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Managing Sex Offender Caseloads: A Victim-Centered Approach

June 15, 2021

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This project was supported by Grant No. 2017-TA-AX-K068 awarded by the Office on Violence Against Women, U.S. Department of Justice.

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Learning Objectives

- ✓ Explain what constitutes a sexual offense, who commits these types of crimes, and contributing factors that lead to sexual offense behaviors.
- ✓ Describe fundamental supervision strategies for working with sex offenders as well as the essential qualities of evaluating and treating this population.
- ✓ Identify static and dynamic risk factors.
- ✓ List which factors research tells us are important for sexual re-offense.
- ✓ Explain how both risk assessment and strength-based practices inform the supervision and treatment of sex offenders.



Denise Metz
Associate, NCJTC
Panelist



Greg Brown
Program Manager, NCJTC
Moderator

What is a Sex Offense?

Sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion. It is characterized by a lack of consent, a betrayal of a trusted relationship. It may include violence and physical loss of control.



- ✓ Any sexual behavior with a minor child or with a non-consenting adult.
- ✓ Penetration, contact, or non-contact behaviors.
- ✓ Some pornography-related activities.

Who are Sex Offenders?

- No set of psychological factors, no typical “profile”
- It is a diverse, heterogeneous population
- A proportion of offenders have committed multiple crimes against multiple victims
- The crime of conviction is very rarely an accurate indicator of the offender’s risk to the community
- Some engage in crossover-victim type

MOST CAN CHANGE THEIR BEHAVIOR!



Common Assessed Factors Among Sexual Offenders

Sexual Recidivism rates on average are between 10-15% after 5 years. (Hanson, Harris, Helmus & Thornton, 2014)

- Self Management Deficits
- Stable employment, social support network
- Tend to score low on traditional risk assessments
- Sexual and General recidivism declines with age
- More likely to have a diagnosable mental illness
- Less likely to have a criminal history
- 78%-90% of offenses committed by someone known to the victim
- Typically high school graduates

(Adult Sex Offenders in Oregon, 1994; D'amora, 1999)



Actuarial Risk Factors for Re-Offending

- Offense Supportive Sexual interest (“deviant”)
- Poor impulse control
- Lifestyle instability/self regulation problems
- Poor coping/problem solving skills (e.g. sex as coping)
- Male child victim / male target pedophilia
- Emotional Congruence with Children
- Psychopathy
- Abuse-supportive attitudes/beliefs/attitudes



Actuarial Risk Factors for Re-Offending

- History of previous sex offenses
- Non-sexual criminal history
- Previous prob/parole violation FOR ANY REASON
- Sexual Preoccupation/compulsivity
- Intimacy deficits
- Negative social influences
- Offender young, single
- Stranger victim



VASOR-2 and SOTIPS are actuarial risk instruments

Characteristics of Actuarial Risk assessment instruments

- Composed of predetermined risk factors
- Coding rules specify how to score each item
- Coding rules specify how to add up total score
- Manuals provide cutoff scores for risk levels
- Manuals provide estimated recidivism rates



Not All Adult Sex Offenders are the Same

Differences include:

- ✓ Victim preference
- ✓ Behavior preferences
- ✓ Sexual History
- ✓ Attitude towards deviant behavior
- ✓ Risk to reoffend
- ✓ Supervision and treatment needs
- ✓ Etiology issues
- ✓ Number of risk and protective factors present



What about Internet Offenders?

What is the likelihood that online child pornography offenders have either committed or will commit offline sexual offenses involving contact with a victim?

- Approx. 1 in 8 (12%) had a known contact sexual offense history at the time of their index offense.
- 4.6% committed a new sexual offense during a 1.5- to 6-year follow-up.
- 2.0% committed a contact sexual offense.
- 3.4% committed a new child pornography offense.
- Online-only offenders pose low risk of committing contact sexual offenses in the future.



