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Sex Offenders

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In recent years, sex offenses have caught the attention of American legislators, the media, and the public. State legislators and Congress have passed legislation that allows for sex offender notification, provides for longer sentences for sexual crimes, or enhances enforcement of existing laws. Legislative proposals are often a reaction to the media's focus on horrific sexual crimes involving children, the outcry of the victims and their families, and the public's perception that all sex offenders are a persistent threat. The term "sex offender," however, covers a vast array of offenders and offenses and leads to a false perception of sexual crimes and the danger that emanates from this offender population. While some offenders may not be amenable to treatment and constitute a permanent threat to community safety, many sex offenders can, with specialized treatment, learn to control their sexually abusive behavior and decrease their risk of reoffending.

There are clinical and legal definitions of sex offenders, and it is not uncommon for treatment providers, researchers, and law enforcement professionals to use different terminology to define these individuals. However, for the purposes of this bulletin, sex offenders are defined as those who have a history of criminal sexually deviant behavior, such as child molesters; rapists; those charged with or convicted of incest, sexual assault, or producing or distributing child pornography; and individuals who entered the judicial system because of a paraphilia (see "Paraphilia," page 3). These offenses are illegal, and may involve a non-consenting victim or present a danger to the community.

Implications for the Federal Judiciary

Federal jurisdiction over sex crimes, as with all types of crimes, is based on constitutional grants of authority, such as Congress's authority to regulate interstate or foreign commerce, and military posts, national parks, and Native American reservations. The limited scope of federal jurisdiction is reflected in the type and number of cases prosecuted in federal court. In FY 97, 219 offenders were sentenced for sexual assault, and 287 were sentenced for pornography or prostitution. There are ten times more sex crime offenders in state correctional institutions than there are in Federal Bureau of Prisons institutions.

Because of the low caseload of sex offenders in the federal system, some probation and pretrial services officers may ask, "Are sex offenders really *my* business?" The answer is yes.

The Federal Probation and Pretrial Services mission statement directs officers to protect the public, make appropriate pretrial release decisions, and develop supervision plans that appropriately manage risk. Sex offenders pose a significant risk to the community. Sex offenders often have more than one pattern of sexual offending behavior and often have multiple victims. Researchers estimate, for example, that less than 1% of people who sexually assault

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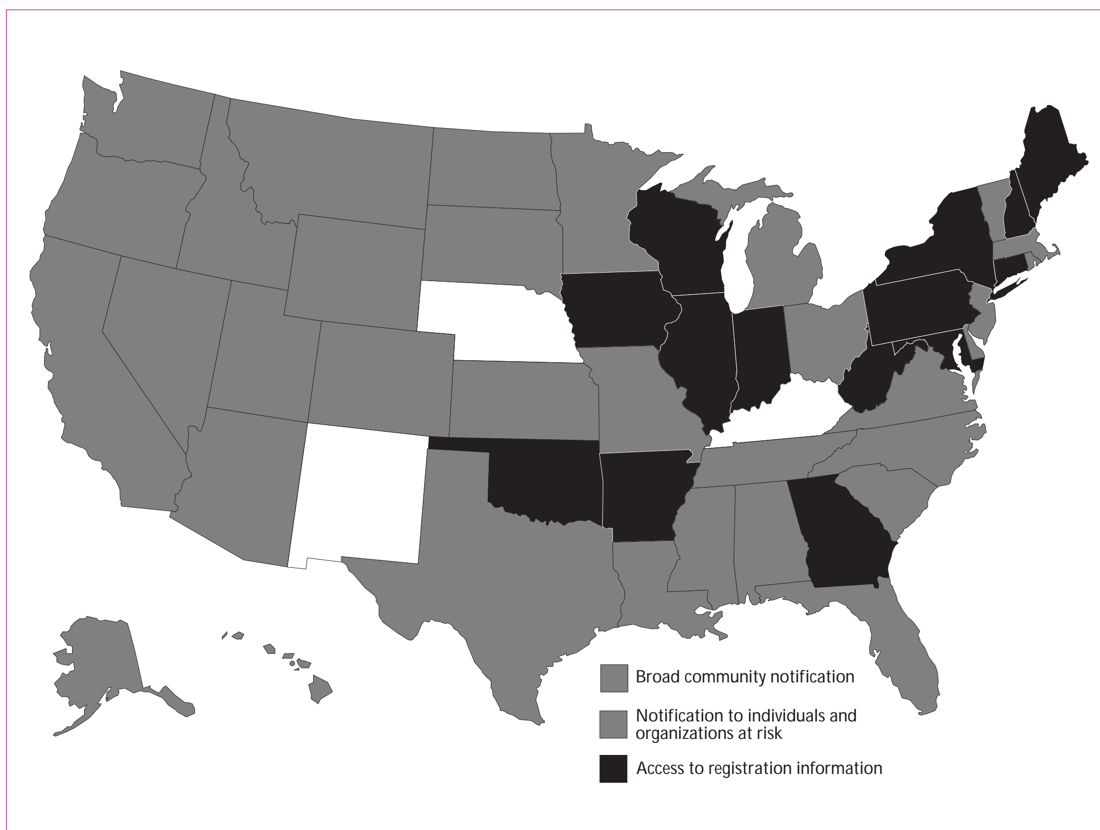

Notification and Registration

As of September 1997, 47 states had community notification laws or allowed access to sex offender registration information.

Source: Washington State Institute of Public Policy

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are identified by the legal system and that an untreated, undetected sex offender may accrue dozens, sometimes hundreds, of victims, over his or her lifetime.

Experienced officers also note that the small number of sex offender cases may be somewhat misleading. Some offenders, while not convicted of a sex offense, may have a history of sexual offending. For example, of the approximately 1,000 inmates in the Federal Bureau of Prisons currently serving time for sexual crimes, there are another 3,000 inmates who are sex offenders by history but who are currently serving time for nonsexual crimes. For example, someone charged with or convicted of mail fraud may also have trafficked in or received pornography. Although an offender may be charged or convicted of aggravated assault, the underlying offense may actually be sexual assault. An offender charged with or convicted of bank embezzlement may also be a child molester. These inmates have a designation of "public safety factor of sex offender" under the Bureau of Prison's classification system and also require specialized supervision upon release to the community.

Experienced officers also indicate that the number of federal cases involving child pornography and the Internet is increasing. This trend is partially due to Congress's growing interest in legislating against the production and trafficking of child pornography and the enticement of minors to engage in prostitution or other illicit sexual activity. Also, an FBI online undercover operation known as "Innocent Images" resulted in the arrest and conviction of individuals who use computers and on-line computer services to facilitate the sexual exploitation of children, including luring children into illicit sexual relationships.

The Special Needs Offenders Bulletin

Probation and pretrial services officers and their supervisors need to add a knowledge of sex offenders to their professional "tool boxes." This bulletin begins to address that need. It synthesizes information obtained from journals, research monographs, and interviews with federal probation and pretrial services officers. Officers can use this bulletin for individual study. Supervisors and managers can use it as the foundation for discussing their districts' case management strategies and procedures related to sex offenders.

