated with sexual violence, including fear and depression. They will surely be impacted by the significant financial cost of a sexual assault. According to a 1996 National Institute of Justice report (Miller et al., 1996), the cost of one sexual assault is \$86,500, with an annual national cost of \$127 billion.<sup>1</sup> Some of this financial burden falls on the victim; a significant portion burdens the citizens of this country, including those in Rhode Island.

### *Sex Offenders: They are Not Necessarily Who We Believe Them to Be*

There are many misconceptions about sex offenders in our society. Much has been learned about the population and their behaviors in the past decade. Understanding these myths and this information can help us develop more effective criminal justice interventions.

#### **Myth: Most sexual assaults are committed by strangers.**

**Fact:** Three in four victims know their attacker (Tjaden & Thoennes, 1998). Most sexual assaults are committed by someone known to the victim or the victim's family, regardless of whether the victim is a child or an adult. In fact, data collected from SOCNU files revealed that this is most definitely the case in Rhode Island. When examining whether victims were related to the offenders, 32% of all these offenders were related, 55% were known to the victim, and only 11% were strangers. Additionally, 95% of those who committed 1st or 2nd degree child molestation were either related or known to their victims, as compared to 75% of those who committed 1st or 2nd degree sexual assault or rape.

#### **Myth: Sexual assault is an impulsive sex crime committed by a sexually frustrated man.**

**Fact:** Most sexual assaults are planned. Most sexual abusers plan the assault and perpetrate against a vulnerable victim, including children or women who are known to them (Pithers, 1990). Their motivations vary, from the urge to cause pain, to the desire to exercise power and control, to a desire to experience intimacy with someone who is unable to object or find fault with them. Many offenders have intimate partners with whom they have on-going sexual relationships at the time they commit their sexual offenses.

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<sup>1</sup> These figures represent national averages and take into account the victim's lost wages, mental health follow-up care, and medical costs for hospitalization and/or treatment. These figures also include the costs of criminal justice processing for those cases in which the state prosecutes the perpetrator.

The fact that most sexual assault is NOT impulsive is what makes relapse prevention such an important and useful intervention.

**Myth: Youths do not commit sex offenses.**

**Fact:** Adolescents are responsible for a significant number of rape and child molestation cases each year. Sexual assaults committed by youth are a growing concern in this country. Currently, it is estimated that adolescents (ages 13 to 17) account for up to one-fifth of all rapes and one-half of all cases of child molestation committed each year (Barbaree, Hudson, & Seto, 1993). In 1995, youth were involved in 15% of all forcible rapes cleared by arrest – approximately 18 adolescents per 100,000 were arrested for forcible rape. In the same year, approximately 16,100 adolescents were arrested for sexual offenses, excluding rape and prostitution. The majority of these incidents of sexual abuse involve adolescent male perpetrators (Sickmund, Snyder, & Poe-Yamagata, 1997). However, prepubescent youths also engage in sexually abusive behaviors.

## **BUILDING A COMPREHENSIVE, STATEWIDE MANAGEMENT STRATEGY**

Collaboration in sex offender management is not a new concept. Practitioners and researchers have long recognized that only by venturing beyond traditional reactive, adversarial approaches to criminal justice can we address the complex nature of sex offending and the impact that sexual assault has on victims and society. In numerous jurisdictions, criminal justice agencies and community organizations have successfully forged partnerships, recognizing the enormous potential for impacting crime and reducing costs when agencies share information, develop common goals, create compatible internal policies to support those goals, and join forces to analyze problems and create responsive solutions.

Collaboration among stakeholders working with sexual assault victims and sex offenders is vital to confront continuously the secrecy, manipulation, and deception that characterize sexual offending behavior. However, the justice system and community agencies have historically worked independently, and sometimes at odds with each other, in their efforts to manage offenders and protect victims. A collaborative approach requires that involved agencies operate interdependently, working in concert to minimize the ability of offenders to circumvent the goals of community management and maximize victim safety and support.

## **FOSTERING COMMUNITY EDUCATION AND GAINING COMMUNITY SUPPORT IS ESSENTIAL TO EFFECTIVE SEX OFFENDER MANAGEMENT**

It is easy to understand why the return of an identified sex offender to a local community would create alarm. Community members are understandably fearful that these offenders will perpetrate again. These fears have resulted in extreme measures in many communities across the country. For example, instances of organized efforts to prevent sex offenders from moving into specific homes or neighborhoods are well documented. These remedies prove counterproductive, however. Evidence clearly suggests that a stable living environment – such as permanent and appropriate housing and community acceptance - *lower* the likelihood that a sex offender will perpetrate again. Conversely, efforts to impede offenders from securing appropriate housing results in transience, and transience heightens the risk of reoffense.

Another example of promoting public safety through effective management of sex offenders is in the area of offender employment. Like housing, stable and appropriate employment provides the offender with the

means to use his time productively, an opportunity to connect with society in positive ways, the means to earn wages to support his family, and to pay restitution and court costs. Sex offenders who are transparently living and working in the community can be monitored by many – not only his probation or parole officer, but also the landlord who is aware of his situation, the employer who is willing to provide decent wages for a job well done, the teacher of the adult education class the offender attends. The ability to monitor a sex offender's behavior is a key component of sex offender management. Our communities will be safer when we know precisely where these offenders are and they are not forced “underground” as a result of community outrage and fear.

By educating our citizens about issues such as this, and identifying the ways in which they can help prevent future sexual victimization, the community can assist the Task Force in ensuring that neighborhoods where sex offenders live are, and remain, safe places to reside.

### **DELIBERATE, TAILORED, AND SPECIFIC MANAGEMENT STRATEGIES ARE KEY TO REDUCING SEXUAL RECIDIVISM IN RHODE ISLAND**

Sex offenders are a heterogeneous group of people and, as a result, they need individualized support and treatment. Rhode Island's collaborative approach to sex offender management enables the state to address the individual and specific needs of each offender. This collaborative model is by far the most cost effective and efficient way of managing sex offenders. CSOM describes collaboration as essential and contends, “...only through collaborative approaches can those responsible for sex offender management contain these offenders and minimize the risk of future sexual victimization” (CSOM, 2000).

Our fears associated with sex offenders are certainly warranted, but they are far more often based in myth than fact. The mission of Task Force is to promote public safety through the effective management of sex offenders; to engage and collaborate with the community to assure community safety; to know how and when offenders pose a risk to perpetrate; and to have in place management strategies that can effectively intervene when risk is present, resulting in safer communities throughout the state.

### **NOTES ABOUT THIS STRATEGIC VISION**

- What follows is a strategic vision developed by the Task Force for what a comprehensive, victim-centered approach to sex offender management could look like in Rhode Island. Over the coming months, the Task Force, in concert with each of the involved state departments, will develop short- and long-term plans for the achievement of these goals and objectives. The Task Force recognizes that considerable obstacles exist in effectively addressing many of these issues. Fiscal restraints, union considerations, misconceptions about sex offenders, and obtaining stakeholder buy-in will all be challenges that need to be addressed when developing implementation plans.
- This strategic vision has been developed to address those sex offenders who, research and experience tell us, can be successfully managed in the community after a period of incarceration, or upon being placed on probation. The research is promising regarding the ability to influence the likelihood of re-arrest for these sex offenders, given the comprehensive approach to their management highlighted in this strategic vision. There are however, some offenders who cannot be effectively managed in the community. While we know this represents only a small percentage of sex offenders, it is critical that we develop a plan to effectively monitor them upon their release from incarceration. While many of the strategies outlined in this strategic vision will give officials the tools they need to better identify and plan

for these offenders, some additional consideration and monitoring may be required upon their release. During the coming months, under the auspices of the Task Force, a special sub-group will be convened to engage various departments of state government in developing a plan specifically focused on the management of this challenging sub-set of offenders.

- The on-going evaluation and collection of data for each of the strategies outlined in this strategic vision will be crucial in measuring the impact of this comprehensive approach to sex offender management in Rhode Island. As such, each working committee will be charged with developing a data collection and evaluation plan as part of their implementation strategy.

Resources Key

- ☞ = Committee may be needed  
💰 = Financial resources may be needed  
🏛️ = Legislation may be needed  
👤 = Departmental leadership may be needed

**GOAL 1: ENSURE SEX OFFENDERS ARE HELD ACCOUNTABLE FOR THEIR CRIMES AND PREVENT FUTURE VICTIMIZATION**

**Objective 1: All investigations and prosecutions of sexual assault reports should be handled in a consistent and predictable manner that is victim sensitive.** *(Developed by the Investigation, Prosecution & Disposition CAP Sub-group)*

**(Adults & Juveniles)**

**Evidence-based and emerging practice in the investigation, prosecution, and disposition of sexual offense cases**

*Adapted from the CAP of Sex Offender Management Practices (CSOM forthcoming)*

Because of the intense scrutiny and public attention directed at sex offenses, the profound impact of sexual assault on victims, and the abundance of myths and misconceptions held by the general public, it is essential that effective and informed responses are in place – from the point of victim disclosure and the investigative process, through the prosecution and disposition phases, and all other aspects of the criminal and juvenile justice systems – to ensure that offenders are ultimately held accountable and community safety is maintained.

Investigation, prosecution, and disposition are critical aspects of offender management. In many ways, they determine the information and options available at subsequent stages of the process to manage such offenders.