Michael C. Seto, R. Karl Hanson, K. Babchishin, 2011

Female Sex Offenders



Common Traits

- ✓ Between ages 22-33
- ✓ Sexually abused in childhood/ adolescence
- ✓ History of substance abuse
- ✓ Experience depression or personality disorders
- ✓ Majority employed in professions
- ✓ Difficulties in intimate relationships/absence of intimacy

Center for Sex Offender Management, 2007 D'Amora 2005

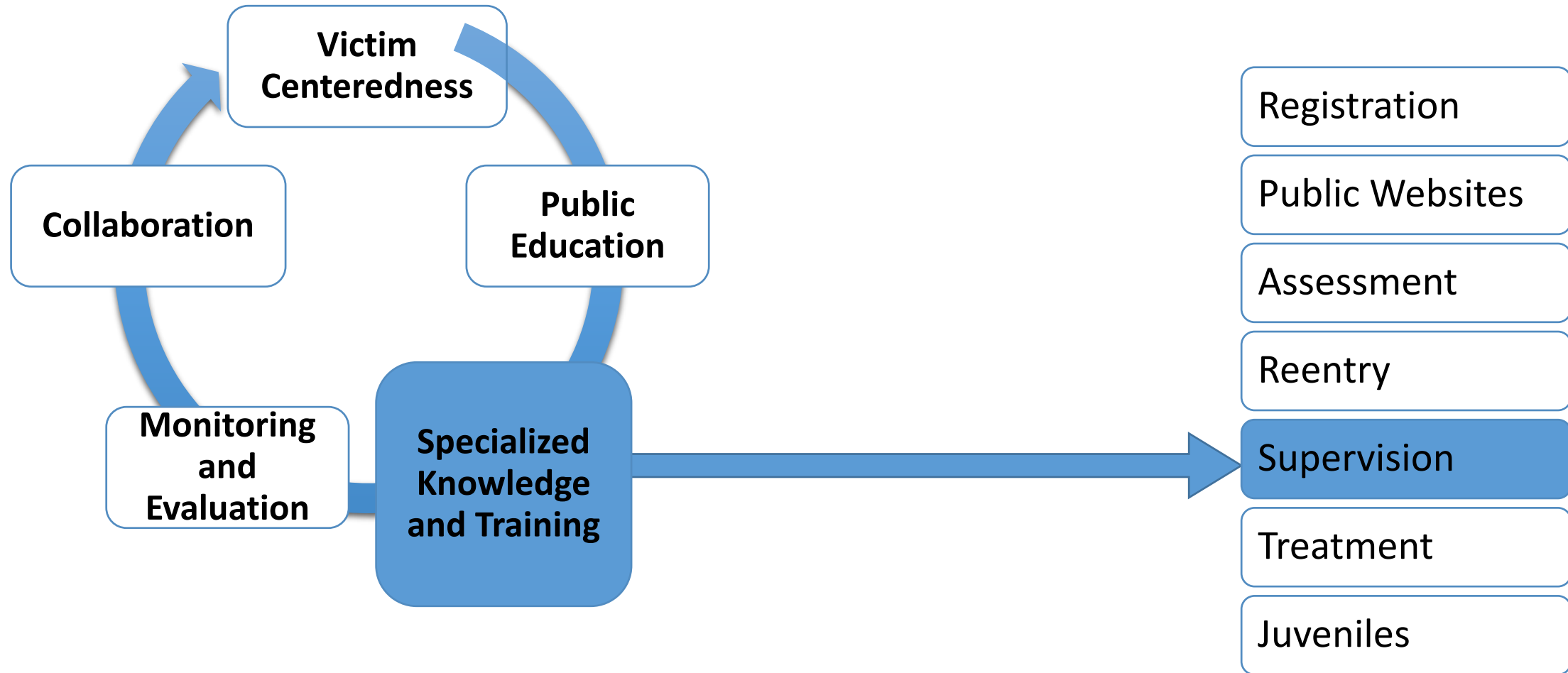
Female Sex Offenders



- 1-8% of all convicted sex offenders are female
- Historic perception that sexual offending is a “male only crime”
- Victim under reporting
- Current numbers are an under-estimation due to differential reporting and prosecution

Center for Sex Offender Management, 2007 D'Amora 2005

Comprehensive Approach



Corrections, Jails, Community Corrections, Probation, and Parole

Specialized Knowledge and Training

Supervision Overview



- Specialized training/qualifications for officers
- Small caseloads
- Long-term supervision
- Supervision guidelines and individualized special conditions
- Validated risk assessment tools
- Multidisciplinary collaboration (CST in CO)
- Other monitoring methods

What Strategies are Effective?

