

MAKING CALIFORNIA COMMUNITIES SAFER:
EVIDENCE-BASED STRATEGIES FOR EFFECTIVE
SEX OFFENDER MANAGEMENT

California Sex Offender Management Task Force

Full Report



July 2007

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California Sex Offender Management Task Force

Full Report



An electronic version of the Full Report is available for download at www.cdcr.ca.gov

Vision:

The California Sex Offender Management Task Force will promote public safety through collaborative, comprehensive and effective sex offender management practices.

Mission:

The mission of the California Sex Offender Management Task Force is to assess the current state of sex offender management practices in California and collaborate to develop a consensus on best practices with the goal of establishing a strategic plan that will enable the state of California to:

- Provide victims of sex offenses with information and access to comprehensive treatment services
- Educate the public regarding the dynamics and prevention of sexual offenses
- Establish standards for effective and victim-sensitive investigation, prosecution and adjudication of sexual offenses
- Establish comprehensive standards for assessment of sex offenders to allow for appropriate allocation of interventions and resources
- Provide and evaluate professional standards for sex offender treatment providers
- Provide appropriate and effective treatment to sex offenders
- Establish standards that constitute effective community supervision of sex offenders
- Provide access to the opportunities necessary for sex offenders to achieve stability in their communities
- Establish registration and community notification policies that provide communities and citizens with a tool for preventing sex offenses
- Work collaboratively to ensure appropriate placement of sex offenders in the community
- Develop a structure to evaluate the effectiveness of each component of California's sex offender management practices

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- The California Department of Corrections and Rehabilitation Secretary, James Tilton, for the foresight to apply for and receive the funding for this project and for his ongoing support which made the project possible.
- CDCR Parole Administrator Joe Ossmann, and Parole Agent II Deborah Johnson for writing the grant application which enabled California to be an awardee in this competitive grant process.
- The California Coalition Against Sexual Assault (CALCASA) for its support and particularly for making available the consultation services of Robert Coombs.
- The numerous agencies and individuals who responded to the request to write letters in support of California's grant application.
- All of the agencies and individuals who participated in interviews, focus groups and surveys conducted during the Comprehensive Community Assessment phase of the project.
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- Each member of the Task Force who followed through on the commitment to participate in a long-term, multi-disciplinary, collaborative process to critically assess and make recommendations to improve the management of juvenile and adult sex offenders in California.
- We would like to acknowledge the extra time and effort of our subcommittee chairpersons. Without their leadership and dedication, this would not have been possible. Gary Lowe and Jeff Rose (Investigation, Prosecution and Disposition); Carol Atkinson (Assessment); Iraj Monsoori, Anthony Kane and Gerry Blasingame (Treatment); Rudy Fernandez and Jesse Jannetta (Re-entry); Ed Vasquez (Community Supervision); Janet Neeley (Registration and Notification).
- It is with sadness and respect that we acknowledge the passing of one of our task force members. Jamie Skeeters passed away in December, 2006 from a sudden heart attack. Our sympathy goes out to his family and close friends. He provided valuable insight and input into this report.

EXECUTIVE SUMMARY

SEXUAL ASSAULT: THE CONTEXT AND THE CHALLENGE

Awareness of the extent and seriousness of sexual victimization and of its impact on individual victims and on society as a whole has expanded dramatically over the past twenty-five years. Driven largely by the energies of the women's movement and inspired by the willingness of victims to speak out and tell their heartbreaking stories, many researchers, writers, policy makers, media figures, mental health providers and other practitioners, journalists, victim advocates and a variety of other committed individuals and organizations have continued to expand the frontiers of what is known and what is being done to respond to the problem. It is encouraging that, for reasons difficult to pinpoint, the rates of reported sexual offending have actually decreased in recent years. However, the problem still negatively impacts the lives of many children, women and men in our society and the efforts to stop such destructive behaviors must and do continue.

The understanding that sexual assault is a "different" sort of crime that has a different impact on its victims and that, in many cases, is perpetrated by an individual whose psychology and motivation is different from that of other criminals has a number of consequences. One important consequence is that those who deal with such crimes at every stage of the intervention process need to have specialized knowledge.

Because sexual offending is such an emotionally charged topic, it is not always easy to think clearly about how to best manage sex offenders. The report presented here represents the efforts of a large group of experts to thoughtfully review the available knowledge base and make recommendations about how to apply it to California's policies and practices.

Taking all possible steps to prevent sexual victimization and to ensure that the rates of sexual assault continue to drop is clearly, and should be, a high priority for California policymakers. One area on which such efforts focus is reducing the likelihood that individuals who have already come to the attention of the criminal justice system for having committed a crime involving sexual assault do not repeat their actions and victimize others in the future. Preventing the far greater proportion of sexual assault that is perpetrated by individuals who have not previously been identified by the criminal justice system is a crucial public health and public safety challenge. It is, however, a challenge that goes well beyond the focus of this Task Force.

For the safety and well-being of California's citizens, especially those most vulnerable to sexual assault, it is essential to manage known sex offenders living in the state's communities in ways that most effectively reduce the likelihood that they will commit another offense, both while they are under the formal supervision of the criminal justice system and after that period of supervision comes to an end. Comprehensive interventions and systemic responses tailored to meet the individual levels of risk and needs of offenders are required. Fortunately, well-supported models for such interventions are increasingly available. The identification of such approaches is one of the accomplishments of this Report.

SEXUAL ASSAULT: THE IMPACT ON VICTIMS

Few crimes have the potential to do more damage to their victims than sex crimes. Few crimes evoke more fear and anger in victims and in the larger community. Acknowledgment of the experiences, rights and needs of victims and of potential future victims must be a primary consideration in directing the multidimensional systemic response to sexual offending. Real community safety stemming from the implementation of evidence-based policies and practices that honor the needs of victims and that have been shown to reduce the likelihood of additional sexual victimization must be the goal. The perspective of victim safety has been a prime consideration throughout the work of this Task Force and should be evident in every aspect of this Report.

In the 2005 calendar year, 9,345 women over the age of 18 (50.6 out of every 100,000 adult females) were victims of forcible rape in California. National statistics suggest that one in six women and one in thirty-three men have experienced an attempted rape at some time during their lives.¹ Research on sexual crimes against children further underlines the magnitude of this problem. At least one in five girls and one in seven boys have been sexually abused in some manner by the age of 18.²

The complexity and severity of the impact of sexual assault on many of its victims has increasingly been disclosed and appreciated. Although there may be physical injuries from the assault, survivors overwhelmingly report that the psychological impact far outweighs the physical damage. Victims commonly experience symptoms of anger, depression, guilt, anxiety, fear, or denial and many individuals develop acute or chronic symptoms of posttraumatic stress disorder. These symptoms of psychological trauma may endure indefinitely and have their own associations with chronic mental health disability and alcohol or substance abuse. Serious impairments in the future intimate relationships and sexual functioning of the survivors are common. Spouses and family members may be indirectly affected both emotionally and financially. According to a 1996 National Institute of Justice report, the cost of sexual assault in terms of lost wages, mental health follow-up care, hospitalization and/or treatment and criminal justice processing for one sexual assault victim is \$86,500, with an annual national cost of \$127 billion.³ This figure does not include other costs, such as those incurred in the imprisonment and management of the offender.

CALIFORNIA'S POPULATION OF IDENTIFIED SEX OFFENDERS

California has more registered sex offenders than any other state with approximately 90,000 identified sex offenders.⁴ There are about 8,000 persons convicted of a new felony sex offense in California each year. Although most sex offenders are adult males, a significant number of sexual offenses are committed by both adolescents and preadolescents each year.⁵ More than 700 sex offenders are released from California state prisons each month, 200 of whom are High Risk Sex Offenders, defined as those sex offenders who are believed to pose a higher risk of committing a new sexual offense in the community.⁶ There are approximately 22,500 adult sex offenders currently serving time in one of the 32 state prisons operated by the CDCR and approximately 11,200 sex offenders

1 Greenfield, 1997

2 Kilpatrick et al., 1992

3 Miller et al., 1996

4 Legislative Analyst Office. In: *The Analysis of Sex Offenders, Sexually Violent Predators, Residency Restrictions, and Monitoring Initiative Statute*, 2006

5 Sickmund et al., 1997

6 www.cya.ca.gov/communications/docs/HRSO

who are currently living in California's communities on parole under the supervision of the CDCR's Division of Adult Parole Operations. Although information is not available regarding the number of sex offenders incarcerated in county jails, it is estimated that there are approximately 10,000 sex offenders living in California communities under the jurisdiction of the state's 58 county probation departments.

One often-underappreciated dimension of sex offenders has to do with the previous relationships they have with their victims. While it is commonly believed that most sexual assaults are committed by strangers, the research suggests that the overwhelming majority of sex offenders victimize people known to them; approximately 90% of child victims know their offenders, as do 80% of adult victims.⁷

A few of the most important conclusions that can be drawn from the above brief review of California's sex offender populations are as follows:

- The number of identified sex offenders in California is extremely large.
- The cumulative risk to community safety posed by this large number of known sex offenders is substantial – although there are huge variations in the risk levels of individual sex offenders.
- No single agency is responsible for overseeing the coordinated community management of these sex offenders and many are not under any formal criminal justice supervision.
- There are gaps in the available data about identified sex offenders and remedying these and providing additional analysis of the data can lead to better policies and practices.
- Basing strategies for community management of sex offenders on an assumption that most sexual assault is perpetrated by strangers ignores some important realities about sexual offending and can lead to misguided policies.

PREVENTION OF NEW SEX OFFENSES BY IDENTIFIED SEX OFFENDERS

Taking all possible steps to prevent sexual victimization and to ensure that the rates of sexual assault continue to drop is clearly, and should be, a high priority for California policymakers. Although some believe that long or indefinite or lifetime prison sentences are the best way to accomplish this goal, others take the position that even though such a response may be indicated in some cases, it is not a defensible or cost-effective response to every sexual crime. The reality is that, even with extended sentences, most sex offenders will eventually return to the community.

For the safety and well-being of California's citizens, especially those most vulnerable to sexual assault, it is essential to manage known sex offenders living in the state's communities in ways that most effectively reduce the likelihood that they will commit another offense, both while they are under the formal supervision of the criminal justice system as well as after that period of supervision comes to an end. Comprehensive interventions and systemic responses tailored to meet the individual levels of risk and needs of offenders are required.⁸ It is for this reason that the California Sex Offender Management Task Force was created with the specific goal of conducting a review of California practices in the management of sex offenders and, from the perspective of evidence-based and

⁷ Kilpatrick et al., 1992

⁸ CSOM, 2004

emerging best practices, making recommendations about needed improvements. These efforts are reflected in Task Force’s present Report.

HISTORICAL CONTEXT

Task Force members brought to this effort a collective awareness of the major events in California’s history of responding to sexual offending. These events are reviewed as part of the full Report. The recent surge of interest and policy activity around sex offender matters promises to bring needed attention and resources to the area but also creates new levels of complexity and uncertainty as various new policies and requirements are implemented. Questions about where the state’s sex offenders will be able to reside and how any geographical redistribution will impact other policies and practices is not the least of these.

The Task Force did not operate without considering many of the issues raised by recent and pending policy changes, but did not see itself as able to predict the eventual outcome of many of these changes nor as empowered to evaluate them. The Task Force believes that its recommendations, grounded as they are in evidence-based practices, remain solid and valuable in themselves and are not in any way invalidated by the new policies noted above. In fact, many of the recommendations are fully congruent with these new policies and provide a roadmap for effectively implementing them in the interest of community safety.

FORMATION OF THE CALIFORNIA SEX OFFENDER MANAGEMENT TASK FORCE

In 2005, the California Department of Corrections and Rehabilitation submitted an application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for grant funds to support the formation of the California Sex Offender Management Task Force to critically assess the state’s adult and juvenile sex offender management practices. The vision of the California Sex Offender Management Task Force is to promote public safety through collaborative, comprehensive and effective sex offender management practices. The principle of inclusiveness determined the selection of those who would serve on the California Task Force, with specific attention paid to including the expertise of all disciplines involved in sex offender management.

This Task Force Report is grounded upon a set of evidence-based concepts and principles that underlie the entire Report. It was critical to the members of the Task Force that this Report not be based simply on assumptions or popular beliefs that could not be demonstrated as being true, but rather that it be grounded in research-based principles. In those areas where the research was as yet not conclusive, the Task Force utilized those concepts and principles that researchers had labeled as “emerging and/or promising practices.” Principles that form the foundation of this report include:

- the need for a victim-centered approach.
- application of the “Containment Model.”
- public education.
- specialized knowledge and training.
- close collaboration between all members of the sex offender management team.

OBJECTIVES OF THE CALIFORNIA SEX OFFENDER MANAGEMENT TASK FORCE

Throughout the year between June, 2006 and June, 2007, the Task Force has worked to review the state of knowledge and to identify well-supported best practices and promising emerging practices in the increasingly specialized field of sex offender management. In addition to looking outward, the Task Force devoted considerable attention to looking inward to assess and understand in detail a representative sample of the policies and practices actually employed in California's current sex offender management systems. This research and deliberation was organized into the six major focus areas that comprise the primary dimensions of sex offender management. Toward the end of its efforts, the Task Force summarized its overarching objective in each of the six major areas and stated these objectives as follows:

1. **INVESTIGATION, PROSECUTION AND DISPOSITION.** California will ensure that all investigations and prosecutions of sexual assault complaints are handled in a thorough, consistent and fair manner that is sensitive to victim issues.
2. **ASSESSMENT.** California will identify the nature and level of individual sex offender risk and needs through the use of comprehensive assessments that are grounded on evidence-based practice standards throughout the criminal justice process.
3. **TREATMENT.** California will provide risk-appropriate and collaborative sex offender-specific treatment to all sexual offenders.
4. **RE-ENTRY.** California will develop effective strategies for the reintegration of sex offenders into the community.
5. **COMMUNITY SUPERVISION.** California will provide adult and juvenile sex offenders with appropriate community supervision and risk management interventions to support their successful re-entry into the community and limit their likelihood to re-offend.
6. **REGISTRATION AND NOTIFICATION.** California will ensure that information about sex offenders maintained in the sex offender registry is accurate and that community notification based on that information is made when necessary for public safety.

PRIMARY RECOMMENDATIONS OF THE CALIFORNIA SEX OFFENDER MANAGEMENT TASK FORCE

To facilitate achieving the objectives outlined above, the California Sex Offender Management Task Force has developed an extensive list of recommendations related to each of the six major areas of sex offender management. These recommendations are provided in their entirety as a part of the full Report. The following ten key recommendations are highlighted here as being of particular importance:

1. Specialized training should be provided to all individuals responsible for the investigation, prosecution, defense and disposition of sexual offenses.
2. Investigation and prosecution of sexual offenses should consider the needs of victims including such issues as fair access to the judicial process, notification regarding victim rights, and assignment of a victim advocate.

3. Every sex offender should receive a comprehensive and empirically based assessment that incorporates an age-appropriate and well-validated actuarial risk assessment measure to identify both static and dynamic risk factors.
4. Written policies should be developed for the assessment of sex offenders including specific guidelines regarding the components of the assessment as well as policies regarding the frequency and timing of such assessments during investigation, incarceration and the period of community supervision.
5. Written policies should be developed for the treatment of sex offenders including specific guidelines regarding appropriate treatment protocols that follow evidence-based standards of care and implementation of the containment model.
6. Written policies should be developed regarding the minimum qualifications, experience and certification of professionals authorized to conduct the assessment and treatment of sex offenders in California.
7. Case management plans based on a comprehensive needs assessment should be developed early in the confinement period with the specific objective of preparing the offender for release and addressing those issues that research has demonstrated to be associated with future criminal behavior.
8. Policies should be developed regarding the need for a collaboratively developed written re-entry plan that should be finalized at least six months prior to release and should explicitly address housing and other community stabilization needs and procedures that enable victims to exercise their rights around placement.
9. Effective, written evidence-based practice parameters should be developed to guide the community supervision of sex offenders in California.
10. A public education and outreach campaign should be implemented to educate and prepare communities for the return of sex offenders following their period of incarceration.

CONCLUSION

The creation, work and product of this Task Force represent an unprecedented collaborative effort to enhance the safety of California's communities by developing a roadmap of evidence-based policies and practices that will address the identified gaps in the state's current systems for managing sex offenders. A wealth of information is contained in the full Report. Decision-makers, supervisors, direct service providers and other interested parties are encouraged to use this Report as a resource to set future directions for California.

INTRODUCTION

Awareness of the extent and seriousness of sexual victimization and of its impact on individual victims and on society as a whole has expanded dramatically over the past twenty-five years. Driven largely by the energies of the women's movement and inspired by the willingness of victims to speak out and tell their heartbreaking stories, many researchers, writers, policy makers, media figures, mental health providers and other practitioners, journalists, victim advocates and a variety of other committed individuals and organizations have continued to expand the frontiers of what is known and what is being done to respond to the problem. The efforts to bring the realities of sexual assault out of the shadows of shame and secrecy and to empower its survivors continue to bring many benefits. It is encouraging that, for reasons difficult to pinpoint, the rates of reported sexual offending have actually decreased in recent years. However, the problem still negatively impacts the lives of many children, women and men in our society and the efforts to stop such destructive behaviors must and do continue.

The understanding that sexual assault is a "different" sort of crime that has a different impact on its victims and that, in many cases, is perpetrated by an individual whose psychology and motivation is different from that of other criminals has a number of consequences. One important consequence is that those who deal with such crimes at every stage of the intervention process need to have specialized knowledge. Through the efforts of many dedicated professionals over the last twenty-five years, a robust body of such specialized knowledge has emerged. There is much more to learn, but it is clear that there is now a substantial collection of evidence-based practices that provide models of how best to respond to the perpetrators of sexual offenses in order to reduce the risk that they will re-offend. Because sexual offending is such an emotionally charged topic, it is not always easy to think clearly about how to best manage sex offenders. The report presented here represents the efforts of a large group of experts to thoughtfully review the available knowledge base and make recommendations about how to apply it to California's policies and practices.

Sexual victimization is a significant and pervasive problem in California, as it is throughout the United States. Sexual offenses rank near the top of the list all crimes in terms of immediate and long-term impact on both individuals and the community.⁹ As a result of these and other factors, crimes of sexual offense have become an important focus of attention in the media as well as in the legislative and executive branches of California government. This attention has led to a number of significant revisions to criminal and civil codes and other public policies in the past few years as California struggles to develop effective ways to manage potentially dangerous sex offenders.

Taking all possible steps to prevent sexual victimization and to ensure that the rates of sexual assault continue to drop is clearly, and should be, a high priority for California policymakers. One area on which such efforts focus is reducing the likelihood that individuals who have already come to the attention of the criminal justice system for having committed a crime involving sexual assault do not repeat their actions and victimize others in the future. Although some believe that long or indefinite or lifetime prison sentences are the best way to accomplish this goal, others take the position that, even though such a response may be indicated in some cases, permanent incarceration is not a

9 World Health Organization, 2005

defensible or cost-effective response to every sexual crime. The reality is that, even with extended sentences, most prisoners, including most sex offenders will eventually return to the community.¹⁰

For the safety and well-being of California's citizens, especially those most vulnerable to sexual assault, it is essential to manage known sex offenders living in the state's communities in ways that most effectively reduce the likelihood that they will commit another offense, both while they are under the formal supervision of the criminal justice system and after that period of supervision comes to an end. Comprehensive interventions and systemic responses tailored to meet the individual levels of risk and needs of offenders are required.¹¹

SEXUAL ASSAULT: THE IMPACT ON VICTIMS

Few crimes have the potential to do more damage to their victims than sex crimes. Few crimes evoke more fear and anger in victims and in the larger community. Acknowledgment of the experiences, rights and needs of victims and of potential future victims must be a primary consideration in directing the multidimensional systemic response to sexual offending. Real community safety stemming from the implementation of evidence-based policies and practices that honor the needs of victims and that have been shown to reduce the likelihood of additional sexual victimization must be the goal. The perspective of victim safety has been a prime consideration throughout the work of the Task Force and should be evident in every aspect of this Report. A very brief overview of what is known about sexual victimization provides some context for the Report and its recommendation.

In the 2005 calendar year, 9,345 women over the age of 18 (50.6 out of every 100,000 adult females) were victims of forcible rape in California. This represents 1% of the total number of reported crimes and 4.9% of all violent crimes reported during this time period.¹² Although rates of forcible rape have decreased by 10.9% between the years 2000-2005, national statistics suggest that one in six women and one in thirty-three men have experienced an attempted rape at some time during their lives.¹³ Research on sexual crimes against children further underlines the magnitude of this problem. At least one in five girls and one in seven boys have been sexually abused in some manner by the age of 18.¹⁴ These statistics do not include the enormous number of other sexual offenses, both reported and unreported, such various kinds of child sexual abuse, nor does it include offenses such as indecent exposure and lewd conduct. The underreporting of sexual assault is widely recognized as a serious obstacle to gaining an accurate sense of the true proportions of the problem. It is estimated, in fact, that only one in ten sexual assaults is reported to the authorities.¹⁵

10 Travis, 2005

11 Center for Sex Offender Management (CSOM, 2004). Comprehensive assessment protocol (CAP) of sex offender management practices, pilot test version. US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. Author

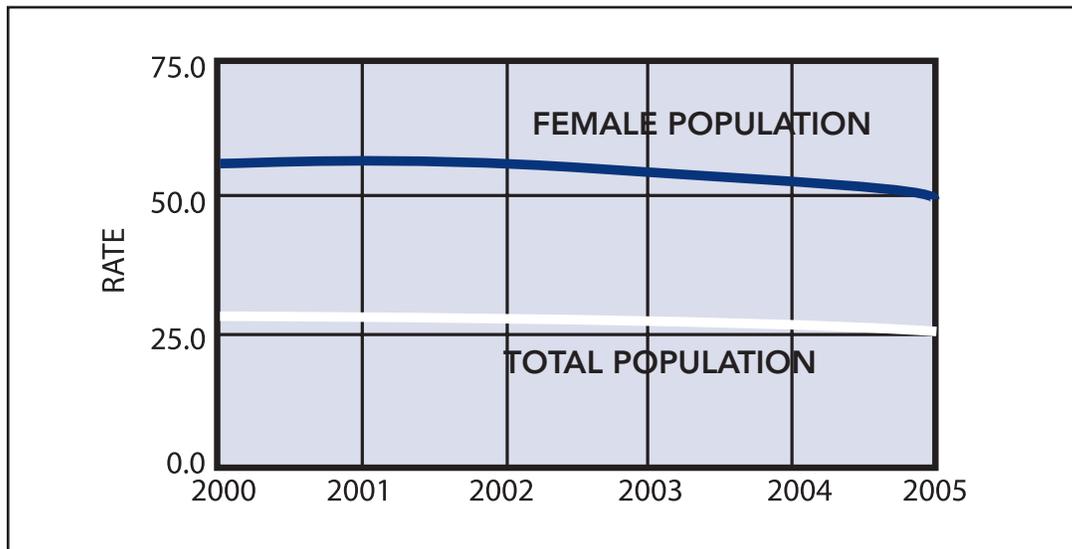
12 <http://ag.ca.gov/cjsc/publications/candd/cd05/preface.pdf>

13 Greenfield, 1997

14 Kilpatrick et al., 1992

15 Kilpatrick et al. 1992

Forcible Rape Crimes
Rate per 100,000 Total and Female Populations
2000-2005



Source: <http://ag.ca.gov/cjsc/publications/candd/cd05/preface.pdf>

The complexity and severity of the impact of sexual assault on many of its victims has increasingly been disclosed and appreciated. Although there may be physical injuries from the assault, survivors overwhelmingly report that the psychological impact far outweighs the physical damage. Victims commonly experience symptoms of anger, depression, guilt, anxiety, fear, or denial and many individuals develop acute or chronic symptoms of posttraumatic stress disorder. These symptoms of psychological trauma may endure indefinitely and have their own associations with chronic mental health disability and alcohol or substance abuse. Serious impairments in the future intimate relationships and sexual functioning of the survivors are common. Spouses and family members may be indirectly affected both emotionally and financially. According to a 1996 National Institute of Justice report, the cost of sexual assault in terms of lost wages, mental health follow-up care, hospitalization and/or treatment and criminal justice processing for one sexual assault victim is \$86,500, with an annual national cost of \$127 billion.¹⁶

Much more could be noted about the extent of sexual assault and the consequences for its survivors. This overview is intended only to set the context of victim safety that informs this entire Report and to make it clear why effective efforts to reduce sexual victimization are so crucial.

CALIFORNIA'S POPULATIONS OF IDENTIFIED SEX OFFENDERS

Although there are many different categories and types of sex offenders and data describing them has been collected in a variety of ways, there has been little effort in California to systematically organize this information. Even though gathering and reporting on a full demographic picture of the state's sex offenders was believed by the members of the California Sex Offender Management Task Force to be very important, actually venturing beyond an effort to bring together and use currently available information was a project greater than what the resources available to the Task force could

¹⁶ Miller et al., 1996

support. It is important at the outset, despite the limitations, to offer some information about the composition and distribution of California’s sex offender populations. Some of the available information about California sex offenders – adults and juveniles, those under state and under local jurisdiction, offenders in prisons or jails and in the community, those registered and listed or not listed on the Megan’s Law website maintained by the California Department of Justice¹⁷ – is provided in the sections that follow.

There are about 8,000 persons convicted of a felony sex offense in California each year. Of this number, about 39% are sent to state prison while the remainder are sentenced to a period in county jail followed by a period of probation in the community (53%), sentenced to community probation with no jail time (5%) or sentenced only to jail time (1%).¹⁸ Although most sex offenders are adult males, a significant number of sexual offenses are committed by both adolescents and preadolescents each year¹⁹ (see Table 1). For example, it is estimated that, nationally, adolescents aged 13-17 years account for 20% of all rapes and up to 50% of the cases of child molestation each year.²⁰ Data from a 1995 survey suggested that youth were responsible for 15% of all forcible rapes and that 16,100 adolescents were arrested for sexual offenses, excluding rape and prostitution.²¹

**Table 1
Demographics of Felony Arrestees on Charges of Forcible Rape
2005**

<i>Demographic Variable</i>	<i>Percent</i>
Gender	
Male	99.2
Female	0.8
Ethnicity	
White	23.3
Hispanic	46.6
Black	24.9
Other	5.2
Age	
Under 18.....	11.2
18-19.....	8.7
20-29.....	36.9
30-39.....	21.7
40 and over.....	21.4

Source: <http://ag.ca.gov/cjsc/publications/candd/cd05/preface.pdf>

17 www.meganslaw.ca.gov

18 Legislative Analyst Office, In: The Analysis of Sex Offenders, Sexually Violent Predators, Residency Restrictions, and Monitoring Initiative Statute, 2006

19 Recently, there has been a growing effort to refrain from designating juveniles as “sex offenders” but rather to use the expression “youth with sexual behavior problems.” The term “sex offender” seems to imply a permanent identity and research now shows that juveniles who have committed a sex crime are less likely than not to repeat the offense or to become an adult sex offender. Recognition of the diminished responsibility as a result of developmental issues along with recidivism data argues for not unnecessarily stigmatizing such juveniles and, while taking their offense very seriously, not labeling them in a way that creates a self-fulfilling prophecy.

20 Barbaree et al., 1993

21 Sickmund et al., 1997

There are nearly 90,000 registered sex offenders residing in California. The majority of these are not currently under any formal supervision oversight since their period of parole following prison or probation following jail has expired. Another way of looking at the numbers reveals that approximately 35,000 sex offenders are under the supervision of the California Department of Corrections and Rehabilitation (CDCR), either in adult prisons, in youth institutions, or on parole.²² More than 700 sex offenders are released from California state prisons each month (it should be noted that an undetermined number of these were in prison for some other crime but had a previous sex offense and another undetermined number may have been previously released, returned to prison for a violation of their parole conditions and then, within a fairly brief period, were released again). Of these releases, approximately 200 are High Risk Sex Offenders (HRSO), defined as a convicted sex offender who has been deemed by the CDCR to pose a comparatively higher risk to commit a new sexual offense in the community.²³

Adult Offenders

In Custody. In general, convicted offenders who are sentenced to more than one year or more of incarceration are sent to state prison while those who are sentenced to one year or less serve their time in a county jail. There are approximately 22,500 adult sex offenders currently serving time in one of the 32 state prisons operated by the CDCR. When their release date arrives, they are returned from custody to parole supervision, ordinarily in the county from which they came. The number of convicted adult sex offenders who are serving their sentence in a county jail cannot be estimated at any single point in time and it is also not known how many individuals are awaiting trial on sex offense charges.

In the Community. There are approximately 11,200 sex offenders who are currently living in California's communities on parole under the supervision of CDCR's Division of Adult Parole Operations. The period of parole follows their release from prison according to the policies set by the state's laws and applied by the CDCR Board of Parole Hearings. Parole supervision is set for a determinate amount of time, usually between three and ten years, depending upon the offense for which they were convicted. Currently there are approximately 9,000 - 10,000 adult sex offenders under the supervision of county probation departments.²⁴ Of the sex offenders who are on county probation, some may be on probation following incarceration in county jail and some may have been sentenced to a period of probation with no time in custody.