The activities and processes that occur during the investigation, prosecution, and disposition phases are challenging and complex. As such, clear and consistent expectations and practices, as well as specialized knowledge and experience, are critical. Among the key goals during these initial stages of the sex offender management process are the following:

- Deliver supportive and other needed services to victims in order to minimize further trauma;
- Collect critical forensic evidence;
- Resolve cases swiftly and effectively;
- Protect individual rights and safeguards afforded to defendants;
- Promote accountability of sex offenders; and
- Maintain the overarching interests of community safety.

All parties involved in these initial phases of sex offender management must ensure the integrity of these processes, as the ability of the system to manage offenders effectively depends, in large part, upon the investigation and successful prosecution of sex crimes. The creation of specialized procedures and the development of clear expectations concerning the investigation, prosecution and disposition of sex offense cases can reduce the likelihood that conduct occurs which is ultimately at odds with the jurisdiction's goals. As sex offense cases proceed from the point of investigation to the prosecution and disposition phases, maintaining a victim-centered approach, the use of specialized knowledge to inform policy and practice, and assurances of offender accountability continue to remain of critical importance (CSOM, 2002; English et al., 2003; NAPN, 1993).

Ideally, jurisdictions should maintain data on cases referred for investigation, including the types of victims involved (i.e., adult/minor victims, male/female victims), alleged perpetrators (i.e., male/female, adult/juvenile), and the nature of the relationship between the offender and victim (i.e., intrafamilial, acquaintance, stranger). Similarly, such data should be maintained on those cases that are ultimately referred and accepted for prosecution, including the rates of successful versus unsuccessful prosecution. This information can assist jurisdictions with the identification of sexual assault trends as well as potential strengths and needs within the investigative and prosecutorial process relative to certain types of cases. Moreover, when shared among the various professionals involved in the sex offender management process, such data can be useful for developing strategies to enhance investigation, prosecution, and other management practices.

### **Current Practice in Rhode Island with respect to the investigation, prosecution, and disposition of sexual offense cases**

Rhode Island's criminal justice system presents unique opportunities and challenges. Unlike most other states, all of Rhode Island's sexual offense cases are prosecuted through one centralized system, the RIAG, while local law enforcement is handled by each of the state's 39 municipalities.

With its main office in Providence, and three county offices (Newport, Washington and Kent), the RIAG employs approximately 33 Superior Court prosecutors. There is a Domestic Violence and Sexual Assault Unit within RIAG that handles sexual assault cases only when domestic violence is involved. All cases of adult and child sexual assault are rotated among the prosecutors. The Juvenile Division handles cases that involve a juvenile offender.

The RIAG has a manual that guides the charging of all criminal cases, but does not specifically address the prosecution of sexual assault and child molestation cases. There are no specific policies that guide when a sexual offense is plea-bargained; however, the Deputy Chief in charge of the Domestic Violence and Sexual Assault Unit reviews all first-degree child molestation and sexual assault cases.

An analysis of the court processing of all sex offenders in the State of Rhode Island from 2002 to 2003 revealed that 334 sex offense cases went to sentencing. Nearly half (160) of these offenders received probation only, 94 received 5 or more years of prison time and probation, 65 received less than 5 years of prison or jail time and probation, only 4 received prison or jail time only, and 11 offenders received an “other” sentence. While there may have been some fluctuation in these numbers in the recent past, there are about 165 sex offenders a year that enter the system, about half of whom go directly to probation. Most of the others go to prison with about 40% of these individuals having sentences of less than five years. Overall, the average total sentence length for individuals whose most serious offense was a sex offense is approximately 16 years.

The RIAG actively participates in the Rhode Island Children’s Advocacy Center (CAC) and the Sexual Assault Response Team (SART). Both programs are administered by SATRC and represent a collaborative, victim-centered approach to the investigation and prosecution of adult (SART) and child (CAC) sexual assault cases. The RIAG and SATRC sign interagency agreements for participation in these programs. However, participation in SART and CAC by individual prosecutors is limited by several factors: interest of the individual prosecutor in the SART/CAC process, time availability of the prosecutor to participate in the SART/CAC interview, and a determination by the prosecutor that a case is not SART/CAC appropriate. Training is offered to prosecutors on an on-going basis, although sex offense-specific training is very limited.

In each of Rhode Island’s 39 communities, local law enforcement is charged with the investigation of all sexual assault cases. Given the vast differences in size of these departments (for example, New Shoreham has four law enforcement officers and Providence has 464), it is not surprising to believe that each community handles the investigation of sexual assaults differently. Some larger departments have special units with detectives that handle the investigation of all sex offenses, while most departments assign the cases to their detective division on a random basis.

Generally, police throughout Rhode Island are well trained in performing traditional police functions (e.g., evidence collection, crime scene investigation and understanding specific statutes relating to sex offenses). The STOP (Services - Training - Officers – Prosecutors) Training, administered by the RI Justice Commission, and funded through the Violence Against Women Act (VAWA), provides some general knowledge about the issue of sexual assault, the impact of victimization, the needs and rights of victims, crime scene investigation, sexual assault statutes, collaboration, etc. However, most departments lack specialized training in the best practices of sexual assault investigation, the dynamics and the modus operandi of sex offenders, interviewing strategies relating to the impact of victimization, special issues that arise when the offender is a juvenile, and other more, complex aspects, of sexual assault investigation.

The CAC and SART have interagency agreements with 38 police departments in RI. As with the RIAG, each department’s utilization of the interdisciplinary model varies with the commitment of the investigating officer, the commitment to the program by department leadership, and the belief by the detective/department that the SART/CAC will enhance the investigation and prosecution of the case.

The Child Protective Services Division of DCYF also investigates cases of child sexual assault involving a caregiver. Routinely part of the CAC multidisciplinary team, Child Protective Investigators (CPI), are well-trained investigators, but also lack specialized training.

## Strategies

Our system of justice requires that evidence be challenged and tested in order to assure that those under suspicion for a sex offense receive due process of law. To enhance the effectiveness of Rhode Island's investigation, prosecution and adjudication of sexual offender cases, and assure that those who are truly guilty are held accountable, the following strategies should be implemented:

:

- 1) Develop a statewide manual to guide the investigation of sexual assault cases which result in the authorities adhering to the highest ethical and procedural standards which:
  - a) Includes the use of multi-disciplinary teams (CAC and SART) and a single interview approach to investigation;
  - b) Is victim-centered;
  - c) Encourages departments to have specialized units when feasible. In lieu of specialized units, encourages departments to identify at least one representative from each department to function as the sex crimes specialist with expertise in evidence collection, interviewing victims and offenders, and who can effectively collaborate with other key professionals in the investigation and prosecution of sexual assault cases; and
  - d) Will serve as a basis of future police and prosecutor trainings.

**Resources:** 🚓 🚔 🚒

- 2) Enhance existing STOP training to include the recommended sexual assault investigation topics, including:
  - Dynamics involved in sex offenses;
  - Modus operandi of adult & juvenile sex offenders;
  - Interviewing strategies with alleged sex offenders;
  - Interviewing non-offending partners, parents/caregivers, or other family members;
  - Differential interviewing strategies for adult & child victims;
  - Impact of victimization;
  - Needs and rights of victims;
  - Crime scene investigation;
  - Physical evidence unique to sex offense cases;
  - Sexual assault forensic examinations and medical terminology;
  - Understanding specific sex offense statutes within the jurisdiction; and
  - Collaboration within the multiple systems involved.

**Resources:** 🚓

- 3) Provide advanced training for interested parties on the investigation of sexual assault and child molestation cases.





**Resources:** 🚓 🚔 🚒

- 4) Enhance the existing prosecution manual to include a section that guides the prosecution of adult and juvenile sexual assault cases which:
  - a) Is created collaboratively between the RIAG, victim advocates, probation, treatment providers, DCYF;

- b) Requires a review of the Pre-sentence Investigation (PSI) Report prior to a plea recommendation (Goal 2, Strategy 1);
- c) Requires the use of multi-disciplinary teams (CAC and SART) and a single-interview approach to investigation;
- d) Is victim-centered;
- e) Provides guidelines for the reduction of a sex charge to a non-sex charge disposition;
- f) Provides for vertical prosecution whenever possible; and
- g) Establishes policies that guide decisionmaking related to juvenile sex offense cases.

**Resources:**   

- 5) Through the expanded use of the PSI Reports, assure that judges and prosecutors have the resources needed to make informed decisions about appropriate sentencing decisions.
- 6) Develop a continuum of services – including outpatient or day treatment options, therapeutic foster care (juveniles), group homes, residential treatment centers, and other alternatives to sentencing – and ensure that limited and costly incarceration and prison-based treatment is prioritized for those offenders who pose the greatest risk and who evidence the most significant treatment needs.

**Resources:**    

## **Objective 2: Provide risk-appropriate monitoring and treatment for all sex offenders** *(Developed by the Assessment & Treatment CAP Sub-group)*

### **Evidence-based and emerging practice for the treatment of sexual offenders**

*Adapted from the CAP of Sex Offender Management Practices (CSOM forthcoming)*

An essential component of the sex offender management process involves the provision of sex offender-specific treatment, designed to promote offender accountability and enhance skills and competencies that may ultimately reduce the likelihood of re-offending.

Contemporary etiological theories suggest that sex offending behaviors are the result of a complex interaction of sociocultural, biological, and psychological processes (Becker & Murphy, 1998; Berlin, 2000; Laws & Marshall, 2003; Marshall & Laws, 2003). As such, sex offender treatment must be comprehensive and holistic. Presently, most sex offender treatment programs throughout the country employ cognitive-behavioral methods that include relapse prevention components (Marshall & Laws, 2003; McGrath et al., 2003). Cognitive-behavioral approaches address the inter-relatedness of thoughts, emotions, and behaviors; a primary emphasis is to identify and replace irrational cognitions that set up negative emotional states and ultimately drive offending behaviors.