The information presented here is not comprehensive. Rather, it is intended to serve as a springboard for investigation. The issue of sex offenders is complex. The population that is responsible for committing sex offenses is extremely heterogeneous; there is no single profile that describes sex offenders. Offenders with widely varying criminal histories, ages, backgrounds, personalities, psychiatric diagnoses, races, and religions are all labeled sex offenders because they have engaged in illegal sexual activity. Their offenses vary markedly with respect to location, time, sex and age of

victim, degree of planning, and level of violence. In addition, not every sex offender poses the same level of risk to the community or requires the same supervision or treatment regime (e.g., an offender convicted of pornography vs. a convicted child molester or rapist). Therefore, every sex offender case requires an individualized supervision and treatment plan, one that specifically considers the offender's sexually deviant behavior, arousal patterns, fantasies, family history, social environment, and level of risk.

An in-depth examination of the characteristics of each type of sex offender is beyond the scope of this bulletin. Rather, this bulletin focuses on the characteristics, and the investigation, treatment, and supervision issues common to many sex offenders. When reviewing this bulletin keep in mind that it is intended to serve only as a foundation for officers' ongoing efforts to learn about sex offenders. Working with experienced federal officers and sex offender treatment specialists is the best way to identify the optimal case management practices for investigating and supervising specific sex offenders. ◆

Paraphilia

According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, the essential feature of paraphilia disorders is recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations and cause clinically significant distress or impairment in social, occupational, or other important areas of life. Paraphilias include sexual fantasies and behaviors involving

- exposure of one's genitals to a stranger (exhibitionism);
- use of nonliving objects such as women's underpants and bras or shoes for arousal (fetishism);
- touching and rubbing against a non-consenting person (frotteurism);
- sexual activity with a prepubescent child, generally age 13 or younger (pedophilia);
- acts (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer (sexual masochism);
- acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of a victim induces sexual excitement (sexual sadism);
- cross-dressing (transvestite fetishism); and
- acts of observing unsuspecting persons who are naked, disrobing, or engaging in sexual activity (voyeurism).

About the Special Needs Offenders Series

The Federal Judicial Center developed the *Special Needs Offenders* series of educational products to help probation and pretrial services officers keep abreast of changes in the offender/defendant population encountered in the federal judiciary.

Each program in the series deals with a different group of offenders and defendants. An introductory *Special Needs Offenders Bulletin* outlining the characteristics of the group introduces each program. Synthesizing information from journals, research monographs, and interviews with federal probation and pretrial services officers, the bulletin can be used by officers for individual study and by supervisors and managers as a foundation for discussing district case management strategies.

The bulletin is followed up with a Center-sponsored on-line conference, satellite broadcast, or both, that enables officers to share effective case management practices and appropriate resources.

For more information about the *Special Needs Offenders* program on sex offenders or about the *Special Needs Offenders* series generally, contact Mark Maggio at (202) 273-4115.

Sex Offender Characteristics

For many, the term "sex offender" conjures up images of a sex fiend, dirty old man, or mentally deranged individual who abuses impulsively or spontaneously. According to Glen Kersch and Lydia Long in *Supervision and Treatment of Sex Offenders*, "these popular beliefs serve to make the child molester (or rapist) as different and unlike the ordinary person as possible. The appeal of this approach is that it takes a very complex behavior with multiple causes and reduces it to a stereotype with a few simple causes. The resulting stereotypes and overgeneralizations are easier to understand and accept than the reality."

Who Commits Sex Offenses?

In actuality, all kinds of people commit sex crimes. Such behavior is not unique to any one social, economic, or racial group. On the surface, sex offenders often look and act very "ordinary." Many have stable employment, a social support group of family and friends, and no criminal record. Some are prominent members of the community, successful business owners, or active in community and charity events. Underneath however, individuals who commit sexually deviant acts may do so in reaction to a complex set of psychological factors, emotional traits, and environmental conditions. These include stress, anger, lack of power and self-esteem, deviant sexual fantasies and attitudes, substance abuse, psychosis, lack of empathy, peer pressure, cognitive distortions, environmental opportunity, pathology, and the attributes of the victim.

As such, there is no single "profile" of a sex offender. However, there are certain characteristics and behavior patterns that are associated with many sex offenders. When viewed collectively, these characteristics provide officers a framework for understanding and working with this offender population.

Denial, Rationalization, and Other Characteristics of Sex Offenders

Most sex offenders exhibit denial, a form of cognitive distortion that reduces an individual's sense of responsibility for the deviant behavior. If they recognized the severity of what they were about to do and the harm they would cause, some offenders would restrain themselves. Denial is an important issue that must be continually addressed throughout therapy and supervision. There are many forms of denial, including denial of

- the offense ("I didn't do it");
- the sexual intent ("I was only trying to teach her about body parts");
- responsibility ("I was drunk");
- harm ("I touched her but didn't rape her");
- sexual gratification ("I only did it because she asked me to");
- sexual arousal ("I performed

Female Sex Offenders

As Glen Kercher and Lydia Long state in *Supervision and Treatment of Sex Offenders*, "The prevalence of sexual abuse by women is an issue of debate, and the data are inconclusive. One of the difficulties of getting good data is that the sexual offenses committed by women are more incestuous or perpetrated against acquaintances . . . [victims who] are less likely to report such incidents." Kercher and Long indicate that many female sex offenders were sexually victimized as children, come from dysfunctional families, are alienated from their family members, or suffer from feelings of inadequacy.

According to sexual and family therapist Noel Larson, female sex offenders disassociate their feelings of anxiety and fear, often commit their crimes in concert with a male, are unable to form healthy attachments with males, and are psychosexually immature. Larson states that female sex offenders can be successfully treated if the therapist can overcome his or her own feelings about women who molest.

Pedophile or Child Molester?

There is considerable debate in the field of sex offender treatment about the nature of criminal sexual behavior. Is it a choice? Does the offender sexually assault just because he or she likes to? Or are criminal and deviant sexual behavior mental illnesses, perhaps beyond the control or awareness of the person?

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* defines pedophilia as a mental health disorder involving "recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children 13 years or younger." Pedophilia is present only if the behavior causes "clinically significant distress or impairment in social, occupational, or other important areas of functioning."

According to Steve Jensen, director of the Center for Behavioral Intervention, this diagnosis implies that individuals who molest children, even on a predatory basis, must feel distressed by their crimes to qualify as a pedophile and that members of the North American Man-Boy Love Association, whose motto is "sex before eight or it's too late," wouldn't qualify for diagnosis. Jensen indicates that many sex offender treatment specialists believe the *DSM-IV* has serious shortcomings and prefer to categorize all child molesters as pedophiles.

Andres Hernandez, director of the Sex Offender Treatment Program at the federal correctional institution in Butner, North Carolina, states that "whether or not a person meets the diagnostic criteria for pedophilia does not imply that he [or she] is not a child molester. Thus, the presence or absence of paraphilic diagnoses cannot be used as criteria for determining a sexual offender's need for specialized treatment or supervision."

oral sex on him but never got aroused");

- planning ("It sort of just happened");
- extent or magnitude of the abuse ("In my seven years as Cub Scout leader, I have only touched two boys"); and
- likelihood of re-occurrence ("It won't happen again, I have found the Lord.")

Other characteristics associated with sex offenders are secrecy, manipulation, grooming (progressively building trust and disinhibiting resistance to sexual contact), and an inability to empathize with the harm they cause their victims.

Most sex offenders know that their behavior is illegal or looked upon unfavorably by society. Some feel shame and guilt for what they do. They often manipulate others to obtain victims or hide their behavior. As such, sex offenders are adept at lying and covering up their activities. Sometimes these offenders are very successful at convincing friends, family (even untrained officers and treatment providers) that they are not "sex offenders."