Pay Attention to Risk, Needs, Responsivity (R/N/R)

Risk Principle

- ✓ Match the level of service to the offender's risk to re-offend.

Need Principle

- ✓ Assess criminogenic needs and target them in treatment.

Responsivity Principle

- ✓ Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.



Andrews & Bonta, 2006

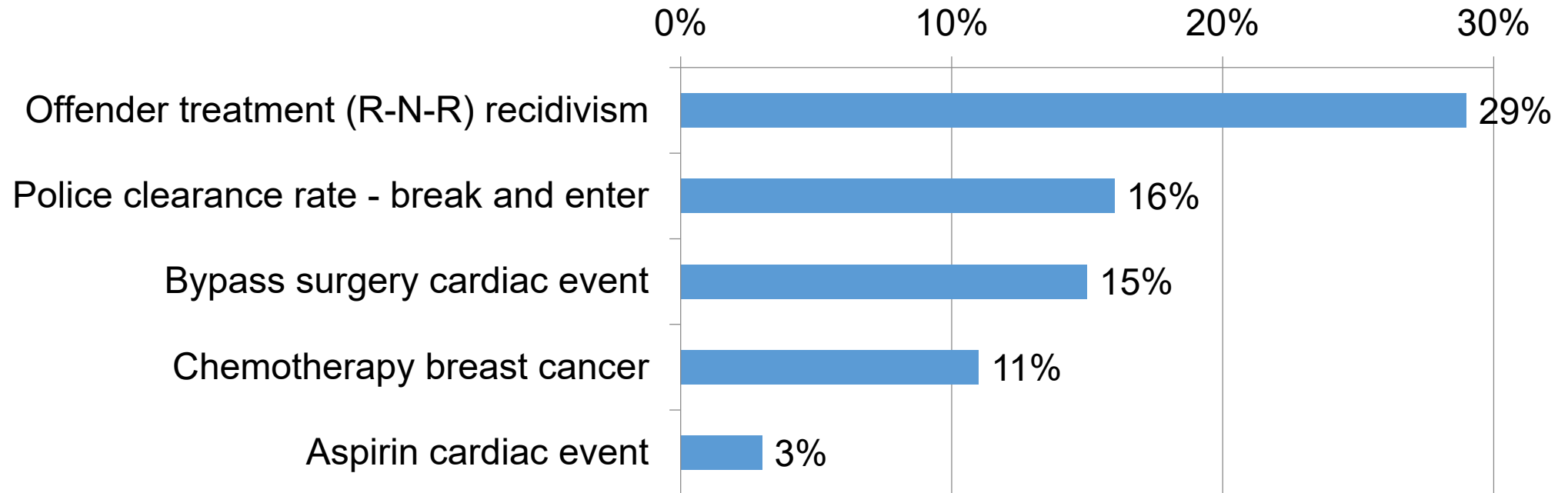
How Does R/N/R Measure Up?

How much does paying attention to R/N/R make a difference?

*(Andrews & Bonta, 2006;
Fedorowycz, 2004; Lipsey & Wilson, 1993)*

How Does R/N/R Measure Up?

Effectiveness of Selected Interventions



*Andrews & Bonta, 2006; Fedorowycz, 2004;
Lipsey & Wilson, 1993)*

Good Lives Model (GLM)



The needs offending was filling are perfectly legitimate, normal/human needs, it's the way you tried to fill them that is not okay.

- “Pro-Social Living Plan” in the SOMB standards
- Your Good Lives Plan is your roadmap to a happy, healthy life
- Getting all your needs met in healthy ways, without offending
- This plan talks about what clients want and what clients will do!