The specific goals and objectives of sex offender-specific treatment are numerous, but typically involve the following:

- Accepting responsibility for sex offending and other harmful behaviors;
- Modifying thinking errors, or cognitive distortions, that support offending behaviors;
- Managing negative mood or affect;
- Developing positive relationship skills;
- Managing deviant sexual arousal or interest;

- Maintaining control over unhealthy impulses;
- Developing or enhancing empathy for victims;
- Understanding the sequence of events and risk factors associated with offending;
- Developing effective coping skills to manage identified risk factors; and
- Identifying and utilizing support networks – those individuals in the community who become part of an extended supervision network, such as family members, employers, and others.

Given the heterogeneity of sex offenders, it is important that treatment is adapted to meet the individual needs of each offender, beyond the broad goals and objectives listed above. With juveniles in particular, it is critical that treatment is developmentally appropriate and tailored to address multiple domains, including individual, peer, familial, social, and environmental factors [Association for the Treatment of Sexual Abusers (ATSA), 2000; Becker & Hunter, 1997; Borduin, Henggeler, Blaske, & Stein, 1990; CSOM, 1999; Kaufman, Hilliker, & Daleiden, 1996; Murphy & Page, 2000; Righthand & Welch, 2001; Ryan, 1997a, 1997b, 1997c; Worling, 1998]. Therefore, the delivery of individualized and comprehensive treatment services is dependent upon thorough assessments of risk, needs, and responsibility, which will drive the development and modification of treatment plans. Where treatment resources are scarce (particularly in institutional settings), priorities for the delivery of treatment services must be established; the literature supports providing the most intensive services available to the highest risk offenders and vice-versa (Andrews & Bonta, 2003; Eccles & Walker, 1998; Fernandez & Marshall, 2000; Friendship, Mann, & Beech, 2003; Gordon and Nicholaichuk, 1996; Hoge & Andrews, 1997; Hudson & Ward, 1997; Laws et al., 2000; Marshall, Eccles, & Barbaree, 1993; Nicholaichuk, 1996; Nicholaichuk & Yates, 2002). This is not to imply that any sub-group of sex offenders should go untreated or unsupervised, but rather that given limited resources, the most prudent approach is to target moderate- and higher-risk offenders for more intensive interventions while still providing some specialized services for those who are low-risk, but for whom intensive services are not likely to result in significant reductions in level of risk.

Perhaps the most critical question for communities and other stakeholders involves the impact of sex offender treatment on recidivism. Although ethical and practical concerns have prevented professionals from implementing rigorous experimental designs to evaluate treatment outcomes (e.g., randomly assigning adult or juvenile sex offenders to “no-treatment” versus “treatment” conditions), the available empirical literature does support the efficacy of these treatment approaches (Alexander, 1999; Hall, 1995; Hanson, 2003; Hanson & Bussiere, 1998; Hanson et al., 2002; Marshall & Anderson, 2000; Marshall & Pithers, 1994; Marshall & Laws, 2003; McGrath, Cumming, Livingston, & Hoke, 2003; McGrath, Hoke, & Vojtisek, 1998; Nicholaichuk, Gordon, Gu, & Wong, 2000; Nicholaichuk & Yates, 2002). More specifically, adult sex offender-specific treatment programs that include cognitive-behavioral and relapse-prevention components, and that tailor interventions to meet the diverse and complex needs of individual sex offenders appear to have the most promise (Marshall & Laws, 2003).

The treatment outcome literature on juvenile sex offenders is extremely limited as well, plagued by the difficulties associated with implementing rigorously controlled experimental designs (Becker & Hunter, 1997; Hunter, 2000; Rice & Harris, 2003; Weinrott, 1996; Worling & Curwen, 2000). Unlike the numerous quasi-experimental empirical designs and extensive follow-up studies for adult sex offenders, there remains a paucity of well-designed treatment outcome research for juvenile sex offenders. Nonetheless, the available examinations of follow-up data for juvenile sex offenders are quite promising, and suggest that juveniles reoffend sexually at relatively low rates (Alexander, 1999; ATSA, 2000; Becker & Hunter, 1997; CSOM, 1999; Hunter, 2000; Righthand & Welch, 2001; Weinrott, 1996; Worling & Curwen, 2000).

## **Current practice in Rhode Island with respect to the treatment of sex offenders**

In Rhode Island, treatment is offered to sex offenders in a number of settings. For adults, treatment on the institutional level is offered at the ACI. An outside vendor, contracted by the DOC, runs the SOTP. For offenders who avail themselves of treatment while incarcerated, the SOTP consists of a long-term Therapeutic Community (TC) with beds for 80 inmates. Sex offenders voluntarily participate in the SOTP, and are considered seriously for parole only if they engage successfully in SOTP treatment. Although treatment is generally court ordered as a condition of probation, a requirement for sex offense-specific treatment during incarceration is an unexplored option. All incarcerated adult sex offenders must participate in a sex offender orientation meeting, but only those who admit their crimes, sign a waiver of confidentiality, and volunteer for the program, are allowed to participate. The program uses an intra-agency approach to treatment of the participating offenders.

Five community-based programs and three non-therapeutic residences provide adult sex offender treatment to offenders living in the community, the vast majority of whom are on probation or parole. There are approximately 332 slots available to community-based offenders in need of sex offense-specific treatment.

From the data collected from the SOCNU and SOU files ( $n = 276$ ), it was determined that almost two-thirds (63%) of these offenders had, or are currently participating in sex offense-specific treatment, either in the institution or the community.

There are no residential treatment programs for adult sex offenders in Rhode Island.

All adult-based treatment is generally provided in a longest-term possible format (not time limited) and ends when either the offender is released from incarceration or their period of probation is complete.

The general emphasis of all programs is on learning new skills to replace the various personal and interpersonal (criminogenic) factors, which contribute to sexual assault. Treatment in these programs typically includes relapse prevention planning and addressing cognitive distortion, behavioral risk factors, and social skills training.

Validated risk assessment tools are generally not used to determine the level or type of service an offender needs. However, psychosexual evaluations and criminogenic factors are typically considered at the onset of treatment. Except in rare circumstances, treatment providers do not use psychiatric/psychological exams, psychometric testing, phallometric assessment, polygraph testing or pharmacological assessments to determine the level or type of treatment for adult or juvenile offenders.

The DCYF mandates treatment for those juveniles housed at RITS. Approximately 25 beds are dedicated to this program. The required sex offender treatment for juveniles is outsourced to a private vendor.

There are three residential and three group homes, providing housing and treatment to approximately 60 juvenile sex offenders. Eight community-based programs provide treatment to another 70 juveniles.

From interviews with RITS and juvenile probation staff, it was determined that as of November, 2005 there were approximately 80 juveniles adjudicated for a sex offense in the juvenile justice system; 21 in RITS and the remainder on probation. RITS and probation staff were able to obtain data on 38 of these youth; 18

were in RITS at the time, 18 on probation, and 2 in temporary community placement (TCP) (e.g., group home). From this data, it was determined that all youth had been ordered to receive some type of treatment (mental health, substance abuse, or sex offense-specific) as part of their adjudication and 86% had actually received sex offense-specific treatment.

The treatment strategy within the juvenile residential settings is generally that of a Therapeutic Community, including special restrictions, planning, coordination with probation and parole, and follow-up after release. These residential facilities are generally self-contained, providing school, treatment, and most other services on-site. The three group homes use community-based treatment providers for their juveniles, and generally are linked to services off-site.


Group treatment is the primary mode of intervention in all adult and juvenile treatment programs, generally supplemented by individual treatment. Most treatment programs also provide supplemental educational classes in life-skills and deficit areas. All juvenile programs provide family treatment as a component of their programs.

All adult and juvenile programs allow offenders to participate when their sex offenses have been amended to non-sex crimes (e.g., Assault with a Dangerous Weapon, Assault with Intent, etc).

## Strategies

To enhance the availability and effectiveness of treatment in Rhode Island, the following issues must be addressed:


- 1) Make certain that sentencing policies and practices ensure that assessment for treatment, and treatment, when appropriate, is provided for all sex offenders.

**Resources:** § § 

- 2) Following nationally recognized guidelines (ATSA, CSOM, Colorado Sex Offender Management Board), develop clear standards and protocols for the delivery of sex offender treatment that:
  - a) Provides minimum standards for the educational and professional backgrounds of those who provide services to adults and juveniles who sexually offend;
  - b) Establishes the requirement that programs use sex offense-specific evaluations to determine the client's risk to re-offend, identify dynamic risk factors, and develop appropriate intervention plans, including treatment, monitoring, and supervision options;
  - c) Establishes the requirement that programs develop and maintain clear and consistent guidelines, expectations, and outcome measurements for successful treatment and relapse prevention; and
  - d) Establishes minimum requirements for program monitoring and evaluation, including maintenance of statistics related to program completion and termination.

**Resources:**  § ( §  )

- 3) Develop a spectrum of institutional, residential, and community-based monitoring and treatment options that:
  - a) Identify level of risk to re-offend for all offenders and tailor intervention strategies in accordance with risk level; and
  - b) Provide that the highest risk offenders receive the most intensive services.

**Resources:**  § ( § )

- 4) Ensure there are an adequate number of qualified professionals available to provide sex offender treatment.

Resources: 💰

- 5) Develop funding mechanisms to ensure that all sex offenders in need of treatment receive it.