Sex offenders may also suffer from cognitive distortions. Cognitive distortions are thoughts and attitudes which allow a sexual abuser to minimize, justify, and rationalize deviant behavior, as well as reduce guilt and feelings of responsibility for the behavior. Cognitive distortions allow sex offenders to overcome inhibitions and ultimately progress from fantasy to behavior.

Deviant sexual fantasies in which offenders touch themselves and fantasize about what they will do to their victims play a central role in sexual offending.

In some cases offenders are not even aware that their fantasies are deviant; they have been having them for such a long time that they consider them normal. Often, disclosure during therapy is the first time an offender begins making a connection between their fantasies and their sexually deviant behavior. ◆

Identifying Sexual Deviancy and Dangerousness

According to Steve Jensen (see "Pedophile or Child Molester?" above), "Determining that a person has historically engaged in sexually deviant behavior is the best predictor of future behavior. A comprehensive [psychosexual] evaluation by an expert in the field of sexual deviancy is the best way to gain helpful information regarding dangerousness to the community, likelihood of other crimes, and treatability."

Sex Offender Treatment

Sexual deviance is treatable. The key word in sex offender treatment is not "cure" but "self-control." Through treatment, offenders can learn to manage their abusive behavior and minimize the risk of reoffending. Treatment for sex offenders is similar to treating others with addictive and compulsive patterns of behavior. Just as an addict learns to maintain a drug-free lifestyle, sex offenders can learn to control, if not eradicate, their deviant interests and behavior.

For treatment to work, the offender must be an active participant in identifying risky behavior and in developing coping strategies to address them. Offenders are solely responsible for controlling their sexually deviant impulses. If they choose to remain in denial or refuse to engage in treatment to reduce their deviant interests, they are a high risk to re-engage in sexually deviant behaviors.

While not all sex offenders are amenable to treatment, experienced officers and treatment providers indicate that many sex offenders can learn to manage and control their sexually deviant behaviors. For offenders amenable to community-based treatment, sex offender treatment conditions reduce future victimization and minimize risk to the community.

Treatment Goals

Effective treatment depends on thoroughly evaluating the offender, developing cognitive and behavioral treatment strategies tailored to the offender and the offense, and establishing specific and measurable goals.

Treatment goals generally include teaching the offender to accept responsibility for and modify cognitive distortions, develop victim empathy, understand the complexity of his or her arousal pattern, identify the behaviors that precede the sexually abusive behavior, develop relapse prevention skills, and control sexual arousal and deviant sexual behavior. Effective treatment regimes also help the offender enhance self esteem and self-understanding, improve communication and social skills, increase problem-solving and coping skills, and develop healthy adult sexual relationships.

Treatment Techniques

The most effective treatment programs combine behavioral-cognitive approaches with aversion conditioning, skills training, cognitive restructuring, and relapse prevention. These therapies are often supplemented with family therapy, drug or alcohol treatment, marital therapy, and individual crisis intervention. Most sex offender treatment professionals recommend group therapy, as opposed to individual therapy.

Sex offender treatment programs are confrontational and intrusive and differ from other mental health treatment programs in several ways. Sex offender programs

- work from a nontrust basis;
- consider the community as well as the perpetrator as the identified client and give priority to victim and community safety;
- focus on the client's responsibility for change, not just increased awareness;
- provide consequences for directives not followed;
- look for external verification of behavior;
- use objective measures specifically developed for evaluating and treating sex offenders, such as the plethysmograph or the Abel Screen II;
- use a polygraph to measure treatment and supervision compliance;
- include a relapse prevention component and provisions for follow-up care; and
- employ waivers of confidentiality that provide for open communication between the provider and the supervision officer, victim, victim's therapist, and other professionals involved in treating and supervising the offender.

Therapy is enhanced when officers work in conjunction with treatment providers and furnish the treatment provider information about the sex offender's outside situation and

Treatment and Supervision Tools

Based on the potential unreliability of self-reporting by sexual offenders, many officers and treatment providers use the plethysmograph and the polygraph to monitor compliance with treatment and supervision conditions. In some districts, however, use of the polygraph or plethysmograph may be limited or prohibited. Officers should check with the chief and follow district policies before using these tools.

Plethysmograph

The plethysmograph measures an individual's sexual arousal to a particular sexual stimuli. During the procedure, a male client places a gauge onto the shaft of his penis. The gauge is connected to a chart recorder. The client is presented with both deviant and nondeviant sexual stimuli on slides, audiotapes, or other media. The gauge measures and records the client's erectile response to the stimuli. Physiological changes associated with sexual arousal in women are also measured through the use of a plethysmograph. Although the plethysmograph is a valuable assessment tool for clinicians, it is *not* a lie detector test, nor does it predict future behavior. The Association for the Treatment of Sexual Abusers cautions it should not be used independently of other assessment instruments. Some sex offender treatment providers use the Abel Screen II, another tool that assesses arousal, in lieu of the plethysmograph.

Polygraph

Many therapists and correctional officers use the polygraph during treatment and supervision of sex offenders. The polygraph is useful for reducing denial, validating self-reporting of arousal and behavior, developing treatment and supervision plans, and supervising compliance. Two basic polygraph techniques are used. The first is the discovery or disclosure test administered either during the initial evaluation or after an offender has been in treatment for three to six months. The second is the maintenance polygraph administered about every six months to check on supervision and treatment compliance. Since the polygraph's reliability and validity is not guaranteed, failure of the polygraph should *not* be the basis for revocation or for determining innocence or guilt. However, failure can warrant increased supervision or confrontation in the offender's treatment group.

behaviors. This communication is essential because the provider sees the offender in a clinical setting while the officer sees the offender in the community. Officers can assist treatment by holding the offender accountable for progressing in treatment and by clearly stating sanctions for lack of progress in treatment.

Psychotropic Medications

Some offenders suffer from repetitive and deviant sexual fantasies that interfere with concentration; others are unable to develop behavioral techniques that sufficiently reduce their deviant arousal. In *Ethical Standards and Principles for the Management of Sexual Abuses*, the Association for the Treatment of Sexual Abusers states that "evaluation for and use of pharmacological agents are useful and necessary for some sexual abusers. Anti-androgens, antidepressants, and other pharmacological agents, may offer the client greater control over excessive fantasies and compulsive behaviors."

For example, Depo-Provera, a synthetically produced progesterone (female hormone) reduces the level of sexual arousal. Prozac, Paxzil, and Zoloff all reduce sexual drive. Psychotropic medications, however, are not cure-alls for sexually deviant behavior, nor do they work for all offenders. Depo-Provera, like some other medications, has many serious side effects, and its use is controversial.

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Does Treatment Work?

Some question the clinical effectiveness of treatment and treatment modalities. In 1989, Furby, Weinhrott, and Blackshaw reported in *Psychological Bulletin* that "there is as yet no evidence that clinical treatment reduces rates of sex offenses in general and no appropriate data for assessing whether it may be differentially effective for different types of offenders." However, the majority of evidence suggests that most sex offenders respond positively to treatment.

In 1993 Margaret Alexander analyzed sex offender outcomes from 68 recidivism studies and found that the recidivism rate of treated offenders was 10.9% versus 18.5% for untreated offenders. Her analysis also revealed that offenders treated with a combination of behavioral and group therapies had a recidivism rate of 13.4%, whereas offenders treated with the relapse prevention model combined with behavioral and/or group treatment re-offended at a rate of 5.9%. A ten-year recidivism study by the Vermont Department of Corrections found that the overall recidivism rate of 690 offenders who participated in sex offender treatment was 7.8%; the recidivism rate of offenders who successfully completed treatment was 0.5%.

