

# Managing Sex Offender Caseloads: A Victim-Centered Approach

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Webinar Resources

## Q&A Responses

**Q:** In doing your treatment with the GLM, how do you address the complaints from clients when they say it's very repetitive?

**A:** *I've not had to deal with the complaint of it being too repetitive. That's related to how the content is delivered by the treatment provider of course. Most therapists I know who use the GLM in their work with clients do go very in depth into each of the human needs and they engage the client in looking at how they were meeting these needs when they committed their sex offense, how they are (trying to) meet them currently, and how they want to be meeting them in the future. Many also seem to try to pinpoint with the client which needs were most related to their sexual offending behaviors. Most clients seem to really like this way to look at themselves/treatment and moving forward.*

**Q:** Could you direct me where I may obtain this risk assessment?

**A:** *There's information on the NIC website about the SOTIPS dynamic risk assessment. It is important to remember that as with any validated risk assessment, before professionals start using it, they really need to be fully trained on its use, history, validation etc. Other instruments are discussed on the CSOM website <https://cepp.com/project/center-for-sex-offender-management-csom/>*

**Q:** For male target pedophilia being higher risk, is this for both male and female perpetrators?

**A:** *No, there are not any validated risk assessments on females. So, any risk factors that we discussed in the training or part of assessments like the VASOR, SOTIPS, STATIC 99-R, Stable 2007, etc. have only been validated on certain types of MALES sex offenders. So, we really need to be cautious when working with females SO's, we just know very little about them.*

**Q:** I see some of the information is around 15 years old are there more updated information available?

**A:** *Just as an introduction, empirical data on the recidivism rates of sex offenders come from two broad categories of research: single studies and meta-analysis. Meta-analysis is fundamentally different. It employs statistical procedures that combine the results of many single studies into one large study with many subjects. In 2015, Schmucker and Lösel, who had a previous meta-analysis published in 2005, published an update of their original study using more recent research and a slightly different, but arguably more robust methodology. Overall, 29 independent comparisons containing a total of 4,939 treated and 5,448 untreated sexual offenders were included in the analysis. This study found that treated offenders had a mean sexual recidivism rate of 10.1 percent, and that without treatment the recidivism rate would have been 13.7 percent. When looking at any type of study it is important to take into consideration many aspects of the study such as the definition of re-offense as well as follow up periods. Findings of many studies suggest that the recidivism rates of sex offenders increase as follow up periods become longer.*

**Q:** What would be your opinion of an acceptable sexual release/need for SOs? In our state all pornography is against parole rules and all relationships must be identified and met.

**A:** *Interesting question!!!! In November of 2018, in CO, several of the terms and conditions for sex offenders that had been applicable to every SO across the board became OPTIONAL for the Court to order. In addition, in order to make these optional conditions a part of someone's sentence, we need to have a reasonable justification that they are related to a specific's individual's risk. Among these now optional conditions are those around using/possessing any sexually explicit material, internet use, use of cameras/recording devices and participation in any social networking. Even before this time, there were case by case situations where we would allow a client to utilize non-pornographic but still sexually related material for masturbation purposes. For example, we had clients who were able to use one issue of the Sports Illustrated Swimsuit issue for this reason. The thinking with this is that using some sort of non-pornographic material was preferable for example, to using deviant fantasies about their victim, a child etc. Also, that for some clients, this type of "regulated" material could be part of healthy sexuality. This is a very case by case sort of question.*

**Q:** When speaking of internet offenders, is this child pornography offenders, or those offenders who were soliciting via a computer or displaying obscene material to seduce a minor?

**A:** *The slide on internet offenders (Seto's research findings) is very specific to those offenders who have been convicted of possessing exploitative images of children. The internet luring offenders aren't included in that research and in the studies, I know about, those who actually went to a meeting (and were arrested at the meeting), are considered to be "hands on" offenders in the risk assessments.*

**Q:** I agree that not all sexual offenders are the same and understand that all more harm can be done through over supervising/treating, but how do you suggest working around legislative mandates that require blanket rules, standards, treatments, etc.?