Resources: 👤 ⚙️ 💰 🏛️

## **GOAL 2: GIVE PROFESSIONALS THE TOOLS THEY NEED TO ENHANCE THE PROTECTION OF THE COMMUNITY**

**Objective 1: Identify the nature and level of individual sex offenders' risk and needs through the use of comprehensive assessment throughout the criminal justice process.** *(Developed by the Treatment & Assessment CAP Sub-group)*

### **Evidence-based and emerging practice in the assessment of sex offenders**

*Adapted from CAP of Sex Offender Management Practices (CSOM forthcoming)*

As sex offenders are a diverse group of individuals, effective management strategies rely on thorough assessments that identify sex offenders' individual levels of risk and criminogenic needs. In order for these assessments to be comprehensive, they should be on going and multidisciplinary in nature, with insights and data being offered by all involved professionals (e.g., specialized mental health practitioners, supervision officers, victim advocates). The use of a comprehensive assessment approach greatly enhances the ability of criminal justice systems to effectively balance the needs of offenders, victims, and communities over time. Throughout the sex offender management process, a variety of assessments occur within the following four broad categories:

- Risk assessment;
- Criminal justice assessment;
- Clinical assessment; and
- On-going, multidisciplinary assessment.

To enhance the reliability, validity, and ultimate utility of these assessments, it is important to utilize multiple data sources. Specifically, data gathered from interviews with the offender and collaterals (i.e., others that can provide information beyond the offender's self-report), combined with findings from general and offense-specific psychometric batteries, and reviews of records, provide a rich source of information from which professionals are able to obtain as comprehensive a picture of the offender as possible. Areas of convergence enhance the confidence of professionals' decision-making; areas of divergence should lead to further exploration. Subsequently, comprehensive assessment data should be utilized to develop and refine individualized treatment and supervision plans and strategies.

Supervision officers, treatment providers, and others, must assess sex offenders in a comprehensive and collaborative fashion by routinely evaluating the level of risk, areas of need, treatment progress, supervision compliance, adequacy of the community support network, and access to victims. By so doing, the various

stakeholders involved in sex offender management are better able to develop corresponding interventions and responses that increase community safety, reduce the likelihood of future victimization, and maximize the use of limited resources.

The core correctional principle of risk, need, and responsivity (Andrews & Bonta, 2003; Gendreau, 1996; Hoge & Andrews, 1996, 1997) provides a useful framework to facilitate assessments within criminal and juvenile justice systems, ensuring that assessment processes effectively and appropriately drive treatment and supervision interventions. The principles of risk, need, and responsivity require consideration of the following questions:

- *Who* among the sex offenders in a jurisdiction needs the most intensive treatment and supervision interventions?
- *What* are the specific targets of treatment and supervision for each sex offender that will have the greatest impact on reducing risk?
- *How* should treatment and supervision services to each sex offender be delivered in order to ensure maximum benefit from the interventions?

**Risk Principle: Who needs the most intensive treatment and supervision interventions?**

Researchers have found that more intensive interventions have greater impact on higher risk offenders (Andrews & Bonta, 2003; Friendship, Mann, & Beech, 2003; Gordon & Nicholaichuk, 1996; Hoge & Andrews, 1996; Nicholaichuk, 1996). Conversely, low-risk sex offenders respond most effectively to less intensive supervision and treatment interventions, as it is difficult to reduce the risk of an already low-risk offender (Nicholaichuk, 1996). Moreover, research suggests that some types of intensive supervision strategies can actually increase risk to reoffend among lower risk offenders (Gendreau, Goggin, Cullen, & Andrews, 2001). Therefore, the assessment of risk has significant implications for the effective prioritization and intensity of services.

**Need Principle: What are the targets of treatment and supervision that will have the greatest impact on reducing risk?**

According to the need principle (Andrews et al., 1990; Andrews & Bonta, 2003; Gendreau, 1996; Hoge & Andrews, 1996), interventions are most likely to be effective when the specific targets of intervention are the dynamic risk factors, referred to as criminogenic needs, related to an individual's offense behaviors. Thoroughly assessing the dynamic risk factors of sex offenders is critical, as it allows treatment providers and supervision officers to implement intervention strategies that are likely to produce better outcomes (Nicholaichuk, 1996). For the purposes of assessment, the need principle assists treatment providers with the determination of "what" to treat and supervision officers with the identification of "what" to monitor, as well as "when" to intervene.

**Responsivity Principle: How should treatment and supervision interventions be delivered?**

A primary goal for professionals involved in sex offender management is to ensure that treatment and supervision strategies and interventions ultimately reduce the likelihood of future victimization. Accordingly, assessments must identify the specific characteristics of the offender that may impact their ability to understand and internalize treatment and supervision interventions, and develop the necessary skills and competencies that will enable them to be successful. These characteristics are reflected by the

responsivity principle (Andrews et al., 1990; Andrews & Bonta, 2003; Gendreau, 1996; Gendreau et al., 2000; Hoge & Andrews, 1996), which posits that interventions are most effective when delivered to offenders in a manner that facilitates the learning and assimilation of new, pro-social skills.

To summarize, thoughtful consideration to the risk, need, and responsivity principles throughout the sex offender assessment process will help to ensure that:

- Intensive, scarce, and costly treatment and supervision responses are reserved for those sex offenders who need and can benefit most from such interventions;
- Treatment and supervision efforts will specifically target factors that are directly linked to sex offending behaviors, thus reducing recidivism over the long-term; and
- When supervision and treatment interventions are provided, offenders are more likely to understand, internalize, and practice skills and strategies that will assist them to maintain prosocial behaviors and, therefore, facilitate community safety.

### **Current Practice in Rhode Island with respect to the assessment of sex offenders.**

Rhode Island lags behind other states in the use of assessment tools to determine each offender's level of risk and criminogenic needs, although clearly a critical component of effective sex offender management. From the onset of an offender's entry into the criminal justice system, opportunities are lost to conduct risk and needs assessments and to use the gathered information to improve the safety of the community.

The first such opportunity is the Adult Pre-Sentence Report (PSR), completed by the probation department. Although mandated by RI General Law (§12-9-6), PSRs have rarely been used in the system. Further, in 2004, the use of PSIs was restricted. Today, only a handful of PSRs are completed, usually when a case is going to trial or when it is requested by the defense. PSRs are completed by the Probation Department and their use is restricted to the pre-disposition stage. Because PSRs are ordered by judges and not shared with supervision or corrections staff, there was difficulty in obtaining reliable data to inform this issue. Determining whether a PSR was conducted is nearly impossible for several reasons. DOC and SOCNU files do not capture this information. Probation officers who conduct these investigations occasionally are assigned these offenders and therefore, do have the benefit of the information collected in the PSR process. This occurred in only three of the 100 cases examined in November 2005. For all other sex offenders under community supervision, PSR information was unknown. Furthermore, the information gathered in the PSR is not available to the DOC or to the treatment provider for case planning purposes. Although adult PSRs are rarely ordered, approximately 50% of juvenile cases are subject to a pre-adjudication sex offender evaluation.

When an offender enters the ACI, there are additional lost opportunities to assist in the determination of those services an offender needs to reduce his likelihood for recidivism, what placement and treatment options would optimize the offender's transition back to the community, and what long-term risk the offender will present to the community when released. Currently, the DOC is in the process of implementing a general assessment tool that will be administered at admission to the facility and will be used to determine placement and service needs, i.e., the LSI-R. The tool, while helpful, is not sex-offender specific.

Currently, an unvalidated sex offender assessment tool is used at an offender’s admission to the probation department. Although the tool does not assess dynamic risk factors, it does guide the probation officers (POs) in determining the level of risk an offender might pose to the community and allows the PO to make a case plan for the offender accordingly

For juveniles, the use of assessment tools is becoming more commonplace. As noted earlier, approximately 50% of the juvenile cases are subject to a pre-adjudication sex offender evaluation. RITS has recently introduced the use of the Juvenile Sex Offender Assessment Protocol II (JSOAP-II) with juvenile offenders. This tool allows the RITS staff to assess the level of risk the offender poses, determine the level and types of services the offender requires to optimize success, and the risk the offender poses to the community when released.

At this time, the juvenile probation and parole departments do not use any risk assessment to assist in the determination of level of risk, level of supervision, or level of service needed.

## Strategies

To enhance the availability and effectiveness of assessment tools in Rhode Island, the following issues must be addressed:

- 1) Ensure that every sex offender receives a PSR prior to plea or sentencing, which includes a sex offender-specific evaluation and risk assessment, and allow access to PSR information throughout the adult and juvenile justice systems.

**Resources:**    

- 2) Broaden the use of comprehensive assessments at the time of juvenile and adult intake/classification and at appropriate intervals (including but not limited to assessment tools known as the LSI-R and the Static-99 for adults and the LSI-RY, JSOAP-II/ERASOR for juveniles) to differentiate sex offenders based on level of risk and needs, inform decisions about placement, prioritize services and treatment, and address all aspects of sex offender management and intervention (Section 3 – treatment).

**Resources:**  

- 3) Conduct sex offender-specific risk assessments at the time of admission to adult and juvenile probation and parole and at appropriate intervals thereafter (including but not limited to assessment tools such as Stable & Acute or Sonar for adults and JSOAP-II/ERASOR for juveniles) to determine and continuously evaluate risk management strategies.