Erik Lotke, Research Director for the National Center on Institutions and Alternatives, reported that "the conclusion that treatment reduces recidivism can be refined further by distinguishing between different kinds of sex offenders. The Vermont [Department of Corrections] reports offense rates after treatment as: 19% for rapists, 7% for pedophiles, 3% for incest, and 3% for 'hands off' crimes such as exhibitionism." Offenders with multiple paraphilias or sexual disorders have higher rates of recidivism than offenders with single paraphilias. One research study found that the overall recidivism rate of sex offenders one year after treatment was 12.2%, but offenders who abused both males and females and children and adolescents had a recidivism rate of 75%.

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Sexual Abuse Cycle and Relapse Prevention

Sex offenders execute a series of thoughts and behaviors before, during, and after each offense. A typical sex abuse cycle includes triggers, certain thoughts and feelings, seemingly unimportant decisions, high-risk situations, target selection, sexual fantasies, planning the offense, grooming the victim, performing the sexually deviant behavior, maintaining secrecy, remorse or fear, and evasion tactics. The components of the cycle vary from offender to offender. For example, some offenders target adolescent females; others target prepubescent males. Some offenders find that anger or low-self esteem triggers their cycle; others find their cycle is triggered by alcohol or job loss.

Working with the treatment provider, sex offenders can identify the set of circumstances, events, and emotions that happen before they commit a sexual offense and develop a relapse prevention plan. Relapse prevention is a self-control program that was developed in the field of addictive behaviors and later adapted for use with sexual abusers. It is specifically designed to help sexual abusers maintain behavioral changes by (1) identifying problems early on and (2) developing strategies to avoid or cope more effectively with these problems. Relapse prevention is most effective when the offender's support group (people with whom the offender has regular contact) are included in the plan.

Once the treatment provider identifies the offender's sexual abuse cycle and establishes a relapse prevention plan, officers should request a copy of this information and meet with the provider to discuss the plan. Officers need to familiarize themselves with the relapse

Treatment or Incarceration?

Law enforcement, treatment providers, and the public continually debate the question: should sex offenders be placed in community-based treatment or incarcerated?

Some sex offender treatment professionals warn that incarceration without treatment may only increase an offender's pathology. Isolating them in a jail cell without treatment may reinforce the offender's sense of shame, guilt, anger, or isolation, as well as encourage continuation of deviant fantasies and masturbation—some of the very factors that contributed to the sexual offense in the first place. In contrast, other sex offender treatment specialists believe that being in prison reminds the offender that his or her sexually deviant behavior is a crime, noting that the offender may decide not to reoffend as a result of imprisonment.

Some treatment providers and law enforcement professionals disagree with the notion of making treatment or incarceration dichotomous and question whether offering community-based treatment in lieu of incarceration would only minimize the importance of the sexual offense.

For officers, the debate on treatment and incarceration boils down to an issue of risk management and protecting the community. In *Supervision of the Sex Offender*, Georgia Cumming and Maureen Buell state, "Some sex offenders are in total denial about their abusive behaviors and prove unwilling to recognize and give up the denial. If this remains the case, they cannot be treated successfully, and should be denied access to community-based treatment. For them, incarceration is the appropriate disposition.

Some sex offenders pretend to want treatment but choose not to meaningfully engage in the treatment process once they are placed in community treatment. Of course, there are sex offenders who are amenable to treatment but who pose such a high risk to the community that their treatment initially must occur within an incarcerated setting."

prevention model and with concrete examples of the risk factors and relapse behaviors associated with each sex offender on their caseloads so they can develop supervision plans that appropriately manage the offender's risk to the community.

Selecting a Treatment Provider

The evaluation and treatment of sexual deviancy is a highly specialized area of practice. As Steve Jensen and Coralie Jewell explained in an article in *The Prosecutor*, "many sex offenders are [currently] being assessed and treated by inexperienced mental health professionals . . . advanced degrees [in psychology or psychiatry] do not ensure competence in the highly specialized area of sexual offender evaluation and treatment. Therapeutic techniques utilizing trust, support, and nondirective approaches to evaluation and treatment may allow the sexual offender to exercise his well-honed skills of manipulation and deception against the practitioner. Sex offenders are far better at manipulation than many therapists can comprehend."

Officers should examine the qualifications of the treatment provider and recommend professionals skilled in evaluating and treating sex offenders. Experienced officers say that they look for a provider who

- specializes in treating sexual offenders;
- is able to discuss his or her understanding of how to intervene with a sexual offender in order to decrease the risk of reoffending;
- uses objective measures for evaluating and treating sex offenders (e.g., polygraph, plethysmograph, or Abel Screen II);
- views group therapy (with other sex offenders) as the

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Investigation Issues

Assessing the needs and risks of the sex offender prior to supervision is critical, and the ideal time for this assessment is during the presentence investigation. Although supervision officers make similar decisions, presentence and pretrial services officers are often the first to make decisions regarding the risk the offender poses to the victim and community and the conditions of probation or pretrial services release that are tailored to the offender's sexual abuse cycle. To make these determinations, experienced officers stress the importance of investigating beyond the offense of conviction. During the investigation, review all pertinent documents, obtain a detailed offense history and a personal and sexual history from the offender, ask the court to order a psychosexual evaluation, evaluate amenability to treatment, and assess risk.

Reviewing Documentation

Review all documentation before interviewing the offender. That way you can look for "holes" between the police report, the victim's statements, and the offender's version of the offense; inquire about aspects of the offender's history that the offender may choose to omit or gloss over during the interview; and plan how to conduct the interview if the offender begins denying or rationalizing his or her behavior. If all the documents are not immediately available, the initial interview may proceed, but it should be followed up with a second interview after the documents are available.

Reviewing the documentation involves examining the police reports and speaking to the investigating officer; reading the victim's statement; running an NCIC check; reviewing past pretrial, presentence, and supervision reports and interviewing the report authors; and reviewing incarceration records and contacting prison personnel.

While reading the documents, look for patterns of denial as evidenced by alibis; noting what offenses the offender did and did not admit to, as well as the offender's attitude toward the victims. Examine incidences of domestic abuse. Did the situation involve deviant sexual behavior that the offender was not charged with? Also, look beyond the instant offense. Is there something in the records that could be associated with sexually deviant behavior, such as an arrest or conviction for mail fraud or impersonating a police officer? Is there an established pattern of high-risk, sexually deviant behaviors?

Interviewing the Offender

Interviewing the offender may uncover information not found in the documentation or lead to an increased understanding

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primary treatment mode;

- provides the offender other therapies as needed (e.g., anger therapy, sex education, victim empathy, social skills training);
- incorporates a relapse prevention component in the treatment regime;
- uses outside support groups in treatment and communicates with the offender's significant other, family members, and collateral contacts;
- offers couples counseling;
- is willing to work closely with the officer, testify in court, report supervision violations, and provide monthly progress reports; and
- is a member of a professional organization that deals with sex offender treatment (e.g., Association for the Treatment of Sexual Abusers).

In rural areas where resources are limited, officers may have to look beyond traditional sources to find a provider who specializes in sex offender treatment rather than make a general referral to a county mental health center.

