

CASE STUDIES ON THE CENTER FOR SEX OFFENDER MANAGEMENT'S NATIONAL RESOURCE SITES

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Introduction and Background

The Center for Sex Offender Management (CSOM) is a national project designed to support state and local jurisdictions in the effective management of sex offenders under community supervision. The project was established through an interagency agreement between the U.S. Department of Justice, Office of Justice Programs (OJP), the National Institute of Corrections (NIC), and the State Justice Institute (SJI); and is being jointly administered by the Center for Effective Public Policy and the American Probation and Parole Association.

ESTABLISHMENT OF THE RESOURCE SITES COMPONENT OF CSOM

The Resource Sites component of the project was established to capture the lessons from communities around the country who have demonstrated—through collaboration between criminal justice and health system agencies—that they can manage sex offenders and increase public safety. CSOM has identified eleven jurisdictional, cross-disciplinary teams who have developed innovative sex offender management and supervision techniques (the Yankton-Sioux Tribe from South Dakota has recently been selected as the project’s eleventh Resource Site; as of this writing, their case study has not yet been finalized). The project is assisting those sites in building their capacity to serve as resources for other jurisdictions that are interested in instituting successful, collaborative supervision programs.

OBJECTIVES OF THE RESOURCE SITES INITIATIVE

The primary objectives of the Resource Sites initiative are two-fold: to support and document the development and enhancement of existing sex offender management practices in each site; and to build the capacity of each site to serve as a resource to other jurisdictions as they begin to implement or refine their own approaches to sex offender management. Each Resource Site has developed its own strategy in a different way, resulting in an array of approaches.

To that end, the project is assisting these sites to advance their own practices through the exploration of new initiatives, information sharing, training, and technical assistance. CSOM is also inventorying, documenting, and analyzing the accomplishments of the sites and making available these lessons to others. CSOM is enabling these sites to share their experiences with the field through documentation of their experiences, and ultimately will support a peer-to-peer training program.

THE SELECTION OF THE CSOM RESOURCE SITES

In conjunction with the project’s National Resource Group (which is comprised of experts in the fields of sex offender management, research, and treatment; as well as criminal justice system representatives including corrections, probation and parole, the judiciary, defense bar, and prosecution), CSOM sought jurisdictions that represented the most promising and innovative practices in community sex offender management to serve as Resource Sites. Recognizing the vastly different approaches to sex offender management across the country, the project searched for sites that were both demographically and geographically diverse. After consultation with the National Resource Group, the project’s Federal

Oversight Group, and substantive experts in the field, CSOM solicited written materials and conducted interviews with representatives from each of the jurisdictions that were being considered. The project required that each site demonstrate collaboration between key system actors charged with the effective community management of sex offenders, and that they display a willingness to openly share the lessons they have learned with other jurisdictions. Perhaps most importantly, the project selected sites with the desire to critically assess their practices and continue to refine those practices when necessary.

SUMMARIES OF THE CSOM RESOURCE SITES' ACTIVITIES

The case studies contained in this document reflect lessons learned via in-depth interviews with members of the Resource Site teams, as well as on-site visits to each of the sites. The following are summaries of the activities of the Resource Sites (with the exception of the Yankton-Sioux Tribe, whose efforts will be detailed in a later edition of this document).

MARICOPA COUNTY, ARIZONA has pioneered lifetime probation supervision, and was one of the first jurisdictions to use specialized caseloads, including intensive supervision, for sex offenders. There is extensive collaboration among probation, the court, the prosecutor's office, treatment providers, and law enforcement. The probation department has secured assistance from the National Institute of Justice to evaluate the effectiveness of their approach.

The FIRST JUDICIAL DISTRICT IN COLORADO is a suburban district with a well-developed supervision model, a special sex offender probation unit, and extensive collaboration with the district attorney, treatment providers, and law enforcement. It is also the site of the first juvenile sex offender probation unit in the state, which is developing the standards for juveniles for use by other judicial districts in Colorado. The state is also doing extensive data collection in several sites, including this one, to validate several different risk assessment instruments on sex offenders.

In NEW HAVEN, CONNECTICUT, there is a unique and successful collaboration between the Office of Adult Probation, sex offender treatment providers, and a victim advocate. The victim advocate, hired with Probation Department funds, serves as part of the sex offender supervision team. This effort builds on a collaborative model developed in another area of the state, and takes advantage of a previously established partnership among probation, police, treatment and victim services concerning issues of community notification and officer safety. A researcher is documenting the outcomes of the efforts in both parts of the state.

In MASSACHUSETTS, a group including the Parole Board, the Department of Correction, the Office of the Commissioner of Probation, and the Sex Offender Registry Board are working together to create a continuum of treatment and supervision for sex offenders throughout the criminal justice system. A contracted treatment provider, the Justice Resource Institute, is providing treatment within the state correctional institutions and a network of treatment providers in the community work with parole and probation officers who manage sex offenders. Researchers have been added to the institutional treatment staff to offer additional opportunities for program evaluation and the development of refined risk assessment instruments. The Parole Board has implemented an Intensive Parole Supervision Unit as a pilot program using a containment approach that combines treatment, intensive team supervision, electronic monitoring, and use of the polygraph.

In WESTCHESTER COUNTY, NEW YORK, the Probation Department works closely with the court, the district attorney's office, and sex offender treatment providers. The department uses a supervision model based on 26 probation conditions imposed by the court at sentencing. These emphasize high accountability and relapse prevention strategies, and are monitored by officers with caseloads kept at 35 per officer. Treatment groups are held on-site at the department's offices.

JACKSON COUNTY, OREGON is among the earliest programs (developed in 1982) to use a comprehensive, collaborative approach, involving treatment providers, community corrections, law enforcement, polygraphers, mental health and children's services, and prosecutors. Representatives from all of these disciplines participate in monthly collaborative meetings. Treatment is offered to the offender, the non-offending family members, and victims. The community corrections agency also provides leadership across the state on community notification practices that promote public safety.

VERMONT was the first state to have an integrated and comprehensive statewide sex offender supervision and treatment program. It pioneered the use of relapse prevention with sex offenders in 1983, and currently has in place a continuum of prison and community based programs that match services to offender risk and need levels. A recent innovation is Vermont's use of trained community volunteers to provide support to offenders reintegrating into the community.

SPOKANE, WASHINGTON is noteworthy for the innovative leadership of law enforcement, particularly in the area of neighborhood supervision in conjunction with probation and community organizations. The Spokane Police Department, Department of Corrections, and community volunteers work closely on registration, community notification, and supervision issues.

JOHNS HOPKINS/NATIONAL INSTITUTE FOR THE STUDY, PREVENTION, AND TREATMENT OF SEXUAL TRAUMA represents the medical approach to the treatment of sex offenders. The Institute works closely with members of the defense bar representing offenders voluntarily seeking treatment prior to arrest or conviction, as well as with Federal probation providing treatment to their probationers.

THE WISCONSIN SEX OFFENDER TREATMENT NETWORK used the initial support of the Wisconsin Department of Corrections to provide training to therapists from around the state. That training has helped to ensure the availability of specialized, professional treatment capacity across Wisconsin. The Network provides training for new professionals and continuing education and networking for Fellows of the Network.

Each of these sites has developed unique mechanisms for managing the sex offender population in their jurisdictions. While many of the approaches vary, each emphasizes both the importance of collaboration and the prevention of future victimization. The case studies contained within this document have been developed to share promising approaches to sex offender management and treatment practices with practitioners across the country. Although these practices may not be absolutely transferable between jurisdictions, the efforts of the CSOM Resource Sites serve as examples to other jurisdictions seeking to establish, implement, and/or strengthen their own practices.

STATE RESOURCE SITES

The Commonwealth of Massachusetts

INTRODUCTION

In 1997, the Commonwealth of Massachusetts had a population of 6,118,000, living within 10,555 square miles. Thirteen percent of the population is minority. Ninety-six percent of its residents live in a metropolitan area, making it the third most urbanized state in the country. In 1995, Massachusetts had the 15th highest rate of violent crime in the nation.

BACKGROUND

Several criminal justice agencies in Massachusetts work in the treatment and supervision of sex offenders. They include the Massachusetts Parole Board; the State Department of Correction (DOC), which operates within the Executive Office of Public Safety; and the Office of the Commissioner of Probation, which operates under the judicial branch and oversees each superior, district, juvenile, and probate court in the Commonwealth. These agencies started working on specialized interventions for sex offenders relatively independently in the early 1990's:

- The *Massachusetts Probation Officer Sex Offender Task Force* began as a grass roots movement in 1991, because of a need for specialization, continued training, and education about sex offenders.
- The Parole Board began developing a sex offender supervision program in 1991. In 1991, the Parole Board sent a parole supervisor and the state police polygrapher to visit the Jackson County, Oregon program. (Jackson County, Oregon, is also a CSOM Resource Site.)
- The Office of the Commissioner of Probation promulgated limited policies for supervision of sex offenders placed on probation in 1994. Probation is presently reviewing and developing a more comprehensive specialized approach to supervision.
- Sex offender treatment, for both inmates committed to the state's DOC and offenders who have been civilly committed, is operated for the Massachusetts Department of Correction by the *Justice Resource Institute (JRI)*, a private non-profit organization.
- In the summer of 1995, the Parole Board, with support from the National Institute of Corrections, worked with the Crime and Justice Foundation to develop an action plan to implement an *Intensive Parole for Sex Offenders (IPSO)* program. IPSO started in February of 1996 as a pilot in Region 9 (an area in the central part of the Commonwealth just west of Boston).

These agencies are now working together collaboratively to provide a continuum of treatment and management from an offender's first involvement with the court to release to community supervision. This is accomplished through a coalition of sex offender management. The mission of this coalition is to provide public safety through the effective management of the state's sex offender population. This includes the areas of enforcement, identification, assessment, supervision, treatment, registration, incarceration, and community notification.

THE MASSACHUSETTS APPROACH

The Population

There are approximately 2,900 identified sex offenders incarcerated in Massachusetts state prison facilities,¹ about 25 percent are in treatment. There are roughly 500 sex offenders under the authority of the Parole Board. As of March 1998, there were just over 1,300 offenders under adult probation supervision for sex offenses; 93 percent were convicted of felonies. There are also an estimated 200 juvenile sex offenders on probation.