**Resources:**    

**Objective 2: Provide sex offenders with appropriate supervision and risk management interventions to support their successful re-entry into the community and limit their likelihood to re-offend.** *(Developed by the Re-entry & Supervision CAP Sub-group)*

**Evidence-based and emerging practice in the supervision of sexual offenders**

*Adapted from the CAP of Sex Offender Management Practices (CSOM forthcoming)*

The initial application of relapse prevention to sex offender treatment included only the internal, self-management component, whereby offenders were taught to recognize their risk factors and develop skills and competencies to cope with these factors. Given the tendency of many sex offenders to maintain secrecy about engaging in high-risk behaviors, the need to develop strategies that were not exclusively dependent on offenders' willingness to disclose became evident. Subsequently, the external, supervisory dimension of relapse prevention was created (Pithers et al., 1988, 1989; Pithers & Cumming, 1989), with the following goals:

- Increase the efficacy of community supervision by training officers about sex offender management and targeting the specific factors presumed to be associated with reoffending;
- Create an informed and committed network of collateral supports to assist supervision officers in the monitoring process; and
- Develop a collaborative relationship between supervision officers and treatment providers, and promote the need to exchange key information and share responsibility toward the common goal of community safety.

As sex offender management has progressed, it has become increasingly clear that the traditional supervision practices used with non-sex offenders may not adequately address the unique risk and needs of sex offenders (CSOM, 2000, 2002; Cumming & Buell, 1997; Cumming & McGrath, 2000; English, 1998; English, Jones, & Patrick, 2003; English et al., 1996b; Green, 1995; Scott, 1997). As such, contemporary supervision practices involving sex offenders have evolved to reflect specialization in two primary areas:

- Knowledge and training to facilitate the management of specialized caseloads; and
- Case plans with specialized conditions of supervision to enhance offender accountability, victim protection, and community safety.

The specialized strategies and techniques used for the community supervision of sex offenders are part of a broader, comprehensive approach to sex offender management that is based on a victim-centered philosophy, with the overarching goal to reduce further victimization. Guided by comprehensive multidisciplinary assessments and the on-going monitoring of offenders, the development of, and adjustments to, supervision and treatment strategies must be commensurate with sex offenders' varied and changing levels of risk and needs. Such an approach is based on the premise that levels of risk can in fact change as a result of intervention, and consequently, that such changes result in reductions in recidivism (Dempster & Hart, 2002; Hanson & Harris, 2000, 2001; Marques, Nelson, Alarcon, & Day, 2000; Prentky, Harris, Frizzell, & Righthand, 2000; Thornton, 2002).

Thus far, examinations of the impact of specialized supervision strategies and collaborative, multidisciplinary approaches to sex offender management remain largely untested from an empirical perspective, although there is indirect evidence of the efficacy of such approaches (Cullen, Wright, & Applegate, 1998; Gendreau, Goggin, & Fulton, 2000; Gendreau, Little, & Goggin, 1996; McGrath, Cumming, Livingston, & Hoke, 2003; McGrath, Hoke, & Vojtisek, 1998; Petersilia & Turner, 1993; Pithers & Cumming, 1989). Widespread support within the professional community further suggests that the inclusion of supervision officers and other professionals, as part of a comprehensive approach to sex offender management, offers particular promise as a means to ensure victim and community safety (ATSA, 2001; CSOM, 2000; Cumming &

McGrath, 2000; D’Amora & Burns-Smith, 1999; English, 1998; English et al., 1996a; McGrath, Cumming, & Holt, 2002; Scott, 1997).

## **CURRENT PRACTICE IN RHODE ISLAND WITH RESPECT TO SUPERVISION**

In 1999, the DOC created an Intensive Sex Offender Probation Unit (the Unit) in response to the extremely high caseloads (approximately 300) managed by probation officers (PO) and the need to provide more intensive supervision to sex offenders. Today, there are 8 POs assigned to the Unit, each carrying a caseload of approximately 80 offenders (up from approximately 40 when the unit began). As of November 2005, there are 545 cases managed by the Unit. Each offender is assigned to a PO’s caseload based on geographical considerations. The Unit manages approximately 70% of the sex offenders on active probation.

The process for admission to the Unit is outlined in its written policies and procedures. Prior to release, the PO assigned to the offender works with a discharge planner to ensure that necessary services are in place (housing, food, identification, registration, signed conditions of probation, etc.). Within 24 hours of release, the PO meets with the offender to do an intensive interview (probation intake, case plan summary, offender profile, release of information). A victim referral form is also completed, and the Unit’s sex offender risk assessment instrument is completed, which is designed to determine re-offense and violence levels, and is completed by the unit supervisor using information obtained from the police report, PSR (if available), and records from incarceration. The instrument is unvalidated. The determined level of risk, prior charges, environment, etc., helps to determine a case plan and establish the frequency of field visits.

The unit considers itself to be “victim focused.” When a new sex offender enters the unit, a referral is made to the full-time Victim Advocate, a contract employee from SATRC, who provides assistance and referrals to victims.

General conditions for all offenders (including sex offenders) on probation include: obey all laws; report to PO as directed; do not leave the state, except with prior approval; notify PO of any change of address, status, etc.; make effort to keep steadily employed; waive extradition; and fulfill any additional special condition of probation (No-Contact Orders, participate in sex offender treatment etc.).

In November 2005, it was found that sex offenders on the SOU were assigned the following special conditions, on average:

- Restitution = 12.8%
- Generic Counseling = 10.5%
- Community Service = 2.6%
- No Contact = 54.3%
- Domestic Violence Counseling = 9%
- Sex Offender Treatment = 33.2%
- Mental Health Treatment = 3.5%
- Substance Abuse Treatment = 8.3%

Juvenile sex offenders under the supervision of probation are supervised by POs who are employed by the Division of Juvenile Correctional Services within the DCYF. Currently, there are 1400 youth under the supervision of Juvenile probation, with approximately 68 adjudicated juvenile sex offenders being supervised statewide. There are many other juvenile offenders who have entered into a plea agreement to a

reduced charge (non-sex offense) and are also under supervision of juvenile probation and parole. There is no sex offender-specific unit within juvenile probation, although there are special units that supervise juvenile sex offenders (in addition to other juveniles), including the Juvenile Parole Unit and Operation Safe Streets.











The expectations in terms of treatment and accountability are dictated by the conditions of probation. As with adults, there are general and special conditions of probation. All juveniles on probation are expected to comply with general conditions, and, when ordered by a judge, special conditions specific to each youth placed under supervision. A RI Family Court Judge sets conditions of probation at the time of sentencing. The Family Court as a special condition of probation almost always orders treatment. Currently there are no written policies regarding the supervision of juvenile sexual offenders. There is also no training that is specifically geared toward supervision of juvenile sex offenders, nor are there any POs identified as sex offender specialists.

An automatic override exists for juvenile sex offenders that places them at the most intense level of supervision. Intense supervision is not defined in policy, but the intent of the standard is face-to-face weekly contact with the juvenile.

Juvenile probation caseloads range from 35 to 55 cases. Most juvenile POs report having fewer than five juvenile sex offenders on their caseloads. In contrast with the adult population, most juveniles on probation have not been incarcerated.

## Strategies

To enhance the availability and effectiveness of interventions in Rhode Island, the following issues must be addressed:

- 1) Expand the availability of specialized supervision for adult sex offenders and establish specialized supervision for juvenile sex offenders under the jurisdiction of probation and parole.  
**Resources:**    
- 2) Tailor special conditions of probation and parole to the risk and criminogenic needs of each offender.  
**Resources:**    
- 3) Train POs on the dynamics of sexually offending behavior, offenders' criminogenic needs and other aspects of sex offender management.  
**Resources:**  
- 4) Ensure that specialized case plans are developed for every adult and juvenile sex offender under community supervision. Case plans should be informed by comprehensive assessments of the offender's level of risk and criminogenic needs.

## GOAL 3: OPTIMIZE OFFENDERS OPPORTUNITY TO SUCCEED IN THE COMMUNITY

**Objective: Develop effective strategies for the reintegration of sex offenders to the community.** *(Developed by the Re-entry & Supervision CAP Sub-group)*

## **Evidence-based and emerging practice in the re-entry of sexual offenders**

*Adapted from the CAP of Sex Offender Management Practices (CSOM forthcoming)*

As a result of the recent increase in attention and resources directed at the community reintegration of both sex and non-sex offenders on the state and national level, promising strategies to re-entry are beginning to emerge within the criminal justice system. These strategies have specific applicability to the transitioning and ultimate reintegration of sex offenders into the community. Included among these strategies are the following:

- Initiate re-entry planning at the point of intake to institutions;
- Assure the availability of comprehensive (re)habilitative services to incarcerated offenders;
- Promote a culture within correctional facilities that is conducive to developing and practicing skills that will facilitate greater adaptation to the community;
- Involve offenders in comprehensive release planning and pre-release programming;
- Ensure continuity of care to bridge institutional and community-based services;
- Utilize the leverage of discretionary releases to provide incentives for participation in institutional programming and enhance compliance with release conditions;
- Implement parole supervision classification systems that tailor and prioritize services and interventions based on offender risk and need;
- Develop community resources and supports (e.g., housing, employment, treatment) to facilitate offender success;
- Provide close monitoring and supervision of parolees;
- Ensure that timely responses and graduated sanctions are available to address violation behaviors or changes in level of risk; and
- Utilize a multidisciplinary and collaborative approach to promote offender success and victim/community safety.