Juvenile Offenders

In Custody. Presently, there are approximately 402 individuals who have committed a serious sex offense housed within the institutions of the CDCR Division of Juvenile Justice (formerly named the California Youth Authority).²⁵ It is estimated that there are presently over 2,800 juveniles who have committed sexual offenses under the jurisdiction of the 58 county probation departments. Each county makes its own decisions about whether to transfer a juvenile to the CDCR Division of Juvenile Justice (DJJ) or to retain county jurisdiction and direct management. In the county systems, jurisdiction is maintained until the individual's 18th birthday. Data are not currently available to allow

22 W:\DAU\SAS\monthly pgms\par p290 PGMs\sex offenders p290_New.SAS from the Data Analysis Unit, Estimates and Statistical Analysis Section, Offender Information Services Section, CDCR, 2007

23 www.cya.ca.gov/communications/docs/HRSO

24 Chief Probation Officers of California, 2005-2006

25 CDCR, JDD, Office of Information Services, 2007

a determination with respect to the numbers and percentages of juveniles placed in juvenile halls and detention centers as compared with those who are placed on probation in the community.

In the Community. Presently there are approximately 236 sex offenders under parole supervision by the DJJ.²⁶ This group of offenders may be maintained under DJJ jurisdiction until they reach their 25th birthday. Jurisdiction may expire earlier depending upon their age at time of commitment and the offense for which they were committed. There are approximately 2,800 juvenile sex offenders under the jurisdiction of the state's 58 county probation departments. Most of these offenders are in some type of placement in the community which may include a group home, foster placement, residential treatment center, or with family or relatives.

Registered Sex Offenders

California has had a requirement for sex offenders to register since 1947, longer than any other state. Partly as a result of this long-standing law and partly because of its large overall population, California has more registered sex offenders than any other state. The complex requirements for registration are contained in Penal Code Section 290. There are approximately 87,481 registered sex offenders in California, the vast majority of whom are adult males.²⁷ This number encompasses 64,460 registrants who are listed on the state's publicly-available Megan's Law website and 23,021 others who are required to register but who are not required to be listed on the website.²⁸ This number does not include those offenders presently incarcerated in state prison since they will not actually be required to register until after they are released.

Relationship with Victims

One often-underappreciated dimension of sex offenders has to do with the previous relationships they have with their victims. While it is commonly believed that most sexual assaults are committed by strangers, the research suggests that the overwhelming majority of sex offenders victimize people known to them; approximately 90% of child victims know their offenders, as do 80% of adult victims.²⁹ Data from the California Women's Health Survey include the statistic that there were 69,603 female victims of sexual assault in 2001 whose crimes were perpetrated by intimate partners of these victims.³⁰ These facts stand in stark contrast with commonly held beliefs - often perpetuated by selective and erroneous media portrayals of sex offenders - that continue to reinforce the notion that citizens are most at risk of being sexually victimized by strangers. Table 2 provides data from the 2005 National Crime Victimization Survey that further describes these relationships.³¹

26 CDCR, JDD, Information Services Section, 2007

27 Legislative Analyst Office, *In the Analysis of Sex Offenders, Sexually Violent Predators, Residency Restrictions, and Monitoring Initiative Statute*, 2006

28 The Department of Justice Megan's Law website, accessed on 5/15/07, provides access to information on more than 63,000 persons required to register in California as sex offenders. Specific home addresses are displayed on more than 33,500 offenders in the California communities; as to these persons, the site displays the last registered address reported by the offender. An additional 30,500 offenders are included on the site with listing by ZIP Code, city, and county.

29 Kilpatrick et al., 1992

30 http://www.dhs.ca.gov/director/owh/owh_main/cwhs/wmns_hlth_survey/97-03_findings/CWHS_Findings_97-03.pdf

31 <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv05.pdf>

Table 2
Victim and Offender Relationship
2005

Relationship with Victim	Violent Crime		Rape/Sexual Assault	
	Number	Percent	Number	Percent
Male Victims				
Total	3,028,370	100%	15,130	100%*
Nonstranger	1,295,870	43%	0	0%*
Intimate	78,180	3%	0	0%*
Other Relative	138,390	5%	0	0%*
Friend/Acquaintance	1,079,310	54%		
Stranger	1,637,700	54%	15,130	100%*
Relationship Unknown	94,810	3%	0	0%*
Female Victims				
Total	2,145,340	100%	176,540	100%
Nonstranger	1,382,640	64%	128,440	73%
Intimate	389,100	18%	49,980	28%
Other Relative	172,760	8%	11,880	7%*
Friend/Acquaintance	830,790	39%	66,580	38%
Stranger	731,450	34%	45,050	26%
Relationship Unknown	31,240	2%*	3,050	2%*

Note: Percentages may not total to 100% because of rounding.

* Based on 10 or fewer sample cases.

Source: www.ojp.usdoj.gov/bjs/pub/pdf/cv05.pdf

Some Conclusions

A few of the most important conclusions that can be drawn from the above brief review of California's sex offender populations are as follows:

- The number of identified sex offenders in California is extremely large.
- The cumulative risk to community safety posed by this large number of known sex offenders is substantial – although there are huge variations in the risk levels of individual sex offenders.
- No single agency is responsible for overseeing the coordinated community management of these sex offenders and many are not under any formal criminal justice supervision.
- There are gaps in the available data about identified sex offenders and remedying these and providing additional analysis of the data can lead to better policies and practices.
- Basing strategies for community management of sex offenders on an assumption that most sexual assault is perpetrated by strangers ignores some important realities about sexual offending and can lead to misguided policies.

HISTORICAL CONTEXT

As members of the Task Force have been well aware, the current California practices and policies reviewed in this Report did not come into being in an historical vacuum. A considerable number of events and actions, both within California and at the federal level, have shaped them and continue to shape them. Whether each of these policy initiatives was well founded and well integrated with other components in the full picture of the state's response to sexual offending has been and will continue to be debated in various quarters. The Task Force did not include within its mission any effort to analyze and critique these historical events and their consequences. The focus, rather, was on identifying gaps in the current systems and recommending best practices to remedy those deficits. However, it was decided to review the major historical events that have impacted California's response to sex offender management are in the Appendix of the Report. A brief summary of these events is offered here.

The majority of the numerous bills related to sexual offending introduced in the California legislature have had to do with redefining and extending the penal codes dealing with sex offenses and with increasing punishments. Although only a portion of those introduced bills have become law, the overall impact has been a considerable "toughening" of the consequences for sex offense crimes (In light of the prison overcrowding crisis, increased attention is currently being paid to the consequences of an uncoordinated approach to all sentencing matters). In addition, there has been significant legislative action taken related to sex offender registration and community notification. By contrast, only a relatively small number of legislative policy actions have addressed the management, treatment and supervision of convicted sex offenders. Among those, the creation of a California Sex Offender Management Board in 2006 merits specific mention.

Looking beyond policies created by the legislature, there have been significant recent California events that include the passage of Proposition 83 ("Jessica's Law") as a ballot initiative, the creation of and recommendations from the Governor's High Risk Sex Offender Task Force (I and II) and the convening of the "Sex Offender Housing Summit." Passage of the Adam Walsh Act at the federal level is likely to also have significant consequences for California policy.

The recent surge of interest and policy activity around sex offender matters promises to bring needed attention and resources to the area but also creates new levels of complexity and uncertainty as various new policies and requirements are implemented. Questions about where the state's sex offenders will be able to reside and how any geographical redistribution will impact other policies and practices is not the least of these.

The Task Force did not operate without considering many of the issues raised by recent and pending policy changes, but did not see itself as able to predict the eventual outcome of many of these changes nor as empowered to evaluate them. The Task Force believes that its recommendations, grounded as they are in evidence-based practices, remain solid and valuable in themselves and are not in any way invalidated by the new policies noted above. In fact, many of the recommendations are fully congruent with these new policies and provide a roadmap for effectively implementing them in the interest of community safety.

PHILOSOPHICAL AND OPERATIONAL PRINCIPLES OF THE TASK FORCE

The vision of the California Sex Offender Management (CASOM) Task Force is to promote public safety through collaborative, comprehensive and effective sex offender management practices. The foundation of this Task Force Report (hereafter Report) is built upon, in part, a set of evidence-based concepts and principles regarding sex offender management. One overarching principle is the belief that the level of risk that most sex offenders pose to the community can be very significantly reduced by effective practices of sex offender management. It was critical to the members of the Task Force that this Report not be based simply on assumptions or popular beliefs, but rather be grounded in empirical, research-based principles. In those areas where the research was either not conclusive or ongoing, concepts and principles are those that researchers have labeled as “emerging and/or promising practices”. The following principles form the foundation for this Report:

1. All sex offender management practices should be based on a victim-centered approach.

Professionals involved in sex offender management have made dedicated efforts towards prioritizing the needs and interests of victims, while concurrently addressing the risk and needs of offenders.³² When adopting a *victim-centered approach*, the goal is to ensure that sex offender management strategies do not overlook the needs of victims, re-traumatize or otherwise negatively impact victims, or inadvertently jeopardize the safety of victims or other community members. Criminal adult and juvenile justice systems that value a victim-centered approach are responsive to victims’ needs, ensure victim input in critical decision making at all phases of the management process, and strive to ensure that the impact of sexual victimization is neither minimized nor exacerbated by policies or practices within the system.

2. Community sex offender management should be based on the containment model.

The most widely recognized approach to sex offender management is the **containment model**, a comprehensive strategy to manage offenders in a systematic and thorough manner. The central goal of the containment model is community and victim safety which is accomplished by holding the sex offenders responsible for the damage they inflict and helping sex offenders recognize and redirect the inappropriate thoughts and feelings that form the pathways to their crimes. The model recognizes that multiple entities play important roles in the community management of sex offenders and stresses the importance of open collaboration between these key players. Four elements describe the containment model:

- **Sex offender-specific treatment** based on evidence-based principles is utilized to help offenders learn to develop internal control, and to understand and interrupt their individual offense cycles.
- **Official supervision and monitoring** is needed to exert external control over offenders. Probation and parole agencies apply pressure through clear expectations and through the use or threatened use of sanctions to ensure that the offender complies with specialized treatment and supervision conditions.
- **Polygraph examinations and other surveillance tools** are used to enhance the assessment process and to help monitor the sex offender’s deviant fantasies and external behaviors, including access to victims³³. Surveillance tools such as Global Positioning Systems may help

32 D’Amora & Burns-Smith, 1999; English et al., 1996a

33 Minnesota Center Against Violence and Abuse, 1997

monitor the location of offenders and provide information during the investigation of new sexual offenses.

- **Victim advocacy** brings a realistic community safety perspective to the entire effort and works to support victims who may have questions and concerns about a sex offender's re-entry into the community. Advocates may also work with corrections and law enforcement personnel to provide community education as well as to build meaningful connections with victims and their support networks during the period of community supervision.

3. Public education should be an integral component of sex offender management.

Research data suggest that public education is a critical component of sex offender management.³⁴ However, since most of the information about sexual offenders and sex offending in California is disseminated through the media, members of the public are often misinformed by inaccurate generalizations regarding the potential threat that sexual offenders pose. Meaningful community notification practices, and educational strategies facilitate the community's knowledge and understanding of sex offender management issues and help individuals and families gain a realistic understanding of the actual risks, correct erroneous myths about the danger and take appropriate protective actions. Mechanisms such as the California Megan's law website can play a role in the public education process.

4. All professionals involved in sex offender management should have specialized knowledge and training.

Over the past decade, there have been significant advances in research and practice that have increased professionals' understanding of critical issues for effective sex offender management.³⁵ All professionals who have a role in effective sex offender management policy and practices must possess specialized and current knowledge. The best way for this specialized knowledge to be shared and understood is through a comprehensive, cross-disciplinary and ongoing training program. Efforts must be made to find effective ways to bring the necessary knowledge and training to those individuals who make the critical decisions about sex offender management. Additionally, as new research provides greater opportunities for increased public safety, such information should be transmitted to the criminal justice system, to decision makers, and to the community.

5. Collaboration should occur between all agencies and individuals involved in sex offender management.

Traditionally, criminal and juvenile justice systems and community agencies have worked independently, and often ineffectively, in their efforts to manage sex offenders and protect victims.³⁶ Collaboration is essential to ensure a more comprehensive, consistent, efficient and effective approach to sex offender management.³⁷ Collaboration requires agencies and individuals to recognize the importance of diverse perspectives, share resources, and make a commitment to work together to enhance capacity in the service of attaining of a common goal.³⁸ Collaboration is more than a mechanism to share information; it is a sex offender management philosophy that holds the safety

34 CSOM, 2004

35 Berlin, 2000; Hanson & Harris, 2000; Marshall & Laws, 2003

36 D'Amora & Burns-Smith, 1999; English et al., 1996a; CSOM, 2004

37 ATSA, 2001; McGrath et al., 2003

38 CSOM, 2004

of the community and the accountability of the offender as the organizing principle by which each discipline performs its unique function and contributes as part of a larger multidisciplinary team.

6. Sex offender management policies should consider the diverse nature of the sex offender population.

Sex offenders are a heterogeneous group with diverse victim preferences, psychosocial deficits, and “criminogenic needs.”³⁹ Effective sex offender management policies should take into account these differences when planning and implementing practices employed to reduce risk to the community. Policies and practices that are appropriate for high risk sex offenders, for example, are not necessarily applicable to lower risk offenders and are likely to be fiscally wasteful and even counterproductive. Reliable ways of classifying sex offenders, particularly in terms of risk to re-offend, are essential.

7. Sexual assault should be viewed as a public health issue.

Sexual assault is best viewed as a public health issue, not just a criminal justice problem. A cultural climate that fosters attitudes supportive of sexual violence or dismissive of its impact on victims sets the context for the distorted thinking that is regularly seen in the perpetrators of sexual assault. Previously identified sex offenders are the source of only a relatively small proportion of new crimes of sexual assault.⁴⁰

8. Sex offender management policies should take into account fiscal realities in allocating priorities around management practices.

While neither the scope of this report, nor the time allotted, allowed for participants to conduct a detailed financial analysis of these recommendations, Task Force participants are aware that some of these recommendations may take significant financial resources to effectively implement. The Task Force is aware that the potential cost of an initiative is an important element of consideration and has endeavored to identify recommendations that balance evidence-based, effective practice and fiscal responsibility.

39 CSOM, 2004

40 Langan et al., 2003

METHODS

The California Sex Offender Management Task Force was convened in June 2006 with the following goals:

1. To establish a consensus on best and emerging practices in sex offender management.
2. To describe the current state of sex offender management practices in California.
3. To detail the current strengths and gaps in California's sex offender management practices.

ESTABLISHMENT OF THE CALIFORNIA TASK FORCE FOR SEX OFFENDER MANAGEMENT

In 2005, the California Department of Corrections and Rehabilitation submitted an application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for grant funds to support the development of a California Sex Offender Management Task Force which would critically assess the state's adult and juvenile sex offender management practices. The application was accepted and funds from the grant have been used to support the work of the Task Force and the development of its Report, recommendations and strategic vision. Through the grant, the project is directed under and provided with consultation by the Center for Sex Offender Management (CSOM).

MEMBERS OF THE TASK FORCE

The principles of inclusiveness and collaboration 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 working process was established as an expectation of all involved parties. Task Force members worked to articulate the vision, mission, goals, and objectives of the Task Force, as well as to establish the ground rules for their work together. In selecting the leadership of the Task Force, members remained sensitive to the diverse range of stakeholders involved. As a result, leaders from both the victim services and treatment provider communities were selected to serve as co-equal chairs of the Task Force.

DESCRIPTION OF THE WORK OF THE CALIFORNIA TASK FORCE

The work of the Task Force was completed during the period of June 2006 - June 2007. During this time, a total of nine day-long meetings of the members of the Task Force were held on the campus of California State University in Sacramento. Numerous telephone conference calls were scheduled between these meetings to help coordinate the efforts of the subcommittees involved in the work. In addition, a three-day retreat was held in San Diego in February, 2007, to discuss findings from the survey process and to establish a consensus on the recommendations for this Report.

REVIEW OF EMERGING PRACTICES IN SEX OFFENDER MANAGEMENT

Over the twelve months of its existence, the Task Force worked to develop expertise in evidence-based and emerging national practices in sex offender management. To facilitate this goal, the Task Force divided into six sub-committees to conduct a comprehensive sampling assessment of the state's current management practices. Each subcommittee comprised members with particular subject matter expertise in the practice area of the subcommittee as well as members from different professional disciplines in order to establish multidisciplinary representation and diverse perspectives on every area examined. Each subcommittee reviewed evidence-based and emerging practices in sex offender management relevant to their subject area. This process was aided by the use of the Comprehensive Assessment Protocol (CAP) of Sex Offender Management,⁴¹ a wide-ranging assessment tool designed to help communities better understand how each component of their adult and juvenile sex offender systems works, and to identify gaps in each area. Each of these six subcommittees considered one of the following sex offender management policy and practice areas in depth:

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

POPULATIONS OF SEX OFFENDERS CONSIDERED BY THE TASK FORCE

The diversity of subgroups of sex offenders in California and the complexity of the various agencies and systems that respond to them is overwhelming. Some are highly visible, such as the Civil Commitment system, while others are barely noticed, such as various homes and facilities and programs for developmentally disabled individuals who may also have committed a sexual crime. It quickly became clear that the Task Force could not consider every sub-population and would be most effective if it restricted its efforts to the primary and most populous categories of sex offenders. The population of sex offenders that the Task Force members concentrated their efforts toward examining included the following:

- Juvenile sex offenders incarcerated in county juvenile facilities such as juvenile halls, ranches and other placements.
- Juvenile sex offenders placed in the community under the supervision of county probation officers.
- Juvenile and adult sex offenders who are committed to the DJJ.
- Juvenile sex offenders who are on parole under the authority of the DJJ.

41 CSOM, 2004

- Adult sex offenders who are committed to state prison.
- Adult sex offenders who are under CDCR parole supervision in the community.
- Adult sex offenders who have been sentenced to a term of one year or less and are serving that time in a county jail including those in custody in county jail awaiting trial for a sexual offense charge.
- Adult sex offenders who are on county probation, some of whom may be on probation following incarceration in county jail and some of whom may have been sentenced to a period of probation with no time in custody.
- Juvenile and adult sex offenders who are required to register under Megan’s Law (These were considered only insofar as they are controlled by the Registration and Notification statutes. Their tracking by various general and specialized law enforcement agencies was not included in the Task Force study).

Given the limits of time and resources available to the Task Force, it was determined that attempting to include the following groups of sex offenders (managed under the authority of the respective named agencies) would present challenges that exceeded the work group’s capacity. Populations that were, by design, not included within the purview of the Task Force include the following:

- Female sex offenders.
- Sex offenders who have been *civilly committed* to a state hospital operated by the Department of Mental Health. These individuals, numbering approximately 554, are commonly referred to as Sexually Violent Predators.
- Sexually Violent Predators (SVP) who have been conditionally released into the community after satisfactorily completing the hospital program noted above as well as those who have been released unconditionally through a legal process.
- Special populations (e.g., developmentally delayed, physically handicapped, mentally ill) who are not part of one of the included populations such as parole or probation.
- Sex offenders under the supervision of federal agencies operating in California, including the United States Courts and military departments.
- Sex offenders who are being held in or have been conditionally released from a Department of Mental Health hospital but who are under some legal status other than the SVP statutes and who might be managed under one of the Conditional Release (CONREP) programs.
- Sex offenders who are under the jurisdiction of the California Department of Developmental Disability, either in a state residential facility or in the community.
- Those individuals arrested for a sexual offense but not convicted.
- Those offenders who are not under any type of supervision by the criminal justice system – except insofar as they are governed by Registration and Notification requirements.)
- Those offenders who have not come to the attention of the criminal justice system.⁴²

42 The largest category of sex offenders not addressed directly by this Task Force is the substantial number of offenders whose offenses have never been reported or who have not been fully adjudicated to a successful

SURVEY OF CURRENT CALIFORNIA PRACTICES IN SEX OFFENDER MANAGEMENT

In addition to looking at national emerging and best practices in sex offender management, the Task Force devoted considerable attention to developing an understanding of the policies and practices employed in California’s current sex offender management systems. Following the review of evidence-based and emerging practices, the subcommittees used the CAP to develop a list of questions to assess current California practices. Survey questions were compiled in a questionnaire format with prompts to respond on a four-point Likert scale that ranged from

“Never – Generally Not – Typically – Always.”

Considerations based on the size of California led to the decision to sample a portion of the State’s 58 counties. It was decided by a consensus of the Task Force to select fourteen counties that would best serve to provide a representative sample of all counties in the State of California. Counties were selected based on the following characteristics: population density (rural or urban); geographical location (northern, central and southern California); and physical size (large, medium and small). The counties selected and their characteristics are represented in Table 3 below. Data was also collected from four types of correctional institutions: adult prison (CDCR adult institutions), state-administered juvenile detention (CDCR - DJJ institutions), county jails, and county juvenile halls and camps. There was an understanding that the data collected would be used in aggregated form only and would not be used to identify practices or shortcomings in any individual county.

Table 3
Counties Surveyed by the California Sex Offender Management Task Force

California County	Geographical Location			Size of County			Demographics	
	North	Central	South	Small	Medium	Large	Urban	Rural
Alameda	X					X	X	
Fresno		X			X		X	
Inyo			X	X				X
Kern		X			X			X
Los Angeles			X			X	X	
Mariposa		X		X				X
Riverside			X			X		X
Sacramento	X				X		X	
San Diego			X			X	X	
San Francisco	X			X			X	
San Luis Obispo		X			X			X
Santa Clara	X					X	X	
Shasta			X		X			X
Ventura			X		X			X
CDCR								

conviction after a report was received. The Task Force recognizes the challenges this group presents to society and suggests that the problem of sexual offending that eludes and extends beyond the traditional scope of the criminal justice system is a serious public health issue that cannot be ignored. The prevention of future sexual victimization requires a broad vision of the full scope of the problem and an appreciation of the inadequacy of a response that relies exclusively on the intervention of the criminal justice system.

RESPONSE RATES TO THE SURVEY

Surveys were mailed to supervisory staff of institutions or agencies that were assessed as being able to provide meaningful regarding typical California sex offender management practices. In situations where surveys were not returned, or for cases in which clarification of survey responses was required, staff members were contacted directly to obtain verbal information to complete the survey. Response rates for each subcommittee are listed in Table 4.

Table 4
Response Rates to the California Sex Offender Task Force Survey

Investigations, Juvenile and Adults	85%
Prosecution, Adult	64%
Prosecution, Juvenile	71%
Disposition, Juvenile and Adult	64%
Assessment, Juvenile and Adult	100%
Treatment, Adults in Custody, County	85%
Treatment, Juveniles in Custody, County	64%
Treatment, Community Outpatient Providers, Adult	78%
Treatment, Community Outpatient Providers, Juvenile	57%
Re-Entry, Adult, County	92%
Re-Entry, Juvenile, County	78%
Re-Entry, Adult, CDCR	100%
Re-Entry, Juvenile, CDCR	100%
Community Supervision, Adult, County	100%
Community Supervision, Juvenile, County	85%
Community Supervision, Adult, CDCR	100%
Community Supervision, Juvenile, CDCR	100%
Registration	78%
Community Notification	78%

LIMITATIONS

Readers of this Report need to bear in mind certain limitations of the survey:

- Only 14 of 58 California counties were surveyed.
- Response rates for the entire survey were less than complete, in particular for surveys related to Treatment Practices and Prosecution of Adult Offenders.
- Questionnaires were limited in the number of questions included in each category, and responses to each question were limited to four categories. Detailed quantitative information, including numerical responses within each county, was not obtained.

ASSESSMENT OF GAPS IN CALIFORNIA SEX OFFENDER MANAGEMENT PRACTICES

After the completion of the analysis of Survey responses, Task Force members met to review the findings for each sub-committee and to compare the identified gaps in California's sex offender management practices with the picture of best practices that had been previously assembled. Emerging from this comparison, 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. These strategies have since been developed and form the basis of the strategic vision that is contained in this Report, a plan designed to enhance the management of adult and juvenile sex offenders in California.

AUDIENCE TO WHICH THE TASK FORCE REPORT IS DIRECTED

This Report and its recommendations are intended for all policy-makers who have responsibility for any of the agencies and systems that are involved in California's response to sexual offending. These include:

- Governor of California
- California Department of Corrections and Rehabilitation
- Department of Mental Health
- Department of Developmental Services
- Attorney General
- California Judicial Council
- California Legislature
- California County Governments:
 - County Boards of Supervisors
 - County Sheriffs
 - Chief Probation Officers
- California State Association of Counties
- California City Governments:
 - Mayors
 - City Council Members
 - Police Chiefs
- California League of Cities
- Victim advocacy and service organizations
- Prevention organizations
- Associations for professionals who provide specialized services in the area of sexual offending
- Supervisors, professionals and practitioners who provide the types of direct services reviewed in the Report
- Schools of public policy and higher education
- California Sex Offender Management Board
- California citizens and voters

NOTE: This list may appear to be but is not presented as necessarily being exhaustive. There are likely to be other interested agencies, organizations and individuals who may find this report of great interest. Representatives of the media may also find it of value as may parties outside of California.

INVESTIGATION, PROSECUTION AND DISPOSITION

Objective: California will ensure that all investigations and prosecutions of sexual assault complaints are handled in a thorough, consistent and fair manner that is sensitive to victim issues.

SUMMARY PRINCIPLES

1. Sexual assault investigation is a complex endeavor that requires both a collaborative approach and specialized knowledge among those involved in the investigative process. The effective management of known sexual offenses begins with thorough and accurate investigation.
2. The effective prosecution of cases both supports victims throughout the adjudication process and employs methods designed to bring about an appropriate adjudication and disposition of the case. These methods include information gathering and sharing through the utilization of multidisciplinary teams, assistance of victim advocates, specialized training of sexual assault prosecutors, the use of the latest scientific advancements, and highly trained prosecutors working within a vertical prosecution unit. The involvement of victims during this process is essential to facilitate full disclosure of the information that is necessary to ensure the successful prosecution and disposition of these cases.
3. Sentencing is one of the most important decision points in the continuum of sex offender management. Judicial officers are uniquely positioned to address the conduct of trials and the needs of victims of sexual assault. In addition to crafting sentences that impose appropriate punishment for the offender, they provide the tools that supervision officers and treatment providers require to enhance public safety.

INVESTIGATION

EVIDENCE-BASED AND EMERGING PRACTICE IN THE INVESTIGATION OF SEX OFFENDER CASES

Specialized Training, Guidelines and Policies to Guide Investigations. Law enforcement has a legal and moral obligation to thoroughly investigate reports of sexual assault and to determine whether a crime has been committed. This investigation should be carried out in a professional and sensitive manner to protect the rights of the alleged victim and the suspected offender. Officers involved in sexual assault investigations should have specialized training in modern investigative procedures, including the proper methods for interviewing victims, witnesses, and suspects (Sex Crime Investigation P.C. 13516).¹ Each law enforcement agency conducting a sexual assault

¹ Penal Code section 13516

investigation should have standards, guidelines or policies in place to guide the investigation process for both adults and juveniles. These guidelines should include but are not limited to the following:

- The responsibility of the law enforcement personnel receiving the initial report of an offense.
- The responsibility of the responding officer.
- Evidence documentation and collection procedures.
- Crime scene preservation.
- Victim notification regarding investigative procedures.
- Victim interviewing.
- Suspect interview/interrogation.
- Mandatory notifications, i.e. Juvenile Victim (PC 11166(g)).²
- Follow-up investigative procedures.
- Case management.
- Officer wellness.

Specialized Sexual Assault Investigative Units. Sexual assault investigation is viewed as one of the most challenging, demanding and sophisticated types of investigation conducted by law enforcement. Law enforcement agencies should have specialized sexual assault or sex crime investigative units for both adult and juvenile investigations.³ The primary objective of the investigation is to collect all available evidence, determine facts, prevent further trauma to the victim, safeguard the community, and protect the rights of all parties, including victims, suspects and witnesses.

Multidisciplinary Sexual Assault Response Teams (SART). Emerging practices suggest the importance of a multi-disciplinary team approach including the use of SART teams.⁴ These teams should consist of law enforcement, victim advocates, sexual assault forensic examiners, criminalists and prosecutors who receive specialized training in their individual disciplines, working together to minimize trauma to the victim and obtain optimal results in the collection of evidence. The presence of SART teams encourages the sharing of information and enhances the investigative process.

Safe, Discreet, Victim-Sensitive Environments to Conduct Investigations for Both Child and Adult Victims. It is essential that law enforcement officers understand the importance of the need for sensitivity combined with rigorous investigative work to obtain accurate information from victims and witnesses. There should be a safe, discreet, victim-sensitive environment for child and adult victims designed to facilitate the investigative process and minimize any potential negative impact on victims.