Office of the Commissioner of Probation

The Probation Department supervises both juveniles and adults, and individual officers may have both juveniles and adults on their caseload. Some of the sex offenders it supervises arrive following a period of parole or incarceration; others are sentenced directly to probation. Most adults have been convicted of "concurrent felonies," in either superior or district court. By administrative regulation, convicted sex offenders must be seen minimally on a biweekly basis. Most probation officers do not have specialized sex offender caseloads, however, and caseloads of 100 or more are not uncommon.

With the exception of pretrial probation, sex offenders can be placed on probation with either a "continuance without a finding" or a conviction of guilt combined with a dispositional order of probation conditions. A continuance without a finding is the judicial determination that sufficient facts exist in the case for a delinquent or guilty conviction to be issued, but the court has declined to label the individual as a sex offender. This allows the individual to avoid the collateral effects of a record of adjudication or conviction as a sex offender, such as registration and community notification.

Massachusetts Probation Officer Sex Offender Task Force. The Task Force has been working since 1991 to develop guidelines and standards for assessment (both presentence and at intake), supervision and treatment; develop a risk assessment instrument; identify appropriate and credible referral sources; provide training; and maintain dialogue throughout the system to develop appropriate sentencing, assignment of conditions, and community collaboration. The Task Force has compiled a directory of treatment providers throughout the state, and has served as consultants to other probation agencies and judges around treatment, sex offender dynamics, and supervision issues. It has worked in conjunction with the Massachusetts Adolescent Sex Offender Coalition on issues such as development of standards. A combined conference may be held in 1999.

The Task Force endorses a strong partnership between all criminal justice agencies and treatment providers. When necessary, this partnership is expanded to include family members, law enforcement, school officials, and employers, with the hope that a truly effective containment approach within the community will be realized.

¹ This number includes individuals who have been convicted of a sex offense at any time or committed a sex offense while they were incarcerated; it also includes those whose offense had sexual overtones.

Department of Correction

In 1992 the Department of Correction established a pilot sex offender treatment program within the Community Corrections Division. The operation of this program followed several years of research on the topic of sex offender treatment and supervision.

As a result of the success of this pilot program, a six-phase comprehensive treatment program was implemented system wide in October 1994. Phase 6, a pre-release community work program, was phased out in August 1998 because of changes in Massachusetts' general law.

Inmates are identified as sex offenders immediately upon commitment to the department. The identification of sex offenders is based on their past and current criminal records and places them into one of the following categories:

- Currently serving a sentence for a sex offense;
- Have a prior conviction for a sex offense;
- There are sexual overtones in the reading of the offender's official version of the offense (e.g., convicted of murder but official version indicates victim was raped); or
- Inmate is found guilty of sexual misconduct while incarcerated.

All identified sex offenders willing to enter the treatment program are transferred to one of three medium security institutions where sex offender programming is available. Inmates refusing treatment will remain in a secure (medium security) institution for the remainder of their incarceration. Without sex offender treatment programming, they are designated inappropriate for reintegration into the community through community correction (minimum security) institutions.

The Department of Correction, in conjunction with Justice Resource Institute (JRI), provides the sex offender treatment programming. The JRI program incorporates assessment, preparation for treatment, and an intensive therapeutic community. Assessment tools include the STAXI (a state-trait inventory which measures anger and aggression), the Shipley Institute of Living Scale, the Interpersonal Reactivity Index, a variety of neurological scales, measures of substance abuse and mental illness, and the Multidimensional Assessment of Sexuality and Aggression.²

Treatment is carried out in five phases; the first three phases take place in three medium security institutions, phase four is available in only one medium security institution. Phase five is intensive aftercare treatment, which takes place in two minimum security institutions. Inmates cannot be moved to one of the minimum security facilities unless they have completed the first four phases of treatment. Inmates with over five years of incarceration remaining in their sentences are not admitted to treatment until they are within six years of their earliest projected release date.

² Dr. Robert Prentky of the Justice Resource Institute and Dr. Ray Knight of Brandeis University are currently refining this assessment tool.

The five phases of treatment are:

- 1) *Self-guided book work*, conducted independently under the supervision of a treatment provider, and completed within six months.
- 2) *Psycho-education*, consisting of weekly group meetings that provide an introduction to treatment, victim empathy, human sexuality, and relapse prevention. This phase is completed in three or more months, as determined by the therapist.
- 3) *Treatment/support group*, that meets for two hours weekly to address common issues such as empathy, denial, and anger.
- 4) *Intensive treatment*, provided in the context of a therapeutic community. Treatment includes several types of groups, activities and classes, and a variety of psychological, psycho-educational and polygraph assessments. This phase of treatment is expected to continue for twelve to eighteen months, but length may vary.
- 5) *Minimum security treatment* occurs at one of two facilities; its group sessions focus on transition and relapse prevention.

A single treatment file follows an offender from intake to discharge. Treatment providers inform parole staff about treatment issues and progress. Inmates scheduled for release to the community, whether on parole, probation, or completion of sentence, are referred to one of 24 network treatment providers located statewide. These providers are under contract with the Department of Correction to provide aftercare services that are consistent with the treatment provided while incarcerated. Provisions have been made to accommodate those offenders who cannot afford to pay for treatment. These community treatment providers are available to work with all criminal justice agencies.

The Office of the Assistant Deputy Commissioner of Community Corrections communicates information regarding the release of all sex offenders to law enforcement officials in the jurisdiction where the offender intends to reside. This information includes the inmate's offense, treatment, supervision issues or conditions, and the name of the inmate's treatment provider in the community. The purpose of this notification is to facilitate positive communication, treatment, and supervision initiatives.

Massachusetts Parole Board Intensive Parole for Sex Offenders (IPSO)

In 1996, the IPSO program was established on a pilot basis in the Region 9 parole office, covering 60 cities and towns. IPSO provides the aftercare component essential to the continuum of care and treatment for certain sex offenders, who are primarily paroled from the Department of Correction Sex Offender Treatment Program community. The program addresses the issues of public safety and control of the parolee in the community. This is achieved through the Parole Board's imposition of special conditions, including intensive parole supervision and surveillance, electronic monitoring, sex offender treatment, and polygraph examinations. The IPSO case team is composed of two parole officers who provide supervision and case management to approximately 40 sex offenders, sex offender treatment providers who provide counseling and treatment, and a state police polygrapher who conducts polygraph examinations.

All IPSO cases involve felony convictions; the program has prioritized the supervision of pedophiles, who comprise about two-thirds of the IPSO caseload. The caseload consists of sex offenders sentenced

under both the previous system, where two-thirds of a sentence for a violent crime had to be served, and the current system, where the full minimum must be served before release.

Supervision includes at least two home and/or community visits per week, curfews, electronic monitoring, restriction of travel, daily logs maintained by the parolee, surveillance, drug testing, and polygraph examinations. A parole supervisor may also authorize the use of a 15-day warrant for temporary custody for technical violations.

The IPSO parolees released by the Parole Board are automatically subject to sex offender special conditions, in addition to other special conditions that may be imposed by the parole board. Some of these conditions include participation in treatment, payment of counseling costs, compliance with relapse prevention plans, restrictions on driving and interstate travel, no contact with victims and potential victims, controlled access to media, and no possession of cameras or pornography.

Outcomes. A total of 70 cases have been supervised by IPSO since its inception. In 28 months, 20 offenders (28.6 percent) had been returned to prison: 19 for parole violations such as drinking, not attending treatment and missing curfew, and one for a new criminal (non-sexual) offense. No offender has been returned for the commission of a new sex offense. It is hoped that the IPSO can be replicated in other regions of the state.

A Master Plan Addressing Sexual Assault

With input from parole, probation, law enforcement, adult and juvenile sex offender treatment providers, and victim advocates, the Massachusetts Association for the Treatment of Sexual Abusers (MATSA) has recently developed a master plan: "No More Victims: A Master Plan for Addressing the Problem of Sexual Assault in the Commonwealth of Massachusetts." The plan outlines a comprehensive set of recommendations, which address the following:

- Prevention;
- Specialization across victim services, law enforcement, child protective services, prosecution, probation and parole, treatment, polygraphy, corrections/youth services, community support teams, and interagency/interdisciplinary teams;
- Training across the system;
- Guidelines for investigations by each component of the system;
- Treatment, including immediate, appropriate, and accessible resources for victims, as well as monitoring of providers and appropriate sentencing conditions for offenders;
- Supervision guidelines for probation and parole, treatment providers, polygraphers, and community support teams; and
- Informational systems, including consistent documentation and data collection; sharing of information among supervising agencies; public access to information about individuals' records of sex offense convictions; and expanded public education efforts.

Special Features of the Massachusetts Approach

The Massachusetts approach incorporates extensive formal policies and procedures within the Department of Correction and the Parole Board, covering treatment and collaboration throughout the institutions and into the community. In mid-1998, memoranda of understanding were signed at the state

agency level by the Department of Correction, the Parole Board, and Department of Probation to share resources and information, reduce duplication of services, and jointly pursue shared goals and objectives for responding to sex offenders. This was regarded by each agency as another step toward establishing a true continuum of care for sex offenders in the Commonwealth.

SUMMARY

In Massachusetts, a group including the Parole Board, the Department of Correction, the Office of the Commissioner of Probation, and the Sex Offender Registry Board are working together to create a continuum of treatment and supervision for sex offenders throughout the criminal justice system. A contracted treatment provider is providing treatment within the state correctional institutions and a network of treatment providers in the community work with probation and parole officers who manage sex offenders. Researchers have been added to the institutional treatment staff to offer additional opportunities for program evaluation and the development of refined risk assessment instruments. The Parole Board has implemented an Intensive Parole Supervision Unit as a pilot program using a containment approach that combines treatment, intensive team supervision, electronic monitoring, and use of the polygraph.

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State of Vermont

INTRODUCTION

Vermont is a predominantly rural state in the northeastern United States that borders Canada; just 27 percent of its residents live in a metropolitan area. The state's minority population is less than three percent. Vermont's 1997 estimated population of about 589,000 lived within 9,249 square miles. That year it ranked 49th in population and 48th in rates of violent crime among the 50 states.