For example, a court may order an offender to travel to a treatment program in another locale if an officer's research indicates such a program exists. Sex offender providers and experienced officers caution against placing sex offenders in a general psychotherapy program. ◆

Questions Pertaining to the Sexual Offense

1. Where did the assault take place? Was the location selected randomly, or is the location always the same?
2. Describe in detail how you selected the victim. Were there certain characteristics about the victim that appealed to you (e.g., age, sex, physical appearance)?
3. What was the victim's reaction? Did the victim say anything, cry, submit, or fight back during the assault? Did you stop at any time during the assault because of the victim's reaction?
4. If the victim was a child, how did you know the child would cooperate? What made you think the child wouldn't tell?
5. What were you thinking and feeling during the abuse? Were you aroused during the assault? If so, what was arousing to you?
6. What did you say to the victim during the offense? Did you ask or threaten the victim not to say anything after the assault?
7. To what extent were drugs or alcohol used? Were they used to lure the victim, to reduce the victim's reaction, or to reduce your own inhibitions before the offense?
8. Did you use a weapon during the assault? If so, how was it used?
9. Have you ever tried to stop the abusive behavior? How?

Adapted from Georgia Cumming and Maureen Buell, *Supervision of the Sex Offender* (Vt.: The Safer Society Press, 1997).

of the offender's sexual attitudes and behavior. During presentence and supervision interviews, consider the following:

- Anticipate that the offender may deny or minimize the sexually deviant behavior. When dealing with denial, avoid questions that require a yes or no response. Also, ask questions that require the offender to discuss what happened, not why it happened. If the offender is providing inconsistent information, seek clarity by asking something like, "Do you remember when you said . . . ?" or saying, "Your statements are confusing me; first you said . . . , then you said . . . ." Maintain control of the interview by being direct in your questioning; do not allow the offender to interrupt or go off on tangents.
- Mix supportive comments with confrontation. Although sex offenders must be held accountable for their actions, it is helpful to acknowledge the difficulty of being honest about hidden sexual abuses and to offer supportive comments when an offender accepts responsibility for his or her behavior. Also, let the offenders know that treatment is available to help them gain control over their abusive behavior. Your objective is to show that you have some understanding of their perceived plight without endorsing or buying into their distortions.
- Ask questions about planning, selection of victims, and grooming or stalking that preceded the offense, as well as questions about the offense itself. How offenders talk about their offense indicates the degree of responsibility they are taking for their actions; how the offender chooses to offend will help you make decisions about the risk and supervision conditions (see "Questions Pertaining to the Sexual Offense," above).
- Although many officers are uncomfortable doing so, it is important to ask questions about the offender's deviant and nondeviant sexual history. For example, by asking how the offender learned about sex may uncover additional facts about the offender's upbringing. Asking offenders when they first realized they were "different" sexually provides information about the offender's developing pattern of

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Pretrial services officers should not automatically assume that denial during an interview means the defendant is denying the sexually deviant behavior. Denial could reflect the fact that the defendant did not commit the act for which he or she is charged.

Questions Pertaining to the Offender's Sexual History

1. How did you first learn about sex? What did your parents tell you about sex?
2. How often do you masturbate? How old were you when you started to masturbate? What did your parents tell you about masturbation?
3. What do you think about when you masturbate? What are your fantasies? Have they changed over time?
4. When did you start to date? Describe your first sexual experience.
5. Describe your relationship patterns with adults.
6. Describe your sexual relationships with your spouse/significant other? How often do you engage in sexual activity? Who initiates sex in the relationship?
7. Have you ever been a victim of sexual abuse? What is the first childhood sexual experience you recall? Have you ever been scared or humiliated sexually?
8. Have you ever peeped in windows? Exposed yourself? Made obscene phone calls? Rubbed up against another person in public for sexual pleasure?
9. How old were you when the sexual difficulties began? How has your sexual deviancy affected your life (e.g., employment, school, family, health)?

Adapted from Georgia Cumming and Maureen Buell, *Supervision of the Sex Offender* (Vt.: The Safer Society Press, 1997).

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sexually abusive behavior (see "Questions Pertaining to the Offender's Sexual History," above).

Making Collateral Contacts

Multiple collateral contacts with employers, family, friends, clergy, the victim, support groups such as Alcoholics Anonymous, child protection agency staff, local law enforcement, and others provides additional information about the offender.

Collateral contacts also help you evaluate the offender's level of honesty and potential risk. Note, however, that sometimes family and friends—even the victim—may erroneously defend the offender. For example, be alert for statements such as, " It was the child's responsibility to stop the offender from abusing her," "The offender could not control his (her) behavior," "The abuse was the fault of perpetrator's wife for not having sex with him," and "The victim is overreacting."

Requesting a Psychosexual Evaluation

A psychosexual evaluation is essential for accurately identifying sex offenders and should only be completed by a sex offender treatment specialist. Experienced officers suggest asking the court to order a psychosexual evaluation during the presentence investigation and, when deemed appropriate, during pretrial services release. A psychosexual evaluation at this stage of the judicial process helps officers assess the risk the offender poses to the victim and community and the need for supervision conditions that specifically address the offender's sexual abuse cycle.

Supervision officers should also request a psychosexual evaluation if one was not ordered during presentence proceedings or if the offender is leaving prison and no recent evaluation is available. The information in the evaluation is helpful in determining or reviewing supervision conditions, determining the appropriate level of supervision, and developing the supervision plan.

A psychosexual evaluation focuses on both the risks and needs of the offender, as well as identifies factors from social and sexual history that may contribute to sexual deviance. Evaluation information is collected by a variety of methods, such as clinical interview of sexual history and social skills, objective physiological instruments that measure sexual arousal (e.g., plethysmograph), specialized sex offender tests (e.g., Abel Becker Cognition

Scale and Multiphasic Sex Inventory), standardized mental health tests (e.g., Minnesota Multiphasic Personality Inventory-2 and Millon Clinical Multiaxial Inventory-III), and the polygraph.

Providers also look at a variety of other factors during the evaluation, often in consultation with the officer. These factors include admission of the offense, offense history, substance abuse, social support system, motivation for treatment and recovery, escalating pattern of offenses, internal and external factors which control behavior, and disowning behaviors.

Officers should therefore provide the treatment provider as much information as possible, such as copies of police reports, the victim impact statement, a synopsis of any prior criminal history, child protection reports, any available risk assessment materials, prior evaluations and treatment reports, and prior supervision records. Before sharing documentation, however, check with your supervisor to ensure you are following district policies and procedures regarding disclosure and confidentiality.

The treatment provider analyzes the data collected during the evaluation to identify the nature, history, and associated conditions of the person's sexual functioning, compare the individual's sexual functioning to others considered normal, as well as those known to engage in sexual deviant behavior, evaluate the offender's risk of reoffending and amenability to treatment, and recommend interventions and a treatment plan that not only addresses the offender's sexual and social treatment needs, but helps minimize the offender's risk of reoffending. ◆

Assessing Risk

Assessing risk and amenability to treatment is best seen as a process. Offenders are first evaluated during the psychosexual evaluation at the time of the presentence investigation or, when deemed appropriate, during pretrial services. Working with the treatment provider, the officer then assesses the offender's risk to the victim and the community and amenability to treatment. Assessment, however, should not end at this point. Subsequent reassessments must occur throughout pretrial services release, supervised release, probation, and even incarceration. Assessment and evaluation should be an ongoing practice in any case involving sex offenders.