Forensic Medical Examination Resources. Each jurisdiction should have identified physicians and/or sexual assault nurse examiners (SANE) available 24 hours/day to perform forensic examinations

2 Penal Code section 11166(g)

3 In some jurisdictions, due to limited resources, one officer may have the sole responsibility to investigate sex crimes

4 www.leginfo.ca.gov

on victims in sexual assault. These personnel should be members of the local multidisciplinary team. A comprehensive medical examination protocol should be in place to guide the examination (Office of Emergency Services (OES) Instructional Form 923).⁵ All examiners should receive training regarding the documentation required in the use of this form.

Investigation of Child Sexual Assault and Abuse Cases. The investigation of sexual assault involving a child victim can be extremely difficult. To avoid multiple interviews of victims it is recommended that investigations be conducted jointly with law enforcement, medical providers and social service agencies.

Forensic Evidence/DNA Analysis. Collection of forensic evidence including DNA analysis during a sex crime investigation can be crucial with respect to the outcome of the case. It is essential that this evidence be collected, preserved and analyzed by trained personnel in a timely manner following scientifically accepted standards.

Continued Contact with the Victim. The law enforcement investigator, working with the District Attorney's Office and victim service providers, should maintain contact with the victim until the conclusion of the judicial process. The victim should be provided periodic status reports on the progress of the investigation and prosecution in cases where this is appropriate. Agencies should maintain a liaison with, and a list of, community support organizations that may be able to provide aid to sexual assault victims and their families. This list should include, but not be limited to, the names and locations of counseling centers within their jurisdictions.⁶

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE INVESTIGATION OF SEX OFFENDER CASES

Specialized Training and Guidelines and Policies to Guide Investigations. Section 13516 of the California Penal Code, Sex Crime Investigation states that "(c) The Commission (on Peace Officer Standards and Training [POST]) shall prepare and implement a course for the training of specialists in the investigation of sexual assault cases, child sexual exploitation cases, and child sexual assault cases. Officers assigned to investigation duties which include the handling of cases involving the sexual exploitation or sexual abuse of children, shall successfully complete that training within six months of the date the assignment was made." It is current practice for intensive forty-hour courses on sexual assault and child sexual abuse to be provided by POST several times a year to allow for this compliance. The California Sexual Assault Investigators Association (CSAIA) supplements this training with twice-yearly advanced training conferences and several day workshops throughout the year. This training emphasizes innovations in best practices as it relates to sexual assault investigation. This training helps provide consistency and uniformity in investigative practices. However, many jurisdictions, especially within small counties and city police departments, have officers who handle many different types of cases and therefore are not specialized in sex crime investigation or mandated to be trained per the Penal Code section.

Regarding the question of policies to guide sexual offense investigations, Section 13516 of the California Penal Code, Sex Crime Investigation states that "(a) The Commission (on Peace Officer

5 Formerly OCJP 923 Form [The Penal Code section 13823.5 (c) mandates the use of OES 923 Form in all sexual assault examinations]

6 Penal Code section 264.2a, Penal Code section 13701, Education Code sections 673859a and 94385a

Standards and Training [POST]) shall prepare guidelines establishing procedures which may be followed by police agencies in the investigation of sexual assault cases, and cases involving the sexual exploitation or sexual abuse of children, including, police response to, and treatment of, victims of these crimes.” Survey results from counties suggest that nearly all agencies responding have adopted adult guidelines for investigation, typically those based on the Commission on Peace Officer Standards and Training. However, POST training is lacking in respect to juvenile suspect investigations with survey results suggesting that only 50% of the responding jurisdictions have guidelines specifically developed for the investigation of juvenile sex offenders.

Specialized Sexual Assault Investigative Units. Section 13516 of the California Penal Code, Sex Crime Investigation states: “(d) It is the intent of the Legislature in the enactment of this section to encourage the establishment of sex crime investigation units in police agencies throughout the state, which shall include, but not limited to, investigating crimes involving the sexual exploitation and sexual abuse of children.” Survey results indicate that counties in general have trained investigators working as members of a specialized unit for the investigation of sexual offenses. Although the presence of specialized units is commonly the case for large and middle size agencies, smaller agencies are more likely to have investigators who handle a wide variety of cases and who consequently do not receive the mandatory specialized training. Survey results also indicate that not all agencies have specialized units for investigation of juveniles offenses, regardless of the size of the investigating agency.

Multidisciplinary Sexual Assault Response Teams (SART). Survey responses indicate that the trend is for counties to have a partnership among law enforcement, prosecutors, forensic examiners, crime laboratory and victim advocates to help respond appropriately to sexual assault cases. This collaborative effort allows for critical information sharing among agencies charged with the investigation of sex offenses. However, it appears that there is little uniformity between counties with regard to the representatives on these teams, raising the concern that important stakeholders may not be represented. For example, some jurisdictions do not include representatives from the District Attorney’s Office or social service agencies.

Safe, Discreet, Victim-Sensitive Environments to Conduct Investigations for Both Child and Adult Victims. Survey results indicate that agencies have suitable facilities in which to conduct investigative interviews in cases involving child victims. However, over 50% of agencies report that they do not have a designated victim-sensitive environment for adult victim investigations.

Forensic Medical Examination Resources. Survey results suggest that nearly all jurisdictions have available to them identified physicians and/or sexual assault nurse examiners specially trained to perform forensic examinations on assault victims. These examiners should be members of a multidisciplinary team, a practice that is recommended as being the standard of care. However in several of the smaller and more rural jurisdictions, victims may have to travel a considerable distance, sometimes as far as 90 miles, in order to obtain these services.

Joint Agency Investigation of Child Sexual Assault and Abuse Cases. Survey results suggest that the majority of counties follow the practice of conducting joint investigations of child sexual assault and abuse cases with multidisciplinary teams in order to reduce the trauma associated with child interviews and to increase the accuracy of child witness reports. However, it is not known whether or not counties have established guidelines or policies regarding the conduct of these investigations.

Forensic Evidence/DNA Analysis. All counties surveyed report that DNA samples are routinely collected on all cases referred for investigation and prosecution. This practice has helped lead to the identification of suspects in previously unsolved cases. One consistent problem, however, is that it may take months for forensic data, in particular DNA samples, to be analyzed. Counties with access to a laboratory within their jurisdiction appear to have a more rapid turn around of evidence compared to those who use the Department of Justice crime laboratory. A few counties reported on the use and utility of DNA Screening Committees that bring together prosecutors, law enforcement and criminalists to help prioritize cases, consult on unsolved or “cold cases”, and to share ideas about investigation and the processing of evidence.

Strengths

- Legislative mandating of specialized training allows for consistency and uniformity in investigative practices.
- Survey data suggest that jurisdictions are using a standardized guideline to conduct investigations.
- Collaborative practices allows for information to be shared among agencies and disciplines charged with the investigation of sexual offenses.
- In the majority of counties, multidisciplinary conduct joint investigations of child sexual assault and abuse cases with multidisciplinary teams.

Gaps

- Many jurisdictions, especially within small counties and city police departments, do not have specialized sexual assault investigative units. Thus, many officers do not have specialized or adequate training in sex crime investigations. This is particularly common in the case of juvenile investigations.
- Although it is common for counties to have guidelines for adult sex offense investigations, only 50% of the counties report having specific guidelines for juvenile investigations.
- POST training does not provide adequate guidance with respect to juvenile sex offense investigations.
- Where specialized sexual assault investigative units do exist, there is often a lack of uniformity between counties with regard to the representatives on these teams.
- More than 50% of investigative agencies do not have victim-sensitive environments for interviewing adult victims.
- Victims in several of the smaller and/or more rural jurisdictions may have to travel considerable distances to meet with investigators. Travel time can result in the loss of important forensic evidence.
- It is not known how many jurisdictions have established procedures/protocols to guide the multi-disciplinary interview process.
- Delays in the processing of DNA samples may lead to unnecessary delays in the prosecution of cases.

- Many jurisdictions do not keep data or have protocols regarding the amount of contact between victims and investigators during the investigative process.

PROSECUTION

EVIDENCE-BASED AND EMERGING PRACTICE IN THE PROSECUTION OF SEX OFFENDER CASES

Charging. The decision regarding the charging of a sexual offense can have a significant impact on the way cases are handled and on their ultimate resolution. If the charging decision fails to encompass the most serious of the charges (under-charging), protection for the community may suffer by prematurely allowing the alleged perpetrator back into the community. By contrast, the decision to file the most serious charges possible without adequate investigation (over-charging) may negatively impact the criminal justice system by diverting prosecution resources from other cases, by putting the integrity of the District Attorney’s Office in question, and by prolonging cases that might otherwise be resolved at an earlier stage. Such decisions also have the potential for negative effects on victims. It is recommended that charging decisions be made by one experienced deputy who has demonstrated expertise in the prosecution of sexual assault cases. Data should be kept on all aspects of the filing decision to evaluate the prosecution process.

Vertical Prosecution. Vertical prosecution is the practice of assigning one deputy district attorney to a given case and having that deputy handle every aspect of the case, including the first court appearance, bail motions, preliminary examination, pre-trial management, victim contact, resolution via plea or trial and ultimately judgment and sentencing/disposition.⁷ Vertical prosecution occurs frequently within units whose sole responsibility is to prosecute sexual assault cases. This model encourages a level of consistency, professionalism and expertise that enhances prosecution outcomes.

Pre-trial/Pre-adjudication Management. Considerations on whether or not to allow sex offenders to remain in the community prior to trial or during the adjudication process require adequate pre-trial management processes to be in place to assess the potential risk to the community or possible flight of the alleged offender. There should be appropriate bail schedules and pre-trial supervision approaches to ensure the safety of victims and the community.⁸ Factors that may influence this decision include the level of severity of the crime, impact on the victim, and the need to ensure community safety. In the case of juvenile sex offenders, the ability of parents/caregivers to provide adequate structure and supervision is important and may have significant implications for pre-adjudication management processes. If the risk to victims or the community appears too great, pre-trial detention may be necessary.⁹

Victim Sensitivity. A victim-centered approach recognizes that victims must be allowed to determine their own level of participation in criminal justice system proceedings. It is incumbent upon those involved in the legal system to ensure that the desires and needs of the victims are respected at all phases of the process. During the prosecution phase, victim advocates should be available to provide education, support, and assistance to victims (and parents/caregivers when the victim is a

7 CSOM, 2004

8 Barbaree & Cortoni, 1993; English et al., 1996b, Flora, 2001; Myers et al., 1996; Schafran et al., 2001a, 2001b

9 CSOM, 2004

child). Services provided by advocates at this juncture should include the following:¹⁰

- Orientation of the victim to the court process.
- Provision of information regarding victim rights.
- Information about court dates and the status of the case.
- Assistance with victim compensation applications.
- Assistance with preparation of victim impact statements.
- Accompanying victims to court proceedings.

When the victim is a child or a special-needs adult, sensitivity to the age, maturity, development, and emotional adjustment of the victim must be primary considerations. Prosecutors and their representatives, working closely with victim advocates, should meet with victims early in the process to explain the various court proceedings, assess the willingness and ability of the victim to testify, and identify any specific considerations or accommodations that may be necessary.¹¹

Plea Bargaining. The majority of criminal cases, including sexual offenses, do not culminate in a trial. Plea bargains are commonly offered to facilitate the timely resolution of cases. Although there is the potential for reduced offender accountability, plea bargains may be beneficial to victims by eliminating the potential trauma associated with testifying in court proceedings. Certain aspects of plea bargains warrant special consideration when sexual offense cases are involved:

- Plea bargains that eliminate the sexual offense component of the case may have repercussions at a later time by eliminating the necessity for registration pursuant to Penal Code § 290. Misidentifying the nature of the offense potentially limits its use in a subsequent prosecution.
- The utilization of Alford and nolo contendere/no contest pleas in sex offense cases may encourage or allow an offender to remain in a state of denial, thus failing to take appropriate responsibility;
- Prior to engaging in plea negotiations, prosecutors should seek to have thorough and appropriate assessments completed on offenders charged with committing sex offenses to ensure that plea and sentencing decisions are well informed and appropriate for the offender, the victim, and the community.¹²
- Plea bargains should not be entered into without discussing the proposed settlement and potential benefits with the victim.

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE PROSECUTION OF SEX OFFENDER CASES

Charging. Survey results suggest that 100% of the responding counties have established guidelines that ensure some form of consistency in filing decisions for both adult and juvenile cases. Additionally, it was reported that the guidelines also ensure the charged offense(s) accurately reflects the

¹⁰ CSOM, 2000; National Center for Prosecution of Child Abuse, 1993; Schafran et al., 2001a, 2001b

¹¹ English et al., 1996a; Flora, 2001; Nannetti & Greer, 1996; National Center for Prosecution of Child Abuse, 1993

¹² CSOM, 2004

seriousness of the actual events. However, for adult offenders approximately 25% of the counties fail to keep comprehensive filing data. For juvenile offenders a majority of the survey respondents indicated that they keep data on the number of cases referred for filing, number of cases filed and the number of cases dismissed. Unfortunately, 50% of the respondents fail to keep data on the number of cases rejected, the number of petitions sustained, and the time between filing and resolution. The absence of this data limits the ability of jurisdictions to evaluate the outcome of their filing decision policies. Survey results failed to capture the percentage of counties that have a single, experienced individual responsible for the review and filing of either adult or juvenile sexual assault cases.

Vertical Prosecution. Survey results indicate that 100% of the responding counties use the model of vertical prosecution for both adult and juvenile sexual assault cases. Counties also report that specialized training is always given to 100% of deputies who prosecute adult sexual assault cases and for 70% of those who prosecute juvenile cases. The survey failed to answer the question of whether or not a special unit within the District Attorney's office exists that is dedicated to the prosecution of juvenile sexual assault cases, although it is expected that if such units do exist, they are likely to be limited to larger counties where the volume of cases might warrant such an approach.

Victim Sensitivity. Survey responses indicate that the vast majority of the respondents (87 – 100%) had protocols in place that ensure a victim sensitive approach to prosecution. The vast majority of respondents recognize the obligation to keep the victim fully informed and apprised of the various processes in the legal system and the rights to which he/she is entitled. Survey responses also suggest that most respondents recognize the necessity of providing a service that is victim sensitive so as to ensure the continued cooperation of the victim, lessen victim trauma, and increase the probability of a successful outcome. However, the survey results reveal two important gaps relative to inclusion/protection of the victim in the prosecution of adult cases. 12.5% of respondents fail to consult with victims prior to finalizing plea agreements and 25% of respondents indicate a lack of policies to prevent the circulation or misuse of sensitive evidence. Similar issues were found with respect to the prosecution of juvenile cases with the additional finding that 57% of respondents do not meet with the victim early in the process to explain court proceedings and assess victim needs.

Plea Bargaining. Survey results indicate that 100% of respondents recognize the importance of the fact that in cases where plea bargaining is utilized, the practice should reflect the nature and severity of the alleged offense. However, 25% of the respondents for adult sexual abuse cases and 55% of respondents for juvenile sexual abuse cases indicate they do not have policies, standards or guidelines in place to ensure the consistent application of these principles. The survey failed to establish whether such policies were in place to guide the use of plea bargains for other nonsexual types of offenses.

Strengths

- The vast majority of counties recognize the importance of filing guidelines in an attempt to ensure consistency in filing decisions.
- Survey results indicate that all District Attorney's offices utilize vertical prosecution in sexual assault cases.

- The vast majority of the counties surveyed have protocols in place to ensure a victim sensitive approach in the prosecution of sexual assault cases.
- Jurisdictions recognize the importance of plea bargains that take into account the severity of the offense and accurately identify the conduct involved.

Gaps

- A large number of the counties fail to keep the adequate data to allow the evaluation of prosecution practices, particularly in the case of juvenile offenses.
- Prosecutors handling juvenile cases do not routinely receive specialized training afforded their adult counterparts.
- In the prosecution of both adult and juvenile offenders there is a failure to consult with victims prior to finalizing plea agreements, and a failure to seek and obtain protective orders regarding sensitive materials.
- The failure to have guidelines in place that assist in determining the appropriate plea may lead to inconsistent treatment and sentencing of offenders.

DISPOSITION

EVIDENCE-BASED AND EMERGING PRACTICE IN THE DISPOSITION OF SEX OFFENDER CASES

Considerations Related to Judicial Discretion in Sentencing. Current practices in the adjudication of sex offenses have shown a trend towards predictable and uniform sentences with mandatory minimums and legislative sentencing determined by the nature of the crime.¹³ This practice has interfered with the ability of judges to consider factors that may be unique to a specific offense or offender.¹⁴ Since sex offenders are a heterogeneous population with different risk profiles and treatment needs, it is desirable for statutes to allow sufficient judicial discretion in individual cases. Sentences should be commensurate with the level of risk posed by the offender, the severity of the offense as well as the capacity of the criminal justice system to effectively manage each offender.¹⁵

Considerations for Judicial Educational Support. It is important that sentencing practices support sex offense-specific treatment and community supervision efforts and should include:

- Mandates for sex offense specific treatment.
- Sufficient periods of community supervision that allow for monitoring.
- Relevant special conditions or restrictions.
- Court-leveraged consequences for non-compliance with supervision requirements.

¹³ Mendal, 2000, 2001; Petersilia, 2003; Snyder & Sickmund, 1999; Travis et al., 2001

¹⁴ Holmgren, 1999; Petersilia, 2003; Simon, 2003

¹⁵ Bala & Schwartz, 1993; CSOM, 2000a; Cumming & Buell, 1997; Holmgren, 1999; National Center for Prosecution of Child Abuse, 1993; Schafran et al., 2001a, 2001b

In order to play an informed and supportive role, it is important that judges be educated on the sentencing alternatives available that enhance practices of sex offender management.¹⁶

Considerations for Access to Data. In order to make adjudication decisions that properly reflect the specific factors of the case, judges must have access to thorough and reliable assessment data. Such data can be obtained through the use of pre-sentence investigations (PSIs) conducted by probation or by the use of sex offense specific psychological evaluations.¹⁷ Key decision makers need to understand the relevance of the data offered during the adjudication process, including education on how best to interpret case specific assessments.

Consideration of Victim Impact Statements and Community Safety. Sentencing is designed to serve several purposes, including punishment and restitution. One of the most important purposes of adjudication is victim and community safety.¹⁸ Meeting the needs and interests of the victims is a crucial part of the adjudication process. Victim impact statements and restitution requirements should be considered in the sentencing process, as these statements provide insight regarding the impact of the crime on the individual and community.

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE DISPOSITION OF SEX OFFENDER CASES

Judicial Discretion. Survey results revealed that approximately 78% of jurisdictions believe that the current statutory sentencing schedules typically or always provide sufficient judicial discretion to impose appropriate sentences. Furthermore, 77.8% of respondents felt that they either always or typically had sufficient discretion to fashion a sentence that reflected the severity of the crime, the impact on the victim, and the level of risk imposed by the offender to the community. However, 56% of the respondents indicated that policies generally do not require a sex offense specific psychological evaluation, and of those 56%, only 33% typically order them to assist in sentencing.

Judicial Educational Support. In response to survey questions about availability of educational programs to enhance sex offender management, eight of nine judges indicated that such programs are not generally available, while one remaining judge indicated that such training is never available. The Director of the Center for Judicial Education and Research (CJER) reported that training for judges in the area of sex offender management could be improved, and expressed an interest in working to develop a comprehensive program that could be provided to judges statewide. With regard to judicial training that focused on offenders and their victims, 50% of judges indicated that educational programs are typically available.

Case Specific Data. Survey results indicate that while PSIs are a regular part of sentencing considerations, sex offense specific psychological evaluations are less routinely considered by judges. 100% of responding judges indicated that there are policies in place that require PSIs, or that they are typically ordered even if there is no policy in place. The responses regarding the use of psychological evaluations suggest that this practice is less well established. Only two of the responding counties reported that guidelines or policies were in place that required such evaluations. Of the remaining counties where no policy or guideline required psychological evaluations at the time of sentencing, only one indicated that judges typically order them.

16 Bumby & Maddox, 1999; CSOM, 2000; English et al., 1996a, 2003; Nannetti & Greer, 1996; Scharfran et al., 2001a, 2001b; Simon, 2003b

17 Bala & Schwartz, 1993; Cumming & Buell, 1997; CSOM, 2000

18 CSOM, 2000; English et al., 1996a, 2003; National Center for Prosecution of Child Abuse, 1993

Victim Impact and Community Safety. Of those judges responding, only one indicated that victim impact statements are generally not received or considered as part of the sentencing decision. All of the remaining responding judges indicated that they either always or typically receive victim impact statements to inform their decisions. 100% of judges responding indicated that the needs and safety of victims and potential victims are either always or typically a primary consideration during the sentencing process.

Strengths

- Most judges report that there is adequate judicial discretion for sentencing in sex offense cases.
- While not widely utilized, judicial training that focuses on victims and offenders is available.
- Judges have access to and make use of PSIs to assist in sentencing.
- Victim impact statements are generally received in the disposition process and taken into consideration during the sentencing decision.

Gaps

- Sex offense specific psychological evaluations that can be used to identify relevant risk factors are not generally used to assist in sentencing decisions.
- Training programs designed to educate judges on how to enhance sex offender management are not available.
- Sex offense specific psychological assessment tools are not generally used in sentencing decisions.

RECOMMENDATIONS

To enhance the effectiveness of California's investigation, prosecution and disposition of sexual offender cases the following strategies should be implemented:

1. Specialized training should be provided to all individuals responsible for the investigation, prosecution and disposition of sexual offenses with a particular focus on cultural differences, and differences between adult and juveniles, both as victims and as offenders.
2. All sexual assault cases, adult and juvenile, should be handled by specially trained prosecutors assigned to a vertical prosecution unit.
3. Every jurisdiction should have a Multidisciplinary Team (MDT) to facilitate the investigation and prosecution of sexual offenses.
4. Statewide protocols should be developed for the investigation of sexual offenses, including protocols for the collection, packaging and preservation of evidence.
5. California should establish filing guidelines that ensure consistency and integrity in filing decisions and, wherever possible, designate one experienced prosecutor to make filing decisions.
6. California should establish guidelines to ensure consistency in plea bargains and dispositions.

7. Judicial officers need access to training on sentencing alternatives that enhance sex offender management to ensure that they understand the dynamics of sexual offenses, the heterogeneity of the sexual offender population, research on recidivism and the impact of offenses on victims. The training should be multi-disciplinary and involve a collaboration between the Center for Judicial Education and Research and the National Center for Sex Offender Management.
8. Investigation and prosecution of sexual offenses should consider the needs of victims including such issues as fair access to the judicial process, early notification regarding victim rights, assignment of a victim advocate, protection of sensitive information, and communication with victims at all stages regarding the progress of the investigation, prosecution and disposition.¹⁹
9. District attorney offices, in collaboration with law enforcement, should prepare and distribute a brochure to inform the sexual assault victim of his/her rights, and compile a checklist of the steps that can be taken to protect those rights. These brochures should also be distributed by victim advocate organizations and medical providers.

¹⁹ Penal Code section 64.2, Law Enforcement and Advocate Notification, and sub-paragraph (G) of paragraph (9) of subdivision (C) of section 13701. Also Penal Code section 679.04, Victim Right to Advocate; Penal Code section 679.08, Victim Must Be Notified of Rights; Penal Code section 680, Sexual Assault Victims' DNA Bill of Rights

ASSESSMENT

Objective: California will identify the nature and level of individual sex offender risk and needs through the use of comprehensive assessments that are based on evidence-based practice standards throughout the criminal justice process.

SUMMARY PRINCIPLES

1. Community safety is enhanced and limited resources are more effectively directed when guided by policies regarding sex offender management are based on a comprehensive and evidence-based assessment that identifies both levels of risk as well as the specific needs of sex offenders related to treatment, re-entry and community supervision.
2. Community safety concerns for sex offender include risk of sexual and nonsexual misconduct. Therefore, evaluation of risk should consider both long term and immediate risk of sexual and nonsexual offense behavior relying on the most current evidence-based risk assessment protocol.
3. Sex offender assessment protocols should include separate risk assessment instruments for adult males, juveniles and females. There should also be both static and dynamic factored risk assessments.

EVIDENCE-BASED AND EMERGING PRACTICE IN THE ASSESSMENT OF SEX OFFENDERS

One important principle of sex offender management is that sex offenders are a diverse group of individuals with widely differing levels of risks and areas of needs.²⁰ The effective management of these individuals is contingent upon a thorough assessment of these two variables. Although assessment is traditionally considered to be a clinical event, within the context of sex offender management, assessment should be an ongoing and multi-disciplinary process. In addition to the clinical insights offered by specialized mental health practitioners, the cumulative data provided by other involved professionals greatly enhance the ability of criminal justice systems to balance the needs of offenders, victims, and communities effectively over time. Throughout the sex offender management process, a variety of assessments occur within four broad categories, which include:

- Risk Assessment.
- Criminal Justice Assessment.

²⁰ CSOM, 2004

- Empirically Guided Clinical Assessment.
- Ongoing Multi-disciplinary Assessment.

To enhance the reliability, validity, and ultimate utility of these assessments, it is important to utilize multiple data sources. Data gathered from interviews, combined with findings from general and offense-specific psychometric batteries and reviews of records provide a rich source from which professionals are able to obtain as comprehensive picture of the offender as possible. 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 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.²¹

Risk Assessment

Within the past decade, risk assessment has become an area of increased influence in decision-making with sex offense cases. Actuarial instruments are currently the most common method of estimating and categorizing sex offenders into risk groups. These instruments are designed to determine a sex offender's likelihood of being arrested for a new sex crime by assessing how he is similar to other groups of sex offenders for whom the risk of re-offense is known. These instruments are moderately effective at predicting the re-offense rate of a group of similarly defined offenders, but cannot identify whether a particular individual offender within a specific "risk group" will or will not re-offend.²² The following validated actuarial tools are commonly utilized with adult sex offenders to estimate the potential for sexual recidivism:

- Rapid Risk Assessment for Sexual Recidivism²³ (RRASOR)
- Static-99²⁴
- Sex Offender Risk Appraisal Guide²⁵ (SORAG)
- Minnesota Sex Offender Screening Tool-Revised²⁶ (MnSOST-R)

Actuarial risk assessments have been developed in two distinct areas. *Static* risk assessments use primarily static or unchangeable risk factors (e.g., number of prior sex offenses, age of the offender, gender of victims, and relationship to victims). They are historical in nature and research has identified them to be moderately predictive of future sexual offending behavior. More recently, researchers have begun to focus on *dynamic* or changeable risk factors believed to be associated with sexual recidivism. (e.g. negative mood, substance abuse, anger, victim access, intimacy deficits, poor social supports, antisocial lifestyle or behaviors). Some risk assessment tools contain both static and dynamic risk factors, while others exclusively examine one or the other. Recent California legislation that has now been incorporated into the California Penal Code requires a Static-99 Risk Assessment to be conducted for all adult male sex offenders at the county level as part of the pre-

21 CSOM, 2004

22 CSOM, 2004

23 Hanson, 1997

24 Hanson & Thornton, 1999

25 Quinsey et al., 1998

26 Epperson et al., 2000

sentence investigation.²⁷ There is a lack of well-validated risk assessment measures for juvenile and female sex offenders. Challenges in the development of evidence based assessment tools include the low base rates of juvenile sexual recidivism, low numbers of female offenders, lack of controlled empirical studies, and the limited efforts to develop risk assessment tools specifically for juveniles and females.

Criminal Justice Assessment

Assessment is the responsibility of all professionals involved in the management of sex offenders. Criminal justice professionals, such as intake officers, community supervision officers, and correctional staff conduct assessments throughout the criminal justice process to inform sentencing or dispositional recommendations, placement considerations, intake and classification process in correctional institutions and community case management decisions. Included among the different types of criminal justice assessments are the following:²⁸

- Pre-sentence investigations.
- Intake/Classification assessments.
- Assessments to develop community supervision case plans.

Pre-sentence Investigation (PSI). The PSI report is designed to provide the court with critical information about an individual offender and to assist in the ultimate disposition of the case. The PSI report plays a significant role in balancing offender accountability, offender needs, victim needs and desires, and community safety. Given its importance, policies and procedures should require the completion of a PSI report for every sex offender. Parameters exist to describe the essential components of the PSI.²⁹ To be of maximum use to the courts, the PSI report should reflect a thorough synthesis of pertinent data that leads to carefully formulated recommendations regarding the level of risk, aggravating or mitigating circumstances, placement needs, sex offender specific and other treatment needs, and specialized conditions of supervision, if indicated. Ideally, the court will have ordered a psychosexual or sex offender specific evaluation the results of which should be incorporated into the PSI.