STATE BACKGROUND

In 1980, a statewide task force was formed with federal Law Enforcement Assistance Administration (LEAA) funding to examine strategies to handle the growing sex offender population. After a year and a half of study, the task force successfully recommended to the Department of Corrections (DOC) that both prison and community-based programs be developed for treating sex offenders. In 1982, funds were appropriated by the legislature for the development of the Vermont Treatment Program of Sexual Aggressors (VTPSA). A 16-bed unit was opened within the correctional facility in South Burlington, and a small number of outpatient treatment programs were started about a year later.

Currently, the VTPSA network of sexual offender treatment programs is comprised of a coordinated system of a 36-bed intensive prison program for higher risk offenders, a 32-bed prison program for moderate risk offenders, and 11 community-based treatment programs with specially trained probation officers assigned to supervise sex offenders. The VTPSA is under the umbrella of the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA), but is administered by the DOC.

In 1988, the legislature appropriated funds to create the VCPTSA. The VCPTSA is administered jointly by the Department of Corrections and the Department of Social and Rehabilitation Services (SRS) and was the first of its kind in the nation. The goal of the VCPTSA is to coordinate all victim and offender statewide prevention and treatment services.

THE VERMONT APPROACH

The Population

Overall, about one-third of Vermont's sex offenders are serving prison terms, about one-third have received "split" sentences of incarceration followed by probation; and the remaining third have been placed directly on probation. This distribution has been consistent in recent years. During Fiscal Year 1997, 324 sex offenders were serving prison sentences, and 630 were in the community on probation or parole. Most of these sex offenders have been convicted of felonies. Only one or two women are currently incarcerated for sex offenses; they most commonly receive split sentences.

Juvenile sex offenders receive a continuum of services provided through SRS. Juvenile sex offenders are either placed on probation and engage in community based treatment or are placed into the custody of SRS. Once in custody, depending upon the risk they present to the community, they may be placed in a

residential treatment setting or a specialized foster home. A small number of juveniles may be involved in both the juvenile and adult system. In 1982, the legislature passed a statute that permitted juveniles as young as ten years old to be prosecuted as adults for murder, manslaughter, kidnapping, maiming, sexual assault and aggressive sexual assault, arson (leading to death), assault and aggravated assault, and robbery involving a dangerous weapon or bodily injury. Since this law was enacted, only a small number of juveniles under the age of 16 have been prosecuted in the adult system.

The Parties Involved in Vermont

Vermont's sex offender management system (i.e., prison, probation and parole) is under the authority of the Department of Corrections, and specialized treatment is a central component of DOC's approach. The DOC contracts with therapists (some of whom provide treatment both inside the correctional facilities and in the community), and employs all probation and parole officers who provide supervision within the community. The DOC has also organized and supported a volunteer network that is a key element of Vermont's community response to sex offenders.

The Program Structure

All treatment is based on cognitive-behavioral and relapse prevention intervention models. These treatment models were developed by a committee of corrections and treatment provider staff.³ This supervision model is detailed in the book *Supervision of the Sex Offender* (Cumming and Buell, 1997, Safer Society Press).

Sex offenders on probation are required to enroll and complete specialized sex offender treatment. Those sex offenders sentenced to between 18 months and four years of incarceration are eligible for the moderate intensity incarcerated treatment program. Those offenders who are sentenced to prison terms of four or more years are eligible for the intensive incarcerated treatment program. Treatment for those offenders sentenced to lengthy prison terms may not begin until they are within three to four years of their minimum release date. The DOC may recommend release after the offender's minimum sentence has been reached if the offender has completed treatment. The DOC does not recommend release for those sex offenders who do not successfully complete treatment. Not all incarcerated offenders are eligible for treatment (i.e., if the offender is in denial, if the minimum sentence is too long, if the offender refuses treatment, etc.).

Prison-Based Programs. Vermont has two dedicated units in prison facilities for sex offender treatment.

The prison program for high-risk offenders is located at the Northwest State Correctional Facility. The program has a capacity of 36 beds and a segregated living space, so that it functions somewhat like a therapeutic community. It houses rapists, offenders with multiple convictions, and others who are considered more serious, such as individuals with antisocial personality disorder. Each person in the program has a primary therapist, who is responsible for treatment and release planning and for all reports to the parole board. Treatment begins after an extensive assessment, which includes the Hare Psychopathy Checklist-Revised, the Multiphasic Sex Inventory, the Abel-Becker Cognitive Distortion

³ Vermont Network of Sex Offender Therapists (1995). *Guidelines for the Assessment and Treatment of Sex Offenders*, edited by Robert McGrath. Waterbury, Vermont: Vermont Department of Corrections.

Scale, the Burt Rape Myths Attitude Scale, the Interpersonal Reactivity Index, the Michigan Alcohol Screening Test, the Wilson Sexual Fantasy Questionnaire, the Rapid Risk Assessment for Sexual Offense Recidivism, and the Violence Risk Appraisal Guide. Phallometric assessments are periodically administered throughout treatment. All offenders in the program are assigned to a core group, which meets twice a week for a combined total of five hours. They must also attend a minimum of two focus groups. Focus groups are organized around various topics, beginning with how to write a journal, and include other topics such as victim empathy, personal victimization, and relapse prevention; there are also homework groups. Each offender also belongs to a peer group, which meets on its own. Peer group sessions are tape recorded and reviewed by therapists.

The prison program for moderate risk offenders is located at the Southeast State Correctional Facility. The program has a capacity of 32 beds and houses shorter-term inmates, who are likely to be serving their first term for a sex offense, and have received a split sentence. Program inmates are split between two separate facilities; plans are being made to construct a facility that would allow all program participants to be housed together. Assessments are based on clinical interviews and reviews of all treatment and other records and evaluations. Testing primarily includes the Rapid Risk Assessment for Sexual Offense Recidivism; other tests are provided as needed. Offenders spend four hours each week with their core group, and must attend a minimum of one focus group each week. In addition, they must participate in peer groups and homework groups.

Pre-Release Planning. At least 90 days prior to release, offenders are assigned to a parole officer who meets with the treatment team, therapist, and inmate together to plan for post-release treatment, housing, and employment. The parole officer obtains a packet of information summarizing treatment progress and other issues relevant to the offender, and forwards it to the outpatient therapist. Beginning in the spring of 1998, offenders who are released from either specialized unit will be given polygraphs to aid in case management.

Intensive Community Treatment. Two centrally located cities, Burlington and Rutland, have intensive community-based treatment programs for those offenders transferring from the prison-based programs. These groups meet two to three times per week, and offenders remain in the groups for six to twelve months. When they are considered stable, they move into one of the weekly community treatment groups for offenders who are on probation or released from other facilities. The treatment team, composed of treatment providers, probation officers and surveillance officers, meets on a biweekly basis to coordinate management of these cases.

Community-Based Treatment. Community-based treatment is provided by clinicians under contract with the DOC. The DOC guarantees a minimum payment per group, and sponsors a several-day training conference every year. In turn, these providers agree to charge on a sliding fee scale, follow VTPSA treatment guidelines, and attend monthly continuing education and supervision meetings. In 1987, the state was zoned into three geographical areas for the purpose of clinical supervision. The therapists from each area meet eight to ten times per year for a two to three hour supervision session. The VTPSA Clinical Director provides the supervision. The Department of Social and Rehabilitation Services also supports a network of treatment programs for adolescent sex offenders. Similar to the adult network, there are community-based programs in every geographical area of the state. The juvenile treatment providers also meet on a regular basis for supervision meetings and continuing education.

Supervision and Treatment Groups. In Vermont, offenders are sentenced to probation for an indefinite period, “until further order of the court,” although in practice, the minimum and maximum time associated with the sentence are commonly followed. The DOC has two community supervision offices in each county: one that focuses on risk management supervision for medium and high-risk offenders, especially those on parole or furlough (which includes those with “intermediate sanctions” sentences in lieu of incarceration); the other conducts presentence investigations and supervises low risk offenders. The DOC often provides therapists space in its offices for facilitation of groups and meetings between treatment and supervision staff. Not all geographic areas in the state have probation/parole officers who specialize in sex offender supervision.

At the first supervision meeting, probationers are referred to a treatment group and any special conditions of their probation warrant are reviewed. At the first meeting with the therapist, offenders sign a waiver of confidentiality and a treatment agreement. In this meeting, offenders learn about behavioral limits and expectations. They are administered psychological assessments (which differ between therapists) and polygraphs (administered by State Police staff), which are used for maintenance in some areas of the state. Polygraphs are not used for obtaining disclosure. The DOC is currently negotiating for expanded contracts with polygraphers.

Groups average eight members; they meet for approximately two hours per week. Groups most commonly focus on seven treatment goals:

- 1) Establishing a personal network for support and monitoring;
- 2) Accepting responsibility for offending behavior;
- 3) Modifying cognitive distortions;
- 4) Developing victim empathy;
- 5) Controlling sexual arousal;
- 6) Improving social competence; and
- 7) Developing relapse prevention skills.

Weekly group treatment lasts for about two years, but treatment for high-risk individuals can last much longer. Following group treatment, offenders attend a non-clinical aftercare maintenance group, which meets biweekly for a year, and focuses on relapse prevention. In the absence of further identified problems, the course of treatment ends after one year in the maintenance group.

The few women convicted of sex offenses are most commonly given split sentences. If there are three female sex offenders within a geographic area, groups are developed. Otherwise, they receive individual therapy.

Collaboration. In some offices, treatment staff and probation/parole staff hold regular monthly meetings; other offices hold quarterly meetings. Supervision and clinical staff confer frequently by telephone. Probation/parole officers periodically attend treatment sessions. Some officers co-facilitate treatment groups, but only in groups whose members are not offenders currently under their supervision.

The Use of Volunteers

Vermont is particularly notable for its volunteer involvement. The specialized volunteer program in Vermont began in 1987, when the DOC recognized that volunteers who were working with sex offenders in state institutions were in need of specialized training.

Since the implementation of the VTPSA program, volunteer involvement has increased in pre-release planning meetings. Volunteers are recruited explicitly for establishing a relationship within the community as a source of support. All volunteers are given DOC volunteer training and a record check, which certifies them as DOC volunteers. Volunteers designated to work with sex offenders also receive specialized training, which is provided by probation officers.