**A:** *Yes, this makes it more difficult for sure. In CO we used to have blanket restrictions as well. However, at least there was some ability for the team to modify some of the conditions as it stated that the client had to follow that condition "except under circumstances approved in advance and in writing by the probation officer in consultation with the treatment provider." If there is any language like that in the term and condition, that could be a way for the team to exercise some discretion based on risk, need and responsivity. We are seeing more jurisdictions give discretion to the supervision/treatment team to individualize conditions.*

**Q:** Can this approach apply to Juvenile Offenders?

**A:** *There are many articles and books which support this idea. For example: The Good Lives Model: A strength-based approach for youth offenders (Aggression and Violent Behavior Volume 38, Jan-Feb 2018) and The Good Lives Model for Adolescents who Sexually Harm (2013).*

**Q:** Once there is a hands-on offense, does viewing pornography increase the risk?

**A:** *This is such a tricky question. There is ample research that indicates simply viewing pornography does NOT make it more likely that a person will commit a sex offense. It's a different question when we look at those who have already committed a sexual offense and pornography having a negative impact on those folks. It has been noted that "sexually explicit material has been consistently demonstrated through research to adversely affect dynamic risk/need factors of sex offenders" (Tanner, Establishing Appropriate Special Terms and Conditions for Sex Offenders, 10/30/18).*

**Q:** What is your take on ordinances that prohibit sex offenders from residing near schools/day cares?

**A:** *There is no research that I am aware of that supports residency restrictions reducing recidivism. This may be needed due to public outcry/perception. It may make the public feel better but it isn't supported by research that it is effective in reducing sexual re-offense.*

**Q:** For transient sex offenders, do you have them in a certain area and put in GPS coordinates so you know where they are? How often are they required to physically check into your office? (Here in FL, they are required to check in every 30 days, but no real accountability as to where they actually are staying).

**A:** *In CO, local law enforcement handles all "registration" requirements. They do require that "homeless" offenders check in with them much more frequently than those who have established residences (either yearly or quarterly based on offense level). For supervision, we try to have a person's overall risk dictate how often we see them. So, while being transient would likely result in an increase in risk level, it doesn't necessarily mean they would be high risk overall. That said, being homeless could likely go hand in hand with other instability and other risk factors as well which would result in a higher supervision level.*

**Q:** Is there a difference in recovery rates between men vs. women offenders? How about recidivism rates?

**A:** *The research on female sex offenders is not very robust (because there are just not nearly as many to study). One study I found: Cortoni and Hanson (2005) conducted a study involving 6 sources of recidivism data and a combined sample of 380 female sex offenders. Based on an average follow-up period of 5 years, the researchers found an average sexual recidivism rate for female sex offenders of 1 percent. More recently, Sandler and Freeman (2009) examined the recidivism patterns of female sex offenders using a sample of 1,466 females convicted of a sexual offense in New York State. They found sexual recidivism rates (based on rearrests) of 0.8 percent, 1.3 percent and 1.8 percent, based on follow-up periods of one, three and five years, respectively.*

**Q:** Are these risk instruments used for youth (juveniles)?

**A:** *No, there is a different philosophy with risk assessment with juveniles than adults and there is far less statistical research available on which to base risk assessment on with juveniles. The risk assessments we spoke of during this webinar were validated only on adult males with specific characteristics. They should not be used on juveniles.*

**Q:** Do you have a citation for the neurotransmitter reference? I'm unfamiliar with that.

**A:** *This is a newer area of research. There are some preliminary studies with mixed results. Here are a couple of sources <https://www.liebertpub.com/doi/full/10.1089/vio.2019.0051>*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5987735/>