Human Needs: Common Life Goals

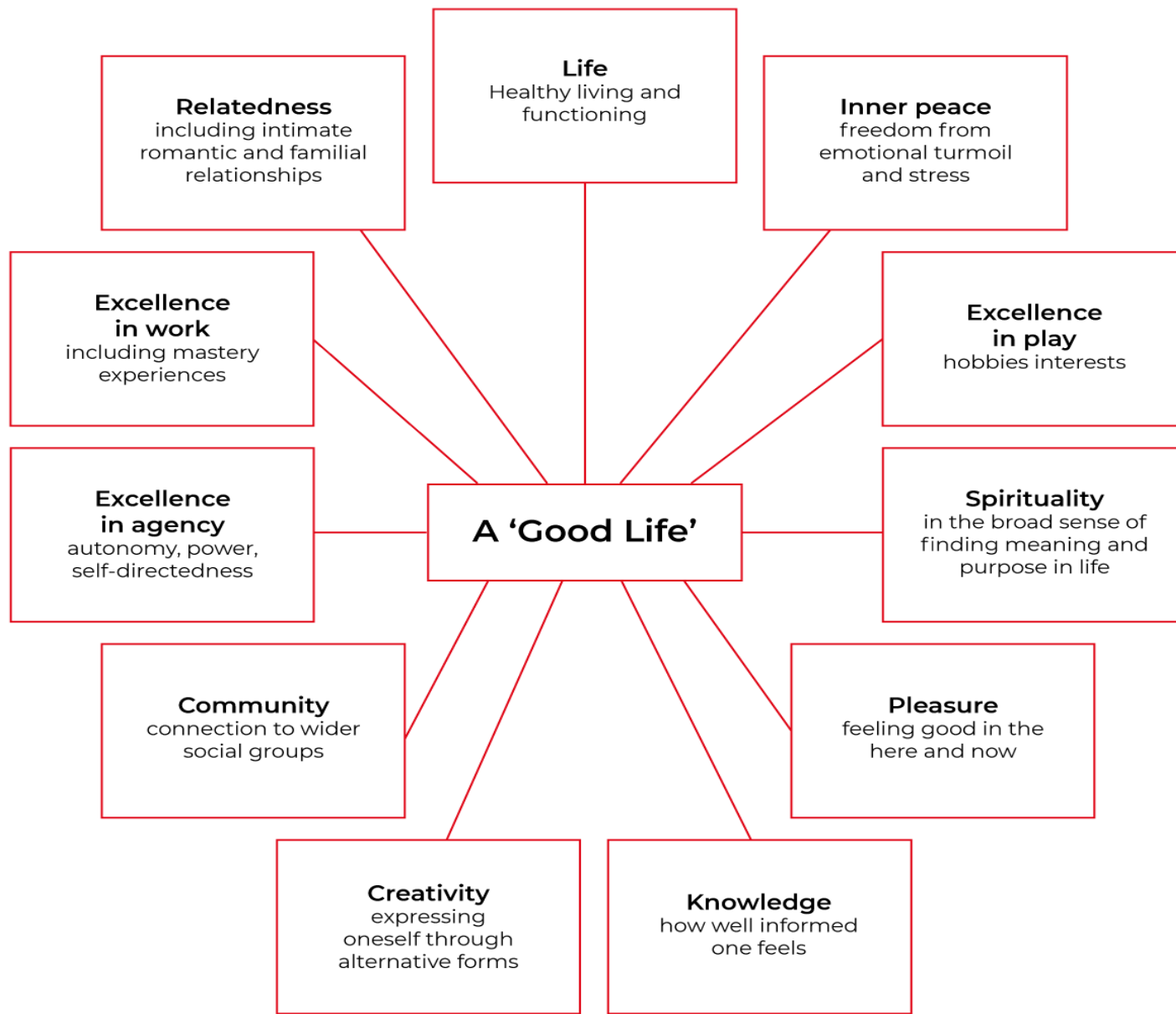
Life	Including healthy living and functioning
Knowledge	How well-informed one feels about things that are important to them
Pleasure	Feeling good in the here and now
Creativity	Expressing oneself through alternative forms
Community	Connection to wider social groups
Spirituality	In the broad sense of finding meaning and purpose in life