Prior to release, sex offenders are strongly encouraged to develop their own community support networks. DOC staff supplements these support networks with volunteers. If an inmate has no post-release support, DOC and treatment staff create a volunteer team for support. Once an offender is released and living in the community, parole officers and volunteers hold meetings to discuss signs of potential problems and share their experiences. Volunteers are in frequent contact until the offender has found a job. Such contacts range in frequency from daily to two or three times per week.

Volunteers are often recruited through a network of churches. DOC staff view volunteers as a vital part of stabilizing a sex offender's community behavior. With registration, sentencing conditions, and selective community notification, volunteers may offer the only relationship that is not focused primarily on risk management. They provide a significant social link to a "regular life." In addition, volunteers provide models for safe interaction and friendship.

Special Investigation Units

Another innovative feature of the Vermont approach are its special investigations units, established to aid prosecution in sexual offense cases. The Chittenden Unit for Special Investigations (CUSI) was the first, established in July 1992. Since that time, units have been established in half of the state's counties. These units promote collaboration between county police departments. This collaboration consists of team development, donation of office space, equipment, or salaried positions. The officers who take part in the team receive specialized training. Team membership is not permanent; officers rotate on and off, but remain part of the team for at least two years. The teams investigate all sexual abuse cases in their respective counties. Victim advocates also participate in these teams, which meet as needed with the local prosecutors. All interviews with child victims are conducted jointly with SRS investigation staff. Designated prosecutors in each county pursue all sexual abuse and assault cases.

DATA COLLECTION AND EVALUATION

Data collection on Vermont's sex offender population has been extensive and ongoing. In a recent article, McGrath, Hoke, and Vojtisek reported that offenders in specialized treatment groups in Vermont had significantly lower criminal recidivism rates after five years than those in either a comparable non-specialized treatment group or those not receiving treatment.⁴ The authors reported that differences in

⁴ McGrath, R.J., Hoke, S.E., and Vojtisek, J.E. (1998). *Cognitive-Behavioral Treatment of Sex Offenders: A Treatment Comparison and Long-Term Follow-Up Study*. *Criminal Justice and Behavior*, vol. 25 (2), pp. 203-225.

rates of sexual re-offending were especially marked between the specialized treatment and non-treatment groups.

SUMMARY

Vermont was the first state to have an integrated and comprehensive statewide sex offender supervision and treatment program. It pioneered the use of relapse prevention with sex offenders in 1983, and currently has in place a continuum of prison and community-based programs that match services to offender risk and need levels. A recent innovation is Vermont's use of trained community volunteers to provide support to offenders reintegrating into the community.

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LOCAL RESOURCE SITES

Maricopa County, Arizona

INTRODUCTION

Maricopa County is a mostly urban jurisdiction, with over 2.5 million people living in a metropolitan area that includes the cities of Phoenix, Scottsdale, Tempe, and Sun City. Approximately two-thirds of the state's population resides within the county.

LOCAL AND STATE BACKGROUND

In 1985, the Arizona State Legislature passed a statute that permitted lifetime probation for some sex offenders. This was the impetus for the creation of Maricopa County's specialized sex offender supervision program in 1993, under the authority of the county Adult Probation Office. The office had experienced a dramatic increase in its sex offender caseload over the previous ten years. Subsequent state legislation has also affected the sex offender population. This legislation has caused a growth in the number of juvenile sex offenders, as young as 14 years of age, sentenced to adult probation. Also, more than 50 sex offenders are currently at the state hospital awaiting hearings for involuntary commitment under Arizona's sexual predator law.

A statewide protocol for community supervision of sex offenders is currently under development by Maricopa County probation officers from the specialized unit and other criminal justice officials.

THE MARICOPA COUNTY APPROACH

The Population

Maricopa County's Adult Probation Office had about 1,300 sex offenders under supervision by December 1998. Nearly 1,000 offenders, mostly high-risk, were being supervised by two specialized units. Over 700 of those offenders in the specialized units were serving lifetime probation sentences. Nearly all had been convicted of felonies.

Maricopa County Team Membership

Probation. The supervision units consist of 21 specialized probation officers and 10 surveillance officers. The average caseload size for probation officers is 53 offenders. Surveillance officers work with two probation officers, averaging about 100 offenders each. Probation officers supervise progress in dealing with behavioral and life issues, and compliance with program conditions. Surveillance officers

make random field visits, particularly evening and weekend visits, and work closely with the other officers.

Intensive Supervision. The department also has “intensive probation supervision.” About 100 sex offenders are on intensive supervision at any given time. According to state statute, each intensive probation officer has a maximum caseload of 25, and is supported by a surveillance officer.

Maintenance Caseloads. Beginning in 1997, three of the specialized probation officers were assigned larger “maintenance” caseloads. These caseloads consist of sex offenders who have been on probation for several years, and are considered to pose a low risk to the community. These offenders receive periodic field visits, and maintenance polygraphs are administered about once per year.

Treatment Providers and Polygraphers. Probation officers work closely with private treatment providers. All offenders supervised by the unit are required to participate in treatment. In locating providers, the department issues a request for proposal (RFP), and outlines specifically the way in which they expect treatment to be carried out. As a result of these RFPs, a group of treatment providers has been selected by the department. Polygraphers are also selected through an RFP process.

Prosecutors, Judges, Law Enforcement and Victim Advocates. Probation staff informally collaborate with prosecutors in the Sex Crimes Unit of the County Attorney’s Office. Prosecutors and probation officers provide and receive training together. Prosecutors are likely to support probation sentences because they are confident that offenders will receive treatment and be held strictly accountable for their actions. In turn, probation officers are confident that violators returned to court will receive appropriate responses from prosecutors.

The county’s associate presiding judge has also been supportive of the specialized unit; he sets policy for over 22 criminal judges and commissioners in the county, and understands the importance of ordering specialized terms and conditions for this population. In addition, the department works on community notification and joint training with the sheriff’s office and the twenty-six police departments in the county. Probation staff have formed an alliance with the state’s largest victim advocacy group, the Center Against Sexual Abuse (CASA), for cross-training, joint efforts on legislative issues, and collaborative responses to public concerns about community notification. Community meetings are convened collaboratively when issues arise that warrant a meeting forum for community notification.

The Supervision and Collaboration Process

Assessment. As part of the presentence process, assessments are performed (when attorneys allow them) to help determine the type of sentence and conditions of probation. Since 1991, 17 specialized conditions for sex offenders (including no contact with children, testing, treatment, and limited confidentiality) are usually added to probation at sentencing. Individuals commonly receive up to one year in jail as part of their probation sentence. Young offenders frequently begin their probation sentence on intensive supervision. Officers find that many of these youth have not finished high school, have no job experience, and need the extra structure for stability. However, most offenders begin supervision as part of a larger specialized caseload.

Once an offender is sentenced, polygraphs and the Abel Screen II are administered as part of the initial assessment process; the MMPI and other tests (plethysmograph, MSI-II, Adult Interest Card Sort, C-

Interview, SORAG, and RRASOR) may also be administered. Offenders may be ordered to pay for the assessment process as part of their sentence. Complete assessments can cost as much as \$1,000. A small appropriation is available to supplement offender payments.

The evaluation process includes required attendance at a 40 hour class on sexuality and sexual deviancy. These classes are designed to help sex offenders explore new concepts and begin to examine stereotypes, victimization, and their own behavior. Offenders are also introduced to the expectations of cognitive behavioral therapy, testing requirements (including regular polygraphs), and reunification procedures, if appropriate. Their spouses or partners are encouraged to attend these groups as well.

Treatment and Monitoring. When the initial class is completed, offenders attend treatment groups once per week. Depending on the individual situation, polygraphs are planned every six months in the beginning of the supervision period. Probation officers and treatment staff have found that it is most effective to have polygraphs scheduled regularly. The probation and surveillance officers provide the polygrapher with questions. New disclosures of previous offenses generally become treatment issues, depending on the number and age of victims. New sex offenses revealed through polygraph are pursued as violations and are commonly prosecuted.

Probation officers attend treatment groups on a random but regular basis. They maintain open communication with the therapists. Regular staffings are held between probation officers and treatment providers.

Regular attendance at treatment groups continues until treatment goals are realized and behavior is stabilized. Although treatment generally lasts for 18 to 24 months, some offenders remain in treatment for six or more years, depending on risk and other individual factors.

Probation Collaboration. Probation staff communicate frequently with the court when problems arise, or when specific information is requested. The unit supervisor speaks regularly to presiding judges about issues of legal interpretations, policy and protocol, and occasionally about specific cases. All key collaborators participate in monthly meetings of the Interagency Council on Child Abuse. Finally, probation staff report quarterly to the Community Punishment Advisory Committee—a group which includes judges, prosecutors, defense attorneys, and concerned private citizens.

Violations. Sex offenders in the unit are monitored closely. Surveillance officers must make regular unannounced visits and check with employers and families about the offenders' behavior. When violations are detected, responses are agreed upon through case staffings. Generally, depending on the type of violation, probation staff respond with increased supervision and surveillance. For example, an individual may be given a curfew or moved to intensive probation supervision. If one treatment provider dismisses an offender from treatment, the offender is often referred to another agency for treatment. This decision is made by the probation officer, not the probationer.

A DOC analysis of violations since 1993 found that 11 percent of sex offenders supervised by the unit were revoked to prison; 10 percent were reinstated in the unit with jail time; and 10 percent were reinstated to more intensive supervision. When the violations themselves were examined, 24 percent involved contact with children, 35 percent involved drugs or alcohol, and 38 percent involved non-participation in treatment. Just 4 percent of the violations (involving 1.6 percent of the supervised population) involved a new sexual offense. Further analysis of new sexual offenses revealed that they

generally occurred after family or friends allowed access to children, even when they were aware of the offender's history.

Restitution and Supporting Victim Recovery. One central goal of sex offender management in Maricopa County is to support victim recovery. Treatment providers and probation staff reach out to identified victims of offenders on probation, listen to each victim's needs, and utilize that input in the management and treatment of that specific offender. Whenever possible and appropriate, communication between the offender's therapist and the specific victims' therapist is encouraged, and funding to support specialized victim therapy is offered. In intrafamilial offense cases, management and treatment strategies focus upon supporting the development of a healthy, self-sufficient family unit independent of the offender and aligned with victim recovery goals before any questions regarding visitation and reunification are addressed.