The challenges associated with re-entry are more pronounced when sex offenders are involved. Sex offenders are a heterogeneous population, with differences that include the type of victims targeted, nature and extent of deviant sexual arousal and preference, level of functioning, degree of risk, dynamic risk factors or criminogenic needs, and pathways to offending. The secrecy and manipulation involved in sex offenses, coupled with the profound impact on victims, results in a substantial proportion of sex offenses remaining unreported and undetected. Consequently, these factors may obscure professionals' perceptions and abilities to manage sex offenders once released. In addition, negative public reaction to the reintegration of sex offenders into communities, while understandable, provides barriers to re-entry. Further complicating matters have been the historically fragmented systemic responses that have resulted from criminal justice agencies' tendencies to focus independently either on institutional *or* community management as mutually exclusive components of sex offender management. Indeed, concurrent and collaborative consideration to both institutional *and* community management of sex offenders – to include the process of transitioning offenders from the institution to the community – has been largely nonexistent.

Collaboration is vital to each component of the comprehensive approach to sex offender management, and is perhaps most critical for the purposes of re-entry. Indeed, to be effective, the policies and practices at

both the institutional and community level are highly dependent upon collaboration within the entire system, including adult and juvenile correctional institutions, residential treatment centers, community supervision agencies, law enforcement, mental health, social service agencies, victims and victim advocates, employment and housing officials, and individuals who serve as members of offender support networks (Berenson & Underwood, 2000; English, Jones, & Patrick, 2003; Green, 1995; Hook & Seymour, 2003; Lynch & Sabol, 2001; Marques, Nelson, Alarcon, & Day, 2000; Petersilia, 2003; Schlank & Bidelman, 2001; Seymour, 2001; Travis et al., 2001).

### **Current Practice in Rhode Island with respect to the reintegration of sex offenders into the community**

All of the discharge planning services offered to inmates at the DOC is vendor delivered. Twelve agencies provide this service to incarcerated individuals. Not all offenders currently receive discharge services through the DOC; only high-risk offenders serving one or more years are eligible for these services.

The Urban League does discharge planning in all men's facilities with the exception of minimum security. The counselors in each facility identify eligible offenders and refer them to the Urban League planners. In order to have a discharge plan completed, inmates must participate in an 8- to 10- week workshop/skills class. In nearly all cases, sex offenders are automatically considered high risk, and receive discharge services from the Urban League.

The goal of the DOC is to have all sex offenders receive discharge planning. Depending on length of sentence, need, support, etc., discharge planning begins from one year to three months before the completion of sentence and generally includes assistance with the following: housing/shelter; group home settings; identification; vocational options; medical needs; medication; and mental health needs.

There is no formal multi-disciplinary team involved in discharge planning; however, as appropriate, the institutional caseworker, treatment provider, education staff, medical staff, and mental health staff are involved. Those inmates who are placed on conditional release (parole) do not receive discharge planning.

Currently there are 45 institutional counselors who work in the DOC. They sit on disciplinary boards and assist inmates with the rehabilitative process. The job function of these counselors is evolving toward spending more time on rehabilitative efforts.

Education, substance abuse programming and healthcare are provided routinely by DOC. Vocational training, mental health, pre-release, and life-skills workshops are provided on a very limited basis.

Analysis of SOCNU files (n = 100) in November 2005 revealed that approximately 33% of these sex offenders had secured full-time employment prior to discharge and another 15% had found part-time employment (18% were considered ineligible due to SSI). Additionally, 87% of these individuals had housing secured and 54% had a community-based treatment provider identified at discharge.

Currently, the DOC is coordinating a multi-disciplinary Task Force to look at the re-entry process for all offenders. Because of the complexity of the issues around re-entry, the Sex Offender Management Task Force is currently working with the Re-entry Task Force ("Tier II") to ensure that the needs of sex offenders are represented.

RITS houses adjudicated (sentenced) sex offenders in a secure setting. At any given time, 15 to 24 adjudicated sex offenders are housed at RITS, including juveniles sentenced directly to RITS, probation/parole violators, and Temporary Community Placement (TCP) revocations. Offenders are housed in a segregated unit but interact with the general population on a daily basis (school, meals, etc.). Treatment for juveniles at RITS is mandatory (usually court-ordered) and provided in a residential/milieu setting.

Within 30 days of adjudication, a meeting is held and tentative discharge/transition plans are developed as part of the juvenile's Individualized Treatment Plan (ITP), which are reviewed and updated every 60 days. Ninety to 120 days prior to their end of sentence, all RITS residents are reviewed at the monthly Screening and Referral meeting, attended by service providers, juvenile parole, and RITS treatment/education staff. Transitional issues considered may include mental health needs; education; wrap around services; outreach and tracking; mentoring; supervision; and case management responsibilities. Thirty to 60 days prior to their expected release date, cases begin to be reviewed on a weekly basis by the RITS treatment team and service providers. One to ten days prior to release a brief discharge summary is sent to the juvenile probation/parole unit.

## Strategies

To enhance the effectiveness of reintegration of sex offenders into the Rhode Island community, the following issues must be addressed:

1. Develop sex offender-specific policies and programs that guide the transition from institution to community. Programs should create an environment that will enable offenders to engage in productive activities during work and non-work hours that parallel those of free society.

**Resources:** ¶¶¶ ¶ §

2. Re-entry plans should be commensurate with the level of risk, should begin at the time of intake, or, at a minimum, within two years of release.

**Resources:** ¶¶¶ ¶ §

3. Ensure transition plans for sex offenders (the transition period should begin six to twelve are jointly developed by institutional, community, and releasing authorities. Plans should assess participation and progress in treatment, reassess offenders' risk using both dynamic and static factors, and begin to share critical information and documentation through transition meetings that include stakeholders in both the institution and the community.

**Resources:** ¶¶¶ ¶

4. Ensure that philosophies and approaches are consistent between the institutional and community-based treatment programs. Specifically, ensure that the community-based treatment is delivered in a manner that builds upon the services provided within the institution, rather than creating unnecessary duplication.

**Resources:** ¶¶¶ ¶

#### **GOAL 4: PROVIDE THE COMMUNITY WITH THE INFORMATION THEY NEED TO KEEP THEIR FAMILIES SAFE**

**Objective 1: Ensure that information about sex offenders provided to the community is necessary, accurate, and received in a timely manner.** *(Developed by the Registration and Community Notification CAP Sub-group)*

##### **Evidence-based and emerging practice for registration of sex offenders**

*Adapted from the CAP of Sex Offender Management Practices (CSOM forthcoming)*

With the Congressional enactment of the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act in 1994, a dramatic increase in the ratification of sex offender registration provisions occurred in states nationwide (CSOM, 1999a; Matson & Lieb, 1997; Winick & LaFond, 2003; Zevitz & Farkas, 2000).

Under the Wetterling Act, in order to maintain federal funding at existing levels to support state and local law enforcement, all states were required to create registries for offenders convicted of sexually violent offenses or crimes against children. Among the original requirements of the Wetterling Act were the following conditions:

- Require sex offenders to register for a minimum of 10 years;
- Acquire registration information from sex offenders when they are released to the community from institutional custody;
- Inform sex offenders of registration obligations in jurisdictions where they intend to reside;
- Require registrants to provide updated information when they change residences;
- Verify registered addresses periodically; and
- Release registration information as necessary for public safety.

Three subsequent amendments to the Wetterling Act have been enacted that require states to release registration information to the public, afford discretion to states with respect to the determination and process for releasing registry information, require heightened registration expectations for specific classes of sex offenders, and expand the population of registerable offenders (CSOM, 1999a; Matson & Lieb, 1997; Pratt, 2000). More specifically, in 1996, the passage of Megan's Law mandated that criminal justice agencies release to the public relevant information about specific sex offenders. The Pam Lychner Sexual Offender Tracking and Identification Act of 1996 further amended the Wetterling Act by heightening registration requirements for more violent or repetitive offenders. More specifically, for sex offenders convicted of multiple registerable offenses or for those whose offenses were aggravated in nature (e.g., penetration of a child under 12, penetration of a victim through the use or threat of force), the requirement of lifetime registration was established.

Finally, section 115 of the General Provisions of Title I of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1998 (CJSA) expanded the class of registerable offenders to federal and military offenders, as well as sex offenders who work or attend school in states other than their permanent residence. The CJSA amendments additionally afforded discretion to

states relative to the procedures used for conducting periodic verification of registrants' addresses. Furthermore, the amendments require states to participate in the Federal Bureau of Investigation's National Sex Offender Registry (NSOR). In 1998, the Bureau of Justice Statistics began administering the NSOR Assistance Program (NSOR-AP), which assists states in meeting federal requirements and ensures that state registries identify, collect, and properly disseminate relevant information that is consistent, accurate, complete, and current. Further, the NSOR-AP ensures that states establish appropriate interfaces with the national system so that state registry information can be tracked between jurisdictions.

While the implementation of sex offender registration policies initially targeted adult sex offenders, many states have since enacted legislation to include juvenile sex offenders, consistent with the Federal requirements for the registration of juveniles convicted of certain sex offenses (Heinz & Ryan, 1997; Hunter & Lexier, 1998; Matson & Lieb, 1997; Szymanski, 2003a, 2003b). However, the development and implementation of juvenile sex offender registries have been the subject of controversy. Indeed, the historical underpinnings of a separate juvenile court and juvenile system – and the associated confidentiality of juvenile proceedings, sealing of juvenile records, and expunction of juvenile criminal histories – was largely based on the philosophy that if juveniles respond effectively to rehabilitative efforts, they should not be subjected to lifelong scrutiny, consequences, sanctions, or stigma that may prevent them from engaging in productive activities. However, there has been a marked shift in the philosophies and practices within juvenile justice, resulting in a subsequent elimination of some of the juvenile confidentiality protections (Heinz & Ryan, 1997; Hunter, 2000; Hunter & Lexier, 1998; Mendel, 2000, 2001; Snyder & Sickmund, 1999). In light of the emerging literature that reveals a variety of differences between adult and juvenile sex offenders and which fails to support initial beliefs that juvenile sex offenders will necessarily continue offending as adults, questions have arisen about the widespread application of adult legislation and policies to the juvenile population (ATSA, 2000; Becker & Hunter, 1997; Chaffin & Bonner, 1998; CSOM, 1999b; Hunter, 2000; Hunter & Lexier, 1998; Weinrott, 1996). Indeed, the decisions of policymakers should be informed and guided by the available research to ensure that effective tailoring of such policies and practices occurs based on developmental considerations and treatment outcome data.