Human Needs: Common Life Goals

Excellence in play	Hobbies and recreational pursuits
Excellence in work	Including mastery experiences
*Excellence in agency	Autonomy, power and self-directedness
*Inner peace	Freedom from emotional turmoil and stress
*Relatedness	Including intimate, romantic, and familial relationships





A “Good Life”

Two Types of Probation Sex Offender Supervision in CO

Intensive:

- High level of supervision: ideally for those clients that are moderate to high risk on validated risk assessments.
- Phased approach: often have criteria or a checklists (related to progress in treatment and supervision, protective factors, etc.)



Two Types of Probation Sex Offender Supervision in CO

Lower Level:

- Lower risk/needs on validated risk assessment.
- Contacts driven by risk/needs supervision level and measured by criteria or checklists (again related to progress in treatment and supervision, protective factors, etc).



Probation “Contact Standards”

- Dictate how many monthly contacts POs must have with the client and with collateral contacts
- Intensive has higher contact standard
 - Example: in some programs, the PO must have a minimum of 6 monthly contacts
 - When appropriate, use internet and digital device monitoring



Probation/Parole Guidelines for SO's Management



- Statement of purpose
- Authorization
- Presentence investigation and Evaluations
- Risk/need assessments
- Community supervision team (CST)
- Phases and contacts
- Special supervision considerations for all sex offenders
- Restricted movement
- Supervision in the community
- Use of the polygraph
- Contact with children

Probation/Parole Guidelines for SO's Management



- Residence, employment and/or school
- Sex offender registration and notification of CBI
- Additional conditions of supervision for sex offenders
- Early termination from supervision
- Arousal/interest measures
- Electronic device usage
- Mandatory training
- Community Notification in some jurisdictions

Differences with SO Cases and Supervision

- Different assessments are used
- SO's tend to score quite low general risk assessments
- Longer sentences
- Longer treatment episodes
- Take polygraphs
- Part of a Community Supervision Team (CST)
- Many more (specialized) probation conditions



Differences with SO Cases and Supervision

- Supervising officers have to have specialized training for this caseload
- Collaborate with Law Enforcement re: registration
- PSI's and PSE's required for any sex offense and some non sex offenses



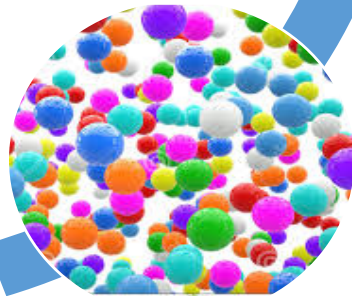
GOT BALANCE?



Treatment provider:
partnership



Probation officer/case
manager: Statutory
requirements and
probation standards;
CC standards



Victim, family members,
community, client/offender

Balance

*We must also balance
competing interests
within our own
organizations as well as
within the Team.*

CST Members

- Supervising Officer/Case Manager
- Treatment provider
- Evaluators
- Polygraph examiner
- Victim Representative
- Potentially family members, significant others, friends, employers etc.



Role/Duties of Supervising Officers

- Complete risk assessments
- Be aware of and work to increase protective (stability) factors (support, employment)
- Case plan around assessments/protective factors
- Skill building with clients
- Balance community safety with client needs