Reunification. Probation staff describe family reunification as a difficult process. All of the treatment providers in Maricopa County run partners' groups. They have found that offenders' partners are often angry and confused, and do not want to acknowledge the sex offender's behavior or become involved in treatment. However, partner involvement in groups is encouraged as a necessary part of the reunification process, an additional safeguard against reoffending, and a chance for partners to gain support and a greater understanding of their own issues. Reunification is gradual and well-supervised, and generally does not begin until the offender has nearly completed treatment and has a detailed plan for relapse prevention.

Special Service Components

Maricopa County has developed programs for specialized populations, including Spanish speaking offenders, those with mental disorders, the mentally disabled, and substance abusers. Evening groups have also been created for offenders serving short jail terms who are released on work furloughs.

Data Collection and Evaluation

The Maricopa County program was favorably reviewed in a 1994 report by Dr. Judith Becker of the University of Arizona. Monthly statistical reports are provided by probation officers. These reports form the basis for analysis of violations; further analyses are in process with the support of a grant from the U.S. Department of Justice.

SUMMARY

Maricopa County, Arizona has pioneered lifetime probation supervision, and was one of the first jurisdictions to use specialized caseloads, including intensive supervision, for sex offenders. There is extensive collaboration among probation officers, the court, the prosecutor's office, treatment providers, and law enforcement. The probation department has secured assistance from the National Institute of Justice to evaluate the effectiveness of their approach.

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Jefferson County, Colorado

INTRODUCTION

Jefferson County is a suburban county west of Denver, with a growing population estimated at 510,000 in 1997. The county, with Golden as the county seat, covers approximately 770 square miles. The courts and government offices are located in Golden. Its minority population is estimated at 18 percent.

STATE BACKGROUND

The State of Colorado has made a strong commitment to the enhancement of adult sex offender management in recent years. In 1994, a statewide committee of probation officers developed guidelines for the treatment and supervision of offenders under community supervision, which included the adoption of intensive probation supervision for adult sex offenders statewide. That same year, the legislature enacted a requirement for convicted sex offenders to register with local law enforcement within seven days of their conviction, and continue to do so for up to twenty years. In 1996, new legislation required sex offenders to submit blood for genetic testing.

In 1992 Colorado's Sex Offender Management Board was established legislatively. The Board includes representatives from the Judicial Department, the Department of Corrections, Human Services, the Department of Public Safety, as well as district attorneys, public defenders, treatment providers, police, polygraphers, community corrections staff, and victim advocates. The Board's mission is to advance the management of sex offenders in the state and ensure the effectiveness of sex offender programs and services. In 1996, the Probation Advisory Commission continued to advance the practices of sex offender management across the state with the passage of guidelines for the assessment, treatment, and monitoring of adult sex offenders.

LOCAL BACKGROUND

In Jefferson County, juvenile officers began to apply the models of specialized treatment and supervision that were being used with adults to the young offenders on their caseloads, and developed the first specialized juvenile sex offender unit in the state. Jefferson County has emerged as a leader in the state on juvenile issues, recently spearheading the effort to develop statewide juvenile standards (which were adopted in May 1998) and successfully convincing the legislature to waive the registration requirements for juveniles under the age of 16 who have successfully completed probation and treatment.

THE JEFFERSON COUNTY JUVENILE SEX OFFENDER SPECIALIZED UNIT

The probation department provides supervision to both adult and juvenile sex offenders. Individual officers supervise either adults or juveniles—the two populations are not combined on an individual officer's caseload. The CSOM Resource Site in Jefferson County focuses on this community's unique approach to the management of their juvenile sex offenders.

The Sex Offender Population

There are an average of 160 juveniles on probation in Jefferson County for sexual offenses. About 75 percent of these offenders were adjudicated for felonies, while the remainder were adjudicated for misdemeanors. Most were charged with assaulting younger people; about 8-10 percent of the juvenile offenders are girls. The number of juvenile sex offenders on probation has increased by 60 in the past two years, and current filings in the district attorney's office are 20 percent higher than a year ago. Probation terms for juveniles span two years.

Staffing of the Probation Unit

Two probation officers provide supervision to all juvenile sex offenders in the county. The juvenile unit is coordinated by a unit supervisor. One officer is responsible for preparing presentence investigations for juvenile sex offenders. Each officer carries approximately 80 cases.

Pretrial Supervision and the Jefferson County Juvenile Assessment Center (JAC)

When a juvenile is detained for a sex offense in Jefferson County, police transport the offender to the local Juvenile Assessment Center (JAC).⁵ The JAC has been established as a one-stop shop, housing intake and pretrial supervision officers, school personnel, and human services staff. The JAC's purpose is to assess the youth's appropriateness for returning home and remaining under community supervision (rather than detaining the youth at the local detention center), and quickly responding to the needs of newly detained juveniles who are appropriate for community supervision on a pretrial basis.

The JAC is staffed around the clock and includes skilled intake and supervision staff. Upon entry to the JAC, the youth is screened to determine whether pretrial supervision with placement back in the home is possible. JAC staff prepare detailed assessment reports for the court. Youth who remain under supervision in the community receive intensive supervision by JAC staff, including referral to treatment and the provision of services to the offender's family. Staff provide routine supervision and compliance reports to the court, and provide input into the preparation of presentence investigations by probation staff. JAC staff caseloads range from 20-25 cases per month. Advocates quickly respond to the needs of victims and work closely with supervision staff.

If the youth is detained in the detention center, a member of the county's assessment team completes an assessment and monitors the case until sentencing in the same manner as the JAC.

Post-Trial Supervision

About 98 percent of all juvenile sex offenders in Jefferson County receive a probation sentence. Maximum probation sentences are statutorily limited to two years. Juveniles start supervision at the highest level of supervision. They are classified within two months, based on their scores on the Colorado Young Offender Level of Services Inventory (general risk assessment tool) and the Protective Factor Scale (to determine the offender's treatment needs). The unit's probation officers meet up to three times each month to review an offender's supervision plan.

⁵ Youths may also be referred to the JAC directly by the prosecutor's office.

Offenders are required to participate in treatment, offered by a state approved treatment provider. Juveniles attend weekly group therapy sessions which are cognitive based and focused on learning about their offending behaviors, the abuse cycle, relapse prevention, and victim empathy. Individual and family sessions are held at a minimum of once per month. Probation officers meet frequently with treatment providers and attend treatment sessions and case staffings about once a month. Juveniles are also administered polygraph exams and plethysmographs when therapists and officers agree they are needed. Polygraphs are administered to juveniles as young as twelve years old, depending on their level of functioning and the seriousness of their offending behavior. Plethysmographs are used less frequently and are generally administered on older juveniles when there are concerns about deviant arousal patterns. At a minimum, polygraphs are administered as part of the full disclosure process.

When juveniles make new disclosures of past sexual offending behavior, new charges may not be filed unless the behavior involved penetration or threats of violence. New disclosures of offending behavior while under supervision are considered violations and are acted upon accordingly. When new disclosures occur, victim advocates attempt to reach the victim or their families and provide support and services to those who wish to access them.

Coordination between the Criminal Justice System and the Public School System

The collaboration between the criminal justice system and the school system in Jefferson County is particularly noteworthy. Juvenile sex offenders are subject to expulsion from the public school system, however, it is agreed that in most cases expulsion is counterproductive to the youth's treatment plan. Rather, careful supervision and collaboration between the schools and criminal justice have resulted in the return of the majority of sex offenders to the classroom. Staff are careful not to return offenders to school who clearly pose a threat to school personnel or other children. School personnel are members of the JAC team, have offices in the JAC facility, and participate in monthly case reviews of each juvenile under supervision. JAC and probation staff work closely with school principals to establish structured schedules for offenders. Other school personnel are notified of the offenders' circumstances only on a need to know basis.

Response to Probation Violations

When a juvenile violates the terms of his or her supervision, probation officers respond by increasing the intensity of surveillance, the daily structures imposed, and the provision of treatment services.

Outcome Data

Although there has been no formal follow-up study exploring the commission of new offenses by offenders under the supervision of the probation unit, at the end of the second year of the program, successful termination from probation and treatment increased from 50 percent to 71 percent. It is estimated that 5 percent of the offenders under supervision commit new sex offenses. The majority of the unsuccessful terminations were for technical, non-legal violations of the terms and conditions of supervision.

Collaboration: A Key Principle in the Supervision of the Juvenile Sex Offender

Jefferson County—like the State of Colorado—has established several mechanisms through which system wide actors and advocates can work together to ensure the most effective management of offenders. Several committees, varying in level of formality, have formed to enhance the management of these cases, increase communication, assess current practices, and tackle new challenges. These include:

Statewide Committees

- *Colorado Sex Offender Management Board*: The mission of this board is to advance the management of sex offenders in the state and ensure the effectiveness of sex offender programs and services.
- *Colorado Continuum Network*: This committee is the statewide chapter of the Adolescent Perpetrator Network.
- *Sex Offender Subcommittee on Juveniles (SOSJ)*: This subcommittee of the Colorado Judicial Department has developed statewide standards for juvenile sex offender management.

Committees within Jefferson County

- *Sex Offender Working Group*: This committee represents probation, law enforcement, schools, Division of Youth Corrections, victim advocates, the JAC, human services, and treatment providers, and is chaired by the deputy district attorney responsible for juvenile sex crimes. The purpose of the working group is to address broad system issues and capitalize on the strength of the collaborative to creatively address identified problems and needs. This committee meets monthly and has several active subcommittees that meet with greater frequency.
- *Sex Assault Review Team*: This team meets monthly for the purpose of reviewing in depth each juvenile offender under pretrial supervision of the JAC staff. The meetings include issue identification and active problem solving on a variety of treatment, school, and supervision issues. Team members include JAC supervision staff, school personnel, the supervisor of the specialized probation unit, the director of the victim advocacy center, staff from the probation department's pretrial services unit, the victim-witness coordinator from the district attorney's office, staff from the division of youth corrections, treatment providers, division of social services personnel, and the juvenile sex assault prosecutor.
- *Jefferson County Probation Juvenile Supervision Team*: The specialized unit within the probation department meets regularly to coordinate their activities, review cases under post-trial supervision, and provide guidance and support in the management of cases.

CHALLENGES

One of the greatest challenges the state faces at this time is the tailoring of rules and provisions designed for adult offenders to their youthful counterparts. Jefferson County continues to work with state officials to examine registration and DNA requirements, for example, as they pertain to youthful offenders. Adoption of statewide standards for juveniles may be the first step in mirroring, rather than replicating, policies and procedures developed to manage adult sex offenders.