Intake/Classification Assessment. For adult offenders who are sentenced to correctional institutions, an intake/classification assessment should occur as soon as possible after placement. The intake/classification assessment is designed to identify the sex offender's appropriate security classification, medical or mental health needs, overall levels of functioning, and potential housing unit assignments. Ideally, policies and procedures should guide assessments of the need, interest and appropriateness of the individual sex offender for specialized services such as sex offender treatment. Similarly, for juvenile offenders, it is critical that initial assessments occur upon intake to a residential treatment center or juvenile facility. For juveniles, there should be the potential for family involvement as well as informed consent from the parent or caregiver.³⁰

Community Supervision Assessment/Case Plan for Adult Sex Offenders. Community supervision assessments are geared toward the development of supervision case plans. Community supervision officers conduct these assessments to determine the level of risk that sex offenders pose to the

27 California Penal Code, Section 290.06 (a) (4)

28 CSOM, 2004

29 CSOM, 2004

30 CSOM, 2004

community, and to identify the most appropriate levels and targets of supervision. Additionally, responsivity factors are assessed to increase the likelihood that offenders will respond effectively to the supervision strategies and interventions. Promising assessment measures include:

- Level of Service Inventory-Revised³¹ (LSI-R)
- Stable 2000³² (Revised version, Stable 2007, in progress)

While the pre-sentence investigation and the intake/classification assessments are point-in-time events, supervision case planning and management assessments reflect an ongoing, continuous and collaborative process. More specifically, in collaboration with treatment providers and other members of case management teams, community supervision officers must continually monitor, assess, and share information regarding changes in the sex offender's risk and needs. The goal of this ongoing and collaborative assessment is to ensure that supervision case management plans are responsive to the sex offender's current risk levels and specific needs for supervision, thus maximizing victim and community safety.

Clinical Assessment

Treatment providers and other clinicians are frequently called upon to conduct assessments of sex offenders at various points throughout the criminal justice process. Placement considerations, treatment planning and supervision strategies are all areas where their input is needed to ensure community protection. It is therefore critical that such evaluations are conducted by clinicians who have specialized education, training and experience in the field of sex offender management.³³ The primary forms of clinical assessment include the following:

- Psychosexual or sex offender specific evaluations.
- Psychiatric or pharmacological assessments.
- Psychophysiological assessments of sexual arousal, preference and interest.

Psychosexual or Sex Offender Specific Evaluations. Psychosexual evaluations are often requested to provide the courts and others with clinical expertise about specific sex offenders including opinions regarding the level of risk, amenability to treatment and supervision, dynamic risk factors, and nature of recommended treatment. Given the complex dynamics involved in sex offending, policies and standards should require clinicians who perform psychosexual evaluations to be specially trained and experienced. The primary goals of the psychosexual evaluation are to identify:

- The level of risk.
- The degree of psychosexual disturbance.
- Amenability to treatment and supervision.
- Specific dynamic risk factors or criminogenic needs to be targeted in sex offender-specific treatment.
- The most appropriate method of treatment delivery.

31 Andrews, & Bonta, 1995

32 Hanson & Harris, 2002

33 CSOM, 2004

- The most appropriate level of treatment intensity.
- Potential placement considerations.
- Objective baseline data against which treatment progress can be measured over time.

While similar to a psychological evaluation in that psychometric assessment of mental status, personality, and general functioning is typically included, the psychosexual evaluation is distinct in a number of ways. For example, there is considerable emphasis on sexual history, including detailed assessments of sexual attitudes, development, adjustment, interests, and behaviors of a deviant and non-deviant nature. The psychosexual evaluation should address offense-related factors such as frequency, chronicity, and range of offense behaviors, level of remorse or empathy, understanding of victim impact, and cognitive distortions that minimize or justify sex offending behaviors. Researchers have identified several critical areas to be assessed as part of a comprehensive psychosexual assessment, including, but not limited to, the following:

- Deviant sexual interest, arousal, and/or preference.
- Pro-offending attitudes or cognitive distortions, including empathy deficits.
- Intimacy deficits.
- Emotional management difficulties and negative affect.
- Psychopathy, antisocial behavior, and other behavioral self-regulation difficulties.

When juveniles are being evaluated, it is critical that the inquiries and measures utilized are developmentally appropriate, and take into account the juvenile's age, maturity and functional level. Parents or caregivers should also be assessed with regard to their acknowledgement of the offense behavior, level of structure in the home, and willingness and ability to work with juvenile justice and social services systems to ensure offender accountability and victim safety.

Psychiatric or Pharmacological Assessments. Given the potential for some sex offenders to have co-occurring behavioral, health or psychiatric needs, the conduct of specialized psychiatric evaluations is an important component of a comprehensive assessment process for sex offenders. As part of a team approach, psychiatrists and other qualified medical professionals can identify specific responsivity factors (e.g., mood disorders, anxiety disorders, psychotic disorders) that may interfere with the ability of the offender to effectively engage in, or respond to, treatment. Rather than excluding sex offenders from treatment services due to mental health symptoms, it is preferable that psychiatric assessments are conducted to identify alternative or adjunctive services that may be necessary prior to, or concurrent with, offense-specific interventions. For those offenders who manifest persistent paraphilic behaviors or intense and persistent deviant fantasies and urges, specific pharmacological interventions may be warranted. For those offenders who manifest persistent paraphilic behaviors or intense and persistent deviant fantasies and urges, specific pharmacological interventions may be warranted.

Psychophysiological Assessments of Sexual Arousal, Preference, and Interest. The most common approach to assessing sexual arousal and preference is phallometric assessment, using the penile plethysmograph. Research has revealed strong associations between phallometric measures of deviant sexual arousal/preference and sexual and violent recidivism, both for men who sexually

abuse children and those who rape women.³⁴ In comparison to phallometric assessment, the use of viewing time procedures is a relatively recent approach to the assessment of sexual interest. Although there is less empirical evidence to support its validity, published reports indicate that viewing may be useful in the assessment of individuals who have deviant interest in children.³⁵ The polygraph has also been utilized as a means to overcome denial and facilitate the disclosure of the sex offender's sexual history and adherence to community supervision guidelines. Reports in the literature indicate that considerably greater amounts of information about offenders' deviant sexual behavior, including multiple paraphilias are elicited when the polygraph is utilized.³⁶ Thus, it is argued that additional data gleaned from the polygraph examination may enhance the ability of treatment providers and supervision officers to identify accurate and effective targets of intervention.

Ongoing Multidisciplinary Assessment

While the pre-sentence investigation and the intake/classification assessments are point-in-time events, supervision case planning and management assessments reflect an ongoing, continuous and collaborative process. Ongoing multidisciplinary assessments should occur both in correctional institutions or residential treatment centers where sex offender-specific treatment is provided and in the community while the sex offender is under supervision and/or involved in treatment. In the case of juvenile offenders, it is essential that the ongoing assessment also include continuous evaluation and monitoring of the family environment, school performance and conduct, peer relationships, and other support systems.³⁷

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE ASSESSMENT OF SEX OFFENDERS

Risk Assessment

Although nearly 50% of the surveyed adult county facilities and adult outpatient treatment programs conduct some form of risk assessment, over 70% of surveyed California counties reported that they do not use an empirically validated risk assessment actuarial tool to conduct risk assessments of adult sex offenders. This is also an important issue for institutionalized adult sex offenders for whom there is no protocol for institutional staff to conduct a risk assessment either during intake or prior to release to the community. In addition, very few counties or institutions have programs in place for training of staff in the conduct of these assessments, and even fewer have written standards related to credentialing of individuals who may conduct these assessments. There are several risk assessment tools that have been validated for adult males but as yet there are no validated risk assessment instrument for female sex offenders. Recent positive developments in California legislation include Senate Bill 1128 mandating that a Static-99 risk assessment to be conducted for all adult male sex offenders at the county level as part of the PSI and may be required to conduct an assessment prior to and during the period of community supervision.³⁸

With regard to juvenile offenders, the DJJ has been conducting sex offender risk assessments using the Sex Offender Referral Document (SOR) for juvenile court commitments as part of their intake

34 Freund & Blanchard, 1989; Freund & Watson, 1991; Hall et al., 1995; Howes, 1998; Jensen & Laws, 1994; Lalumiere et al., 2003; Laws et al., 2000; Looman & Marshall, 2001; Roys & Roys, 1999

35 Abel et al., 1998; Laws & Gress, 2004; Letourneau, 2002

36 Ahlmeyer et al., 2000

37 CSOM, 2004

38 California Penal Code, Section 290.06 (a) (4), (5)

process for the past decade. This risk assessment determines the level of treatment received by juvenile sex offenders during their institutional stay. There are measures that have been developed for juveniles; however, they are in the process of being validated (J-SOAP-II, JSORRAT-II, and MEGA). Another commonly used tool is the ERASOR, although this measure has not been validated.

Strengths

- Recent legislation and subsequent law change requires a Static-99 risk assessment to be conducted for all adult male sex offenders at the county level as part of the PSI and at the state level prior to and during the period of parole.
- Nearly one-half of the surveyed counties report the use of some form of risk assessment process.
- Recent law changes require that in the near future, staff at both the state and county level must be trained prior to conducting risk assessments utilizing the Static-99. Additionally, training updates must be conducted every two years.
- Most of the adult outpatient programs utilize a risk assessment tool as part of their assessment/intake process.
- The DJJ has been conducting sex offender risk assessments for juvenile court commitments as part of their intake process for the past decade.
- Legislative and law changes require that an appropriate risk assessment tool be identified for use with juvenile sex offenders. Training for those persons conducting juvenile risk assessments for sex offenders will be required with follow-up training required every two years.
- Many of the outpatient programs surveyed are utilizing some type of risk assessment as part of their intake/assessment protocol.

Gaps

- There is no protocol for institutional staff at either the state or county level to conduct a risk assessment during intake, or prior to release to the community.
- Institutional staff at the state level have not been trained to conduct sex offender risk assessments.
- Over 70% of surveyed counties responded that they did not use empirically validated actuarial tools to conduct risk assessments.
- There is no validated risk assessment instrument for use with female offenders.
- Very few counties have training and/or experience requirements in place to conduct risk assessments.
- There are very few protocols in place at either the state or county level for conducting risk assessments for juvenile sex offenders prior to their release into the community.
- Almost no counties are conducting risk assessments with juvenile offenders. Outpatient providers are more likely to use a risk assessment as part of their assessment protocol, but there is no identified standard risk assessment tool.

Criminal Justice Assessment

Pre-sentence Investigation. PSI reports conducted in approximately 80% of California counties surveyed routinely include items such as risk to the community, mitigating/aggravating circumstances, amenability to treatment and recommendations for special conditions of supervision. However, in most of the counties surveyed, policies or standards do not require the incorporation of a sex offender-specific or psychosexual evaluation in the PSI report. Formal risk assessments are conducted less than 50% of the time in the PSI report, or during Intake/Classification classification or re-entry. In most of the counties surveyed, disposition recommendations in PSI reports do not address family reunification issues. Seldom are PSI reports shared with or provided to victim advocates when victims are actively involved in the sex offender management process.

Strengths

- PSI reports routinely assess such issues as risk to the community, mitigating/aggravating circumstances, and recommendations for special conditions of supervision.

Gaps

- In most of the counties surveyed, policies or standards do not require the incorporation of a sex offender-specific or psychosexual evaluation that is incorporated into the PSI report.
- In most of the counties surveyed, disposition recommendations in PSI reports do not address family reunification issues.
- Formal risk assessments are conducted less than 50% of the time during the PSI Report, during classification, and during re-entry.
- PSI reports are infrequently shared with or provided to victim advocates in cases where victims are actively involved in the sex offender management process.

Intake/Classification Assessment. Both the adult and juvenile systems in the CDCR utilize classification systems to address criminogenic risk factors as well as the need for mental health services for sex offenders. The DJJ, in addition, assesses general treatment and education needs as part of their Intake/Classification process. At the county level, most counties assess responsivity factors for each offender during Intake/Classification (e.g., low motivation, cognitive functioning) in order to guide intervention strategies. However, formal risk assessments are conducted in less than 50% of cases.

Strengths

- During Intake/Classification most counties assess responsivity factors for each offender (e.g., low motivation, cognitive functioning) in order to guide intervention strategies.
- Both the adult and juvenile systems in the CDCR utilize classification systems to address criminogenic risk factors.
- Both the adult and juvenile systems of the CDCR assess the need for mental health services for sex offenders.
- The DJJ assesses general treatment and education needs as part of their intake and classification process.

Community Supervision Assessment/Case Plan. In only 50% of counties surveyed do community supervision officers assess dynamic risk factors and ongoing criminogenic factors in adult sex offenders. The DJJ utilizes a re-entry case plan that identifies risk factors for sex offenders, and specifies a case plan to mitigate these risks. This plan involves collaboration with treatment providers and victim services, when appropriate. Both adult and juvenile systems in CDCR utilize specialized sex offender agents with reduced caseloads for the community supervision of sex offenders. This allows the community supervision officers to better assess risk patterns of sex offenders.

Strengths

- Formal risk assessments for sex offenders are conducted in 50% of counties surveyed during the period of community supervision.
- Community supervision officers generally collaborate with other professionals in the development of case supervision plans.
- The DJJ develops a re-entry case plan that identifies risk factors for sex offenders, and specifies a case plan to mitigate these risks. This plan involves collaboration with treatment providers and victim services (when appropriate).
- Both adult and juvenile systems in the CDCR utilize specialized sex offender supervision officers with reduced caseloads for the community supervision of sex offenders. This allows the community supervision officers to better assess risk patterns of sex offenders.
- Both adult and juvenile systems in the CDCR develop written community supervision case plans that incorporate an assessment of relevant risk factors.

Gaps

- In only 50% of the counties surveyed do community supervision officers assess the dynamic risk factors and ongoing criminogenic factors.
- Adult and juvenile re-entry plans are not currently in place for sex offenders at the county level.

Clinical Assessment

Most adult sex offenders institutionalized either in the county system or at CDCR facilities do not receive a sex offender specific clinical assessment for their PSI, Intake/Classification, or at any point during their period of incarceration. Similarly, there is no sex offender specific clinical assessment prior to placement in the community or on an ongoing basis during probation. One exception is the group of highest risk adult sex offenders in the SVP Program who do receive an extensive sex offender specific clinical assessment and evaluation. In addition, although the Governor of California has endorsed the utilization of the containment model for adult HRSO, including the use of polygraphy, the CDCR and nearly 90% of California counties surveyed report that they do not utilize any psychophysiological assessment instruments. By contrast, many of the outpatient providers surveyed do utilize psychophysiological instruments as part of their assessment protocol for adult sex offenders. However, very few of the counties surveyed have training or credentialing requirements for professionals who conduct these evaluations.

Strengths

- Recently, the Governor has endorsed the utilization of the containment model for adult HRSO.

- While most county agencies are not using psychophysiological assessments, many outpatient providers surveyed are using these instruments as part of their assessment protocol for adult sex offenders.
- The highest risk adult sex offenders who are considered for the SVP Program receive an extensive sex offender specific clinical assessment/evaluation.
- Pharmacological needs are incorporated into assessment as a part of mental health services for adult sex offenders.
- Most sex offenders in the DJJ receive a clinical evaluation as part of their intake/classification process, on an annual basis while incarcerated, and immediately prior to release back to the community.
- Psychosexual or sex offender-specific evaluations to inform treatment planning are completed on all sex offenders in the DJJ prior to commencing community-based sex offender treatment.
- Pharmacological needs are incorporated into assessment as a part of mental health services for juvenile sex offenders.

Gaps

- Adult sex offenders in the CDCR do not receive a sex offender specific clinical assessment during intake/classification.
- Most adult sex offenders do not receive a sex offender specific clinical assessment/evaluation during their period of incarceration.
- The CDCR does not utilize any psychophysiological instruments in their adult institutions.
- Most adult offenders do not receive a sex offender-specific evaluation prior to their placement in community-based sex offender treatment programs.

Ongoing Multidisciplinary Assessment

Effective sex offender management in the community requires a collaborative effort by a multidisciplinary team of stakeholders concerned with community safety. Beyond the point-in-time assessments conducted at early phases of the management process, it is critical that the various professionals working with sex offenders continue to assess and monitor the risk and needs of offenders throughout the treatment and supervision process. Observation must be shared and compared across disciplines, to ensure that all parties with a role in the sex offender management process have continuous access to the same information and are able to adjust interventions accordingly. Ongoing multidisciplinary assessments should occur both in correctional institutions or residential treatment centers where sex offender-specific treatment is provided and in the community while offenders are under supervision and/or involved in treatment.

Strengths

- Recent changes in law will in the future require counties to utilize risk assessment instruments to monitor dynamic risk factors in sex offenders while on probation.
- Recent changes in law will in the future require counties to utilize risk assessment instruments to monitor dynamic risk factors in sex offenders while on parole.

- Sex Offenders in the DJJ are assessed on an annual basis with regard to changes in risk and or progress in treatment, both while institutionalized and while on parole.

Gaps

- Most of the surveyed counties do not utilize any tool to assess for the presence of (and changes in) offender risk or criminogenic factors.
- Although some counties assess for changes in risk, this information is rarely shared with other representatives of the supervision system.

RECOMMENDATIONS REGARDING THE ASSESSMENT OF SEX OFFENDERS

To enhance the availability and effectiveness of the assessment of sex offenders in California, the following issues should be addressed:

1. Every sex offender should receive a comprehensive and empirically based assessment that incorporates an age appropriate and well-validated actuarial risk assessment measure to identify both static and dynamic risk factors.
2. Written policies should be developed for the assessment of sex offenders including specific guidelines regarding the components of the assessment as well as policies regarding the frequency and timing of such assessments during investigation, incarceration and the period of community supervision.
3. Written policies should be developed regarding the minimum qualifications, experience and credentials of professionals authorized to conduct assessments of sex offenders.

TREATMENT

Objective: California will provide risk-appropriate and collaborative sex offender-specific treatment to all sexual offenders.

SUMMARY PRINCIPLES

1. Research has shown that offenders who complete sex offender-specific treatment are at reduced risk for reoffending.
2. Empirically-based, collaborative, and systematic delivery of these services are essential to enhance treatment outcomes and improve public safety.
3. The course and intensity of the intervention and supervision should be guided by data obtained from a thorough assessment regarding the specific needs and risks of each individual sex offender.
4. Best practices in sex offender treatment and management involves on-going collaboration among treatment providers, supervising agents, and all other involved parties.

EVIDENCE-BASED AND EMERGING PRACTICE IN THE TREATMENT OF SEX OFFENDERS

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.³⁹ Treatment goals should emphasize the priority of no further victimization of others and protection of persons at potential risk, the need for public safety, and resolution of issues with/for victims when appropriate and in the best interest of victims of such crimes. The commonly used containment model incorporates close collaboration between the law enforcement supervision agents, treatment providers, victim advocates, and clinical polygraph examiners.⁴⁰ To support these goals, funding levels should be established and fully supported by the state legislature to ensure that appropriate levels of programming and staffing are consistently implemented.⁴¹

Principles of Treatment

Over the past three decades, a variety of advances in the empirical and theoretical literature have refined the delivery of sex offender treatment, resulting in its emergence as a specialized field with a generally accepted approach⁴².

³⁹ ATSA, 2001

⁴⁰ English et al., 1996a; English, 1998

⁴¹ CSOM, 2004

⁴² CSOM, 2004

Early studies conducted in the 1970's and 1980's were unable to detect differences in recidivism rates between sex offenders who had undergone treatment and those who had not.⁴³ Those findings were publicized, leading to skepticism about the benefits of treatment, and opening the door to punitive public policies. However, more recent studies have found that contemporary cognitive-behavioral treatment does help to reduce rates of reoffending by as much as 40%.⁴⁴

There is a perception that the vast majority of sex offenders will repeat their crimes. However, research studies by the US Department of Justice and the Canadian Government have found that sexual offense recidivism rates are much lower than commonly believed, averaging between 14 and 20%.⁴⁵ Certain sub-groups, such as pedophiles who molest boys, and rapists of adult women, seem to present the greatest risk; they have been found over long follow-up periods to recidivate at rates of 52% and 39% respectively.⁴⁶ Repeat offenders are more likely to reoffend than first-time offenders. Those who comply with probation and treatment have lower reoffense rates than those who violate the conditions of their release. Sex offenders who target strangers are more dangerous than those with victims inside their own family.⁴⁷

Presently, most sex offender treatment programs throughout the country employ cognitive-behavioral methods that include relapse prevention components. Cognitive-behavioral approaches address the inter-relatedness of thought, emotions, and behaviors; a primary emphasis is to identify and replace irrational cognitions that set up negative emotional states and ultimately drive offending behaviors⁴⁸. Within the cognitive behavioral framework, *relapse prevention* as applied to sex offender treatment refers to a self-management strategy whereby offenders learn to maintain behavioral change and/or control by identifying individual risk factors and developing effective coping responses⁴⁹.

Given the heterogeneity of sex offenders, it is important that treatment be adapted to meet the individual needs of each offender. Therefore, the delivery of individualized and comprehensive treatment services is dependent upon thorough assessments of risks, needs, and responsivity to treatment.⁵⁰ These will drive the development and modification of treatment plans. Where treatment resources are scarce, priorities must be established; the literature supports providing the most intensive services to the highest risk offenders and vice-versa.⁵¹ Juvenile offender programming should take into consideration the unique developmental and familial issues of adolescents as well as criminogenic needs of the youth.⁵²

Specific treatment goals and intervention plans should be developed for each sex offender based on his/her psychosexual and risk assessment outcomes. Generally speaking, treatment plans for the sex offender include the following:⁵³

- Accepting responsibility for sexual offending and other harmful behaviors.

43 Furby et al., 1989

44 Hanson et al., 2002

45 ATSA, 2005

46 ATSA, 2005

47 ATSA, 2006

48 CSOM, 2004

49 Blasingame, 2005

50 Andrews & Bonta, 2003

51 CSOM, 2004

52 CSOM, 2004

53 CSOM, 2004

- Acquiring an understanding of various victim impacts and recognizing the effects of their behaviors on their specific victims and those around those victims.
- Identifying and modifying cognitive distortions or thinking errors that support criminal and sexually aggressive behaviors.
- Learning to manage mood and emotional states and accomplish need fulfillment in ways beneficial to the sex offender and not harmful to others.
- Learning to maintain self-regulation of sexual interest and arousal preferences.
- Learning to understand the antecedent thoughts, feelings, and behavioral patterns that precipitated their criminal and sexual aggression as well as how to self-regulate and accomplish need fulfillment in ways beneficial to the sex offender without harm to others.
- Developing effective coping and self-regulation skills in their specific areas of risk for re-offending.
- Identifying and developing a meaningful support network that can support their rehabilitation as well as hold themselves accountable for maintaining change.

Program Structure

Treatment programs should have clearly articulated, written, statements regarding their theories of change and habilitation as well as methods of intervention that facilitate change among the sex offender. CSOM (2004) recommends that each program or provider have a program manual or instructional guide for treatment providers that articulates the program's philosophy, treatment approaches, and sequence of interventions to be used.⁵⁴ The criteria for graduation and/or termination from treatment should also be delineated.⁵⁵

Sex offenders themselves should be well informed regarding the nature of the treatment and management approaches, the types of assessment procedures, the rights of mental health patients, the range of services available, the expectations and requirements of the treatment program as well as the potential consequences of failing to progress or comply with treatment requirements. This is best accomplished in the form of a treatment contract and/or program handbook reviewed in detail and provided to the sex offender in writing. Written consent, or informed assent, for assessment and treatment, including psychological and psychophysiological testing is required even for cases in which treatment is mandated by courts or parole boards.⁵⁶

Treatment Planning. Since sex offenders are a diverse population, effective treatment planning requires a balance between individualized treatment and programming that is manualized. There is no one-size-fits-all approach; individualized treatment plans are needed⁵⁷. The implementation of treatment strategies based on the assessment should follow evidence-based practice guidelines as related to each sex offender's characteristics, needs, and risk factors.⁵⁸ Adjunct therapies and services to address concurrent psychiatric and substance abuse issues may be needed to address the full range of needs of a particular sex offender. Case specific goals and criteria for treatment completion

54 CSOM, 2004

55 CSOM, 2004

56 CSOM, 2004

57 ATSA, 2001

58 Andrews & Bonta, 2003

should be delineated in individual treatment plans and program manuals and/or policy and procedure documents should delineate reasons why a sex offender would be terminated from treatment.⁵⁹

Treatment Climate. Model treatment programs provide services to sex offenders in ways that facilitate learning new, healthy, coping skills and encourage the sex offender to implement these new skills in their daily lives, thereby supporting the sex offender to seek a better life and life style. Therapy services for persons involved with the criminal justice system have historically been harsh, confrontational, and punitive.⁶⁰ However, research in recent years has demonstrated that equally effective outcomes can be accomplished from treatment efforts that are more engaging and where treatment providers promote and model effective interpersonal strategies such as encouragement and support.⁶¹ Modeling pro-social behavior and offering positive reinforcement is known to increase the sex offender’s investment in the change process, leading to more disclosures and greater levels of compliance with treatment programming. This leads to a higher likelihood the sex offender will complete treatment and in turn, lower rates of recidivism.

Group Therapy. Group therapies are believed to be the most effective mode of treatment for adult offenders for a variety of reasons.⁶² Group discussions have a number of known values and create opportunities to learn vicariously through observing others and learning from a shared growth process. Group therapies also allow for monitoring for fidelity of implementation of program models and interventions. Group settings allow for heterogeneous mixtures of offender types. This enriches the therapeutic culture as the different offender-types typically have varied viewpoints and perspectives and are able to provide constructive alternative social perspectives to each other. There are times when other forms of therapy are equally appropriate or should be used as adjunct forms of intervention, dependent on the needs, risks, and responsivity level of the sex offender.

Pharmacological Interventions. Psychopharmacological interventions may be needed as an adjunct intervention for sex offenders with concurrent psychiatric or substance abuse diagnoses.⁶³ In these cases treatment programs should make appropriate referrals for a medication evaluation. General practitioner physicians and psychiatrists may or may not have specific training in dealing with criminal justice or sexual offender clients. This may require extra effort by the treatment program staff members to provide appropriate information regarding the specific sex offender’s propensities in terms of sexual behavior problems and/or substance abuse. Referral and case management efforts should be clearly documented and followed up on by the treating clinician or case manager.⁶⁴

Documentation. It is essential to have adequate documentation of sex offender needs, progress on treatment plan goals, and barriers to progress.⁶⁵ At a minimum, treatment records should include the following:

- Referral information including who is the supervising agency or agent and what are the funding arrangements.
- Informed consent, or assent, to treatment and assessment procedures.

59 CSOM, 2004

60 CSOM, 2004

61 Levenson & Macgowan, 2004

62 ATSA, 2001

63 Kafka & Hennen, 2002

64 CSOM, 2004

65 CSOM, 2004

- HIPAA compliant authorizations for release of information and log of file access.
- Signed treatment contracts and/or related program requirements.
- Background records including medical, psychological, academic, and other available information.
- Police, probation, and court reports where available.
- Criminal records where available.
- Institutional records and/or incident reports where available.
- Psychosocial, psychological, and offender-specific psychosexual evaluation summaries.
- Case notes documenting participation in treatment sessions and factors such as family contact, communication with the supervising agent, case management activities, and medication referrals.
- Polygraph examination reports.
- Periodic reassessment records including risk reassessment summaries.
- Program violation reports submitted to supervising agents.
- Summary progress reports submitted to the supervising agents.
- Post treatment assessment procedures.
- Treatment completion or termination summary.

Institutional Policies and Procedures

Institutional programming requires a number of policies be in place. These include:⁶⁶

- Funding levels need to be established and fully supported by the state legislature to ensure appropriate levels of programming and staffing are consistently implemented.
- Institutional administrators and program administrators need to be well informed about best practices in sexual offender treatment and be prepared to support institutional policies and promote decision making that supports effective institutional treatment programming.
- Defined eligibility criteria and the legal basis for mandatory participation,
- Services should be provided based on the individual's level of risk, needs, and responsivity to intervention.
- Sex offenders should be offered the opportunity for informed consent, or at least informed assent, to treatment.
- Address timing of receiving treatment services at either the beginning or end of a prison sentence.
- Address sex offender security and safety risks associated with being a known sexual offender in an institutional setting.

66 CSOM, 2004

- Address potential incrimination issues and protections for sex offenders being subjected to involuntary treatment and polygraph examinations should mandatory reporting of child abuse become necessary.
- Provide for re-assessment of offenders who are not participating in services to establish whether or not they express an interest at a later date.
- Ensure transitions from institutional care to community based programming.