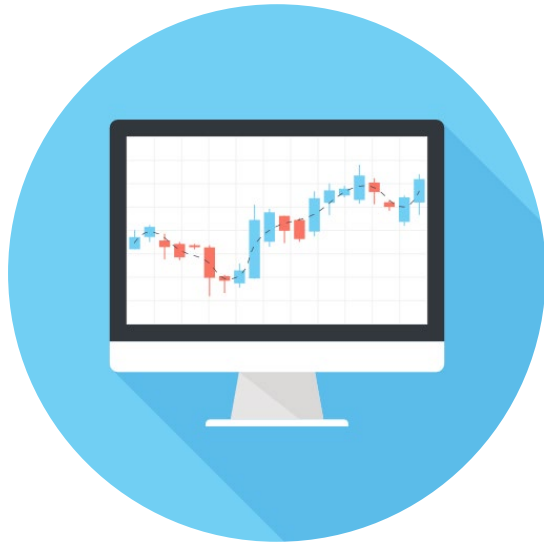


Role/Duties of Supervising Officers

- Build rapport with client
- Utilize RNR based decision-making (case by case, avoid cookie cutter approach)
- Provide incentives/sanctions
- Monitor polygraphs/digital devices
- Collaborate with CST members, understand how clients are doing in treatment
- Hold client accountable



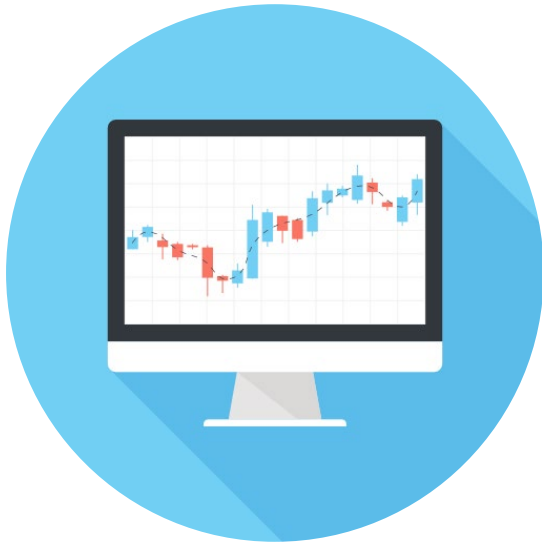
Types of Polygraphs



- ✓ Instant Offense Polygraph
- ✓ Sexual History Polygraph
- ✓ Maintenance or Monitoring Polygraph
- ✓ Child Contact Screen Exams (CCS)
- ✓ Specific Issue Polygraph

More on Polygraphs

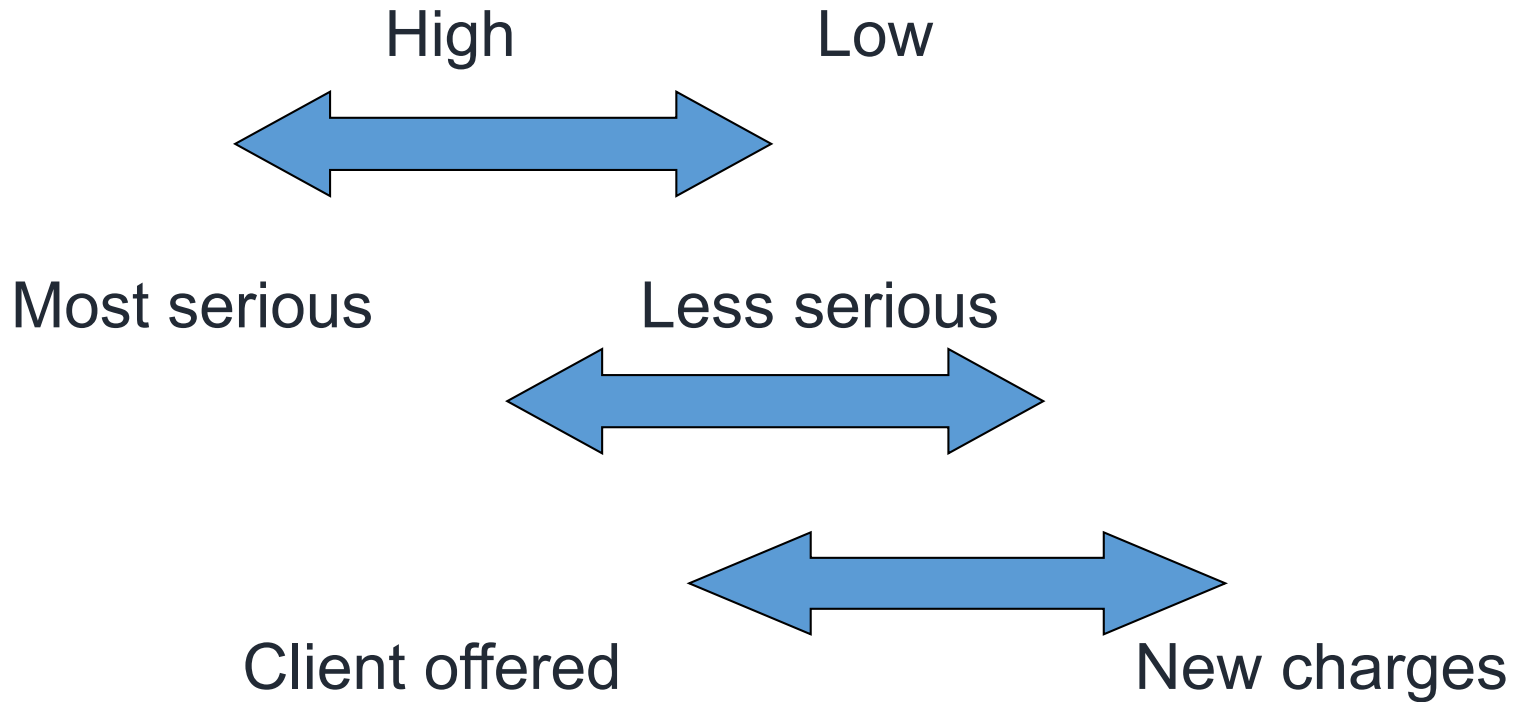
Polygraphs are only tools for supervision and treatment, used to gather information to help inform treatment and supervision decisions, help promote client honesty and accountability.