SUMMARY

Jefferson County, Colorado is a suburban district with a well developed supervision model of juvenile sex offender management, ranging from pretrial assessment and supervision of offenders, to the specialization of a juvenile sex offender probation unit, and extensive collaboration with other criminal justice agencies, treatment providers, schools, human services and the victim advocacy community. It is the site of the first juvenile sex offender probation unit in the state, and has spearheaded the development of statewide standards for juvenile supervision and treatment.

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New Haven, Connecticut

INTRODUCTION

The greater New Haven area includes the towns of Bethany, Branford, Madison, East Haven, Guilford, New Haven, and North Branford, and covers 862 square miles. Its 1995 estimated population was approximately 800,000. The city of New Haven is by far the largest of these towns, with a population of about 150,000. It is a diverse urban area and the home of Yale University. It is, however, one of the poorest cities in the nation.

LOCAL AND STATE BACKGROUND

In March 1995, the first Sex Offender Intensive Supervision Unit in Connecticut was implemented in New London County through a federal grant. This unit was established cooperatively by the Office of Adult Probation (OAP), a statewide agency housed within the Judicial Branch, and the Center for the Treatment of Problem Sexual Behavior (CTPSB), a private non-profit community-based treatment program. Both agencies operate statewide. The New Haven program started nearly three years later. An extra probation officer was added to the program to provide gradual decreases in supervision and a victim advocate was added to systematically include the victim's perspective in decision-making and to provide for regular contact with victims and their families.

In 1995, legislation was enacted that grants broad authority to OAP and the Board of Parole to disclose information about sex offenders under their supervision to any person they deem appropriate. It also requires registration of convicted sex offenders with local law enforcement. The law requires offenders convicted of adult sexual assault or sexual abuse of a minor to register within five days of the end of their probation term and to re-register with each change of address for ten years.

During the 1998 legislative session, this law was amended. Effective October 1, 1998, registration is required within three days of release by the court (if placed on probation) or the Department of Correction (upon release from incarceration). The registration duration remains ten years for those offenders convicted of adult sexual assault, however, those offenders convicted of child sexual abuse are now required to register for life. Offenders can petition for relief of the registration requirement after ten years. The State Police are required to maintain a central registry, ensure that registration information is available electronically, and provide public notice of the registry twice each year. The 1998 legislature also passed a requirement for the OAP to develop a "community response education program" in conjunction with law enforcement, treatment providers, and victim services.

THE NEW HAVEN APPROACH

The New Haven Sex Offender Intensive Supervision Unit supervises high-risk adult sex offenders (age 16 and older) identified through risk assessment by probation and treatment staff. All offenders on the caseload have been convicted of a sex offense and are under the legal supervision of the Office of Adult Probation.

New Haven Team Membership

The team consists of a lead probation officer, four probation officers, three treatment providers from CTPSB, and a victim advocate from Connecticut Sexual Assault Crisis Services (CONNSACS), whose position is funded by OAP and housed primarily within the New Haven Probation Office.

Probation Officers. Three probation officers supervise a maximum of 25 high-risk offenders each. These officers are responsible for 24-hour supervision, seven days per week. They are highly mobile and very proactive. They are in contact with the offenders on their caseload nearly every day. The officers routinely make unannounced home visits (including evenings, weekends and holidays); maintain communication with family members, friends, and employers; assess the appropriateness of offenders' residence and employment; search for at-risk behaviors (including evidence of contact or potential contact with children, pornography, illegal substances or alcohol, and Internet checks); and collaborate with local law enforcement.

The fourth probation officer is a Relapse Prevention Specialist and has a maximum caseload of 50 offenders. As offenders progress in treatment, they transition from specialized Intensive Supervision to the Relapse Prevention caseload. This transition is based on time in treatment, stable behavior, and active engagement in the treatment process. The Relapse Prevention caseload provides heightened but less intense monitoring. Offenders move toward incorporation in non-specialized "regular" high-risk supervision (maximum caseload of 75). The Relapse Prevention officer receives specialized training, collaborates with treatment providers, and co-facilitates groups.

Treatment Providers. The CTPSB treatment staff provide assessment and treatment, and often accompany probation officers on home visits. Treatment staff use the Hare Psychopathy Checklist (revised), the Carlson Psychological Survey, and a risk assessment instrument they developed, based on current research. Offenders are accepted for treatment if the nature of their offense and their history indicate they would benefit from treatment. Offenders who are assessed as having psychopathic personalities (this is very uncommon) are often rejected from treatment, since such offenders may pose greater risks with treatment. Generally, an offender's evaluation determines the type of treatment received.

Treatment staff are responsible for group therapy that is provided to offenders. Most offenders begin with an introductory group (the "cognitive lab"), which provides treatment orientation and expectations and lasts about 14 weeks. Treatment draws on cognitive-behavioral approaches, and includes cognitive restructuring, victim empathy training, sexual education, and relapse prevention training. CTPSB offers special bilingual groups and groups for people with developmental disabilities. They also offer a "family seminar" before family reunification. Whenever possible, rapists, child molesters, and exhibitionists/voyeurs are assigned to separate, specialized groups. A portion of the offenders also receive specialized medication to control their impulses and behavior.

Treatment proceeds toward realization of 14 goals, categorized as immediate, intermediate, and extended. The first immediate goal is acceptance of responsibility for the sexual offense. The final goal is to "learn about, and utilize, a Relapse Prevention Strategy and an Offense Prevention Plan." Length of time in treatment depends on the individual's progress, since treatment is considered open-ended. It ranges from one to seven years.

Victim Advocate. The advocate's role is diverse. She supports supervision activities by accompanying probation officers on home and field visits, attending case review meetings, and leading the victim empathy component of treatment groups. She initiates contact with the victim and/or victim's family and maintains that contact as long as necessary. The advocate provides information and raises concerns to probation officers and treatment staff throughout the supervision process. She provides referrals for counseling and other services. She obtains background information from all probation files on each individual supervised by the unit. She also gathers information from victims or significant others and family members about an offender's behavior as part of supervision.

The Indicators of Collaboration in New Haven

Acceptance onto the Unit. Offenders are eligible for the unit either after serving a period of incarceration or through a direct probation sentence. If they are returning to the community from prison, the probation staff receives notification prior to release, and refers the case to CTPSB for pre-release assessment. When the individual is released, treatment and probation staff decide whether supervision or clinical issues support acceptance into the unit. The unit uses the 24-item Sex Offender Screening Protocol, supplemented by the Hanson Rapid Risk Assessment of Sex Offender Recidivism (RRASOR) and the Violence Risk Appraisal Guide (VRAG) as part of the assessment process; a person who scores in the moderate- to high-risk range is a likely candidate for the unit. Other factors are also considered in the assessment process; if the individual does not have predatory offense patterns (for example, had a single victim within the family over a prolonged period), or has no recent history of drug or alcohol use, they may decide against unit supervision, however, ritualistic behavior could increase the likelihood of inclusion. Disagreement between treatment and probation staff about acceptance into the unit rarely occurs.

Notification. The OAP policy on sex offender notification was revised in 1997. Notification is provided to victims, victims' parents or guardians (as appropriate), the police, the offender's immediate family members, other occupants of the offender's residence, and treatment providers. For the highest risk cases, including most unit cases, the team may decide to include notification to other neighbors, local schools, employers, and organizations with which the offender is involved. Notification is a probation responsibility, but often involves both the probation officer and the victim advocate. Notification is also regarded as an important opportunity for public education about sex offenders. The advocate and/or the officers hold public meetings in advance of notification when possible.

The unit has presented information about sex offenders in neighborhood schools, a crime victim conference, and in radio and television interviews. These activities have been essential for increasing the base of knowledge the community at large has about sex offenders and may ultimately lead to the community participating in the network of sex offender supervision.

Co-Facilitation of Treatment Groups. All unit probation officers co-facilitate one group each week. This group is primarily made up of their own clients, but not exclusively. The purpose of this involvement is to maintain familiarity and understanding of treatment issues and process, not for surveillance. The officers attend their group every week and "debrief" with the treatment staff afterward. The victim advocate is formally involved in the victim empathy portion of treatment groups, and attends other group sessions to increase her familiarity with treatment issues and process. Probation officers and the victim advocate undergo a ten-day clinical training program followed by three follow-up training days per year.

Offenders in treatment groups sign waivers of confidentiality. No one has been violated directly because of an admission made during group. However, admissions made in group have led to increased supervision, efforts to corroborate claims, and ultimately to a violation if conditions warrant. Polygraphs are not used routinely, although they are increasingly ordered as a probation condition and may be used by team members when necessary.

Team Meetings. Treatment and probation staff meet formally, along with the victim advocate, every week to make decisions and to review cases. New and potential cases are reviewed consistently. Decisions about changes in supervision, client travel, revocations, and other issues are also made during these meetings. Strong consensus among team members is reached before revocation decisions are made.

Informal Collaboration. Team members regularly collaborate on individual cases. Probation officers and the victim advocate are located in the same office and communicate daily. Treatment staff and the victim advocate also periodically accompany probation officers on field and home visits. All unit staff carry pagers, cellular phones, and notebook computers to facilitate emergency communication.

Other Collaboration

The unit works with several other agencies, including:

- *Board of Parole:* Board of Parole staff have a small number of sex offenders on their caseload and communicate with OAP staff to ensure continuity of supervision for those offenders whose probation follows a term of parole. CTPSB also contracts with the Board of Parole for the assessment and treatment of sexual offenders.
- *Department of Correction:* The DOC communicates electronically with the OAP regarding inmate release dates.
- *Judges and Prosecutors:* In many court locations, OAP staff are working more frequently with prosecutors and judges to obtain special orders for polygraphs and other conditions as part of sentencing. There is an individual prosecutor that handles most local sexual offense cases, which contributes to sentencing consistency and a greater understanding of the need for orders of special conditions.
- *Police:* Connecticut State Police and the OAP have developed a community supervision screen for use 24 hours a day. It is accessible to all state and municipal police both in the office and in vehicles to identify sex offenders and provide instant communication with probation if any suspicious behavior is observed. OAP staff also participate in “ride alongs” with the New Haven Police Department’s Sex Crimes Unit. OAP staff notify the police about every sex offender who enters their caseload, and cooperate with registration efforts. Probation and police thus collaborate in the registration, notification, and surveillance processes.