**Q:** Do you notice any immediate differences for Risk Factors between Juvenile Offenders vs Adult Offenders?

**A:** *Well, first we can say that given the amount of research on adult versus juvenile sex offenders, that we have some well-established, validated risk factors for adults. The same isn't true for juveniles so it's more theoretical than factual. Also, there are differences. For example, in reviewing the J-SOAP II, there is a section which includes items such as Caregiver consistency, pervasive anger, school behavior problems, history of conduct disorder before age 10, juvenile anti-social behavior. These are very specific to youth who have committed sexual harm. There are some similar items like male victims, positive support, prior sex offenses.*

**Q:** Does the history (sex offense / non-sex offense) look at conviction for these offenses or commission?

**A:** *It must be a conviction per the scoring rules for the assessment.*

**Q:** Is there a checklist you use to determine progress?

**A:** Yes, we have something called the SSOTR (structured sex offender treatment review). There is also a juvenile version. It is not new, nor is it an evaluation or assessment. It is a tool to help treatment providers and supervising officers review a client's status with both supervision and treatment. It provides a "road map" of sorts of goals a client should meet during the course of supervision and treatment. It is a nice tool for teams to use to staff cases (with or without a client present as well) and see what areas still need to be an area of focus. SSOTR link <http://kbsolutions.com/html/ssotr.html>

**Q:** What should a caseload cap be?

**A:** This is hard to say. There are many factors that come into play with work load numbers including the philosophy of the Dept, overall numbers for other caseloads, equity amongst other caseloads, etc. I believe that working with sex offenders is extremely complex and requires a high level of critical thinking ability. I also believe the amount of collateral contacts, staffing, etc. required for good supervision of sex offenders takes a lot of time so I would be a proponent of limited the #'s an officer has to supervise whenever possible. In the state of CO, sex offender caseload numbers vary greatly from district to district. I've seen 30-50 active supervision cases and I've seen well over 100 active cases, even approaching 200. Trends seem to indicate that a caseload of 18 to 25 for high risk offenders and 50 to 60 for low to low moderate offenders is a good goal for a department or agency.

**Q:** Would a female offender with a male child victim have the same level of risk as a male offender in that category?

**A:** No, as noted, there is scant research available on female sex offenders. The validated risk assessments on adult sex offenders (VASOR, SOTIPS, STATIC 99R, Stable 2007 etc.) were all validated on specific groups of offenders, NOT females. So, we can't really say with certainty that that risk factor is similar in any way to females.

**Q:** There was a mention about the LSI-R not being a good indicator of actual risk for sex offenders; would that also apply to the YLS/CMI when working with juveniles? It seems as if in our district, all sex offender youth are manually overridden as high risk. I just wonder if there is a different assessment we should look at to determine the actual risk?

**A:** See info on J-SOAP-II below. Remember, general risk/need/responsivity assessments do not look specifically at the risk/need factors of sexual offenders or youth that engage in sexually inappropriate behavior. The general risk assessments can help identify general risk factors and guide interventions but they do not assess risk/needs specifically for sexual reoffending.

**Q:** Also, is the J-SOAP a 4th generation risk assessment?

**A:** I don't believe so. Juvenile risk assessment is viewed as fundamentally different than risk assessment on adults. Much of the research on juvenile sex offending is more theoretical rather than based on statistical research. The research on the J-SOAP -II is limited and studies have yielded mixed findings in regards to their validity. This and other juvenile assessments have not been found to perform in a manner that suggests or proves their ability to accurately predict juvenile sexual recidivism. Even the authors of the J-SOAP II recommend that judgements regarding youths' risk of reoffending not be made exclusively on the basis of their J-SOAP-II score. They indicated in their manual on the J-SOAP II that there was not adequate data on a sufficiently large number of juvenile re-offenders to provide the estimates needed to be an actuarial scale. So, at that time, the J-SOAP II was not considered an actuarial scale but an "empirically informed guide for the systematic review and assessment of a uniform set of items that may reflect risk to reoffend." I don't believe that has changed.