Community Based Treatment Policies

Community based treatment of sex offenders requires a number of additional policies to be in place to facilitate the treatment of individuals transitioning from institutional settings to the community. First and foremost is the support of local, regional, and statewide administrators to ensure that the necessary staffing, financial, and other resources are maintained.⁶⁷ Community based programs should be prepared to deal with re-entry issues for parole sex offenders and participate in continuum of care consistency in conjunction with the prison-based treatment programs. There should be a clear delineation of the types of clients particular programs can serve in addition to there being a continuum of community care that serves a wide range of sex offender types. Programs should have clear and specific written policies and procedures defined in treatment contracts that are related to attendance, reporting of violations of probation or parole conditions, program expectations, program graduation requirements, and issues that would lead to termination from the treatment program. Oversight by parole or probation agencies helps ensure appropriate quality controls, integrity of programming based on emerging best practices and empirically supported methodologies, and the consistency of services across programs and providers. Funding for employment and housing is also required to enhance the outcomes of community based treatment.⁶⁸

Program and/or Provider Training and Certification

Institutional residential program staff members and community treatment providers need significant training in order to meaningfully support sex offender treatment efforts. All persons involved in the sex offender's circle of support are part of the sex offender management team. Investment in training for these personnel is vital.⁶⁹ Monitoring quality assurance and ensuring the integrity of treatment programs for adult and juvenile sex offenders requires internal review and external oversight. Many state legislatures have enacted sex offender management boards to define and implement requirements for treatment providers and/or programs to be certified or registered to facilitate accountability and quality assurance in sex offender treatment service delivery.

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE TREATMENT OF SEX OFFENDERS

Availability and Access to Treatment

Adult Sex Offenders. There are currently no locked placements or residential treatment facilities for adult sex offenders in California. In addition, no sex offender treatment is provided within any of the adult correctional settings nor are there options for segregated housing for sex offenders within

67 CSOM, 2004

68 CSOM, 2004

69 Blasingame, 2005

these facilities. There are, however, outpatient treatment providers and programs available for sex offenders released from institutional settings and for those referred directly from the courts.

Juvenile Sex Offenders. Over 80% of counties surveyed indicated that departments of juvenile probation support and/or provide specialized treatment programs for sexual offenders, either managed by their own agency/department or through a contracting or referral process with private providers or agencies. Similarly, over 80% of counties indicated that they have a continuum of treatment alternatives ranging from outpatient groups to group homes to secure care facilities or correctional centers in order to meet the varied needs of juvenile sex offenders and their families. In addition, most counties have policies in place to guide the placement of juveniles in treatment facilities. However, of concern is that nearly 50% of county facilities indicate that separate housing is not provided for sex offenders for the purposes of treatment which results in commingling of sex and non-sex offenders and raises safety concerns regarding vulnerable sex offenders.

Strengths

- Outpatient treatment is available in several regions.
- Most counties either provide or contract for treatment services for juvenile sex offenders.
- Most counties have policies in place to guide placement in residential treatment facilities.

Gaps

- There are currently no segregated, locked placements, or residential treatment facilities for adult sex offenders in California, other than hospital settings.
- The CDCR does not yet have sex offender treatment in institutional settings.
- Outpatient treatment for adult sex offenders is not available in all counties or regions.
- The actual content or quality of current treatment resources is unknown.
- Not all counties provide or have community based resources to contract for treatment services for juvenile sex offenders.
- Not all counties have policies in place to guide decisions about placement of juvenile sex offenders in residential facilities or local juvenile facilities.

Program Structure

Since there is no sex offender treatment offered within adult correctional institutions, data on program structure was obtained from adult and juvenile outpatient treatment providers as well as juvenile inpatient residential treatment programs. In cases where treatment is offered, it appears in general that it conforms to most of the accepted evidence-based principles. For example, all survey respondents indicated adherence to cognitive behavioral and relapse prevention models while over 90% of programs indicated the use of the containment model. The majority of these programs (85%) also have a written “model for change” or treatment contract that articulates program philosophies and approaches and also use treatment contracts that define the course of change. Most programs also reported having clearly delineated goals and objectives that sex offenders are required to meet to complete treatment although not all individuals receive written information regarding these objectives.

All counties reported that sex offenders who enter treatment are provided specific information about the nature and purpose of sex offender treatment, as well as its limitations, risks and benefits. All survey respondents affirmed that they obtain confidentiality waivers and informed consent prior to treatment to facilitate communication between professionals. 90% of adult programs and 75% of juvenile programs reported that they develop individualized treatment plans. All adult and juvenile treatment programs reported that treatment targets nearly all of the recommended core components of treatment (see Table 5). Group treatment is the primary means of treatment delivery. Approximately two-thirds of programs incorporate recommended adjunctive services although there are some deficits related to the management of domestic violence as well as the availability of bilingual services. Most programs report adequate access to pharmacological services, either directly within the program or by referral to outside physicians.

Table 5
Components of Sex Offender Treatment

Core Components	Adjunctive Services
Deviant Sexual Arousal/Interest Denial/Minimization Cognitive Distortion Victim Empathy Pro-social Relationships Social Skills Assertiveness Training Intimacy Deficits Affect Regulation/Management Educational/Treatment Component for Caregivers	Family/Caregiver/Parent Support Anger Management Domestic Violence Family Treatment Mental Health Services Pharmacological Interventions Substance Abuse Bi-lingual Services

There is some concern about the documentation practices particularly within the adult programs. For example, there is inconsistency in the areas of individual treatment plans, intake reports, and tracking of medications with one program indicating that progress notes are generally not documented following treatment sessions. There is also very limited data regarding treatment outcome and rates of recidivism. Rates of treatment completion range from 50 - 90% for both adult and juvenile offenders. Nearly all programs indicated that victim safety is addressed in their treatment model.

Strengths

- The majority of treatment programs have a written treatment contract, program philosophy, or model of change that is followed in the delivery of services.
- The majority of treatment programs indicate adherence to cognitive-behavioral approaches to sex offender treatment.
- Most adult and juvenile sex offender treatment programs conduct assessments on sex offenders referred for treatment.
- Most providers use an objective measurement component in their assessment process.
- Nearly all programs have written waivers of confidentiality to ensure communication between the collaborative partners, i.e. treatment providers and probation officers.

- Most programs indicate they have written individualized treatment plans for sex offender clients.
- Most counties have a continuum of resources for juvenile sexual offenders.
- Most programs make adequate referrals for pharmacological/medical interventions.
- Most treatment programs address a range of needs and risk areas for their sex offenders (see Table 5).
- Most program staff members have awareness of how to monitor progress and/or situations that would justify termination of treatment of clients from treatment.

Gaps

- Assessment components are not uniformly defined across programs.
- Not all programs use the same assessment or data collection procedures.
- Few programs use polygraphy in the course of treatment and supervision, indicating a weakened application of the containment model.
- Program completion rates vary widely from program to program.
- Most counties do not have sex offender treatment programming available for sex offenders who are in custody, i.e. juvenile hall.
- Documentation practices are inconsistent from program to program and may not meet federal HIPAA requirements.

Community Based Treatment Policies

In cases where community treatment is provided, the great majority of outpatient providers and probation departments indicated that appropriate collaboration occurs between staff, including parole and treatment providers. Two notable exceptions include the finding that only 25% of juvenile probation respondents involve polygraph examiners collaboration while only 50% involve victim advocates. Over 85% of all adult and juvenile sex offenders under community supervision undergo an assessment prior to being enrolled in a treatment and/or supervision program, usually a PSI evaluation.

Strengths

- Juvenile offender treatment programs report that all sex offenders and their care providers are informed of programming requirements and limitations, as well as potential benefits of treatment, prior to beginning treatment services.
- All survey respondents indicated they make efforts to clarify the limits of confidentiality and requirements with incoming sex offenders.
- Most programs surveyed indicate that collaboration occurs regularly between members of the sex offender management team.
- Most programs indicate that most community stakeholders are aware of sex offender program resources.

- Most counties reported having timely access to services for juvenile sex offenders.
- Most treatment programs indicated addressing victim safety in their treatment planning.

Gaps

- Not all programs have structures in place to ensure that collaboration occurs between treatment providers and probation officers.
- Victim advocates are conspicuously absent from the list of collaborators in sex offender management teams.
- Community stakeholders, including law enforcement and victim advocacy organizations are not sufficiently informed about the nature, quality and existence of sex offender treatment resources in the community.

Program and/or Provider Training and Certification

There are no certification requirements or statewide standards of care for adult or juvenile sex offender treatment providers in California. In addition, California does not have any established or written policies regarding standards of training nor, unlike several other states, does it have a program certification or provider credentialing process. Although many programs report that probation officers and treatment providers receive specialized training and annual updates on sex offender treatment, this is not true in over 25% of adult sex offender treatment programs.

Strengths

- Most probation officers and treatment providers receive formal training regarding sexual offender management and treatment.

Gaps

- California does not have a sex offender treatment provider or program certification process.
- Not all treatment providers and supervising agents receive adequate annual training regarding sexual offender treatment.

RECOMMENDATIONS REGARDING THE TREATMENT OF SEX OFFENDERS

To enhance the availability and effectiveness of the treatment of sexual offenders in California, the following strategies should be implemented by the State:

1. Appropriate and evidence based treatment should be routinely offered to all adult and juvenile sex offenders in California. There should be a continuum of care that guarantees availability of appropriate treatment at all stages of the criminal justice process through arrest, incarceration, community supervision, and beyond.
2. Written policies should be developed for the treatment of sex offenders including specific guidelines regarding appropriate treatment protocols that follow evidence-based standards of care and implementation of the containment model.
3. Written policies should be developed regarding the minimum qualifications, experience and certification of professionals authorized to conduct the treatment of sex offenders in California.

4. Further research is needed to ascertain the availability of qualified offender-specific treatment providers in California. This is necessary to ensure development of sufficient numbers of qualified treatment providers and programs throughout California.
5. In regions where there are currently inadequate or limited resources for the treatment of sex offenders, available treatment should be targeted towards the highest risk sex offenders.
6. California should maintain a data base to monitor treatment outcomes and rates of sexual and general recidivism of sex offenders who complete treatment programs.
7. There should be adequate funding to ensure that all sex offenders in California have the option of receiving appropriate sex offender treatment.
8. Policies should be developed regarding in-custody segregation and therapeutic communities. Treatment should be provided in environments that assure physical and emotional safety, whether in institutional or community based settings.

RE-ENTRY

Objective: California will develop effective strategies for the reintegration of sex offenders into the community.

SUMMARY PRINCIPLES

1. The majority of incarcerated sex offenders will be released back into the community.
2. Preparation for the release of sex offenders is a critical responsibility of both correctional agencies and local communities and should begin at the point of confinement of the offender. Effective preparation has been shown to both enhance post release monitoring of sex offenders and reduce rates of recidivism.
3. Effective re-entry requires the establishment of systematic plans and supports that address the wide range of risk factors and needs of sex offenders. Effective planning for re-entry addresses the salient research-based factors that reduce recidivism by increasing stability through appropriate employment, housing, and community support.

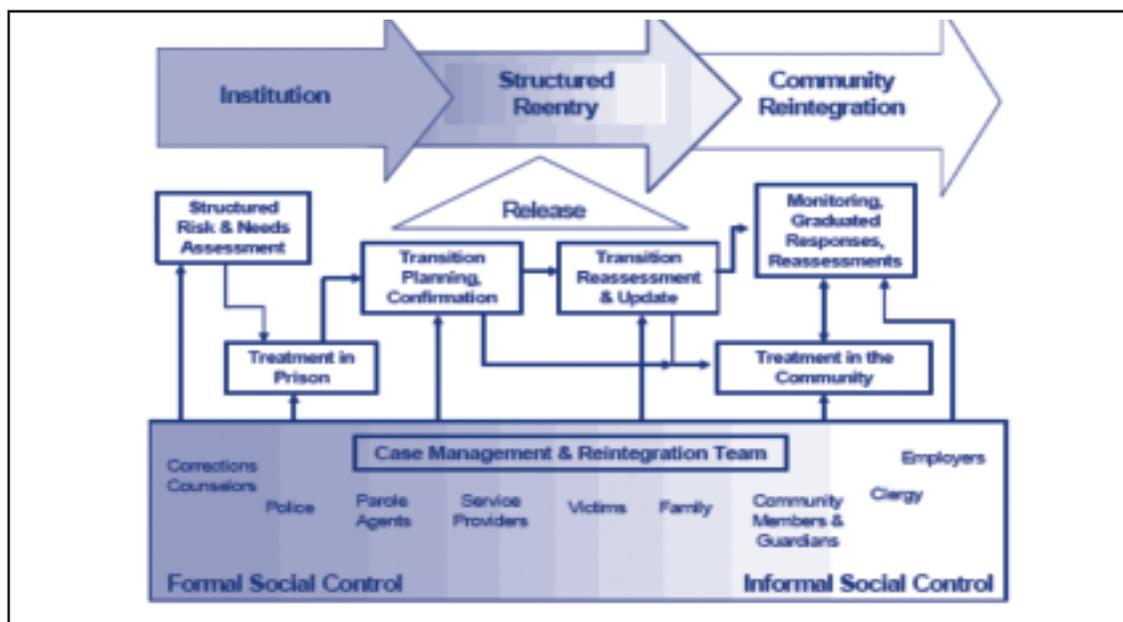
EVIDENCE-BASED AND EMERGING PRACTICE IN THE RE-ENTRY OF SEXUAL OFFENDERS

Considerations at the Institutional/Facility Level

Planning for re-entry should begin as soon as the sex offender is incarcerated and continue until the offender is re-integrated into the society. This model as conceptualized by Young et al. in delineates three phases: Institution, Structured Re-entry and Community Reintegration embodying a progression from formal social control in the jail or prison to informal social control in the community (see Figure 1).⁷⁰ The purpose of this model is to optimize treatment and rehabilitation and to prevent re-offending. Sex offenders should be assessed to determine their need for treatment and other rehabilitative efforts. A plan should be developed and reviewed during incarceration detailing what the sex offender needs to accomplish before the Structured Re-entry phase, the transition from the facility to the community. During the Institutional phase, sex offender specific treatment should be available to the offender, along with other rehabilitative services and programs, as needed. If preparation for re-entry work does not begin until immediately before pre-release, the work of successfully managing re-entry will be more difficult.

⁷⁰ Young et al., 2003

Figure 1
Reentry Partnership Continuum



Source: Young, Taxman and Byrne, "Engaging the Community in Offender Re-entry"⁷¹

Early Planning for Re-entry. The re-entry process for sex offenders should begin as early as possible during an offender’s term of incarceration. Sex offenders should be identified and assessed as part of the intake and classification process. The intake assessment information should be provided to a facility-based case manager or caseworker assigned to facilitate the release planning process, develop a discharge report, and ensure that information on the offender is shared with all the professionals involved in the re-entry process.

Sex Offender Specific Treatment. Sex offender-specific treatment should be provided within correctional facilities as well as residential treatment institutions. Research indicates that sex offenders who do not receive treatment or fail to complete treatment are at greater risk for sexual recidivism⁷². These treatment programs should be guided by assessment information gathered at intake and classification. A range of sex offender treatment services needs to be available within an institution to meet the needs of as many offenders as possible. A procedure by which offenders are prioritized for services needs to be delineated. Offenders who are not participating in treatment need to be periodically reassessed to determine their interest and eligibility for programs. The importance of continuity of care should be emphasized.

Institutional Commitment to Comprehensive Rehabilitative Services. Institutions should create a culture consistent with a commitment to comprehensive rehabilitative services, and provide treatment programs addressing criminogenic needs beyond sex offender treatment (e.g., substance abuse, intimacy deficits, anger management). The environment needs to enable offenders to engage in productive activities that parallel those of free society. Offenders need to be provided opportunities to make choices for which they are held accountable. Prosocial behavior needs to

71 Young et al., 2003

72 Hanson et al., 2002; Hanson & Bussiere, 1998; Hunter & Figueredo, 1999; Marques et al., 1994, 2000; McGrath et al., 2003

be recognized and incentives provided to encourage such behavior. Efforts need to be pursued to ensure offenders develop and practice relapse prevention strategies. A meaningful assessment of the broader rehabilitative efforts of the CDCR and the counties for adult and juvenile offenders is a large project beyond the scope of the CASOM Task Force. It is, however, important to note the value and the necessity of such efforts for the successful re-entry of sex offenders.

Incentives to Engage in Treatment and Rehabilitative Efforts. Offenders should be given incentives to engage in and successfully complete rehabilitative efforts and programs. The availability of discretionary release by decision of a parole board or equivalent authority is one powerful incentive for offenders to do so. In the absence of a discretionary release option, it may be necessary to develop other incentives⁷³.

Considerations for Transition and Community Stabilization

The transition and community stabilization period of offender re-entry is extremely complex and challenging. It requires coordination and cooperation between formal agents of social control, such as parole and probation officers, service and treatment providers, and informal social support networks such as families, churches, and employers. It also requires coordination with and informing of victims, whose concerns and needs must not be forgotten in the focus on reintegrating the offender. All participants in this cooperative effort are needed because the challenges of offender re-entry, finding housing, gaining employment, engaging in relapse prevention treatment, are all more challenging for sex offenders than for other offenders.

For the collaboration necessary for successful re-entry to occur, there must be communication and cooperation between the various stakeholders involved in the process. Policies and procedures to guide the transition process of an offender back into the community should be developed jointly by institutional, community, correctional and releasing authorities. The preparation and distribution of information sources like release reports are key to allowing all participants in the re-entry effort to proceed from a common knowledge base. The offender must also be provided with information about his/her responsibilities such as registration and community notification requirements, so that he/she can be accountable for them.

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE REENTRY OF SEX OFFENDERS INTO THE COMMUNITY

Planning for Re-entry

At the state level, both adult institutions and adult parole reported having a written policy addressing the re-entry planning process. Although field parole agents do not meet with adult offenders prior to their release, sex offenders do have three face-to-face interviews with a representative of Parole Planning and Placement at the institution where they are housed. Those in need of housing assistance are scheduled to see a district social worker upon their release from prison. The field parole agents have access to the program COMPAS,⁷⁴ which is utilized by the institution parole agents. Through COMPAS, the field parole agents can access the Re-Entry Case Plan and make modifications in the level of supervision. The Re-Entry Case Plan that includes addresses, contact names, and contact phone numbers of the service providers is given to the sex offender 15 days

⁷³ Marshall et al., 2005

⁷⁴ A new tool known as COMPAS, implemented in 2006, can help both institutional and field agents evaluate generic criminogenic characteristics of parolees to assist in re-entry planning

prior to release. The DJJ reported having a written policy addressing the re-entry planning process in their parole operation, but not at the institutional level. The formal re-entry planning process begins only six months prior to release for adult prisoners, and four months prior to release for juvenile offenders held by the DJJ, and not as recommended as a best practice at the time of confinement.

Eight of 13 (61.5%) counties surveyed assessed adult and juvenile sex offenders at either the pre-sentence or classification phase, or both. Whether this information was used in any way for re-entry planning is highly questionable. Formal re-entry planning appears to be a rarity at the county level in California. None of the 12 counties responding to our survey indicated that they had a written policy guiding the re-entry planning process for adults, and only one county (8.3% of respondents) indicated that it had a formal release planning process. For juveniles, only two of eleven (18.2%) responding counties had a written policy regarding the re-entry planning process, while four respondents (36.4%) did state that they had a formal re-entry planning process.

Strengths

- Most counties assess juvenile and adult sex offenders at or before intake and classification.
- There is a formal release planning process at the state level for both adult and juvenile offenders, including sex offenders.

Gaps

- Few counties have a formalized re-entry planning process, particularly for adult offenders.
- The state level pre-release/re-entry planning process for both juveniles and adults begins close to the time of the offender's release, not early in the period of incarceration.

Sex Offender Specific Treatment

Although sex offender treatment is available to juvenile sex offenders held in DJJ facilities and many county juvenile detention facilities, there is no sex offender specific treatment available to adult sex offenders held at either the state or county level. Moreover, data from county surveys regarding incentives to participate in treatment when it is available is mixed. For example, discretionary release is not available for sex offenders in CDCR adult institutions while for juvenile sex offenders at the county level, 3 of the 11 (27.3%) of responding counties said that juvenile sex offenders were either "typically" or "always" allowed by policy to be considered for discretionary release. The remaining counties said that this was "generally not" the case.

Strengths

- Sex offender treatment is available to juvenile sex offenders held in DJJ facilities, and many county juvenile detention facilities.
- Discretionary release is an available option for juvenile sex offenders in county facilities
- Recently implemented requirements provide for risk assessments to be conducted prior to release to the community.

Gaps

- Sex offender specific treatment is not being provided to adult sex offenders held at either the state or county level.

- Discretionary release is not an available option for adult sex offenders held by the state.

Transition to the Community

Written pre-release plans and reports for sex offenders are fairly uncommon in California. The CDCR generally does not prepare a pre-release plan for adult sex offenders, although the DJJ does so for juvenile sex offenders, and shares it with treatment providers in the community. Three of eleven counties (27.3%) responding to the juvenile survey prepare a release report for juvenile sex offenders, while none of the twelve counties responding to the adult survey reported that it is normal practice to provide a formal release report for adult sex offenders. The general lack of a written plan represents a barrier to effective collaboration regarding sex offender re-entry.

Data from county surveys regarding collaboration with community supervision officials is mixed. Community supervision officials are involved in release planning for adult sex offenders in only two of the twelve counties responding to the adult survey (16.7%) but by contrast are involved in release planning in nine of eleven counties (81.8%) that responded to the juvenile survey. Supervision officers also develop community supervision plans prior to the release of juvenile sex offenders in nine of the eleven responding counties (81.8%). Sex offender registration and community notification requirements are reviewed with sex offenders prior to release in both CDCR adult and DJJ juvenile institutions. This was also the case at the county level for adult sex offenders in half of the twelve counties that responded to the adult survey.

Strengths

- The DJJ always prepares a pre-release plan for sex-offenders and provides it to treatment providers.
- Supervision officers are usually involved in release planning for juvenile sex offenders at both the state and county level.
- Supervision officials for juvenile offenders develop community supervision plans in most counties.
- Sex offender registration and community notification requirements are reviewed prior to release with both adult and juvenile sex offenders held at the state level.

Gaps

- Pre-release plans are not prepared for adult sex offenders by either the state or the county.
- Most counties do not prepare pre-release plans for juvenile sex offenders.
- Supervision officers are rarely involved in release planning for adult sex offenders at both the state and county level.
- Half of counties surveyed do not review sex offender registration and community notification requirements with adult sex offenders prior to release.

Community-Based Sex Offender Treatment

Sex offender release policies should require participation in community-based treatment as a condition of release and assignment to a sex offender treatment provider should occur prior to release. California survey results indicate that nearly all counties that responded to the adult survey

indicated that it was either “always” or “typically” the case that adult sex offenders were required to participate in community-based sex offender treatment as a condition of probation. Ten of the eleven counties (90.9%) responding to the juvenile survey indicated the same for juvenile sex offenders. Six of those ten counties (54.5% of total respondents) said that the philosophies and approaches of the community treatment programs were consistent with that of their institutional treatment. Regarding the issue of funding for ancillary services (e.g. educational, health, mental health, substance abuse) the DJJ reported that there are typically funds available for juvenile sex offenders released from state custody to access services, and seven of eleven counties (63.6%) responding to the juvenile survey said likewise. The CDCR responded that funding for access to services is generally not available for adult sex offenders leaving state custody.

Strengths

- Juvenile and adult sex offenders at both the county and state level are generally required to participate in community based sex offender treatment as a condition of probation or parole.
- Most counties and the DJJ indicate that there is continuity of approach and philosophy between their institutional and community-based sex offender treatment programs.
- Funding is generally available to facilitate access to services for juvenile sex offenders in the community.

Gaps

- Lack of institutional sex offender treatment for adults at the state and county level makes continuity of approach impossible.
- Funding is generally not available to facilitate access to services for adult sex offenders released from CDCR institutions.

Juvenile Educational Needs

Planning is required for juvenile offenders to return to school. Educational staff, case managers and/or supervision officers should develop community education plans and develop strategies to ensure the transfer of earned educational credits. Restrictions or barriers to a return to public schools should be identified, and educational alternatives identified. Five of eleven California counties (45.5%) indicated that it was standard practice to develop transitional education plans for juvenile sex offenders prior to their release from custody. Only one county responding said that the return of juvenile sex offenders to public schools is addressed by legislation or school board policy. At the state level, very few wards, sex offenders or otherwise, discharge from the DJJ before turning 18, so a return to school is a less pressing issue for the state.

Strengths

- Nearly half of the counties surveyed have transitional education plans developed prior to the release of the juvenile sex offender.

Gaps

- Return of juvenile sex offenders is rarely addressed by legislation or school board policy.

Supervision

Juvenile and adult sex offenders released from state institutions must complete a period of parole supervision. Two-thirds of the twelve counties responding to the adult survey require adult sex

offenders to be supervised in the community following release, and ten of eleven counties (90.9%) responding to the juvenile survey said the same of juvenile sex offenders. In the weeks and months immediately following release, sex offenders are at increased risk of re-offense.⁷⁵ During this period, specialized supervision and monitoring are crucial to successful re-entry. Community supervision officers should also participate in the release planning process and meet with offenders to establish a working relationship prior to release. Twelve of fourteen counties surveyed (85.7%) have specialized sex offender supervision caseloads for adults, and seven of twelve (58.3%) have them for juvenile sex offenders.

Strengths

- DJJ and CDCR supervise sex offenders when they are released from custody and they are almost always assigned to a specialized caseload.
- Most counties require a period of supervision for both juvenile and adult sex offenders.

Gaps

- Very few county supervision officers participate in the release planning or meet with the sex offender prior to release.

Support Networks

Community support networks comprised of family members, partners, parents as well as clergy, mentors, employers, and Alcoholics Anonymous/Narcotics Anonymous sponsors assist effective transition and re-entry. Members of community support networks should be identified prior to release. For offenders who do not have existing natural support and accountability networks, community volunteers can be recruited and trained to work closely with the offender following release to the community. This model is known as Circles of Support and Accountability (COSA).⁷⁶ However, neither the CDCR adult institutions nor the DJJ generally have community involvement in the development of re-entry strategies. Only one county out of eleven (9.1%) has institutional staff assist adult sex offenders in identifying community support networks prior to their release and only four of eleven counties (36.4%) have standards, practices or guidelines that define the role of community support networks in the re-entry process.

Strengths

- A significant percentage of counties have policies and practices that involve community support networks in the juvenile sex offender re-entry process.

Gaps

- On both the state and local levels there is a dearth of policies and practices that involve community support networks in the adult sex offender reentry process.

Role of Victims

The re-entry process needs to include consideration and involvement of victims. Victims should be notified of offender locations, release plans, violation or revocation proceedings, and release from supervision. Victims should have the option to be involved in release hearings and release planning. No-contact and other protective orders should be provided where desired or warranted. Contact

75 Petersilia, 2003

76 CSOM, 2006

information for professionals such as supervision officers should be provided to victims for use if concerns arise related to the offender's presence in the community.

The CDCR typically notifies victims of an adult sex offender's release from prison two months prior to the release date. The DJJ generally does not notify victims when a juvenile sex offender is released, but it does the notification several months before release if it does inform them. The victim always has the option to request that an adult sex offender released from adult prison be placed a certain distance from his or her home, but generally not for a juvenile sex offender released from the DJJ. Neither CDCR adult institutions/parole nor the DJJ generally offer referrals to non-offending parents and victims.

It should be noted that less than 20% of victims (of any crime) are enrolled in the CDCR notification program. Sexual assault victims who are enrolled in this program and who have kept their addresses and contact information current with the department are notified 90 days before a potential release.

Two-thirds of the twelve responding counties reported that they notify victims when an adult sex offender is released from custody. Six of eleven counties (54.5%) reported that notification occurs when a juvenile sex offender is released. Only one of the eleven counties (9.1%) reported that it is standard practice to allow a juvenile sex offender to return to the same school that the victim attends. In these situations, a safety plan is developed. Seven of eleven counties (63.6%) responding to the adult survey reported that they provide contact information of professionals such as supervision officers to victims, most commonly by verbal notification. Seven of eleven counties (63.6%) of counties responding to the adult survey make referrals for non-offending partners, victims or other family members for offenses that occur in the home.

Strengths

- A number of victims of both adult and juvenile sex offenders are notified when the offender is released from either local or state institutions.
- The majority of counties provide victims with contacts to deal with any problems or concerns related to the release of sex offenders.
- A significant number of counties provide referrals for services to family members and victims if the offense occurred within the home.
- Victims can request that sex offenders released from adult state custody be placed at a distance (35 miles) from the victim's home, pursuant to CDCR policy.

Gaps

- A significant number counties do not inform victims of either adult and juvenile sex offenders as to when the offender is released from county institutions.
- Most counties do not provide referrals for services to family members and victims if the offense occurred within the home.

Family Reunification

The CDCR has guidelines for family reunification for adult sex offenders, but not for juvenile sex offenders. CDCR pre-release plans identify whether the victim is living in the home for both juvenile and adult sex offenders. None of the twelve counties responding to the adult survey have policies

or guidelines for family reunification, although five counties (45.5% of respondents) do have such guidelines for juvenile sex offenders. Seven of eleven respondents (63.6%) generally do not prohibit the placement of juvenile sex offenders in a residential placement if the victim remains in the home although eleven of twelve counties (91.7%) do prohibit the placement of adult sex offenders.

Strengths

- CDCR has guidelines for family reunification for adult sex offenders.