Unique Feature of the Approach

New Haven’s most unique feature is the integral role the victim advocate plays on the supervision team. The victim advocate has brought issues and concerns to team meetings based on contact with significant others, family members, and members of the community that would otherwise not have been available. Within the first four months of the unit’s implementation, two warrants had been issued directly as a result of this added information. Because of the efforts of the victim advocate, team members have found

that significant others may be more aware of an offender's violations or risky patterns of behavior, and in turn are more willing to cooperate with monitoring the offender's behavior.

In addition, the advocate's responsibility is to provide, upon request, direct support to victims and their families that may have experienced trauma or exhibit needs for services as a result of the offender's release into the community. The advocate is also central to community notification and education activities. She is responsible for accompanying probation officers during notifications and community meetings to discuss general issues regarding sex offenders with community groups.

EVALUATION

The Office of Adult Probation routinely collects data on demographics, risk assessment, criminal history, and immediate outcomes for the 56,000 offenders it supervises statewide. CTPSB also collects substantial information on its clients, as described above.

In addition, OAP has contracted with a private agency to conduct an evaluation of the New Haven Sex Offender Intensive Supervision Unit—the same agency which has been evaluating the first unit in New London County. Early data from that evaluation found that 62 percent of the offenders under special supervision were convicted of offenses against children, while the majority of the remainder were adult rapists. Nearly half were on supervision for their first offense. In 82 percent of the cases the victims were females exclusively, while in 10 percent of the cases the victims were both males and females. Ninety-two percent had been convicted of felonies; 70 percent served a prison term before reaching the intensive supervision unit.

Short-term outcomes showed that offenders supervised by the unit were arrested for new crimes of any type at about half the rate of the comparison group. Approximately one-third of each group had formal violations of probation, however, offenders on intensive supervision were three times more likely to be identified quickly, and violated within the first six months. The evaluation of the New Haven unit has a similar design. However, it includes an assessment of the role of the victim advocate and the relapse prevention specialist.

SUMMARY

In New Haven, Connecticut, there is a unique and successful collaboration between the Office of Adult Probation, sex offender treatment provider, and a victim advocate. The victim advocate, hired with OAP funds, serves as part of the sex offender supervision team. This effort builds on a collaborative model developed in New London, Connecticut, and takes advantage of a previously established partnership among probation, police, treatment and victim services concerning issues of community notification and officer safety. A researcher is documenting the outcomes of the efforts in both parts of the state.

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Westchester County, New York

INTRODUCTION

Westchester County is comprised of 450 square miles of suburban settings as well as established cities, towns, and villages. It is located directly north of New York City and home to Yonkers, the fourth largest city in New York. Westchester County is comprised of 49 municipalities; its population currently stands at just over 900,000 inhabitants.

LOCAL AND STATE BACKGROUND

The Westchester County Department of Probation is part of the executive branch of government. Special caseloads for sex offenders were created in 1990. In 1991, probation staff visited the probation and parole sex offender program in Vermont (the State of Vermont is also a CSOM Resource Site), and subsequently developed their own policies, procedures, and collaboration protocol.

THE WESTCHESTER COUNTY APPROACH

The department manages cases in both Criminal and Family Court. The Family Court section consists of three officers who manage juvenile sex offenders. Family Court probation officers currently have 50 juvenile offenders on supervision. The Criminal Court section consists of eleven specially trained officers who supervise about 200 sex offenders, about 40 percent of whom were convicted of felonies and have probation sentences of five years. The remaining 60 percent have been sentenced to approximately three-year probation terms. These specially trained officers also supervise offenders with chronic psychiatric diagnoses.

Eighty-four percent of these offenders committed their offenses against children. About a third of the caseload committed sex offenses, but were convicted on other charges. Probation staff report that few sex offenders on probation are women.

A small portion of the total sex offender caseload includes offenders who were sentenced to six months of "shock" probation. Offenders typically serve four months in jail, and then are released to community supervision for the remainder of their five-year probation sentence. Although some of the local institutions have sex offender programs, protocols for continuity of care have not yet been established.

The probation department conducts presentence investigations on sex offenders. The department hopes to return to a policy of enhanced presentence investigations. Investigations include victim interviews and two offender interviews. These interviews help develop a comprehensive understanding of the individual and their circumstances, as well as assess attitude and risk. Currently, victim interviews are attempted, but not always completed.

Average caseload size for the specialized units is 35 offenders. Officers are required to directly contact offenders on their caseloads once per week and make home visits once per month. This intensive standard continues throughout the length of the probation sentence. Nearly all sex offenders are in

offense-related treatment, with the exception of a small number of cases where the treatment requirement has been removed by the court.

Conditions of Supervision

Typically, 26 specific conditions accompany probation sentences for sex offenders. They cover the following eight areas:

- *Treatment*: Participation in and payment for evaluation and approved treatment covered by signed contract;
- *Victim Contact*: No contact of any kind with the victim(s), and payment for their counseling through a probation escrow account;
- *Driving and Travel*: No unapproved driving after dark or when children are going to and from school except for employment; no connection with hitchhiking; travel to another jurisdiction only with authorization and with a letter to be signed by local authorities;
- *Daily Living*: Residence only in Westchester County, as approved; no unapproved visits with family; must be in residence during all established curfew hours;
- *Social/Sexual Behavior*: No sexual contact or unchaperoned contact with any people under age 18; full, appropriate dress when public view is possible; no time in locations where people under 18 are likely; no non-therapeutic contact with convicted sex offenders; no view, purchase or possession of adult materials;
- *Work (Paid or Volunteer)*: No such activity where contact with people under 18 is likely; required employment and payment of child support, as necessary;
- *Alcohol/Drugs*: No purchase, possession or consumption; testing as requested; and
- *Disclosure*: Signature on waiver allowing shared communication among treatment, Probation, District Attorney and the Court; disclosure to landlord, employer, Police Department, and school authorities, as applicable.

Treatment

The probation department has identified a short list of sex offender treatment therapists and programs that are used exclusively to provide sex offender treatment. Although there is no formal certification system for sex offender therapists in the state, the list includes area treatment providers whose approach and understanding of criminal justice issues make them collaborative partners.

Most providers use the same assessment tools. These include Burt's Assault Knowledge Inventory, the MMPI II, the Milan Multiaxial Clinical Inventory II, the Beck Depression Scale, the Adult Self-Expression Scale (ASES), Becker's Cognitive Distorted Scale, and the Abel-Becker card-sort. In addition, some treatment providers have started to utilize polygraph tests at the beginning of treatment, as part of gathering sexual history, and again about three months into treatment.

Offenders are subject to an evaluation prior to participation in treatment. Treatment involves a cognitive-behavioral approach, using a relapse prevention model. It generally covers personal responsibility, cognitive distortions, victim empathy, arousal control, social competence, sexual education, and relapse prevention. Intensive treatment duration averages between 18 to 24 months. However, in certain instances this level of treatment could last for the full probation sentence.

Generally, group treatment is held in the community by three primary agencies, with six to eight offenders per group. A group meets regularly in the probation office one night each week. This group generally has between 10 to 20 participants. Although probation officers do not attend these groups, on-site sessions increase opportunities for collaboration between probation officers and the treatment providers.

Collaboration

Probation and treatment staff enjoy what they describe as a “free flow of communication.” Over time, probation and treatment staff become familiar with each other’s style and concerns. They are in contact by telephone at least once per week, although more frequent contacts occur. Formal case reviews are held periodically, as needed. Treatment staff are required to write monthly reports. Information about offenders’ current and past behavior is obtained during the course of supervision.

Probation staff share information with Child Protective Services staff. In those instances involving educational services for juveniles, information is shared only when explicitly ordered by a judge.

Violations. Probation staff discuss violations with treatment staff, and may learn of problematic behavior through their working relationships with community law enforcement staff. The Department works with a philosophy of supervision that is “firm, but fair.” All illegal or dangerous behavior (e.g., contact with children) results in formal violation charges. Technical violations are brought before the court just as expeditiously.

Features of the Approach

The combined leadership and working relationship between the Commissioner of Probation and the District Attorney helps to ensure appropriate sentencing for sex offenders and strengthens the collaboration among their offices, the treatment providers, corrections, and law enforcement. The Department works with the judiciary to ensure their participation and confidence in both sentencing individuals to probation supervision under prescribed probation parameters and re-sentencing those individuals in cases of probation violation.

In 1998, the Department reviewed its written policies. New and revised policies regarding family reunification, travel, employment, psychosexual evaluation, no contact conditions, and chaperones’ responsibilities were drafted. Further formal memoranda covering conditions and supervision are anticipated.

Programming for Specialized Populations

Two bilingual officers in the sex offender units provide services to Spanish speaking probationers. There is also a treatment resource for Spanish speaking sex offenders. There is a treatment provider for developmentally delayed or mentally retarded sex offenders. The Department also provides resources for sex offenders with substance abuse problems. The Family Court probation component provides specialized supervision, evaluation, and treatment for juvenile sex offenders. In this section, a special contract for services exists between Family Court probation and a specialized program to provide clinical evaluations and treatment.

SUMMARY

In Westchester County, New York, the Department of Probation works closely with the court, the district attorney's office, and sex offender treatment providers. The department uses a supervision model based on 26 probation conditions imposed by the court at sentencing. These emphasize high accountability and relapse prevention strategies, and are supervised by probation officers with maximum caseloads of 35 offenders. Treatment group is offered on-site at the department's offices.

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Jackson County, Oregon

INTRODUCTION

Jackson County, Oregon is predominantly rural, with a 1997 estimated population of 169,300 within 2,801 square miles. It is one of the southernmost counties in the state, includes the cities of Medford and Ashland, and shares a border with California. Its estimated minority population is 18 percent.

LOCAL AND STATE BACKGROUND

Jackson County was among the first jurisdictions in the nation to develop a collaborative approach to the community supervision of sex offenders. The specialized approach began in 1982, with collaboration among treatment, probation, and parole professionals. Regular use of polygraph examinations was a part of assessment and supervision from the beginning.