**Q:** Do online victims count as strangers?

**A:** *If there was an attempt to meet AND they had only started chatting in the last 24 hours before the attempt to meet, then yes, that would qualify as a stranger victim.*

**Q:** What is the likelihood a victim reports a female offender vs. male offender?

**A:** *I haven't seen research on this. However, I do know that MALE victims are less likely to report being sexually assaulted (1 in 6 report) than female victims (1 in 4 report).*

**Q:** Please ask if the risk is higher for reoffending if the victim is a sibling.

**A:** *I have not seen nor heard of any research which indicates a person is at greater risk of re-offense if their victim was a sibling. There is quite a bit of research, however, which supports that incest offenders (parent against child) are often lower risk sex offenders per risk assessments.*

**Q:** What does emotional congruence with children mean? Look like?

**A:** *Emotional congruence with a child is when a person has an exaggerated affiliation with childhood, ascribe child-like characteristics to themselves, experience strong non-sexual liking of children, and hold positive views of children and childhood. These persons often feel more comfortable around children than they do adults. They might find jobs where they are around children for example. There have been many studies that show some relevant statistical correlation between emotional congruence with children and sexually offending on children as well as sexual recidivism. (See meta-analysis by McPhail, Journal of Consulting and Clinical Psychology August 2013.)*

**Q:** Can you talk about your early release for sex offenders and do you look at specific things for the individual to do to be considered for release and do you have a set time they have to complete before being considered for early release?

**A:** *Early release from prison I am assuming? As the probation representative on our county's Community Corrections Board, we review cases twice a month and many are cases wanting to transition or parole out of prison before their mandatory release dates. As board members we look at a variety of factors for release for all of these cases, including sex offenders. We have a structured decision-making tool that helps us with our decisions, but unfortunately, like the general LSI assessment, this tool doesn't take into account specific sex offender risk assessments, victim impact or the like. But it is important to us how a person has comported themselves while incarcerated and of course if they have done treatment. In CO, we have very limited slots for inmates to get into sex offender specific treatment while in Prison so as long as they got on the wait list for SO tx, we don't hold it against them if they haven't received SO tx yet. But we do hope they have done other treatments and programs. We look at if they have any recent write ups. We look at the "offender letter" and see if they are taking responsibility for their offense. We also look at whether the person has protective factors, a sponsor in the community, a place to live, prosocial support, a job etc. We also consider victim impact and any input we have received from the victim or victim's family in regards to their possible release.*

**Q:** What types of risk assessment tools would you recommend for Juvenile Sex offenders?

**A:** *Not the same ones that we use on adults that is for sure since they are not supposed to be used with juveniles ever as they were not validated on juveniles! In CO, Probation uses something called the JSOAP (Juvenile Sex Offender Assessment Protocol) and our treatment providers and evaluators use other assessments specific to juveniles that I am not familiar with such as the JSORRAT-II and ERASOR. But none of them have been found to be a validated way to accurately predict juvenile sexual recidivism.*

**Q:** What do you think about agencies moving away from specialized caseloads for SO clients?

**A:** *I wouldn't be in favor of that. I think there are unique supervision and treatment related issues we have to deal with while working with this population and specialized training is really needed. And of course, we use different risk assessments. Also, not all PO's/parole officers/case managers want to work with SO's (nor should they be forced to). there are many legitimate reasons why a person wouldn't/shouldn't want to work with SO's and I would always respect that.*

**Q:** What is the current percent of sex offenders who were victims of child sex abuse?

**A:** *I have seen a variety of different statistics on this. The most common range I have seen over the years is between 20-30% range, so far from the majority. Some publications even refer to this idea that most SO's were victims themselves as one of the "myths" about this population. Of course, these sorts of stats should always be qualified given the low reporting percentages of sex offenses in general (as should recidivism rates for the same reasons).*

### **Additional resources:**

Here is research on the brain, easy to read and a ton of studies cited:

<https://www.drugabuse.gov/sites/default/files/soa.pdf>

Here is about epigenetics: <https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction>

We also have a number of webinars available on numerous topics we touched on in the webinar. Go to [ncjtc.org](http://ncjtc.org) and search our on-demand library.