Gaps

- Most counties and the DJJ do not have policies and guidelines that govern family reunification.
- Most counties and the DJJ do not have policies related to juvenile offenders returning to homes where their victims are present.

Housing Needs

Perhaps the most challenging issue in managing an offender's transition into the community is ensuring that the offender obtains adequate and stable housing. Offenders should have access to transitional housing or re-entry centers upon release. Housing should be secured and assessed for appropriateness well in advance of offender release. Housing options for convicted sex offenders in California are listed in Figure 2. Professionals involved in managing sex offender re-entry should foster collaborative relationships with key individuals in the community to enhance the capacity of the community to provide appropriate housing to offenders returning from prison.

Penal Code Section 290 registrants are, under normal circumstances, supervised within the county of last legal residence. To date, there are approximately 9,700 PC 290 registrants under Division of Adult Parole Operations (DAPO) supervision. Officially, DAPO does not allow homelessness for PC 290 registrants. The CDCR currently maintains 22 sex offender contracts throughout the state, which serve approximately 300 HRSO (about 10% of the HRSO population). The actual distance from a community placement and a treatment provider can vary from one to several miles, and in some parts of the state there are no state funded Sex Offender Treatment centers.

At the state level, the DJJ always identifies suitable housing for juvenile sex offenders prior to release, while the same is not generally done for adult sex offenders. Transitional housing is generally not available for either juvenile or adult sex offenders released from state custody. Although no funds are appropriated for adult sex offender parolee housing, funds are available on an emergency basis at the parole unit level. Only one county that responded to the adult survey (8.3%) said that adult sex offenders were required as a matter of policy to identify and secure appropriate housing prior to release. Only one county (8.3%) said that funds were available to support the housing needs of indigent adult sex offenders. Conversely, nine of eleven counties (81.8%) require that suitable living arrangements be identified for juvenile sex offenders. Ten of eleven (90.9%) require that responsible parties within that placement alternative be familiar with the juvenile sex offender's offense cycle and relapse prevention or safety plan.

The *Summit for Safe Communities*,⁷⁷ sponsored by the Governor's Office, was held in March, 2007 to encourage conversation and dialogue between state and local governments concerning the dire need for community housing to accommodate sex offenders.

77 <http://www.cce.csus.edu/conferences/cssc/index.html> & <http://www.corr.ca.gov/Communications/press20070319.html>

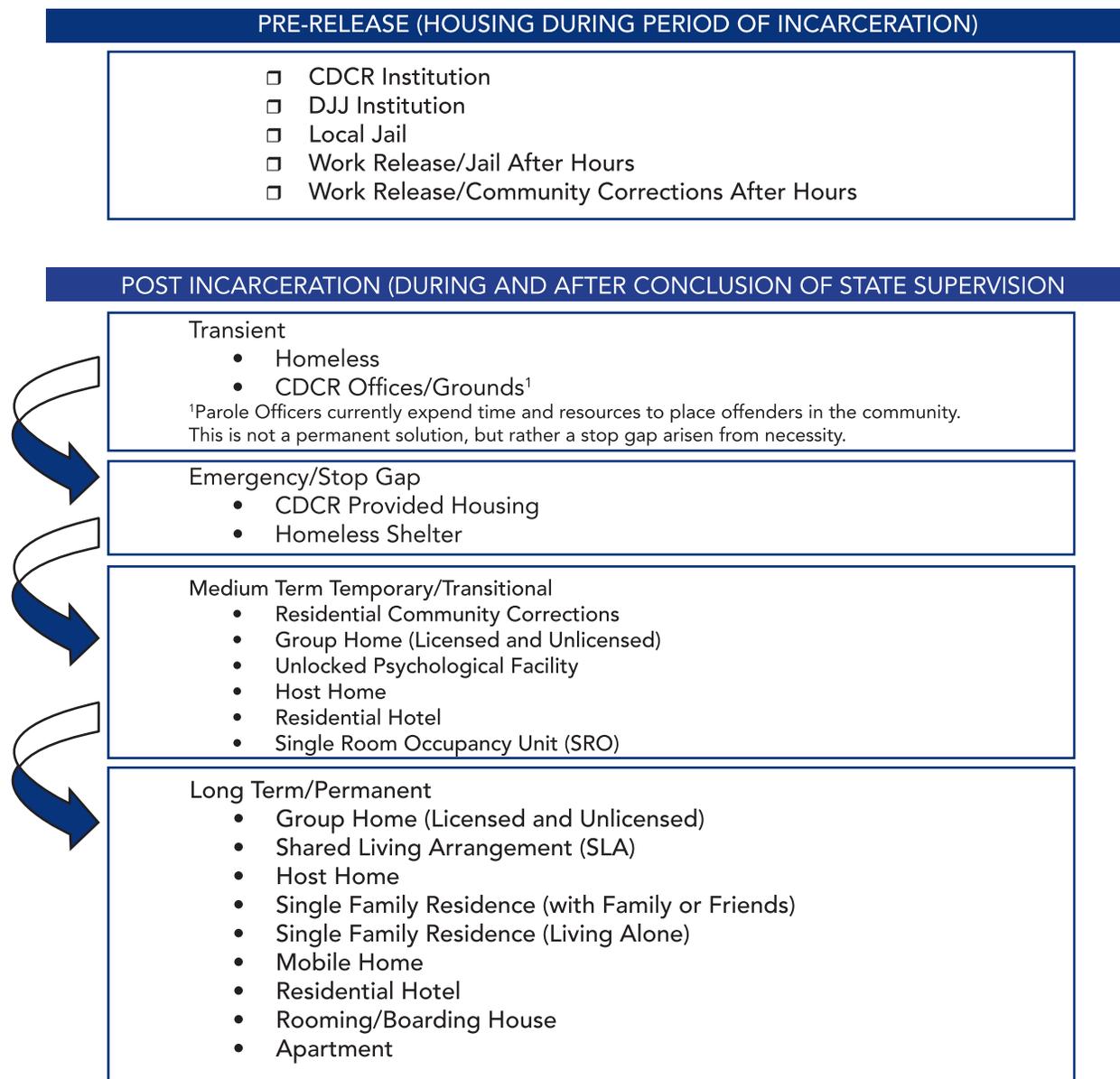
Strengths

- On both the state and local level there are policies and practices for identifying suitable housing for juvenile sex offenders.

Gaps

- On both the state and local level there are no policies and practices for identifying suitable housing for adult sex offenders.
- Transitional housing services are not available upon release from state or local institutions.
- On the local level there is almost no funding, with the exception of one county, to meet the housing needs of indigent adult offenders.
- No funds are appropriated for adult sex offender housing on the state level.

**Figure 2
Housing Options for Convicted Sex Offenders in California**



Employment and Adult Educational Needs

Gaining and maintaining employment is a necessity for most offenders to allow their successful reintegration into the community. Offenders need to be assisted in obtaining the prerequisites for employment, such as valid identification. Many offenders also need assistance with obtaining employment. Educational and vocational programming should be provided within the institution to assist offenders with the development or enhancement of job skills and competencies. Community supervision agencies should assess the appropriateness of employment relative to offender risk factors. Community supervision agencies should develop collaborative relationships with the employers of sex offenders.

Both the DJJ and the CDCR typically have a process in place to support procedures to obtain appropriate identification documents. However, only one county (8.3%) that responded to the survey has a process in place to assist adult sex offenders with obtaining identification. Six counties (54.5%) have such a process for juvenile sex offenders. All counties responded that adult sex offenders are either typically or always required to secure and maintain employment as a condition of probation. 75% of the counties either typically or always approve employment for both adult and juvenile sex offenders based upon a review of risk factors to ensure that exposure to risk to the community is minimized. 41.7% of counties require supervision officers to maintain routine contact routine with employers of adult sex offenders and 54.5% of counties have the same policies for juvenile sex offenders.

Strengths

- Most counties and the CDCR review sex offender employment based on a review of the risk factors of the individual sex offender.
- Both the DJJ and the CDCR typically have a process in place to support the obtaining of identification. Half of the counties surveyed have a process in place which provides identification for juvenile sex offenders prior to their release.

Gaps

- Most counties do not have supervision officers maintain contact with the employers of adult sex offenders.
- Most of the counties releasing adult sex offenders do not have a process in place to provide them with identification prior to release.

Public Outreach

Professionals involved in managing sex offender re-entry should take active steps toward educating the public and eliciting their support and involvement in promoting successful sex offender re-entry. At the state level, the CDCR is working on a community education packet that will serve as background information for local community outreach programs. In nine counties, SAFE teams are also working on education materials. However, there is currently no public education and outreach work going on to prepare communities for the return of sex offenders.

Gaps

- Currently there is no public education and outreach work going on to prepare communities for the return of sex offenders after their period of incarceration.

RECOMMENDATIONS

To enhance the reintegration of sex offenders into the community in California, the following issues should be addressed:

1. Case management plans based on a comprehensive needs assessment should be developed early in the confinement period focusing on treatment, with the specific objective of preparing the offender for release and addressing those issues that research has demonstrated to be associated with future criminal behavior.
2. Policies should be developed regarding the need for a written re-entry plan that is based on clinical assessment, response to treatment and institutional services, and includes input from the community supervision officer. This collaboratively developed plan should be finalized at least 6 months prior to release and should explicitly address housing and other community stabilization needs, as well as victim issues, including procedures that enable victims to exercise their rights around placement.
3. The written re-entry plan should follow the sex offender through the different phases of the period of confinement and at the time of release into the community so as to facilitate continuity of care and enhanced public safety.
4. A public education and outreach campaign should be implemented to educate and prepare communities for the return of sex offenders following incarceration.
5. Every community has an obligation to identify permanent, stable housing for sex offenders, to facilitate reintegration and reduce the likelihood of recidivism.

COMMUNITY SUPERVISION

Objective: California will provide adult and juvenile sex offenders with appropriate community supervision and risk management interventions to support their successful re-entry into the community and limit their likelihood to re-offend.

SUMMARY PRINCIPLES

1. Research has demonstrated that a combination of sex offender specific supervision and treatment reduces rates of recidivism and results in better outcomes than either supervision or treatment alone.
2. Community safety is enhanced when policies regarding the community supervision of sex offenders are based on a comprehensive and evidence-based assessment that identifies both individual levels of risk as well as the specific needs of sex offenders.
3. Research has demonstrated that community supervision is more effective when it adopts a *strength-based* approach rather than one based on an *accountability* model.

EVIDENCE-BASED AND EMERGING PRACTICE IN THE SUPERVISION OF SEX OFFENDERS

Supervision of sex offenders must be designed to afford the community optimum protection. This can be achieved by: (1) insuring that the offender is in compliance with the terms and conditions of probation or parole; (2) providing appropriate treatment to reduce the likelihood of re-offense; and (3) community collaboration. Current literature suggests supervision of the offender is best accomplished when a number of factors are taken into consideration.⁷⁸

- Comprehensive case plans need to be developed in collaboration with the supervising agency (probation or parole), treatment providers, law enforcement, family members including parents if the subject is a juvenile, and the victim.
- Case plans should incorporate terms and conditions for release back into the community and should include specifics with regards to treatment, employment, education, registration requirements, internet access and non-contact with the victim.
- Agencies providing supervision for sex offenders need to establish consistent policies regarding sex offender-specific caseloads, specialized training for agents assigned to supervise them and established caps on caseloads to ensure that optimum supervision can be provided.

78 CSOM, 2004

- Case agents should be given the flexibility to modify their work schedules to allow for contact with the offender during non-traditional hours, including weekends.

Specialized Caseloads and Training

The establishment of specialized caseloads allows the supervising agent to concentrate his/her energies on understanding the sex offender and in the process develop appropriate expertise.⁷⁹ In addition to a specialized caseload, caseload size ideally should be limited in order to allow the supervising agent develop regular, ongoing and meaningful contact with the sex offender. Specialized training for the supervising agent enhances the ability to recognize behaviors which might be precursors to a new offense, to understand the etiology and dynamics of sex offending, to distinguish the typologies and characteristics of sex offending, to recognize the impact of sex offending on victims and to recognize the importance of collaboration in sex offender management.⁸⁰

Specialized Case Plans

The development of specialized case plans tailored to the needs of the individual sex offender. Case plans are of paramount importance and should be initiated at the time the supervising agency receives the case. Ideally a multidisciplinary case management team comprised of the supervising officer, treatment provider and victim advocate and any other professional associated with offender management should be involved in the development of the case plan. A comprehensive risk assessment tool should be administered to assist in the development of the case plan. Relevant risk needs are subject to change and therefore require periodic reassessment. Until recently research focused on static or unchanging risk factors for sex offenders. More recent research places emphasis on the importance of understanding dynamic or changeable risk factors.⁸¹ A clear understanding of these factors is important to the case agent in order to address both temporary and long-standing risk factors which have the potential to manifest themselves in a new sexual offense if they are ignored or misunderstood.

Case plans should take into consideration the safety needs of the victim which can be accomplished either through a victim impact statement often found in a PSI report or through a victim advocate (see Table 6). Input from the offender should also be included to promote investment in the process not only to ensure the offender understands the expectations of the case plan but also to make certain there is an understanding of the consequences of non-compliance. In the case of juvenile sex offenders, parents and other responsible family members should be also included in the process. Factors to consider when developing a case plan should include, but not be limited to: daily activities, educational needs, employment, peers and associates, living environment, significant relationships and travel and housing needs.

79 CSOM 2000; Cummings & McGrath, 2000; English et al., 1996b, 2003; Green, 1995; Petersilia, 2003; Pithers & Cumming, 1995

80 Cumming & Buell, 1997; English, 1998; English et al., 1996a, 2003; Gray & Pithers, 1993; Petersilia, 2003; Pithers & Cummings, 1995; Scott, 1997

81 Beech et al., 2002; Cumming & McGrath, 2000; Hanson & Harris, 2000; Hudson et al., 2002; Thornton, 2002

Table 6
Principle Elements of a Victim Impact Statement

- The physical impact of the crime when a victim or a loved one is injured.
- The physical impact of the crime when a loved one is killed.
- The mental, emotional and spiritual impact.
- The financial impact on the victim or victim's family
- Sentencing recommendations (if the State allows the victim to recommend conditions of sentencing of the offender)
- Relations with the offender including concerns about victim safety or fears of potential intimidation, harassment or future harm.

Specialized Conditions of Supervision

Inasmuch as the risks and needs associated with sex offenders are unique, standard conditions of supervision (i.e. employment, school, fines, and curfew) are typically inadequate in and of themselves. In order to enhance supervision and maintain external control over the offender, special conditions must be imposed including:

- Waiving confidentiality between the supervision officer, treatment provider and others deemed necessary.
- No contact with the victim.
- Prohibiting or limiting contact with minors.
- Submitting to polygraph if available through the supervising agency.
- Prohibiting the possession of pornography;
- Regular and ongoing monitoring of computer activity by accessing the sex offender's computer and if necessary with forensic analysis of the computer hard drive.
- Prohibiting alcohol or drug use and the imposition of a drug/alcohol testing term.
- Employment and residence restrictions.
- Mandatory notification and prior approval when moving.
- Mandatory sex offender registration for specified offenses.

Specialized Supervision Strategies

Early approaches to sex offender supervision for relapse prevention relied primarily on self-reporting by the sex offender⁸². It became readily apparent that this method was insufficient and so the external supervisory approach and the containment model were developed.⁸³ Each approach incorporates the use of training for the supervision officer regarding sex offender behavior and the development of external controls for monitoring and accountability, multidisciplinary collaboration and victim safety. Supervision officers are trained to recognize precursors to re-offending behaviors,

⁸² Cumming & Buell, 1997; Cumming & McGrath, 2000; Marques et al., 2000; Pithers et al., 1988, 1989; Pithers & Cumming, 1995

⁸³ English, 1998; English et al., 1996a, 1996b, 2003

to identify high-risk behaviors and to work closely with offenders on coping skills and managing risk. Emphasis on the protection of the victim in particular and the community in general, and treatment for the offender are common traits of each approach.

A common characteristic of specialized supervision strategies is regular and frequent contact with the offender in a variety of locales that are a part of their typical routines such as home, their place of employment, school and places where they may socialize with friends and associates. In addition to regularly scheduled appointments the supervision officer also conducts unscheduled visits on days and times that are atypical of a normal business day. This may include evening visits and contacts on weekends and holidays.

The development of community support contacts, such as family members, employers, school counselors can be an invaluable resource to the supervising officer. These sources can be of assistance when corroborating a sex offender's account of their activities or to report suspicious behavior which might indicate the offender is likely to re-offend or is engaging in behavior which is either illegal or specifically prohibited in the conditions of supervision (i.e. drug use, internet access). Potential collateral contacts should be willing to acknowledge that the offender has committed a sexual offense, be willing to report suspicious or illegal behavior and be aware of and recognize relevant risk factors. In the case of juveniles, community contacts may include parents, caregivers, other family members, school officials or mentors.

Utilization of Surveillance Officers. In order to augment traditional methods of supervision the use of surveillance officers can provide another a valuable component to ensure sex offender compliance with the terms of supervision. Surveillance officers may include agents from the supervision agency, collateral agencies or both. Ideally surveillance officers are provided training on the etiology and dynamics of sex offending, the different categories of sex offenders, sex offender management and victim's issues. Surveillance officers must be briefed on offender behaviors, patterns, residence, employment, collateral contacts and victim information. In some county jurisdictions surveillance duties have been assigned to sex offender task forces. Typically these task forces are comprised of officers from either probation and/or parole, local law enforcement and the office of the District Attorney. These Task Forces are designed primarily as enforcement and compliance teams to ensure sex offenders are registering as required by law, are not engaging in unlawful activities and are not in possession of pornographic materials or accessing pornographic sites on the internet.

Adjunctive Use of the Polygraph. The use of the polygraph by supervision agencies and treatment providers has become an important emerging practice.⁸⁴ Recent literature indicates sex offenders tend to be more candid regarding deviant sexual interest and behaviors when subjected to polygraph testing.⁸⁵ Typically the use of the polygraph is used for two common purposes, the single/specific examination and for the monitoring and maintenance examination. In the former the polygraph may be required if the supervision agent has concerns about certain high-risk behaviors manifested by the offender. The use of the polygraph is to ensure that the offender is complying with the conditions of supervision and is not engaged in behaviors that would otherwise go unreported. Examples of these behaviors could include contact with a past victim, actual or attempted contact with other potential victims, full disclosure of past sexual history, use of pornography and substance

84 Blasingame, 1998; CSOM, 2000; Cumming & McGrath, 2000; English, 1998; English et al., 1996a, 1996b, 2003; McGrath et al., 2003; O'Connell, 2000; Scott, 1997

85 Ahlmeyer et al., 2000; English et al., 2003; Heil et al., 2003; O'Connell, 2000

abuse. The use of the polygraph comes with restrictions, limitations and risks with which the user should be familiar. Research on the efficacy of the polygraph for juveniles is limited and further study appears warranted. Although the State does not use polygraph on juvenile sex offenders, contracts are currently being developed for use with adult sex offenders.

Responses to Violation Behaviors. It must be recognized that in sex offender management certain high-risk behaviors are certain to occur and it is important to develop and provide a continuum of graduated sanctions to deal with those behaviors.⁸⁶ The sanction imposed should be commensurate with the seriousness of the behavior or violation and ideally discussion should occur with the case management team prior to the imposition of the sanction. Modifications to the original case plan may include more frequent contact with the supervision agent, an increase in counseling, restrictions on movement or more frequent drug testing. Decisions regarding the type of response to behaviors which constitute a violation should take into consideration factors which may include the seriousness of the behavior, the relationship of the behavior to sex offending, the threat to the community, the risk level of the offender, whether the behavior was voluntarily disclosed by the offender and the level of responsibility assumed by the offender. It must also be recognized that certain transgressions may occur which are so egregious they demand immediate and severe responses to ensure that the safety of the community is not compromised.

Global Positioning Systems. On November 7, 2006, California voters passed Proposition 83, known as “The Sexual Predator Punishment and Control Act; i.e., Jessica’s Law. This law became effective November 8, 2006, and strengthens current laws for the commitment, control, and supervision of adult sex offenders. It contains provisions on Sexually Violent Predators, housing, and Global Positioning Systems (GPS). The passage of Proposition 83 will soon make it mandatory that certain sex offenders will require monitoring with the assistance of GPS.⁸⁷ Currently, the use of GPS technology is being utilized on a very limited basis, but it is duly noted as being an emerging practice at both the state and county level for adult offenders. GPS is also currently in use for some juvenile offenders at the state level. The initiative’s provisions requiring specified registered sex offenders to wear GPS devices while on parole and for the remainder of their lives will create a greater accountability for these types of offenders. GPS signals can provide information on location, velocity and direction of movement by the offender. In addition, the GPS data can be collected and stored for integration with crime incident data collected from local law enforcement agencies to determine whether the offender was or was not in the vicinity of a crime when it occurred.

GPS technology, however, is not without limitations. The same satellite coverage that is used with cellular phone coverage is used with GPS – if the signal is out of range, there will be no GPS signal available for the offender. There is also the issue of additional costs for GPS equipment, as well as for supervision staff to monitor these offenders. These costs are likely to be in the several tens of millions of dollars annually within a few years.⁸⁸ Because the measure does not specify whether the state or local governments would be responsible for monitoring sex offenders who have been discharged, it is also unclear who will bear the responsibility of some of these long-term costs. In addition, procedures will need to be implemented by the state and the counties to allow for continued monitoring of discharged parolees.

86 Cumming & McGrath, 2000; Greer, 1997; Jones et al., 1996; Ryan, 1997; Scott, 1997

87 California Initiative Proposition 83, 2006

88 www.dof.ca.gov

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE COMMUNITY SUPERVISION OF SEX OFFENDERS

Specialized Caseloads and Training

The establishment of specialized caseloads allows the supervising agent to concentrate his/her energies on understanding the sex offender and in the process develop expertise in dealing with this population. In addition to specialized caseloads, caseload size should be limited in order to allow the supervising agent to develop regular, ongoing and meaningful contact with the sex offender. Specialized training for the supervising agent will enhance his ability to recognize behaviors which might be precursors to a new offense, to understand the etiology and dynamics of sex offending, to distinguish the typologies and characteristics of sex offending, to recognize the impact of sex offending on victims and to recognize the importance of collaboration in sex offender management.

Survey results indicate that the establishment of specialized sex offender case loads is not routinely practiced. Only 60-70% of counties indicate the presence of specialized caseloads for adult and juvenile sex offenders. With regard to specialized training for supervision officers, over 30% of counties reported that training is not provided for officers supervising adult sex offenders. The situation is somewhat better for juvenile sex offenders, but in general, survey results suggest significant gaps in this area. California county probation officers are required to complete forty hours annually of job specific training. Typically course offerings are State certified and include training related to sex offender's issues, including but not limited to dynamics, management and treatment.

Strengths

- With the CDCR, specialized caseloads are currently being used for both adult and juvenile offenders. Adult caseloads with GPS monitoring are currently capped at 20:1 and juvenile caseloads capped at 30:1.

Gaps

- There is an absence of specialized case loads for supervision of both adult and juvenile sex offenders at the county level.

Multidisciplinary Sex Offender Management Teams

In reviewing the survey responses the majority of the agencies reported that a multidisciplinary sex offender management team had either never been or had generally not been established for juvenile offenders. The responses for adult offenders was slightly more encouraging but still more than half indicated they either never or generally do not incorporate the use of a multidisciplinary team. Responses to this question indicate significant gaps in the development of the multidisciplinary team.

Strengths

- None noted.

Gaps

- The use of multidisciplinary sex offender management teams is not common practice for the supervision of either adult or juvenile sex offenders.

Specialized Conditions of Supervision

The survey data indicate that with respect to adult sex offenders most, if not all, responding agencies had conditions in place that restrict contact with victims and minors. In the case of both adult and

juvenile sex offenders, 100% of counties reported that they typically or always restrict contact with victims or minors. Policies regarding restrictions on where sex offenders may be employed or establish residency and on the types of social activities in which they may engage are also in place in many counties, although 25-30% typically do not enforce these restrictions.

Strengths

- Most counties have practices in place to restrict contact between offenders and victims.

Gaps

- Although policies exist to restrict specific employment and residency options for sex offenders, many counties do not enforce these policies.

Specialized Supervision Strategies

The survey responses appear to indicate that the use of the polygraph in either treatment or supervision is the exception rather than the norm for both adult and juvenile sex offenders. Approximately 50% of counties surveyed reported that polygraph testing is never utilized in the supervision of either adult or juvenile sex offenders. One exception to this trend is San Diego County which has a progressive and innovative program that may be a model for other counties. In Riverside County, local law enforcement agencies under the auspices of the District Attorney and the Sheriff's department have created seven task force teams throughout the County to conduct sex offender compliance. The Task Force routinely conducts sex offender registration compliance, home visits and employment verification of sex offenders.

Strengths

- Certain counties, such as San Diego and Riverside County have innovative and effective specialized task force teams and programs to enforce policies regarding supervision of sex offenders.

Gaps

- Specialized supervision strategies such as the polygraph are seldom used in the supervision of sex offenders.

RECOMMENDATIONS

To enhance the availability and effectiveness of community supervision of adult and juvenile sex offenders in California, the following strategies should be implemented:

1. Effective, written evidence-based practice parameters should be developed to guide the community supervision of sex offenders in California.
2. Community supervision policies should adopt a containment model that also incorporates a collaborative team-based approach.
3. Case loads for community supervision should be specialized and adopt recognized guidelines regarding the maximum number of cases that can be effectively supervised by one individual.
4. Intensity of community supervision and allocation of resources should be guided by the sex offender risk assessment and specific needs of the individual offender.

REGISTRATION AND NOTIFICATION

Objective: California will ensure that information about sex offenders maintained in the sex offender registry is accurate and that community notification based on that information is made when necessary for public safety.

SUMMARY PRINCIPLES

1. Sex offender registries provide law enforcement with an important investigative tool.
2. Community notification is most effective when provided in the context of broader community education about abuse prevention, sexual victimization, sexual offenses, effective supervision and management of sex offenders, and community resources and conducted by a multidisciplinary team.
3. Both registration and community notification provide an opportunity to educate the public at large about the prevention of sex offenses as well as reduction in the rates of recidivism.
4. Although federal law mandates certain aspects of how California must conduct procedures related to registration and community notification, others are left to state discretion.

REGISTRATION

EVIDENCE-BASED AND EMERGING PRACTICES IN THE REGISTRATION OF SEX OFFENDERS

An unprecedented level of legislative activity specific to sex offenders was designed to hold individuals accountable and ensure the protection of the public. With the congressional enactment of the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act of 1994⁸⁹ all states (in order to maintain specified federal law enforcement funding) were required to create registries for sexually violent offenders or crimes against children. California is in currently in compliance with the requirements of the Wetterling Act.

In 1996, the passage of Megan’s Law mandated that criminal justice agencies release relevant information about specified sex offenders to the public. The Pam Lychner Sexual Offending Tracking and Identification Act of 1996 heightened registration requirements for more violent or repetitive offenders. In 1998, federal law expanded the class of registrable offenders to federal and military offenders and those that work or attend school outside of their state of residence.

89 42U.S.C., Section 14071

On July 27, 2006, the Adam Walsh Act replaced the Jacob Wetterling Act. The Walsh Act contained sweeping changes to the requirements imposed on the states regarding registration and community notification. The states were given three years to implement the Act or forfeit federal crime funding (up to five years with extensions for good faith attempts to comply). California is not currently in compliance with this Act, but is awaiting federal guidelines to clarify provisions of the Act.

In light of emerging literature that reveals a variety of differences between adult and juvenile sex offenders and 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 for the juvenile population. The decisions of policymakers should be informed and guided by the available research. Research in Washington showed a reduction in recidivism rates of sex offenders after the enactment of community notification laws; while this could not be solely attributed to community notification, it certainly was a factor in that reduction.⁹⁰ Research also shows that sex offenders who fail to comply with sex offender registration laws are 50% more likely to recidivate (commit subsequent sex offenses).⁹¹ However, research on juvenile sex offenders is limited and constitutes a gap.

PROMOTING GOAL ATTAINMENT FOR SEX OFFENDER REGISTRIES

As part of a comprehensive approach to sex offender management, primary goals of sex offender registration statutes are as follows:

- Increasing community protection.
- Providing law enforcement with an additional investigative tool.
- Deterring offenders from committing future crimes.

Among the challenges of implementing a sex offender registration program are:

- Building a comprehensive registry.
- Maintaining accurate information.
- Transferring information to other jurisdictions.
- Generating the necessary resources to manage the program.

To achieve the above stated goals, it is critical to ensure the following key elements:

- Consistent policies and procedures detailing the registration process for offenders as well as the roles of involved agencies.
- The collection and maintenance of thorough, accurate, and current information on registered sex offenders.
- Collaboration and coordination of efforts among all of the agencies involved in the process to ensure ready access for the purpose of preventing further sexual victimization.