### **Evidence-based and emerging practice for community notification of sex offenders**

*Adapted from the CAP of Sex Offender Management Practices (CSOM 2004)*

Since the passage of Megan's Law, all states are required to release information to the public about convicted sex offenders when it is necessary to protect community safety. States are allowed discretion in determining the necessity of disclosure, for specifying standards and procedures for making such determinations, and the process by which such information is released to the public, whether actively disseminated through a variety of means (i.e., active notification), or made accessible to the public (i.e., passive notification), or both. Passive notification is distinguished from active community notification, in that law enforcement or other responsible criminal justice actors provide information to communities through flyers, newspaper ads, community meetings, and other means.

Notification typically occurs when an offender is released from incarceration and returns to a community, although it may occur initially for offenders placed in the community on probation or as offenders move from one neighborhood to another. In addition, some community notification provisions allow for notification when an offender is found in noncompliance with supervision conditions or registration requirements, or when an offender absconds from his or her jurisdiction. As such, community notification is utilized as a risk management tool, alerting the public when an offender exhibits behavior that suggests

escalating risk. This practice serves two purposes: informing communities of dangerous behaviors by particular offenders and enhancing compliance of sex offenders through the threat of public exposure.

Primarily designed to target adult sex offenders, community notification laws in many states also include provisions for juvenile sex offenders (CSOM, 2001; Heinz & Ryan, 1997; Matson & Lieb, 1997; Szymanski, 2003). However, it has been recognized that decisions to implement notification policies for juveniles warrant significant deliberation for a variety of reasons (ATSA, 2000; Chaffin & Bonner, 1998; Freeman-Longo, 1996; Freeman-Longo & Blanchard, 1998; Heinz & Ryan, 1997; Hunter & Lexier, 1998; Weinrott, 1996). First, the professional literature has begun to highlight a number of distinctions between adult and juvenile sex offenders, including lower sexual recidivism rates among juveniles. Therefore, it may not be prudent to assume that policies and practices designed for adult sex offenders can be reasonably applied to juveniles. Second, the potential stigma associated with the public labeling of juveniles as sex offenders – particularly when the juveniles are relatively young – can exacerbate existing difficulties with development, school functioning, peer relationships, social isolation, and families (ATSA, 2000; Freeman-Longo, 1996). Third, as specific types of behaviors for which juveniles can be adjudicated or referred may be categorized as sexual in nature but not reflective of sex offending, community notification procedures may draw attention unnecessarily to such juveniles (Freeman-Longo & Blanchard, 1998). Finally, as many victims of juvenile sex offenders are family members, the identities of victims may be discernable following community notification. Overall, the potential exists for community notification practices to have more risks and detrimental effects on the juveniles, families, and victims than potential benefits (ATSA, 2000; Chaffin & Bonner, 1998; Freeman-Longo, 1996; Freeman Longo & Blanchard, 1998). Consequently, some states exempt juveniles from community notification practices or have developed a variety of restrictions or limitations on the applicability and processes relative to juveniles (Matson & Lieb, 1997; Szymanski, 2003).

### **Current System in Rhode Island with respect to the registration and community notification of sex offenders.**

In 1992, the RI General Assembly passed RIGL §11-37-16 requiring sex offenders who received a jail sentence after 1992 to register with local police. The law was in effect from 1992 through 1996, when it was replaced with RIGL §11.37.1-1.

The new law, the Sex Offender Registration and Community Notification Act, also required adult and juvenile sex offenders to register, but expanded on the crimes covered by the law, duration of registration, established the sexually violent predator (SVP) designation, set-up a process for verification of address and transfer of information to law enforcement, and set guidelines for the release of information.

The statute also added a community notification provision. Commonly known as Megan's Law, the community notification portion of the law set rules and regulations for attributing different levels of risk to offenders based on the level of risk they pose to the community, established policies for the release of that information to the community, and established procedures for objections to these notifications. The SOCNU was established in 1998 as a response to the new law and coordinates and monitors verification of registration address and community notification risk level assignment through the Sex Offender Board of Review (SOBR).

Those subject to community notification under the statute include all adult and juvenile sex offenders living in RI and convicted of an enumerated offense (see appendix) on or after July 24, 1996, and all non-resident workers/students who work or go to school in RI.

RIGL §11-37.1 also established the SOBR and charged the five-member board with determining whether released offenders were to be considered sexually violent predators. The law held that in a second step the Parole Board would make a risk determination of Level One (low risk), Level Two (moderate risk), or Level Three (high risk). Each risk level corresponded to a level of notification, and offenders were afforded an appeal process. For many reasons, the law did not lead to the efficient assignment of community notification or SVP status to most sex offenders.

In 2003, RIGL §11-37.1 (§11-37.1-2) was amended to streamline the procedures for risk level determination. The duties of the SOBR were modified to include risk assessment, and the SVP determination became a separate process to be determined by the Court. A validated risk assessment was added to the tools SOBR uses to determine level of risk, and a Board member from the juvenile justice system was added.




Offenders continue to be required to register annually for ten years from the expiration of their sentence, and must verify their address quarterly for the first two years, and annually thereafter. Those determined to be SVPs, recidivists, and aggravated offenders are required to register for life and verify their address quarterly. Juveniles required to register must do so for 15 years. For some juveniles adjudicated on a sex offense, the duty to register may be waived.

When an offender registers with local law enforcement within 24 hours of his release from incarceration, arrival in Rhode Island, and/or sentencing without incarceration, the police department forwards the offender information to the RIAG, which is the official repository for the information. When an offender moves within a community or to another community, he must also register with police within 24 hours.





The SOCN is responsible for verifying the addresses of all registered sex offenders on an annual basis. Because there is no real-time connection between local law enforcement, the police, and the RIAG, information is often delayed in getting updated or removed from the system. Currently there is no system for removing deceased individuals or those who have completed their period of registration from the system.

## Strategies




To enhance the effectiveness of Rhode Island's registration and community notification of sex offenders, the following strategies should be implemented.

1. Educate the community about sex offender registration and notification.  
**Resources:**  
2. Enhance and standardize the registration process for offenders, as well as the roles of involved agencies. Establish uniform policies to include procedures for updating registry information, clarifying when the duty to register expires, procedures for deceased registrants, procedures for the relocation of registrants, etc.  
**Resources:** 
3. Set up a web-based system in the existing RI Law Enforcement Telecommunication System that will allow local law enforcement to communicate in real time with the RIAG (maintainer of the central registry) and the SOCN. This system will update registration information and allow for consistent and





timely communication of community notification information shared between the SOCNU and local law enforcement.

**Resources:**    

4. Address the on-going problems with the existing juvenile community notification process and evaluate the on-going impact and necessity of juvenile community notification.





**Resources:**   

5. Establish a system for clearly establishing (at 10-year intervals) a manner by which risk assessment for offenders under community notification can be assessed over time, and provide a mechanism by which notification can be modified for individual offenders as levels of risk changes.

**Resources:**    

6. Establish a system that does not place an undue financial burden on police departments to conduct community notifications.

7. Provide equal treatment for all persons who appeal their classification including the access to experts, at court expense for indigent defendants, if the expert would assist the court in reaching its determination on risk level for community notification.

**Resources:**    

## **GOAL 5: ENSURE THE ON-GOING IMPLEMENTATION OF THE COMPREHENSIVE APPROACH TO SEX OFFENDER MANAGEMENT HIGHLIGHTED IN THIS STRATEGIC VISION**

### **Objective 1: Formalize the work of the Rhode Sex Offender Management Task Force.**

1. Advocate for legislation creating the Rhode Island Sex Offender Management Policy Board. The purpose of the Board would be to address issues, concerns and problems related to the community management of sex offenders with a goal of safer communities and reduced victimization.
2. The Board would be required to develop recommendations to improve management practice for sex offenders as outlined in this plan.

**Resources:**    

### **Objective 2: Provide regular and accurate information to interested stakeholders and the media that dispels myths about sex offenders and extols the benefit of a comprehensive approach to sex offender management.**

1. Establish a Communications Committee within the Policy Board in order to serve as a resource for the Legislature, the Governor and the general public on issues regarding sex offender management.

**Resources:**    

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

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

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

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

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

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

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

**Assessment:** See Phases of Assessment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Disposition:** A final settlement of criminal charges.

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

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

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

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

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

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

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

- Vocational and recreational planning; and
- A commitment to attend aftercare support groups.

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

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

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

**Index Offense:** The most recent offense known to authorities.

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

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

**Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act:**

Enacted in 1994, this federal mandate requires states to establish stringent registration programs for sex offenders—including lifelong registration for offenders classified as “sexual predators” by September 1997 (see Sex Offender Registration).

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

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

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

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

**Level of Service Inventory-Revised (LSI-R):** A risk assessment tool designed to assess re-offense risk and treatment needs among the general criminal population. This tool utilizes a 54 item scale scored “yes” or “no” or a “0-3” rating by clinical staff or case managers (Andrews and Bonta, 1995). This instrument has not been validated for a sex offender population.