- Not allowed to sanction/restrict clients based solely on not passed polygraphs
- Should not be sole factor in decision-making/responding
- Sex history not required to successfully complete treatment, probation (5th Amendment)
- Instant offense polygraphs not used to re-do court process, not about guilt or innocence
- Must undergo quality assurance protocol, could help inform treatment and supervision plans

Decision-Making

RISK for what behavior?



Victim Centered Approach



Healing and
Protection
should be
primary focus
of case
planning

- Victim input of critical stages if VNOT

Decisions are
considerate of
victim &
potential victim
specific needs

- A Victim Representative should be consulted whenever possible

Victim
Readiness
for Contact

- Appendix E in Standards

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Model Program with Victim-Centered Practices: Involve, Empower, Engage

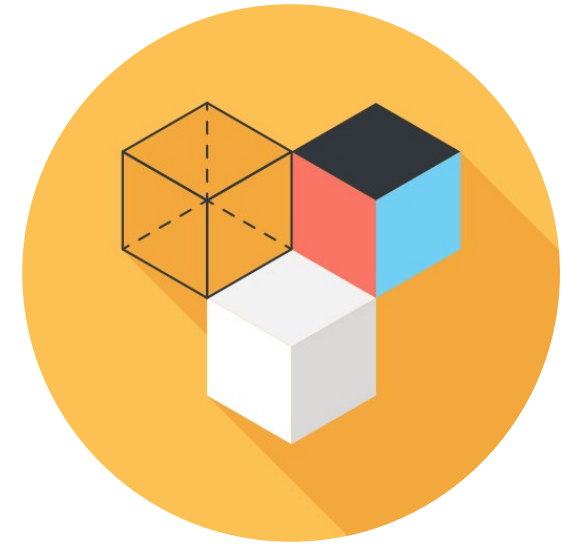
Offer sit down, face-to-face meetings with victim, their family, VAC (DF), supervising PO

- Why? To engage, involve victims in process.
- Put faces to names, answer questions, learn new info, realities/limitations of supervision

Enhanced Victim Clarification letter process

- Ask if they want a letter, is there anything they want addressed

Face-to-face victim clarification session innovation (HRVOD)





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Upcoming Webinar Topics

July 27, 2021 | 1:00 – 2:30 PM CT

Being Victim/Survivor-Centered: Working with Sexual Abusers

August 17, 2021 | 1:00 – 2:30 PM CT

Ask the Expert: Preventing Vicarious Trauma

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