Risk assessment refers to an evaluation of the offender's overall risk of sexual reoffending. Risk assessment is a crucial component in the management of sex offenders because it helps officers determine supervision plans and conditions. According to Robert McGrath, Consultant to the Vermont Department of Corrections and the National Institute of Corrections, most correctional risk tools are designed for assessing risk among the general criminal population. They rely on an offender's criminal history and lifestyle stability. These tools may not accurately identify sex offenders because sex offenders generally have neither criminal histories nor chaotic lifestyles. The few specialized sex offender instruments that have been developed have not been validated. McGrath points out that these instruments typically "examine only one dimension of sex offender risk, such as the relative likelihood that a sex offender will reoffend. Simply predicting reoffense, however, is not enough. A number of other issues must be examined in order to evaluate critically a sex offender's risk to the community."

The variety of issues involved in assessing the risk of a sex offender can make the process difficult. For example, what about the twice-convicted rapist who is taking responsibility for the offense but who has never received specialized treatment? What about the offender who has a stable job and family and no prior record but who totally denies his or her behavior? With all these variables, there is no set formula for assessing risk. Each case must be analyzed individually. No matter how carefully done, however, an assessment cannot absolutely predict whether a given offender will reoffend.

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To begin assessing risk, calculate the Risk Prediction Index (RPI) and use the RPI score in conjunction with all the data collected during investigation. The objective is to form a picture of the offender's accountability and cooperation, sexual deviancy, offense history, choice of victims, lifestyle characteristics, mental and physical health, and motivation for treatment and recovery. In addition, McGrath advises focusing the assessment on the following five factors.

- What is the probability of reoffense? Examine the offender's similarity to other types of sex offenders, including offense type, multiple paraphilias, degree of force, criminal lifestyle, and deviant sexual arousal.
- What degree of harm would most likely result from a reoffense? Examine the offender's use of force and propensity for violence. If there is no history of violent behavior, review the offender's pattern of past offenses for an increase in intrusiveness or threats of violence.
- What are the conditions under which a reoffense is most likely to occur? Consider the offender's access to victims, use of alcohol or drugs, use of sexually stimulating material, employment and residence, access to an automobile, and emotional state.
- Who would be the most likely victims of a reoffense? Review the offender's selection of past victims. Use the plethysmograph and polygraph (when appropriate) to determine other potential victims.
- When is a reoffense most likely to occur? Analyze the offender's pattern of past offenses and examine the day, season, offender age, and reoffense patterns associated with other sex offenders. For example, studies have shown that rapists were at the highest risk of reoffense during the first nine months after release from prison. Child molesters and incest offenders were found to be at their highest risk to reoffend two to three years after release. Other studies have shown that for many sex offenders, the risk of reoffense is as high in the seventh year as in the first. ◆

Sex Offender Treatment Program at FCI Butner

In 1990, an intensive residential sex offender treatment program (SOTP) for men was established at FCI Butner in North Carolina. The program's aim is to reduce risk of recidivism by teaching offenders to manage their sexual deviance through cognitive-behavioral, self-management, and relapse prevention techniques. The voluntary program consists of a 60-day assessment period during which the inmate is evaluated and a treatment plan is formulated; group, individual, and milieu therapy, coupled with psychoeducational and psychiatric treatment, as needed; and release planning during which staff coordinate with the inmate's probation officer to identify aftercare treatment and parameters for community supervision.

If there is space, SOTP accepts referrals from other federal institutions and the federal courts. Inmates accepted in the program must:

- have been convicted of a sexual offense;
- volunteer for the program and demonstrate a commitment to abstain from abusive sexual behavior;
- have no less than 18 and no more than 36 months before prison release;
- not have a detainer or pending charge which interferes with his release;
- be literate and demonstrate the sufficient intelligence to participate in psychotherapy; and
- not suffer from a serious psychiatric illness that prevents him from participating in the program.

Officers interested in referring an offender should call SOTP before the sentencing hearing. Contact SOTP Director Andres E. Hernandez at (919)575-4541, ext. 4462.

Supervision

Because many sex offenders present a socially acceptable facade, the chaos in their lives is not readily apparent to officers who are used to dealing with more overtly criminal offenders. These offenders usually present few case management problems. They generally keep their appointments, hold jobs, have family and support systems, and complete the conditions of supervision. They may appear successful in their treatment. This is because the traits they need to be successful in their professions and with their families are often the same skills they use to practice their deviant behavior.

Although sex offenders typically present few case management problems, experienced officers caution against assigning them to an administrative caseload. Sex offenders require intensive supervision because they pose such a potentially high risk to the community and need constant monitoring to ensure they are managing their deviant behavior. Supervision therefore focuses on surveillance, control, setting firm limits, and treatment. Effective supervision involves applying external controls on the sex offender while, through intensive treatment, the offender learns to use tools and techniques to increase internal controls. Because sex crimes are crimes of secrecy, sex offender supervision is intense and intrusive.

Internal Control

Through offense-specific treatment, sex offenders are taught to identify and control their inappropriate sexual impulses, feelings, and behaviors. Some officers, however, may feel uncomfortable delving into the sexual aspects of a person's life. Nevertheless, to effectively supervise sex offenders you must become familiar with the offender's deviant sexual thoughts and behavior. In *Managing Adult Sex Offenders: A Containment Approach*, researchers at the Colorado Division of Criminal Justice explain that the "effort to promote—and monitor—internal control is an important departure from traditional criminal justice practice with sex offenders. Traditionally, deviant thinking lies outside the jurisdiction of the criminal justice system. [However,] . . . in the case of sexual offenders, deviant thinking is an integral part of the assault pattern . . . ."

> But the very planning and patterns of assault that can increase the likelihood of criminal activity can also be interrupted. Once a sexual offender reveals his or her thoughts and feelings as part of the sexual assault pattern, this information can be used by criminal justice officials to develop individual monitoring and surveillance plans.

External Control

By working closely with the treatment provider, officers can obtain information about the offender's deviant fantasies and behavior patterns and develop a system of external controls that specifically minimize the risks these fantasies and behaviors present. These controls include supervision conditions and a supervision plan that stress intensive supervision; use of the polygraph (as part of the treatment plan) for monitoring compliance; notification of those at third-party risk; sex offender registration; collateral visits with the offender's employer, family, treatment provider; unannounced and scheduled visits to the offender's home and place of employment; frequent in-person meetings with the offender; cessation of sexually deviant behavior; targeted limitations on behavior, including no-contact requirements; verification (via observation or collateral contacts) of the offender's compliance with treatment and supervision conditions; and urine analysis (as required). Behavioral monitoring should be increased when an offender is at an increased risk to reoffend; for example, when the offender is experiencing stress or visiting victims or potential victims or when the offender demonstrates an increased level of denial.

At the beginning of supervision, the officer and offender should discuss the details of the offense and the offender's high-risk behaviors, as well as the potential risk situations that precede the offender's abusive sexual behavior. Specifically

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state what activities the offender should avoid. For example, child molesters should be prohibited from serving as Cub Scout leaders or from jogging near elementary school yards when children are present. Unless the activity is spelled out, the sex offender will interpret the "no contact" rule as "no sexual contact." When possible, include members of the offender's personal support group in the discussion, as these individuals may be able to help the offender avoid risky activities or situations.

During supervision, discuss treatment progress and issues with the offender, as well as the consequences for failing to complete treatment. In consultation with the provider, evaluate and modify (as required) treatment plans on a routine basis. Make frequent collateral contacts and communicate often with the treatment provider. These individuals provide additional information about the offender's behavior and compliance and supplement the offender's self-reporting. Actively monitor the offender's activities. Note not only risky behaviors but the offender's success in monitoring his or her behavior. Also look for changes in the offender's routine and for activities and behaviors that previously preceded sexual assault: overworking, keeping secrets, depression, alcohol or drug use, or ending a relationship, et cetera.