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

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

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

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

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

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

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

- *Bestiality (Zoophilia):* Sexual interest or arousal to animals.
- *Coprophilia:* Sexual interest or arousal to feces.
- *Exhibitionism:* Exposing one's genitalia to others for purposes of sexual arousal.
- *Frotteurism:* Touching or rubbing against a non-consenting person.
- *Fetishism:* Use of nonliving objects (e.g., shoes, undergarments, etc.) for sexual arousal that often involves masturbation.
- *Hebophilia:* Sexual interest in, or arousal to, teens/post-pubescent children.
- *Klismophilia:* Sexual arousal from enemas.
- *Necrophilia:* Sexual interest in, or arousal to, corpses.
- *Pedophilia:* The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for pedophilia are as follows:
  1. Over a period of at least 6 months, recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a pre-pubescent child or children (generally age 13 years or younger);
  2. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
  3. The person is at least 16 years old and at least 5 years older than the child or children in the first criterion (this does not include an individual in late adolescence who is involved in an ongoing sexual relationship with a 12 or 13 year old).
- *Pederast:* Sexual interest in, or arousal to, adolescents.
- *Sexual Masochism:* Sexual arousal/excitement from being humiliated, beaten, bound, or made to suffer.
- *Sexual Sadism:* Sexual arousal/excitement from psychological or physical suffering of another.
- *Telephone Scatologia:* Engaging in uninvited, sexually explicit talk with another person via the telephone. This is often referred to as "obscene phone calling."
- *Transsexual:* A person who has undergone a surgical sexual/gender change.
- *Transvestic Fetishism:* The wearing of clothing articles and especially undergarments for persons of the opposite sex. This is often referred to as "cross dressing."
- *Voyeurism:* Observing unsuspecting individuals, usually strangers, who are naked, in the act of dressing or undressing, or engaging in sexual activities.

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

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

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

**Phallometry (Phallometric Assessment or Penile Plethysmography):** A device used to measure sexual arousal to both

appropriate (age appropriate and consenting) and deviant sexual stimulus material. Stimuli can be either audio, visual, or a combination.

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

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

- *Investigative Assessment:* An investigative assessment is generally completed by a team that includes law enforcement personnel, a prosecuting attorney, and a child protective services staff member. The purpose of this assessment is to gather as much information as possible regarding the modus operandi of a sexual abuser and to corroborate evidence regarding the crime scene and how the abuse occurred.
- *Risk Assessment:* A risk assessment considers the nature, extent, and seriousness of an offender’s sexually abusive behavior; the degree of threat the offender presents to the community or victim; and the general dangerousness of the offender in any particular setting. It determines specifically and in detail the appropriate setting, the intensity of intervention, and the level of supervision needed by a particular sex offender. A risk assessment is required prior to admission to any program for sex offenders, and is conducted on an ongoing basis after admission.
- *Treatment Planning Assessment:* The purpose of a treatment planning assessment is to identify specific problem areas, strengths and weaknesses, skills, knowledge, and the precedents and antecedents of the sexually abusive behavior. The assessment includes consideration of thinking, affect, behavior, organicity of behavioral and cognitive issues, psychiatric disorders, addictions, and family functioning.
- *Clinical Assessment:* A clinical assessment is necessary for treatment planning. It helps determine the problem areas that need to be addressed in treatment as well as the types and modalities of treatment most suitable to treat the sex offender.
- *Formal and Informal Assessments of Progress in Treatment:* Formal and informal assessments of progress in treatment are used to determine sex offender progress in treatment. They are typically done using pre-post testing of information learned, direct observation and evaluation of the skills the sex offender has acquired, and the extent of his/her behavioral change.
- *Graduation or Discharge Readiness Assessment:* A graduation or discharge readiness assessment is used to determine if a sex offender has successfully completed treatment. The sex offender’s skills, knowledge, and abilities are evaluated based upon the treatment plan and other factors that were identified to determine the offender’s progress.
- *Classification Assessment:* A classification assessment is conducted to determine the supervision classification status of a probationer or parolee who is a sex offender.
- *Outcome Evaluations:* Outcome evaluations are conducted after discharge from a program, typically by tracking all sex offenders to determine rates of recidivism/re-offense.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Risk Factors:** A set of internal stimuli or external circumstances that threaten a sex offender's self-control and thus increases the risk of lapse or relapse. Characteristics that have been found through scientific study to be associated with increased likelihood of

recidivism for known sex offenders. Risk factors are typically identified through risk assessment instruments. An example of a sex offender risk factor is a history of molesting boys.

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

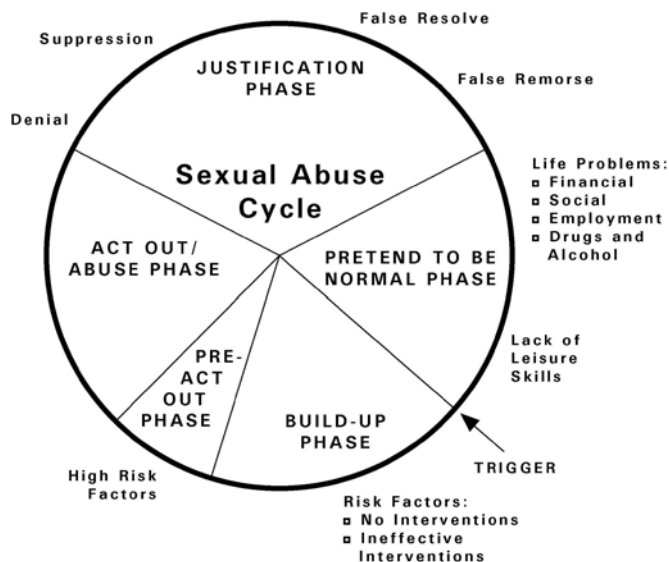
**Risk Management:** A term used to describe services provided by corrections personnel, treatment providers, community members, and others to manage risk presented by sex offenders. Risk management approaches include supervision and surveillance of sex offenders in a community setting (risk control)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

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

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

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

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



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

**Sexual Abuse Specific:** A term used to imply that aspects of treatment, assessment, and programming are targeting sexually abusive behaviors and not generic problems. Sexual abuse specific treatment often includes limited confidentiality, involuntary

client participation, and a dual responsibility for the therapist: meeting the offender's needs while protecting society).

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

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

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

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

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

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

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

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

- Program goals;
- Program progress expectations;
- Understanding and acceptance of program and facility (if applicable) rules;
- Agreement by the sex offender to take full responsibility for his/her offenses within a specific time frame;
- Acknowledgment of the need for future stipulations as more risks and needs are identified (e.g., triggers, patterns, etc.) and that privileges or restrictions may be adjusted as progress or risk factors change;
- Parental/family requirements to participate in sexual abuse specific family treatment and be financially responsible when necessary;
- Acknowledgment of consequences for breaking the treatment contract; and
- Incentives.

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

- *Bio-Medical Treatment Model:* The primary emphasis is on the medical model, and disease process, with a major focus on treatment with medication.
- *Central Treatment Model:* A multi-disciplinary approach to sex offender and sexual abuser treatment that includes all program components (e.g., clinical, residential, educational, etc.).
- *Cognitive/Behavioral Treatment Model:* A comprehensive, structured treatment approach based on sexual learning theory using cognitive restructuring methods and behavioral techniques. Behavioral methods are primarily directed at reducing arousal and increasing pro-social skills. The cognitive behavioral approach employs peer groups and educational classes, and uses a variety of counseling theories.
- *Family Systems Treatment Model:* The primary emphasis is on family therapy and the inclusion of family members in the treatment process. The approach employs a variety of counseling theories.
- *Psychoanalytic Treatment Model:* The primary emphasis is on client understanding of the psychodynamics of sexual offending, usually through individual treatment sessions using psychoanalytic principles.
- *Psycho-Socio Educational Treatment Model:* A structured program utilizing peer groups, educational classes, and social skills development. Although the approach does not use behavioral methods, it employs a variety of counseling theories.
- *Psychotherapeutic (Sexual Trauma) Treatment Model:* The primary emphasis is on individual and/or group therapy sessions addressing the sex offender's own history as a sexual abuse victim and the relationship of this abuse to the subsequent perpetration of others. The approach draws from a variety of counseling theories.
- *Relapse Prevention (RP) Treatment Model:* A three dimensional, multimodal approach specifically designed to help sex offenders maintain behavioral changes by anticipating and coping with the problem of relapse. Relapse Prevention: 1) teaches clients internal self-management skills; 2) plans for an external supervisory component; and 3) provides a framework within which a

variety of behavioral, cognitive, educational, and skill training approaches are prescribed in order to teach the sex offender how to recognize and interrupt the chain of events leading to relapse. The focus of both assessment and treatment procedures is on the specification and modification of the steps in this chain, from broad lifestyle factors and cognitive distortions to more circumscribed skill deficits and deviant sexual arousal patterns. The focus is on the relapse process itself. (See Appendix I for a list of terms commonly used in the relapse prevention treatment models.)

- *Sexual Addiction Treatment Model:* A structured program using peer groups and an addiction model. This approach often includes 12-Step and sexual addiction groups.

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

**Treatment Program or Facility:** Any single program in which sex offenders routinely are grouped together for services. It may include residential, educational, and day treatment programs; or any similar service. A treatment program or facility is differentiated from an agency which may administer a number of different treatment facilities.

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

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

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

# APPENDIX