90 Sex Offender Sentencing in Washington State: Has Community Notification Reduced Recidivism? Available at <http://www.wsipp.wa.gov/rptfiles/05-12-1202.pdf>

91 Sex Offender Sentencing in Washington State: Failure to Register as a Sex Offender – Revised. Available at <http://www.wsipp.wa.gov/rptfiles/06-01-1203A.pdf>

CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE REGISTRATION OF SEX OFFENDERS

Adult Sex Offender Registration

California established a law requiring sex offender registration in 1947, earlier than in any other state. Current California laws epitomize best or emerging practices in sex offender registration, particularly with regard to adult offenders. California's central sex offender registration database is maintained by the California Department of Justice. California requires registration for a comprehensive list of registrable offenses, including offenses which are not sexual but were sexually motivated (See Pen. Code, § 290(a)(2)(E)).⁹² Details of California's sex offender registration requirements are listed in Table 7, on the following page. The law clearly outlines the duration for which classes of offenders are required to register, including the process by which offenders are classified. Current California law is clear that registration is lifetime, except for specified offenders (about 20% of registered sex offenders in California) who are eligible to petition a court for a certificate of rehabilitation, and for whom the statute allows relief from registration if this certificate is granted (Pen. Code, § 290.5.). The state registry is updated every 24 hours and local law enforcement officers have access to these updates through a secure law enforcement website. In addition, California has funded Sexual Assault Felony Enforcement (SAFE) teams, which are scattered throughout the state and are a coalition of law enforcement agencies working together by region to enforce sex offender registration laws. Officers working on the SAFE teams monitor and re-arrest individuals who are out of compliance with their registration requirements. The Department of Justice (DOJ) also participates in these teams through its Criminal Investigation Bureau, utilizing agents who are part of DOJ Sexual Predator Apprehension Teams (SPAT teams) to participate in this task.

Juvenile Sex Offender Registration

Juvenile sex offenders are not required to register unless they were committed to the DJJ on an adjudicated sex offense. They are required to register for a shorter list of sex offenses than are adult sex offenders (Pen. Code, § 290, subd.(d)). California registry laws also allow juveniles to apply to have their records sealed at or after age 18. If sealing of the record is granted, which is within the discretion of the court, the duty to register terminates. No standards governing when sealing should be granted are specified by statute. Juveniles whose records are not sealed must register for life unless they qualify for relief pursuant to Penal Code section 290.5. Juvenile sex offenders who have committed less serious sex offenses can obtain relief with a certificate of rehabilitation although most juvenile registrable offenses are too serious to qualify for this relief. California's law on juvenile sex offender registration, unlike that for adult sex offenders, does not represent best or emerging practices because it does not tie lifetime registration to the seriousness of the offense or to the risk of reoffense posed by the offender. In addition, California law provides for relief from registration only if the entire record of the offender is ordered sealed. In general the law regarding who must register for a juvenile sex offense is both under- and over-inclusive—juveniles who are committed to local placement may commit very serious sex crimes and pose a high risk of recidivism, yet these are not required to register. Juveniles committed to the DJJ may pose a much lower recidivism risk, based on individual risk assessment, and yet are required to register for life because committed to the DJJ on their sex offenses.

⁹² The California Penal Code is available online at www.leginfo.ca.gov. The provisions of the Penal Code section 290 will be re-organized upon passage of A.B. 1706 (2006-2007 Legislative Session) into 24 Code sections (Pen. Code § 290-290.024)

Table 7
California Registration Requirements for Registered Sex Offenders

- Require in-person registration, notification of moves, and annual updates of registration (currently required per Pen. Code, § 290.).
- Require registration within 5 working days of release from custody or changing addresses (currently required per Pen. Code, § 290.).
- Require notification of duty to register by custodial agencies and probation (Pen. Code, § 290, subd. (b).).
- Require DNA samples from all registrants (currently required in California).
- Written policies and procedures should guide the registration process (California DOJ is issuing guidelines on registration and notification in 2007).
- Agencies with records pertaining to sex offenders required to maintain such records for 75 years or longer (current California law requires the courts, DOJ, and district attorneys to do so, but does not require law enforcement, probation or parole to maintain sex offender records, leading to problems in obtaining documents vital to proving duty to register years later).
- Require lifetime registration for serious/violent sex offenders.
- Registration laws should apply retroactively (Current California law requires retroactive application of new registration laws, as long as the offender has actual knowledge of the new law—see Pen. Code, §290, subd. (m).).
- The registration statute applies to offenders who move into the state from another jurisdiction (Current California law--Pen. Code, § 290, subd. (a)(2)(D).).
- Notification by DOJ to other states when a registrant moves out-of-state (Current California practice by California DOJ).
- When a sex offender is no longer required to register, he should be removed from the sex offender registration database (Current practice in California is to remove the offender, provided the database receives notice from the court of the termination).

GAPS IN THE CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE REGISTRATION OF SEX OFFENDERS

Risk Assessment

- Length of registration period is not currently linked to individual risk assessment, only to the type of offense (Under current California law, length of registration is life for all offenses without regard to an offender’s assessed risk. About 20% of registrants are eligible, based on their convicted sex offense, to apply for a certificate of rehabilitation).
- Registration for consensual sex offenses where there is less than a 10-year age difference between offender and victim is currently not tied to whether or not the court finds that the offender poses a risk of re-offending or is sexually dangerous. Courts need discretion to impose less-than-lifetime registration terms in these cases.
- Although the Adam Walsh Act requires registration for kidnapping of children (non-parental) without required findings of sexual intent, this is not required by current California law.
- The risk assessment which determines whether the registrant poses a risk of recidivism is not used to determine the duration of the duty to register.

- The statute does not provide a court hearing regarding whether registration should continue after 10-20 years for offenders with low risk assessment scores. California law permits relief from registration based on the type of sex offenses committed. Certain offenders who obtain a certificate of rehabilitation are entitled to relief, but the category of offenders who can obtain relief is too narrow. In addition, the waiting period for some offenders to obtain a certificate of rehabilitation should be longer (e.g., child pornographers are eligible for relief as soon as 7 years after conviction). More flexibility to consider the risk of individual offenders would give courts more discretion to relate registration requirements to the individual's specific level of dangerousness to the community and risk of recidivism. At a hearing on whether to terminate registration after 10-20 years, the low-to-moderate risk sex offender should be allowed to petition for relief from registration, by showing by a preponderance of the evidence that he/she has not been convicted of any new sex offense, and is not likely to pose a threat to the safety of others.

Enforcement

- Driver's licenses suspension and other relevant restrictions are not currently implemented in response to noncompliant registrants.
- Current California law requires the prosecution to prove a willful violation of the registration laws, which entails proving the offender had actual knowledge of the provision of the registration law he violated. The statute should be changed to provide that an offender who is notified of his registration duty and fails to comply is held accountable.
- The goal of investigations of registrants who fail to register should be to arrest violators.
- Extending the registration period (by lengthening the waiting period for a certificate of rehabilitation) by 3-5 years is not currently required for each conviction for violation of the registration laws.
- There is no state mandate for establishing regional sex offender management teams that work closely together on the management of specific cases under community supervision. (Current California law provides limiting funding, on a grant basis, for SAFE teams, but such teams are not mandatory. Ongoing funding is necessary for such teams to function effectively.)
- There is no mandated training for law enforcement, District Attorneys or judges on registration and community notification laws; such training should be mandatory and the law should require Peace Officers Standards Training (POST) reimbursement for such training.

Document Management and Prosecution for Violation of Registration Laws

- Currently there is no required time line for entry of registration data by local law enforcement into sex offender registration database (e.g., 3 days).
- Current California law requires the courts, DOJ, and district attorneys to retain files on registered sex offenders, but does not require law enforcement, probation or parole to maintain sex offender registration records, leading to problems in obtaining documents vital to proving knowledge of the duty to register (and obtaining convictions for violations of the registration laws).

- There is no law requiring law enforcement agencies to verify the offender's registered address, utilizing field compliance and mail-in verifications on an ongoing basis.
- Courts which reverse, vacate or dismiss a sex offense conviction are not required to notify the DOJ Sex Offender Tracking Program in writing. The only notification goes to DOJ's Automated Criminal History System (these two software systems have no interface, so reversals may not be communicated to the sex offender registration database).
- There is no system which enables local law enforcement to coordinate monitoring registrants with parole/probation.
- There is no law requiring or encouraging vertical prosecution or the use of Penal Code section 290 prosecution teams in District Attorney's offices for prosecution of misdemeanor or felony 290 cases.

Public Education and Funding

- The Megan's Law web site is available to educate the public about sex offender recidivism, including statistics on age/gender, but is underutilized for this purpose. The web site should be utilized as an educational tool and the educational materials should be required reading for the public before allowing them to enter the search screens.
- The registration law is not easily understood by the public or translated into common language.

Juvenile Sex Offenders

- Currently, only juveniles committed to the DJJ on a sex offense must register, so many dangerous juvenile sex offenders escape registration entirely.
- Registration for juveniles is not currently tied to the assessed risk of the individual offender.
- A court hearing on whether to mandate registration for low-risk juveniles, requiring the court to consider specified factors in making an on-the-record determination regarding the need for registration, is not currently required by California law. Instead, registration is automatic for juveniles who commit certain specified sex offenses, but only if they are placed at DJJ.
- No permission is currently granted to juvenile courts to allow for the discretion to order that registration is not required for juveniles whose conduct was criminal only because the victim was age 12-17 [consensual conduct].
- No permission is currently granted to juvenile courts to order registration for offenses not currently requiring registration under California law. Yet adults can be ordered to register when a court finds the offense was sexually motivated and circumstances merit it (In re Derrick B. (2006) 39 Cal.4th 535, a juvenile judge ordered registration for a juvenile sent to DJJ [CYA] for a sexual battery adjudication. The juvenile had admitted molesting 14 minors previously, during local treatment. The California Supreme Court held he was not required to register because sexual battery is not on list of registrable juvenile offenses in Pen. Code, § 290(d), and because the section giving the court discretion to order registration did not refer to juvenile adjudications).

- Currently, compliance by juvenile courts with existing law regarding reporting juvenile adjudications to DOJ is very low. The law needs clarification and enforcement.

NOTIFICATION

EVIDENCE-BASED AND EMERGING PRACTICES IN THE COMMUNITY NOTIFICATION OF SEX OFFENDERS

The CAP states, “policies and procedures for conducting community notification based on identified levels of risk should clearly establish the manner by which risk is assessed initially and over time and should provide a mechanism for modification of notification practices.”⁹³ The CAP also states, “While very little research has been conducted on community notification, it is recognized that community notification laws may produce unintended negative consequences for offenders and their families that may exacerbate existing difficulties with community reintegration. As a result of the unintended consequences of stigmatizing incest victims, California has enacted a process whereby certain incest offenders [those granted probation and whose offenses did not involve penetration] can be excluded from the public Megan’s Law Internet web site (Penal Code section 290.46, subd. (e)).

“When planning for community notification, multidisciplinary teams should develop collaboratively the policies, practices and strategies that may facilitate notification in a manner that reduces the potential for unintended consequences.”⁹⁴ “Community notification meetings can provide useful information to the public about the prevention of sexual assault, when implemented by trained professionals, and should include all relevant agencies to demonstrate a commitment to community safety and expertise in sex offender management.”⁹⁵ In California, community meetings are not mandatory and are held solely in the discretion of local registering agencies or SAFE teams. There is no standard format for such meetings. However, there are materials available for educating the public about sex offending which can be used at such meetings.

“To reduce the likelihood of negative impact of notification, community meetings should be designed to:

- Inform communities about the benefits and limitations of community notification.
- Dispel common myths and misperceptions about sex offenders while providing education about the effective treatment and supervision strategies.
- Educate the public about the incidence and prevalence of sexual victimization, including the data that suggests that stranger attacks are not as commonplace as believed.
- Ensure that community members understand the implications of further stigmatizing and ostracizing offenders.
- Encourage community assistance with offender registration and subsequently, promote offender success.”

93 CSOM, 2004

94 CSOM, 2004

95 CSOM, 2004

Victim advocate groups can play an important role in the development of a successful community notification program by:

- Strategizing with law enforcement regarding who should be notified and how.
- Educating audiences at community meetings.
- Developing and providing educational materials.
- Ensuring that policies and procedures protect the identities of victims during the notification process (Current California law protects the identities of victims).

CURRENT PRACTICES IN CALIFORNIA WITH RESPECT TO THE COMMUNITY NOTIFICATION OF SEX OFFENDERS

Adult Sex Offender Community Notification

In 2004, the California Legislature enacted a new law mandating that certain registered sex offenders be posted on a Megan’s Law Internet web site by the DOJ (Stats. 2004, ch. 745 (AB 488), enacting Pen. Code, § 290.46, effective 9-24-04.).⁹⁶ There are three categories: those registrants whose offense requires posting of home address; those registrants whose offense requires posting by zip code, but whose home address may not be listed; and those whose offenses are not posted. In December 2005, the DOJ posted a privately accessed Megan’s Law Internet web site for law enforcement agencies, which contains information on all registrants, including the unposted category. California’s Megan’s Law provides that California law enforcement agencies can notify the public about any registered sex offender who is posing a risk to the public, including juveniles. This requires the agency to make an individual determination that the registrant is currently posing a risk, based on either his record or current activity known to the agency, or both. Penal Code section 290.45 permits active notification on any registrant posing a risk, and law enforcement determines the scope of notification necessary.

Risk assessment is mandated by California law, but is just beginning to be implemented. All male sex offenders are required to be individually assessed beginning in July 2008 pre-sentencing by probation officers, using the Static-99 risk assessment instrument (the Static-99 is validated only for use on male sex offenders). Male sex offenders who are sent to prison must be re-assessed using the Static-99 just prior to release on parole. The law requires the eventual adoption of a dynamic risk assessment tool which will also be used to assess the risk of offenders while on supervision. Offenders who are no longer on parole or probation must be assessed using the Static-99 (or other appropriate tool selected for female and juvenile offenders) no later than the year 2012 (Penal Code sections 290.03-290.07.). Female and juvenile sex offenders will be subject to individual risk assessment only after a risk assessment instrument for that population has been selected by a statewide committee. This committee (the “SARATSO” committee) is composed of representatives from the CDCR, Department of Mental Health, and the Attorney General’s office. The State Authorized (Sexual Abuse) Risk Assessment Tool for Sex Offenders is known as the SARATSO.

Passive notification in California (Penal Code section 290.46) is accomplished by posting the names of about 80% of registered sex offenders on the Megan’s Law Internet web site. The Legislature determined which sex offenses were considered serious enough to require the sex offender’s home

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address (and other information) to be displayed (about 50% of registrants). Those sex offenses considered moderately serious require the web site to display the zip code, but not street address, of the offender, and about 20% of registered offenders are not posted on the public web site, and are known only to law enforcement unless the registering law enforcement agency actively notifies the community about an offender who is not posted on the public Megan's Law Internet web site. Citizens who have information about registered sex offenders who are in violation of the registration law can e-mail the DOJ, which in turn will contact the registering agency.

Certain sex offenders may apply to be excluded from the Megan's Law Internet web site. However, the categories permitted to apply for exclusion from the web site are not linked to individual assessed risk or even to seriousness of the offense, since certain child molesters who apply must automatically be excluded from the web site under current law. In 2006 California law required the development of materials to assist the public in understanding sex offending and using the Megan's Law Internet web site. These are being developed by the Attorney General's Crime Prevention Unit.

In California, active notification laws give full discretion to local registering law enforcement agencies to determine whether community notification is needed, and the scope of notification (Penal Code section 290.45). Thus, law enforcement agencies can choose to notify via national or local news releases, fliers, door-to-door in neighborhoods, to organizations or schools, or to individuals who need to know about the offender. However, active notification policies and practices in the state are not uniform and do not usually include efforts at community education about sex offending. Best practices dictate development of a model protocol for active community notification, and the California DOJ plans to issue a model protocol as part of a field guide for law enforcement on registration and notification in 2007.

Juvenile Sex Offender Community Notification

Under existing California law, juveniles adjudicated for a specified sex offense and sent to the DJJ for that offense are required to register for life. However, juveniles cannot be posted on the public Megan's Law Internet web site, even after they become adults, if the basis for their registration was a juvenile sex offense adjudication. Local law enforcement agencies have the discretion to actively notify the community regarding such a juvenile sex offender if they determine the juvenile poses a current risk to the public. Local agencies determine the scope and means of such community notifications for both juveniles and adults (Pen. Code, § 290.45). In practice, very few notifications on juvenile sex offenders occur.

A strength of California's notification law on juveniles permits the notifying law enforcement agency to consider whether a juvenile sex offender poses a current risk to the public, and if a risk is present, authorizes active community notification. Prior to 2005, no community notification was authorized regarding juvenile offenders, regardless of the risk such an offender may have posed to the public safety. In general, California's law on juvenile community notification needs to be more finely tuned to address the needs of individual cases, based on the assessed risk of the individual offender.

GAPS IN THE CURRENT PRACTICE IN CALIFORNIA WITH RESPECT TO THE COMMUNITY NOTIFICATION OF SEX OFFENDERS

Community Notification on Adult Sex Offenders

- *Neither* active nor passive notification is required to be tied to the individual assessed risk of the offender. (Current California law ties passive notification (the Megan’s Law web site) only to the offense committed; a law enforcement agency’s decision whether to do active community notification may, but is not required to, consider the offender’s risk assessment score).
- The law authorizing active and passive notification does not require consideration of the offender’s assessed risk level to determine the appropriateness and scope of notification.
- No state law provides for a court hearing, upon registrant request, to determine whether the risk posed to public safety by the registrant should continue to require Internet posting after 10-25 years. Current California law permitting exclusion from the Megan’s Law Internet web site is very limited; it permits exclusion from the Internet for persons convicted of felony sexual battery, misdemeanor child molestation, and certain incest offenses against a child which did not involve penetration/oral copulation, without regard to length of time since release or the assessed sex offender’s risk of recidivism (Pen. Code, § 290.46, subd. (e)). Additionally, 20% of California registered sex offenders are not posted on the Internet web site, because the Legislature deemed the offenses not serious enough to be so disclosed—without regard to the assessed risk of the individual offender.
- Current California law does not require notification of a victim [who could be authorized by statute to elect such notification] before a local registering law enforcement agency actively discloses information about a sex offender to the community.
- Although it is mandated that an individual risk assessment be completed by parole, probation and possibly local law enforcement agencies (the law is unclear on who will assess registrants no longer on supervision), no direct oversight for quality review of the agencies performing the risk assessments has been established.
- No law authorizes offenders to request re-assessment of risk after specified time periods (e.g., once every 5-10 years).
- There is no current requirement for counties to establish collaborative teams and allocate funding for actively monitoring registrants and reviewing community notification decisions. Laws should require including law enforcement, parole, probation, DA’s offices, DOJ SPAT teams, treatment providers, and victim advocates on such teams.
- No current requirements exist for local law enforcement agencies to establish policies and procedures for community notification.
- There is no current requirement for an agency doing an active community notification or sweep to notify other affected agencies in the county.
- There is no established state curriculum for community meetings which could be used in conjunction with active notification about registered sex offenders.

Community Notification on Juvenile Sex Offenders

- Community notification practices for juvenile offenders are currently limited to those who have been determined to pose a current risk to the community. While juveniles cannot be posted on the Megan’s Law Internet web site in California, local law enforcement can make an active community notification if the juvenile registrant is considered to pose a risk to the public. Standards to help law enforcement determine when the juvenile offender poses a significant risk should be established.
- Current California law is too restrictive on the issue of juvenile notification, so even juveniles who have been assessed as high risk or who committed heinous crimes in connection with their sex offenses cannot be displayed on the Megan’s Law Internet web site. A blanket ban on Internet posting is currently imposed by statute regardless of the assessed risk of recidivism or potential danger posed by individual juvenile offenders. A complete ban is not in the public interest.
- There are currently few validated risk assessment tools for juveniles.
- Limitations on the minimum age at which juveniles are subject to notification have not been established in California.
- The law does not currently provide criteria or standards to guide judges’ decisions on whether to seal a juvenile sex offender’s record, even though sealing eliminates the duty to register.

RECOMMENDATIONS

To enhance the effectiveness of California’s registration and community notification of sex offenders, the following strategies should be implemented:

1. The area of juvenile sex offender registration is controversial, complex, and has significant consequences. Juvenile sex offender registration needs to be reexamined with the goal of requiring higher risk sex offenders to register. Juvenile sex offender registration should be tied to empirically-guided juvenile sex offender risk assessment. The task force feels lifetime registration is not appropriate for juveniles in most cases. Termination of the duty to register for a juvenile adjudication should be tied to empirically-guided appropriate sex offender risk assessment.
2. Low to moderate risk sex offenders should be provided with the opportunity to petition for a hearing, after 10 years of compliance with the registration law, for termination of the duty to register. At the hearing, the sex offender should be required to show by a preponderance of evidence that he or she is not likely to pose a threat to public safety and has not been convicted of a new sex offense. Courts should be given discretion to reduce lifetime registration requirements in certain cases based on the lower assessed risk of individual sex offenders.
3. California should mandate ongoing state funding for multidisciplinary regional sex offender management teams, including for enforcement and compliance work by those teams, and provide ongoing state funding to establish mandated training for such multidisciplinary sex offender management team members. California should also require Peace Officer Standards and Training (POST) reimbursement for such training.
4. Law enforcement agencies should be required to consider, as one factor, the sex offender’s risk assessment score or scores to determine the appropriateness and scope of notification.

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ABBREVIATIONS

APD	Adult Probation Department
ATSA	Association for the Treatment of Sexual Abusers
BPH	Board Parole Hearing
CAP	Comprehensive Assessment Protocol
CSAIA	California Sexual Assault Investigators Association
CASOM	California Sex Offender Management
CASOMB	California Sex Offender Management Board
CDCR	California Department of Corrections and Rehabilitation
CJER	Center for Judicial Education and Research
COMPAS	Correctional Officer Management Profiles for Alternative Sanctions
COSA	Circles of Support and Accountability
CPS	Child Protective Services
CSOM	Center for Sex Offender Management
CYA	California Youth Authority
DA	District Attorney
DAPO	Division of Adult Parole Operations
DDS	Department of Developmental Services
DMH	Department of Mental Health
DOJ	Department of Justice
DJJ	Division of Juvenile Justice
ERASOR	Estimate of risk of adolescent sexual offense recidivism
GPS	Global Positioning Systems
HIPAA	Health Insurance Portability and Accountability
HRSO	High Risk Sex Offenders
J-SOAP-II	Juvenile Sex Offender Assessment Protocol
JSORRAT-II	Juvenile Sexual Offense Recidivism Risk Assessment Tool-II
LSI-R	Level of Service Inventory-Revised
MDT	Multi-Disciplinary Team
MDSO	Mentally Disordered Sex Offenders
MEGA	Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents
MnSOST-R	Minnesota Sex Offender Screening Tool-Revised
OCJP	Office of Criminal Justice Planning
OES	Office of Emergency Services
OR Release	Own Recognizance Release
POST	Peace Officer Standards and Training
PSI	Pre-sentence Investigation
RRASOR	Rapid Risk Assessment for Sexual Recidivism
SCAR	Suspected Child Abuse Report
SAFE	Sexual Assault Felony Enforcement
SANE	Sexual Assault Nurse Examiners
SARATSO	State Authorized Risk Assessment Tool for Sex Offenders
SART	Sexual Assault Response Teams
SORAG	Sex Offender Risk Appraisal Guide
SOTEP	Sex Offender Treatment and Evaluation Project
SORD	Sex Offender Referral Document
SPAT	Sexual Predator Apprehension Teams
STOP	Services, Training, Officers, Prosecutors
SVP	Sexually Violent Predators
SWAP/PREP	Sheriff's Work Alternative Program/Post Release Educational Program
VAWA	Violence Against Women Act
VOCA	Victim of Crime Act

SIGNIFICANT NATIONAL AND STATE PUBLIC POLICY INITIATIVES

Over the past twenty-five years, as awareness of sexual assault as a serious and pervasive problem was becoming increasingly widespread, many bills dealing with some aspect of sexual offending and victimization have passed through Congress and the California legislature. Many more have been introduced but have not become law. The majority of these bills have dealt with closing loopholes in the law, setting or increasing sentences, expanding the definition of sex crimes and similar actions. Additionally, there has been extensive legislative action taken related to the registration, release and community notification related to sexual offenders. Only a comparative few of these legislative actions have focused on the management, treatment and supervision of convicted sex offenders. Other policy innovations have arisen from Executive Branch decisions and agency policies. Major themes, initiatives and events which have impacted or shaped California's public policy response to sexual victimization and offending are briefly reviewed below.

REGISTRATION AND NOTIFICATION

The state of California has been registering individuals considered sex offenders and sexual psychopaths since 1947,⁹⁷ and was the first state to create a registry of this kind. Washington State began a publicly accessible sex offender registry and began to implement community notification practices in 1990.⁹⁸

Federally, the passage of the Jacob Wetterling Act⁹⁹ in 1994 mandated that states create offender registries. In 1996, President Clinton signed Megan's Law¹⁰⁰ which directed states to make registry and release information publicly available. The passage of the Pam Lyncher Act in 1996¹⁰¹ also authorized the creation of a national sex offender registry and mandated lifetime registration for some sex offenses. In 2000, the Campus Sex Crimes Prevention Act¹⁰² added requirements for sex offenders attending, or employed at, institutions of higher learning to register with the law enforcement agencies who have that particular campus in their jurisdiction.

Initially after the passage of these federal and state laws, states created passive public registries which required members of the public to physically visit law enforcement agencies to acquire information related to registered sex offenders in their communities. Over time, however, states began to create websites¹⁰³ that made the information easily accessible to members of the public. States also began to implement community education programs that pro-actively informed the public about the risk that sexual offenders posed broadly, and the whereabouts and risks that particular offenders posed who were living within proximity to those being informed.¹⁰⁴

97 CA DOJ Website

98 Washington State Community Protection Act. 1990 Wash. Laws ch. 3, Section 101-1406

99 <http://www.ojp.usdoj.gov/BJA/what/2a1jwacthistory.html>

100 which was formally an amendment to the Wetterling Act

101 also an amendment to the Wetterling act

102 Pub. L. 106-386, div. B, §1601

103 <http://www.fbi.gov/hq/cid/cac/states.htm>

104 An Overview of Sex Offender Community Notification Practices: Policy Implications and Promising Approaches, CSOM, 1997

In light of both federal legislation and Supreme Court decisions California policy makers, after similar bills had been rejected over the course of several years, voted to create a Megan's Law website for California in 2005.

"A new California law, [Assembly Bill 488 \(Nicole Parra\)](#), sponsored by the Attorney General now provides the public with Internet access to detailed information on registered sex offenders. This expanded access allows the public for the first time to use their personal computers to view information on sex offenders required to register with local law enforcement under California's Megan's Law. Previously, the information was available only by personally visiting police stations and sheriff offices or by calling a 900 toll-number. The new law was given final passage by the Legislature on August 24, 2004 and signed by the Governor on September 24, 2004. For more than 50 years, California has required sex offenders to register with their local law enforcement agencies."¹⁰⁵

THE DEVELOPMENT AND INTEGRATION OF THE "VICTIM CENTERED APPROACH"

Much of the public interest, and outrage, about sex crimes has been propelled as the result of learning about the impact of sexual crimes on its victims. It is not coincidental that the same political era that spawned the Jacob Wetterling Act and its subsequent amendments, also saw the passage of the Violence Against Women Act (VAWA).¹⁰⁶ In addition to broadly increasing resources for the investigation and adjudication of sexual assault, domestic violence and stalking crimes, the VAWA also expanded resources for victim services and created a federal rape shield law.¹⁰⁷ When coupled with the existing Victim of Crime Act (VOCA),¹⁰⁸ victims of sexual assault began to receive dedicated (if unstable) funding.

While victims, and victim advocates, were struggling to create a service infrastructure to respond to the needs of those in crisis, advocates were also becoming more involved as a part of the investigatory process to identify and hold sexual offenders accountable. One of the first federal programs that mandated the inclusion of victim advocates as a part of a multidisciplinary investigation strategy was the STOP (Services, Training, Officers, Prosecutors) grant program, the single largest program authorized by the Violence Against Women Act. In California, victim concerns and the inclusion of victim advocates was an articulated priority of both Governor Schwarzenegger's High Risk Sex Offender Taskforce (HRSO) and California's Sex Offender Management Taskforce (CASOM). Victim advocates were also recently added as collaborative partners to serve on Sexual Assault Felony Enforcement teams (SAFE).

CONTAINMENT MODEL

Many of the best-practices that have influenced California legislation have been as a result of a series of federal demonstration grants funded by the US Department of Justice, Bureau of Justice Assistance and facilitated by the Center for Sex Offender management. Over the course of the last eight years, three cities, two counties and the state of California have participated in an assessment

¹⁰⁵ <http://www.meganslaw.ca.gov/>

¹⁰⁶ Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994 HR 3355 and signed as Public Law 103-322

¹⁰⁷ Federal Rules Evidence, Article 1, rule 412

¹⁰⁸ VICTIMS COMPENSATION AND ASSISTANCE ACT OF 1984
Pub. L. 98-473, Title II, Chapter XIV, as amended

and recommendation process to improve information sharing, technical expertise, collaborative approaches and overall sex offender management strategies.