Duty to Warn

The third-party risk guidelines set out in *Guide to Judiciary Policies and Procedures* apply in sex offender cases in which there is a reasonably foreseeable risk of harm to an identifiable person. Generally, a duty to warn does not arise unless individual persons at risk are identified. Nevertheless, officers may, for example, want to warn an elementary school principal that

Sex Offenders and the Internet

While facilitating worldwide information exchange, the Internet has also posed risks to children using on-line services. Computer technology has enabled on-line predators to enter the homes of children who use the games and resources on the Web. Keith Durkin, assistant professor of social sciences at McNeese State University, says that pedophiles and child molesters use the Internet to traffic in child pornography, locate children to molest, engage in sexual communication with children, and interact with other pedophiles and child molesters.

In December 1996, the Parole Commission voted to approve special computer restrictions for high-risk federal parolees. These conditions require parolees to obtain written approval before using an Internet service provider or any public or private computer network. Other restrictions prohibit parolees from possessing or using data encryption programs and require parolees to agree to periodic unannounced examinations of computer equipment and to allow the parole officer to install hardware and software on the parolee's computer or to monitor computer use. Some districts have used similar conditions that prohibit or restrict offenders' use of computers, modems, and the Internet.

Misuse of the Internet by child molesters and pedophiles raises new supervision issues for officers. Does the Internet offender fall into the same category as the predatory sex offender who molests children? How does one restrict access, especially if the offender requires a computer for employment? How does one monitor a person's use of the Internet? Do district officers have the training they need to detect an offender's computer misuse? How does one keep an offender from accessing the Internet at colleges, libraries, or other places?

To help law enforcement and correctional officers explore these issues, the Center will present a satellite broadcast on sex offenders and the Internet in December. Read the AO's *News and Views* or contact Mark Maggio at (202) 273-4115 for more information.

students may be at risk. In addition, state sex offender registration laws may be relevant in the officer's determination of third-party risk. If the state has provided certain information to a person or persons at risk pursuant to its registration laws, that information could be a sufficient warning in a case in which an officer has determined that a third-party risk warning should be given to the person or persons.

Confidentiality

Open communication with the treatment provider and others involved in supervising the offender is essential. If necessary, officers should obtain signed waivers of confidentiality that extend to the sex offender treatment provider, victim, victim's therapist, members of the supervising team, and other providers treating the offender (e.g., mental health or substance abuse treatment providers).

Terminating Treatment

Recognizing the high level of risk associated with sex offenders, experienced officers and sex offender treatment specialists caution against terminating treatment. Most sex offenders require treatment throughout supervision, and sex offender treatment specialists note that some sex offenders require lifelong treatment.

Separating the Offender from the Offense

While sex offenders must be held accountable for their crimes, those who work with

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Supervision Conditions

To restrict sex offenders from high risk situations or access to potential victims, specialized conditions are required. Researchers at the Colorado Division of Criminal Justice recently surveyed more than 700 probation and parole supervisors across the nation about their sex offender policies. Based on the survey results, the researchers developed a model program for supervising offenders in the community. As reported in *Managing Adult Sex Offenders: A Containment Approach*, this model recommends that the conditions for sex offenders be extensive and based on the offender's offense pattern.

Following is a list of some of the conditions that experienced federal officers use for sex offenders. Before implementing any new conditions in the district, check with your supervisor and follow district policies and procedures.

- Offender's employment and change of address must be approved by the officer.
- Offender must participate in a specialized sex offender treatment program that may include use of a plethysmograph and polygraph.
- Offender must maintain a driving log with details about mileage, routes traveled, and destinations.
- Offender may not possess any pornography.
- Offender may not directly or indirectly contact the victim or any child under age 18; may not reside with any child under age 18; and may not loiter near school yards, playgrounds, swimming pools, arcades, or other places frequented by children.
- Offender must register with local law enforcement. (Note: This may already be required by state law.)
- Offender may not use sexually oriented telephone numbers or services.
- Offender may not date women who have children.
- Offender may not use alcohol or illicit substances.
- Offender is required to abide by an evening curfew, as set by the probation officer.
- Offender may not have contact with devices that communicate data via modem or dedicated connection and may not have access to the Internet.
- Offender's place of residence may not be in close proximity to parks, playgrounds, public pools, or other locations frequented by children.

Changes in Registration and Notification Laws

In September 1994, President Clinton signed the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Act as part of the Violent Control and Law Enforcement Act. The Wetterling Act required states to pass sex offender registration laws or risk losing federal law enforcement funding. It also outlined minimum features states needed to meet in creating or revising sex offender registration laws.

New Jersey's Megan's Law, on which many states modeled their own sex offender registration and notification laws, was passed in October 1994. On May 17, 1996, the President signed the federal version of Megan's Law, amending the Wetterling Act. The federal law required states to pass legislation permitting release of sex offender registration information to the public; the Wetterling Act had left the notification issue to the states' discretion. During the past three years, legislatures in every state have passed sex offender registration and notification laws designed to monitor convicted sex offenders, protect the public, and provide an intelligence network among states to assist in investigating and prosecuting such cases. (See figure 1, page 2.)

In 1997 Congress amended several sections of Title 18, directing Federal Bureau of Prison (BOP) officials, federal probation officers, and certain federal sex offenders to participate in state sex offender registry programs. Beginning November 26, 1998, amendments to 18 USC §4042 will become effective. The amendments will direct federal probation officers to register certain sex offenders with state law enforcement authorities and to advise state officials each time a supervised sex offender changes addresses. The mandatory registration information includes the offender's name, address, criminal history (including a description of the instant offense), and conditions or restrictions placed on the offender, as well as any information to the effect that the person is subject to registration requirements as a sex offender. Also effective November 26, applicable probationers' and supervised releasee's registration responsibilities will appear as a standard condition of supervision, and BOP officials will be responsible for registering certain sex offenders with state officials prior to the offender's release from incarceration.

Recently, the Justice Department issued new guidelines for the states to follow in bringing existing state sex offender registration and notification laws into federal compliance. It is expected that these guidelines will generate additional changes in state laws and may have further implications for federal officers. Prior to the effective date of the amendment, officers should simply monitor an offender's compliance with state sex offender registration laws. Federal officers should look for memorandums from the AO's Federal Corrections and Supervision Division for guidance on their new responsibilities regarding sex offender notification and registration. ◆

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them must be humane and respectful. This does not imply coddling the offender or excusing his or her behavior. Rather, effective change occurs in an atmosphere that acknowledges and supports offenders' potential for change, thereby reducing the threat they pose to the community.

Some officers may find it hard to maintain this type of relationship. Officers must acknowledge their feelings about sex offenders and overcome any personal distaste for the bizarre and predatory quality of the sexual behavior. They must learn to separate the offender from the offending behavior so they can discuss the intimate details of the offender's sexual desires and conduct. If the offender is not seen as a person, establishing the level of communication necessary for supervision will be difficult.