In 2002, with the passage of AB 1858 (Hollingsworth)¹⁰⁹ California created the Sexual Assault Felony Enforcement team (SAFE) program which is charged with increasing registration and compliance with conditions of release for sex offenders in California communities as well as increasing community information and education related to sexual offending.

In 2006, Governor Schwarzenegger signed AB 1015 (Chu) which created the California Sex Offender Management Board (CASOMB). The board is charged with assessing and making recommendations related to current sex offender management practice including the distribution of offenders, supervision practices, availability and quality of treatment, offender housing, offender recidivism, responding to the safety concerns of past and potential victims, recommending cost-effective approaches and identifying shortcomings of current management practices.¹¹⁰

RISK ASSESSMENT RE-ENTRY

There have been several initiatives in California that have examined both sex offender risk assessment processes and offender re-entry practices.

Governor Schwarzenegger’s High Risk Sex Offender Task Force: Phase I. In 2006, Governor Schwarzenegger signed Executive Order S-08-06¹¹¹ which established the High Risk Sex Offender Task Force. In meetings held between July and December of that same year, the members of this Task Force were asked to address and make recommendations related to: notification practices, monitoring practices, and the enforcement of the conditions of parole. Many of the taskforce’s recommendations were implemented by Executive Order S-15-06.¹¹²

California Summit for Safe Communities. One result of the efforts of the Governor’s High Risk Sex Offender Task Force was the planning of a Sex Offender Housing Summit¹¹³ to problem solve with respect to various difficult situations the state is facing in the appropriate housing and re-entry of sex offenders and Sexually Violent Predators. On March 19, 2007, over 350 elected officials, law enforcement officers, corrections personnel sex offender treatment providers and victim advocates convened in Sacramento for a day of education and discussion about the problems of locating acceptable housing for sex offenders.

State Authorized Risk Assessment Tool (SARATSO) Committee. The first meeting of the new “State Authorized Risk Assessment Tool for Sex Offenders” (SARATSO) Committee was held on Friday, March 23, 2007. Consistent with recommendations from the High Risk Sex Offender Taskforce, this Committee is tasked by SB 1128 (Alquist)¹¹⁴ and SB 1178 (Spier)¹¹⁵ with identifying tools and creating systems to provide risk assessments for all California sex offenders, eventually at the post-conviction pre-sentencing stage.

109 http://info.sen.ca.gov/pub/01-02/bill/asm/ab_1851-1900/ab_1858_cfa_20020807_092540_sen_comm.html

110 http://info.sen.ca.gov/pub/05-06/bill/asm/ab_1001-1050/ab_1015_cfa_20060609_125345_sen_comm.html

111 <http://gov.ca.gov/index.php?/executive-order/561/>

112 <http://gov.ca.gov/index.php?/executive-order/3548/>

113 <http://www.cce.csus.edu/conferences/cssc/index.html>

114 http://www.leginfo.ca.gov/pub/05-06/bill/sen/sb_1101-1150/sb_1128_bill_20060920_chaptered.html

115 http://info.sen.ca.gov/pub/05-06/bill/sen/sb_1151-1200/sb_1178_cfa_20060830_113500_sen_floor.html

CALIFORNIA POLICY RELATED TO SEX OFFENDER TREATMENT AND MANAGEMENT

Sex Offender treatment has been demonstrated to be an effective mechanism for reducing sex offender recidivism and managing offenders in the community. In California there has been a long history of examining treatment initiatives, but the state still lacks a sex offender treatment program in corrections institutions, and faces a shortage of community based treatment opportunities.

New Mission of Rehabilitation and Change of Name for the California Department of Corrections and Rehabilitation (CDCR). In 2005, as a result of many factors, including the mounting crisis in prison overcrowding, the California Department of Corrections underwent a massive reorganization and added “Rehabilitation” to its name and its Mission. This change further paved the way for increased attention to rehabilitative programming for sex offenders on parole and an additional impetus to have California join the 39 other states that offer an in-prison program specifically for sex offenders.

The Sex Offender Treatment and Evaluation Project (SOTEP) Program. Under legislative authority, the Department of Mental Health created and operated a relapse prevention program known as SOTEP from 1985 through 1995. The CDCR sex offender volunteers were transferred to the state mental hospital at Atascadero for 18 to 24 months of sex offender treatment, with one year of aftercare following release on parole. The evaluation revealed that some groups of adult offenders participating in SOTEP evidenced lower rates of new sex crimes after their release to the community, although in most cases the improvement was not statistically significant.

High Risk Sex Offender (HRSO) Supervision and Treatment for Parolees. In 1999 AB 1300 (Pacheco) as originally proposed would have created a 500 bed sex offender treatment program within the California Department of Corrections as well as a system of aftercare for parolees using the “Containment Model,” however, the bill met with considerable opposition. Under a resubmitted scaled-back version of AB 1300, the legislature successfully established a pilot program to provide intensive supervision by parole agents with reduced caseloads along with specialized treatment through private-sector community-based contracted providers for about 250 of the most serious sex offenders on parole.

THE EXPANSION OF THE MANAGEMENT OF SEX OFFENDERS INTO THE CIVIL CONTEXT: CIVIL COMMITMENT

Civil Commitment (Sexually Violent Predator – SVP) Program. California began its program to seek the court-ordered civil commitment of Sexually Violent Predators (SVPs) to state mental hospitals in January 1996. The SVP commitment effort is similar in some respects to a civil commitment program for “mentally disordered sex offenders” (MDSOs) struck down by the courts and then repealed from state law in 1981. The SVP program¹¹⁶ was ruled constitutional by the California Supreme Court¹¹⁷. The program targets prison sex offenders nearing release to parole who have been convicted of a violent sexual offense and who have a diagnosed mental disorder increasing the likelihood that they will engage in sexually violent criminal behavior. If these individuals meet a threshold of dangerousness, they may be sent to the state hospital until they complete an extensive treatment program and are deemed safe to return to the community.

116 Additional information about the Civil Commitment program is available at the Department of Mental Health website at <http://www.dmh.cahwnet.gov/SOCP/default.asp>

117 *Hubbart v. Superior Court of Santa Clara County (People)*, S052136, 1999 (19 Cal.4th 1138)

Completion and Opening of Coalinga State Hospital. In order to provide necessary beds and facilities for the anticipated growth of the Civil Commitment program operated by the Department of Mental Health and for other anticipated needs, a large new state mental hospital was funded and constructed. As reported on the Department of Mental Health website: “California’s newest state mental health hospital and the first constructed in more than a half century was dedicated on August 24, 2005. At full capacity, the facility will house 1,500 individuals and employ approximately 1,600 staff.”

Governor Schwarzenegger’s High Risk Sex Offender and Sexually Violent Predator Task Force: Phase Two. In 2006, Governor Schwarzenegger continued the mandate of the High Risk Sex Offender Taskforce in order to focus on issues related to sex offender housing and sexually violent predator re-entry. Many of the task force recommendations¹¹⁸ are legislative proposals being considered in the 2007 session of the California State Legislature.¹¹⁹

EMERGING ISSUES AND CROSS CUTTING LEGISLATION

California Proposition 83 – Jessica’s Law. In the general election of November 2007, California voters approved – with over 70% voting Yes – a massive ballot initiative that made many changes in the current laws related to sex offenders and added new regulations and requirements. The initiative itself made over 399 changes to California statute in areas related to:

- Sentencing
- Sex offender registration and duration of supervision
- Sex offender residency restrictions
- Lifetime GPS monitoring

The Adam Walsh Act. Major federal legislation, the Adam Walsh Act, is likely to lead to significant changes in requirements for sex offender registration and notification as well as prosecution and sentencing. Notable among these is the area of juvenile “sex offender” registration and notification requirements. There is some hope that the bill may also provide funding for some significant research on sex offender issues.

118 www.chhs.ca.gov/docs/HRSO%20Layout%20Final%20for%20Print.pdf

119 SB 502 (Hollingsworth), SB 503 (Hollingsworth); AB 386 (Benoit); AB 1348 (Spitzer); AB 1509 (Spitzer)

SYSTEM MAP

A system map describes the process by which an individual accused of a sex offense moves through the criminal justice system in the State of California. The following system maps were developed with input from the Task Force.¹⁶²

Figure 1. Investigation Process

This describes the process by which an alleged sexual offense is investigated by the criminal justice system including the involvement of Child Protective Services.

Figure 2. Prosecution and Disposition

This describes the process by which an individual accused of a sexual offense is prosecuted in the criminal justice system from the time charges are filed by the District Attorney through sentencing.

Figure 3. County Level Process

This describes the process by which a convicted sex offender is managed during the period of either incarceration or community system when the individual is referred to the county criminal justice system.

Figures 4 and 5. State Level Process

This describes the process by which a convicted sex offender is managed during the period of either incarceration or community system when the individual is referred to the state criminal justice system.

¹⁶² CSOM, 2004; www.adp.cahwnet.gov/SACPA/pdf/CriminalJusticeSystemFlowchart.pdf

**FIGURE 1
SYSTEM MAP: INVESTIGATION PROCESS**

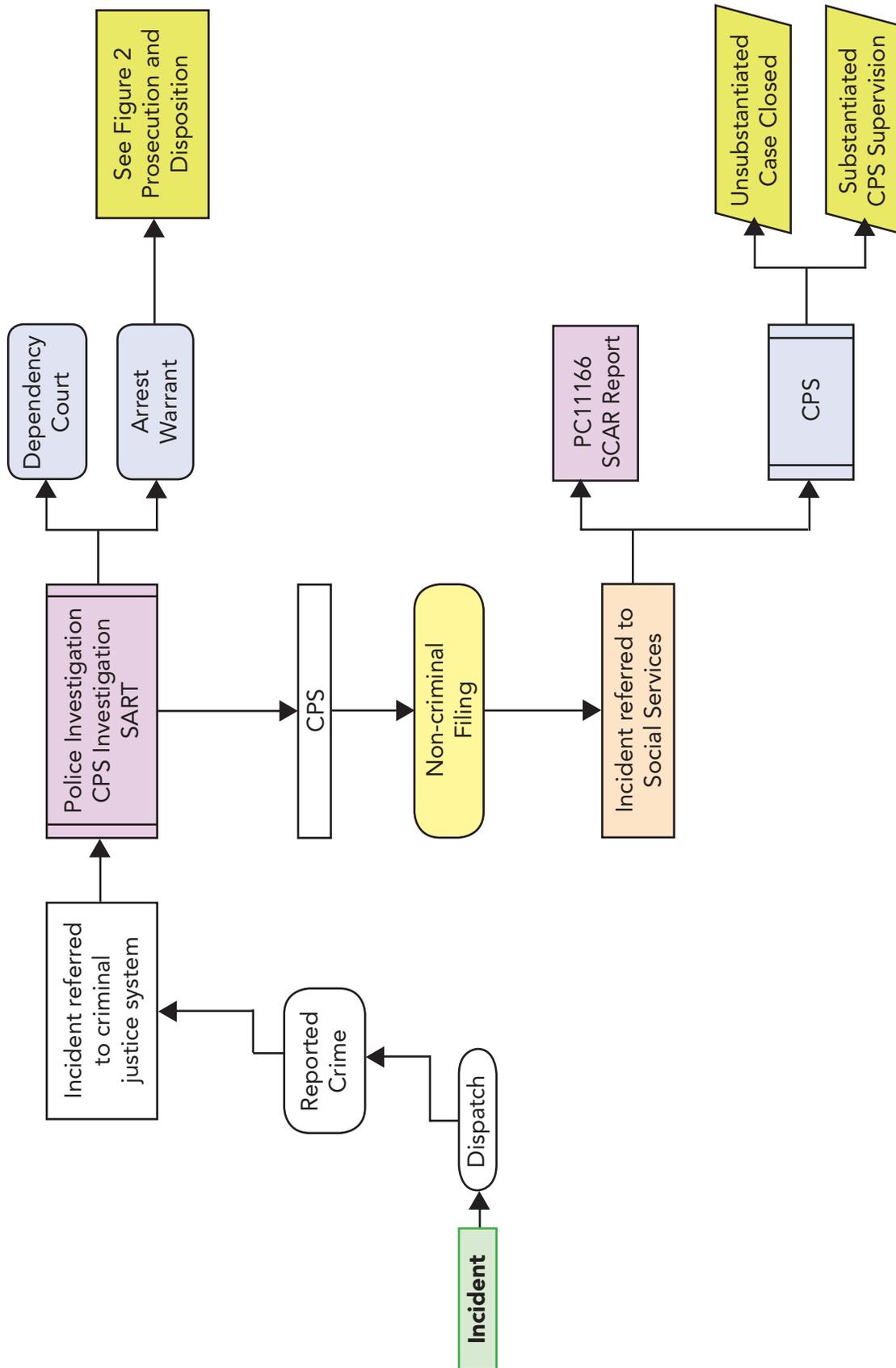
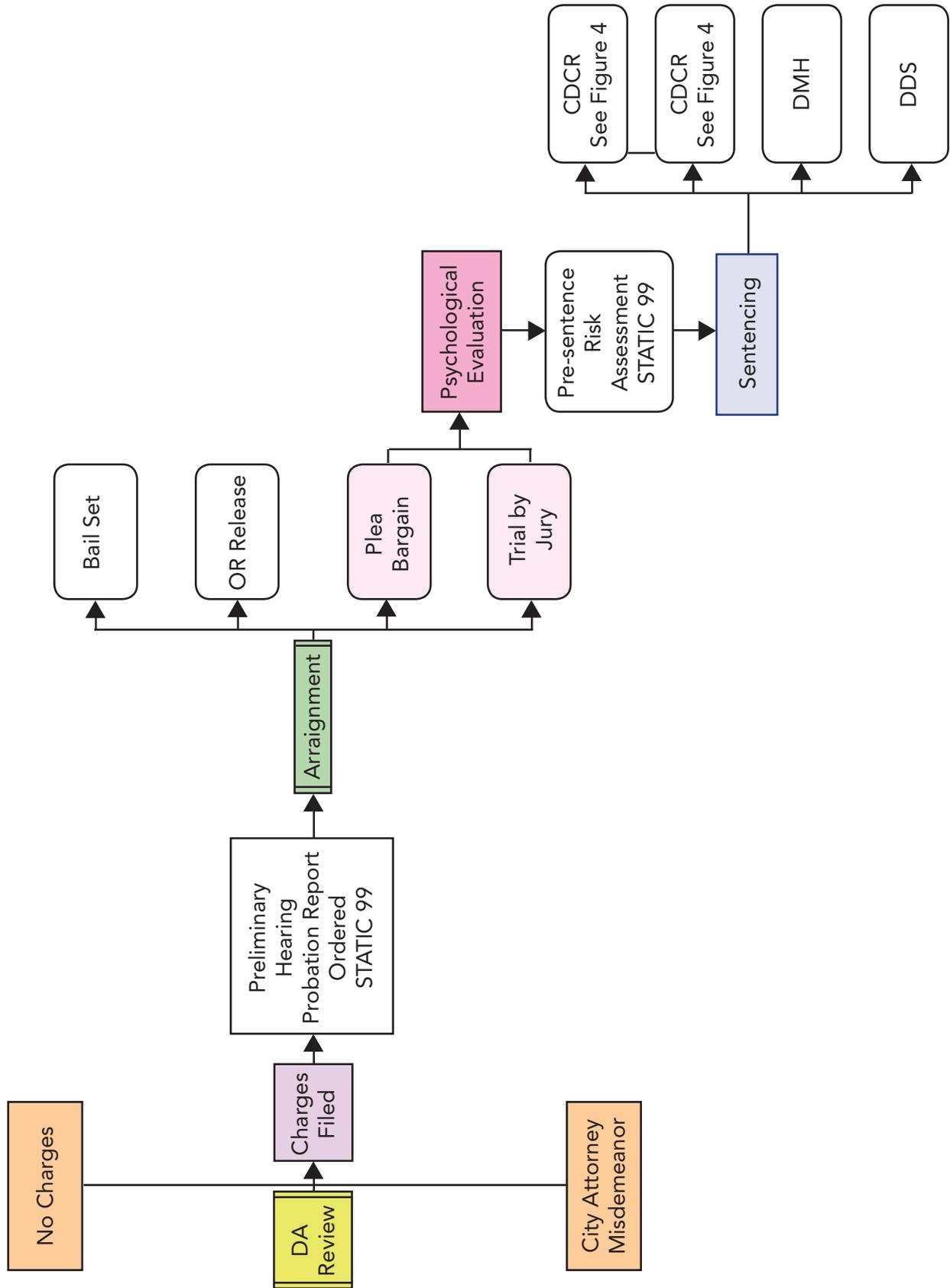


FIGURE 2
SYSTEM MAP: PROSECUTION AND DISPOSITION PROCESS



**FIGURE 4
SYSTEM MAP: STATE LEVEL PROCESS**

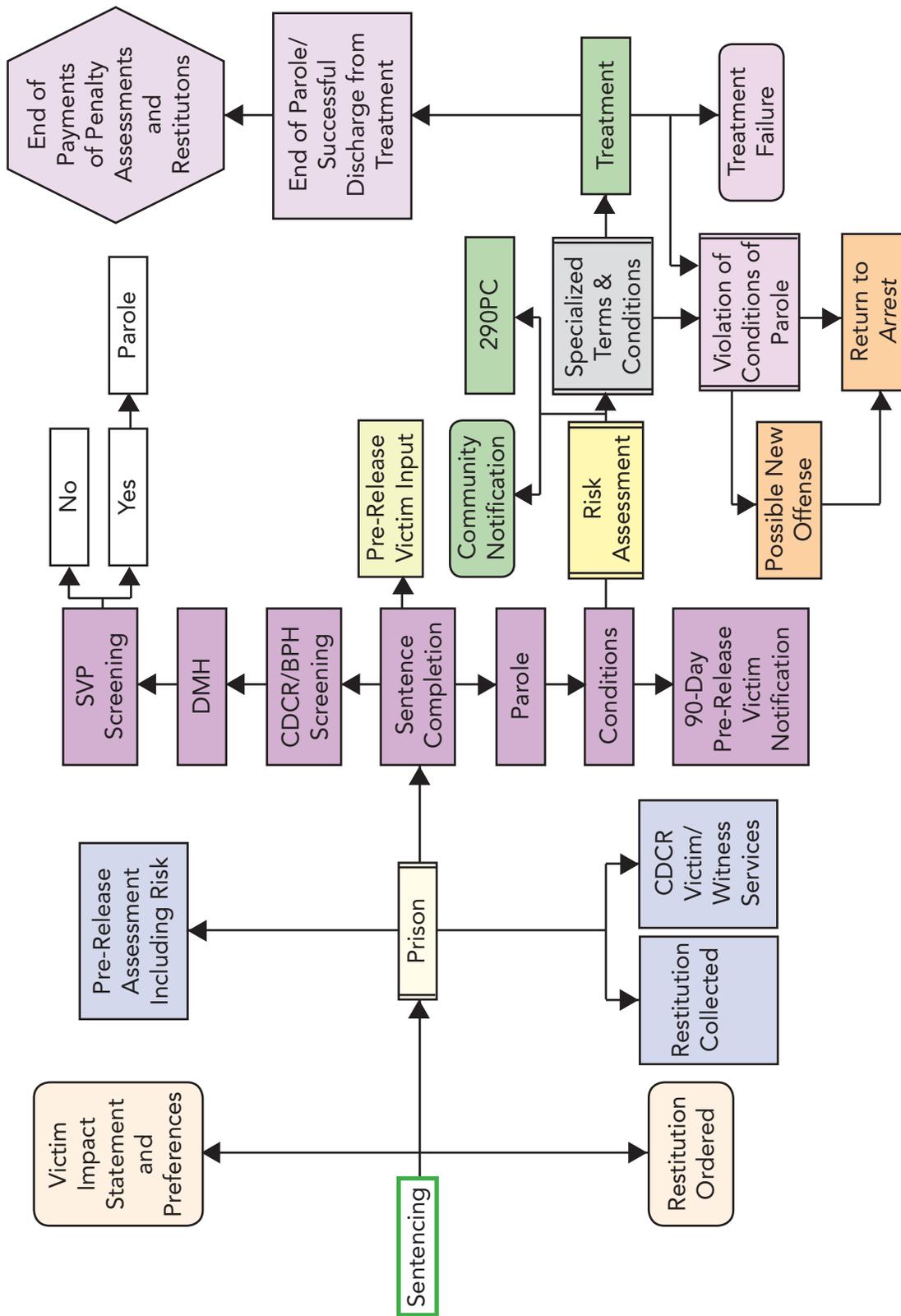
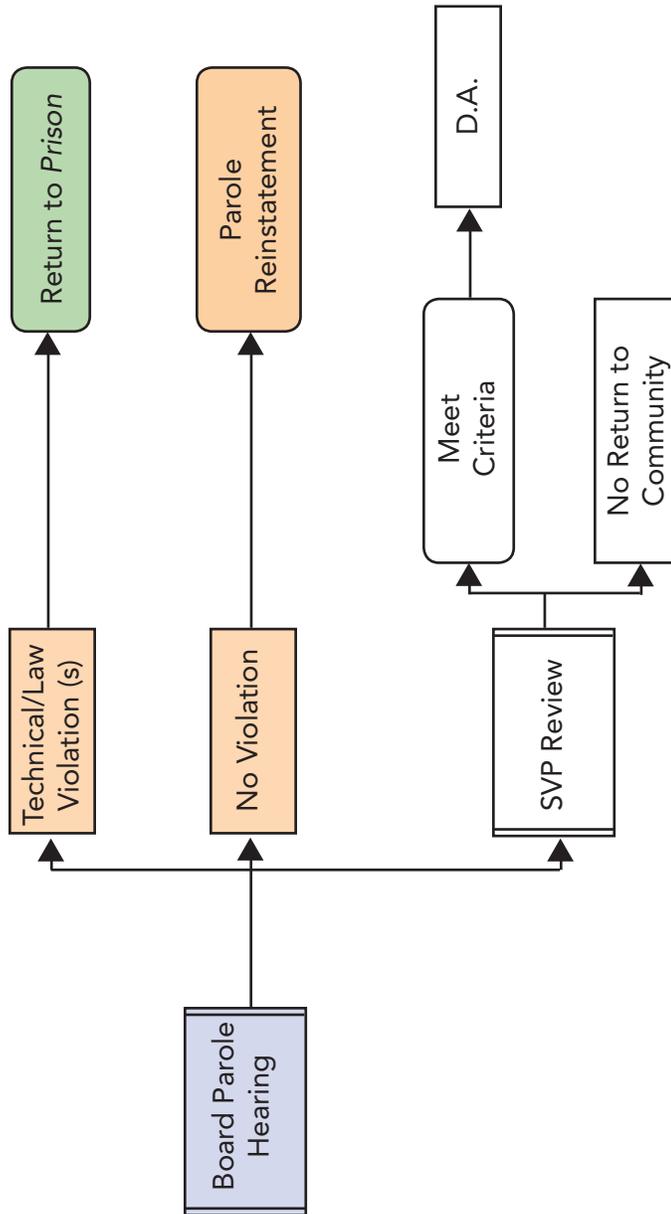


FIGURE 4
SYSTEM MAP: STATE LEVEL PROCESS (cont.)



RESOURCE INVENTORY

American Academy of Psychiatry and the Law	www.psych.org
American Correctional Association	www.aca.org
American Prosecutors Research Institute	www.ndaa-apri.org
American Psychological Association Law and Psychology (APA)	www.apa.org/psychlaw
American Society of Crime Laboratory Directors	www.asclld.org
Archdiocese of San Francisco Restorative Justice Program	www.restorejustice.com
Association for the Treatment of Sexual Abusers (ASTA)	www.atsa.com
Bureau of Justice Statistics	www.ojp.usdoj.gov/bjs
California Association of Probation Institution Administrators (CAPIA)	
California Coalition Against Sexual Assault (CALCASA)	www.calcasa.org
California Department of Corrections and Rehabilitation (CDCR)	www.cdcr.ca.gov
California District Attorneys Association	www.cdaa.org
California Public Defenders Association	www.cpda.org
California Sexual Assault Investigators Association (CSAIA)	www.csaia.org
California State Library - California Research Bureau	www.library.ca.gov
Chief Probation Officers of California (CPOC)	www.cpoc.org
California Coalition on Sexual Offending (CCOSO)	www.ccoso.org
Center for Sex Offender Management (CSOM)	www.csom.org
Crime Victims United of California	www.crimevictimsunited.com
Department of Mental Health	www.dmh.ca.gov
Family Violence Prevention Fund	www.fvvpf.org
IAFN Sexual Assault Forensic Examination Technical Assistance	www.safeta.org
International Association of Chiefs of Police (IACP)	www.theiacp.org
International Association of Forensic Nurses (IAFN)	www.iafn.org
KlaasKids Foundation	www.klaaskids.org
Men Can Stop Rape	www.mencanstoprape.org
Mending the Sacred Hoop	www.msh-ta.org
National Adolescent Perpetrators Network (NAPN)	
National Alliance Against Sexual Violence	
National Children's Alliance (NCA)	www.naesv.org
National Center for Missing and Exploited Children	www.nca-online.org
National Center for Victims of Crime	www.missingkids.com
National Crime Victim's Law Institute	www.ncvc.org
National District Attorneys Association	www.ncvli.org
National Online Resource Center on Violence Against Women	www.ndaa.org
National Organization for Victim Assistance	www.vawnet.org
National Organization of Sisters of Color Ending Sexual Assault (SCESA)	www.try-nova.org
National Sexual Violence Resource Center	www.sisterslead.org
Office of the Attorney General: Megan's Law	www.nsvrc.org
Public Safety Canada	www.meganslaw.ca.gov
Sacred Circle: National Resource Center to End Violence Against Native Women	www.ps-sp.gc.ca
Sexual Assault Resource Service	www.sacred-circle.com
Stalking Resource Center	www.sane-sart.com
Stop it NOW!	www.ncvc.org/src
The Prevention Connection	www.stopitnow.org
United States Department of Justice (US DOJ)	www.preventconnect.org
US DOJ Bureau of Justice Program	www.usdoj.gov
US DOJ Dru Sjodin National Sex Offender Public Website	www.ojp.usdoj.gov
US DOJ Office for Victims of Crime (OVC)	www.nsopr.org
Victims Rights Law Center	www.ojp.usdoj.gov/ovc
Washington State Institute for Public Policy	www.victimrights.org
	www.wsipp.org

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:

- 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., 1996a). 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:

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:

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.

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 are 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. Three types of rapists have been described:

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.

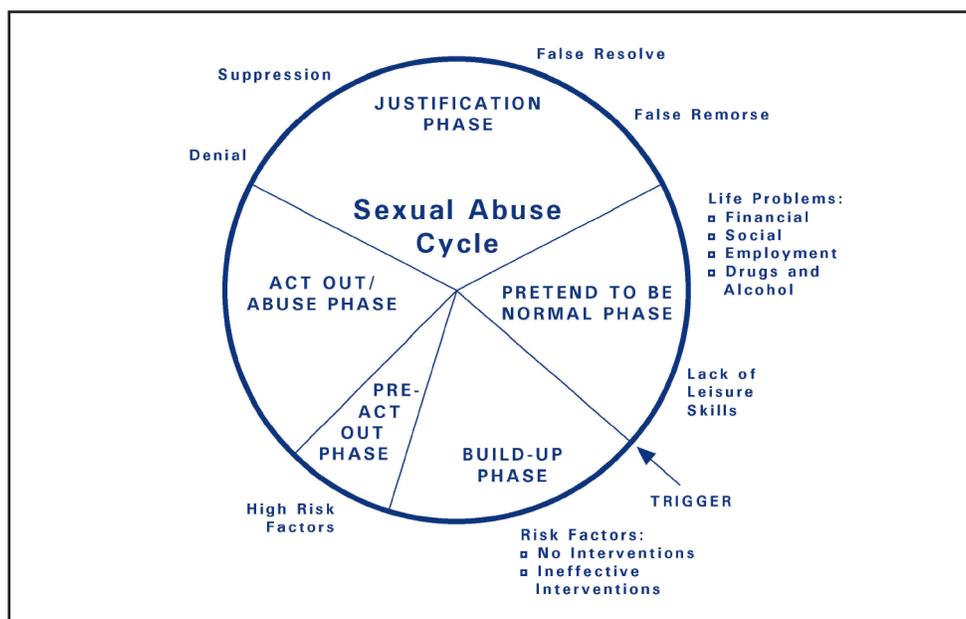
Risk Management: A term used to describe services provided by corrections personnel, treatment providers, community members, and others to manage risk presented by sex offenders. Risk management approaches include supervision and surveillance of sex offenders in a community setting (risk control) and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

- 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.
- **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.