Even experienced officers find working with this offender population draining due to the frequent contact and constant vigilance required. Staffing cases is one way to share the responsibility for investigating and supervising sex offenders and prevent officer burnout. In some cases, transferring the case to another officer may be an appropriate decision. ◆

Relapse, Violations, and Revocation

According to Georgia Cumming and Maureen Buell in *Supervising the Sex Offender*, "a lapse is an emotion, fantasy, thought, or behavior that is part of the offender's relapse pattern." Examples include engaging in deviant fantasies, buying pornography, using alcohol or drugs, being alone with a child, or not resolving feelings of anger or depression. Cumming and Buell indicate that lapses with sex offenders are not unusual and should be anticipated. Occurring when an offender fails to monitor warning signs or to address high-risk situations, lapses are unique to the offender and his or her deviant behavior.

Dealing with a lapse can be as straightforward as the offender recognizing the high-risk behavior and intervening. Sometimes, however, a lapse may require increased external control (e.g., increased monitoring or additional no-contact conditions). It is important, however, to set firm limits with sex offenders. When an offender's behavior indicates that he or she poses a risk, officers should consider a system of graduated sanctions. For example, officers should respond when the offender contacts a victim, continuously fails to avoid situations that reinforce deviant fantasies, fails to participate in mandated specialized treatment, or vio-

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References

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-VI).* Washington, D.C., 1994.

The Association for the Treatment of Sexual Abusers. *Ethical Standards and Principles for the Management of Sexual Abusers.* Beaverton, Or., 1997.

Berg, Thomas S. "Treating the Child Sex Offender." *Roundtable* (Autumn 1989): 20–22.

Colorado Department of Public Safety, Division of Criminal Justice. *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders.* Denver, Colo., January 1996.

Colorado Division of Criminal Justice. *Managing Adult Sex Offenders.* Ed. Kim English, Suzanne Pullen, and Linda Jones. Lexington, Ky.: American Probation and Parole Association, 1996.

Counseling and Consultation Services, Inc. "Federal Probation Training on Sex Offenders." Johnson City, Tenn., November 22, 1996.

Cumming, Georgia and Buell, Maureen. *Supervision of the Sex Offender.* Vt.: The Safer Society Press, 1997.

Davis, Laura; McShane, Marilyn D.; and Williams, Frank P. "Controlling Computer Access to Pornography: Special Conditions for Sex Offenders. *Federal Probation* 59 (June 1995): 43–47.

Doherty, Joseph. *The Adult Sex Offender: Understanding Deviant Behavior, Answers to Frequently Asked Questions.* Cambridge, Mass.: New Directions for Men, 1995.

Durkin, Keith F. "Misuse of the Internet by Pedophiles: Implications for Law Enforcement and Probation Practice." *Federal Probation*, 61 (September 1997): 14–18.

"Effective Management of Sex Offenders in the Community." *Offender Program Report* 1 (May/June 1997): 1–2, 12–13.

Greenfield, Lawrence A. *An Analysis of Data on Rape and Sexual Assault: Sex Offenses and Offenders* NCJ-163392. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, January 1997.

Grugin, Elizabeth. "Sex Offender Notification: Implementation Considerations for States." *Corrections Policy Profiler* 1 (Fall 1997).

Jensen, Steven H., and Jewell, Coralie A. "The Sex Offender Experts." *The Prosecutor* 22 (Fall 1988): 13–20

Kercher, Glen, and Long, Lydia. *Supervision and Treatment of Sex Offenders.* Huntsville, Tex.: Sam Houston Press, 1991.

Larson, Noel R. "Profile of Female Sex Offenders." *Treatment Today* (Winter 1996): 27.

Lotke, Eric. "Politics and Irrelevance: Community Notification Statutes." *Federal Sentencing Reporter* 10 (September/October 1997): 64–68.

McGrath, Robert J. "Assessing Sex Offender Risk." *Perspectives* (Summer 1992): 6–9.

Montgomery, Pamela. "Sentencing Federal Sex Crimes." *Federal Sentencing Reporter* 10 (September/October 1997): 98–102.

Oregon State Court Administrator's Office, Office of Probation. *Guidelines for Probation Officers Working With Sex Offenders.* July 1997.

Reilly, Edward F., Chairman, U.S. Department of Justice, United States Parole Commission. Memorandum to Elaine Terenzi, Chief Probation Officer (Florida Middle). Chevy Chase, Md., December 12, 1996.

Sex Offender Training Manual, U.S. Probation Office (Florida Middle), Tampa, Fla. (undated).

"Study of Sex Offender Treatment Produces a Model Program." *The Criminal Justice Newsletter* (February 2, 1997): 3–5.

Steele, Nancy M. "Sexually Violent Predators: Dispelling the Myths and Sorting the Hay to Find the Needle." *Offender Program Report* 1 (January/February 1998): 65–66, 76–77.

U.S. Sentencing Commission. *1997 Sourcebook of Federal Sentencing Statistics.* Washington, D.C., 1998.

Washington State Department of Corrections, Division of Community Corrections. *Sex Offender Supervision: Practical Application for Field Staff (Participant Guide).* Spokane, Wash. (undated).

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lates a condition. The challenge is to increase the sanctions, focusing on supervision versus incarceration. Some sex offenders would prefer to violate and spend time in prison than deal with intensive supervision and mandated treatment.

Assessing the seriousness of a violation is critical. Consider the offender's offense pattern, risk factors, supervision conditions, and the circumstances of the violation, such as criminal behavior involving violence or victimization of children. Some infractions, such as a conviction of a new offense, demand revocation. Others may not warrant revocation but should be addressed directly by way of a warning, increased supervision, or discussion in treatment. At the same time, for some offenders, a minor infraction may require immediate court action. For example, a child molester who repeatedly frequents places where children play should be removed from the community. ◆

Developing In-District Expertise

This bulletin serves as a self-study guide that introduces the topic of sex offenders and helps officers and managers begin exploring district case management strategies and procedures related to sex offenders. It is suggested that officers and managers continue developing expertise concerning this offender/defendant population by reading the following books, inviting local sex offender treatment specialists to speak at in-district training programs, and attending the Center's October satellite broadcast on sex offenders and December satellite broadcast on child molesters and the Internet. Additional teletraining programs on sex offenders will be available in 1999. Consult the AO's *News and Views* and the Center's *FJTN Bulletin* for program dates. Contact Mark Maggio at (202) 273-4115 for additional information about the *Special Needs Offenders Series on Sex Offenders.*

Suggested Reading

Criminal Investigation of Child Sexual Abuse, Portable Guides to Investigating Child Abuse. Office of Juvenile Justice and Delinquency Prevention, May 1997.

Ethical Standards and Principles for the Management of Sexual Abusers. The Association for the Treatment of Sexual Abusers, Beaverton, Or., 1997.

Female Sex Offenders, by Ruth Matthew, Jane K. Matthews, and Kathleen Speltz. Vt.: Safer Society Press, 1989.

Men Who Rape: The Psychology of the Offender, by A. Nicholas Groth. NY: Plenum, 1979.

Supervision of the Sex Offender, by Georgia Cumming and Maureen Buell. Vt.: Safer Society Press, 1997.

Transforming Trauma: A Guide to Understanding and Treating Child Sexual Abuse, by Anna C. Salter. Thousand Oaks, Cal.: Sage, 1995.

Treating Child Sex Offenders and Victims: A Practical Guide, by Anna C. Salter, Thousand Oaks, Cal.: Sage, 1988.

Working With Sex Offenders: Guidelines for Therapist Selection, by M. O'Connell, E. Leberg, and C. Donaldson, Thousand Oaks, Cal.: Sage, 1990.

Who Am I and Why Am I in Treatment?, by Robert Freeman-Longo and Laren Bays. Vt.: Safer Society Press, 1988.

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