Probation and parole supervision has moved from being a function of the state to a function of individual counties over the course of the past year. The Oregon Legislature designated individual counties responsible for all parole and probation supervision as well as incarceration of offenders with less than a one-year prison sentence. On January 1, 1998, counties assumed operation of probation and parole services. Counties hired most former state probation and parole officers.

In 1990, a statewide “sex offender supervision network” was conceived at a conference of probation and parole officers, and obtained support and recognition from the Department of Corrections. The network has since expanded to include treatment professionals, prison counselors, prosecutors, victim representatives, police, and members of the Board of Parole and Post-Prison Supervision. The Network works on development of consistent sex offender case supervision, evaluation and treatment, and training and skill enhancement opportunities for officers supervising sex offenders. The Network provides a forum for discussion of departmental policies, interdepartmental collaboration, legislative initiatives, and resources for public education efforts. It also provides statewide training, promotes research, and is working on the development of statewide standards for community supervision of sex offenders.

Current Public and Legal Context

Popular sentiment in Oregon has led to increased use of mandatory sentencing, particularly for sex offenders. In 1994, a public Initiative, Measure 11, was overwhelmingly passed. Measure 11 made prison sentences of at least 70 months mandatory for an array of offenses—many of them sex offenses. The resulting law applies to offenders convicted for the first time, and to juveniles age 15 or older (who continue serving their sentence in adult facilities when they reach the age of majority). Prior to the Initiative’s passage, probation sentences with treatment conditions were commonly considered and applied. Subsequently, prison construction has expanded in the state, and prison-based sex offender treatment programs have been eliminated.

THE JACKSON COUNTY APPROACH

Jackson County Team Membership

The Jackson County team is comprehensive. It includes probation and parole officers, community-based treatment providers, polygraph examiners, the Deputy District Attorneys (who prosecute all of the sex crimes), police representatives, victim treatment providers, the juvenile offender treatment team, and a representative from the state's Child Protective Service agency.

The team holds monthly meetings. Until recently, these meetings had been facilitated by probation officers. The team subsequently decided to elect a moderator for a six-month term, and then rotate this position. Network meetings focus on policy, collaborative procedural issues, individual cases, and strategies to meet local needs. Although judges are not formal members of the team, they are kept informed by team members. The judges' understanding of issues and offender dynamics are regarded as central to the team's effectiveness.

"Core Team" Membership. The Jackson County team collaborates at the policy level and in daily activities. Daily activities are carried out by a "core team" (or "supervision triangle"), which consists of parole or probation officers, private treatment providers, and two private polygraph examiners, who have been formally recognized as approved treatment providers and polygraph examiners. The core team maintain frequent telephone and memo contact with one another. In addition, the treatment providers and probation and parole staff hold monthly meetings to review individual cases.

The specialized probation officers have also formed their own informal "team within a team." They meet weekly to review problems, generate ideas, provide emotional support, and offer informal peer supervision.

Supervision and treatment of juvenile sex offenders is provided separately. There are 35 juvenile sex offenders under supervision at any given time.

Collaboration

Formal policies and procedures govern many aspects of Jackson County team operations. For example, an agreement exists with local police departments which dictates that specific officers will be assigned to investigate sex offenses when possible. These officers have received specialized training and have guidelines for conducting interviews with victims and their families.

Informal case consultation commonly occurs between police officers and the district attorney's staff prior to sentencing. Prosecutors and victim advocates work closely with victims and offender families as part of sentencing considerations.

The Release Process

Although many offenders are sentenced to probation, sentencing conditions usually require some length of incarceration. All sex offenders released on parole or probation are subject to risk assessment. The supervising officer administers a formal risk assessment within the first 60 days after release. Oregon's

community-notification law requires that parole and probation officers must notify the public of all offenders determined to be sexual predators. This determination is made through the risk assessment tool, or by the Board of Parole using the tool. Each county in Oregon performs notification on sexual predators; some provide notification for all sex offenders (including Jackson County).

Role of Probation and Parole Officers. The Jackson County team includes three full-time probation/parole officers (and one half-time officer), who maintain average caseloads of 70 offenders. An estimated 80 percent of these offenders have been convicted of a felony. An average of six percent of the offenders are females. Officers conduct and participate in ongoing assessment throughout the treatment process. They also consult with treatment providers in monthly meetings. Assessments administered include the Sex Offender Risk Assessment. This risk assessment tool was developed by the Oregon Sex Offender Supervision Network, and has been adopted by other jurisdictions.

A supervising officer develops a notification plan that is reviewed by their supervisor. The level of supervision is determined by use of the risk assessment tool and case file information.

Community Notification. In Jackson County all registerable sex offenders are subject to notification. The notification process includes four levels, determined through risk assessment:

- 1) Level I notification includes sending notice to State Police, the Medford Police Department, the Sheriff's Office, and local police departments. The notice includes an offender's photograph, physical description, crime of conviction, target victims, special conditions of supervision, address, employer, and vehicle information.
- 2) Level II includes notification to employer(s), persons living with the offender, and any immediate neighbors who would be affected by the offender's presence.
- 3) Level III notification includes all of the above plus notice to neighborhoods, schools, concerned organizations or businesses, and the media.
- 4) Level IV notification includes all of the first three types of notification; in addition, a warning sign is posted at the offender's residence near the entry (resembling a "stop" sign).

Special Conditions of Supervision

Probation and parole officers monitor compliance with the general conditions of supervision and any special conditions ordered for individuals. The general conditions (paraphrased for succinctness) include:

- No contact with minors without written permission of the supervising officer;
- Completion of an approved sex offender treatment program;
- Payment for victim counseling costs;
- Submit to polygraph and/or plethysmograph examinations as directed by the supervising officer; and
- No consumption or possession of illegal drugs.

Role of Treatment Providers. In the first meeting between an offender and his or her probation/parole officer, the offender is given a list of approved treatment providers. The offender must make a treatment intake appointment with one of these providers within a specified time period (usually

within one week). The chosen therapist then contacts the offender's probation/parole officer and obtains the offender's case file (which typically includes the presentence report, police report, results of any psychological testing, and other materials).

Treatment providers use a cognitive-behavioral model which includes cognitive restructuring, aversive behavioral reconditioning, victim empathy and clarification, sexual offending cycle, and lapse/relapse prevention. Individualized treatment supervision plans are developed for offenders and reassessed every 90 days. Plans include a psychosexual history profile, regular "homework" assignments, and group treatment sessions.

Polygraph examinations are recommended within the first 90 days. Often, the disclosure process takes longer than 90 days. Six month maintenance exams are performed thereafter (or more frequently, if recommended by the core team).

Sex offenders are required to write "clarification letters" to victims they identify in the disclosure process, including the victim of the immediate offense. If any of these victims are children, the therapist informs staff of Services to Children and Families (SCF), the state child protection agency.

Treatment providers work with offenders and their partners. Providers report that when partners are involved in treatment and in monitoring, offenders progress more rapidly. Partners are seen as an important part of the informal supervision team.

Adult survivor clarification meetings are held approximately one to two times yearly. Staff have found the results of this strategy to be helpful as part of victims' healing process, so much so, that they have begun to use it with juvenile offenders.

Informal Collaboration. Treatment duration varies, but generally ranges from two to four years. Therapists and probation/parole officers consult regularly; therapists estimate telephone contact can average up to an hour a day, and updates are commonly provided after each group meeting. If they have concerns about new issues that arise or treatment compliance, they can seek immediate sanctions from the officers.

Formal Reviews. In addition to the formal monthly case review meetings, treatment providers provide quarterly written progress reports to the probation/parole officers. One therapist also requires clients to describe their treatment progress and problems every quarter in writing. This summary is included with the quarterly report to the probation/parole officer.

Special Service Components

Jackson County's program has several well-utilized special resources:

- The local community organized a Child Advocacy Center with help from the Jackson County team. Child victims are most commonly referred to the Center by child protection staff. Interviews are videotaped and conducted by experienced police officers. The videotape is then made available to both prosecutors and defense attorneys. If a parent is accused, they are not allowed in the Center during the interview. When appropriate, Grand Jury hearings are also held at the Center. In addition,

the Center holds 11-week educational classes for individuals within the offender's support system. These classes are available free of charge.

- Group treatment is available without charge for child victims of incest.
- Treatment components have been developed for Hispanic, developmentally disabled, and female offenders.

Evaluation

An evaluation of the Jackson County program was completed in 1997—a result of combined efforts by a local graduate student, community corrections staff, and a research unit of Oregon's Department of Corrections.⁶ Felony sex offenders supervised by the program between 1985 and 1994 who had received treatment for one year were compared to sex offenders who were supervised in an adjacent county and male non-sex offenders supervised in Jackson County. The research on the Jackson County sex offender program showed that 8.8 percent experienced new convictions as compared to 26.7 percent for non-sex offenders from Jackson County and 15 percent for sex offenders from the adjacent county. The recidivism rate (for any new sex offense conviction) for offenders that successfully participated in treatment was less than one percent.

SUMMARY

Jackson County, Oregon is among the earliest programs (developed in 1982) to use a comprehensive, collaborative approach, involving treatment providers, community corrections, law enforcement, polygraphers, mental health and children's services, and prosecutors. Representatives from all of these disciplines participate in monthly collaborative meetings. Treatment is offered to the offender, the non-offending family members, and victims. The community corrections agency has also provided leadership across the state on community notification practices that promote public safety.

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⁶ Oregon Department of Corrections (July 1997). *Outcome Evaluation of the Jackson County Sex Offender Supervision and Treatment Program*. Conducted by Research and Evaluation staff, Kathryn Aytes (Psychology Department, Southern Oregon State College), and Sam Olsen (Jackson County Community Corrections Department).

Spokane, Washington

INTRODUCTION

Spokane is the largest city in the inland northwest, serving as a hub for eastern Washington, Northern Idaho, and parts of Montana, Oregon, Alberta, and British Columbia. Its 1996 population was over 201,000, making it the second largest city in the state. The city covers an estimated 225 square miles.

LOCAL AND STATE BACKGROUND

Following the passage of Washington State's Community Protection Act of 1990, which mandated local policy development regarding released sex offenders, the Spokane Police Department and the Washington State Department of Corrections (DOC) began working more closely together on registration, community notification, and supervision issues. This new legislation required sex offenders to register for a period of ten years, fifteen years, or for life. In 1997, a uniform approach to notification was adopted by the state legislature.

THE SPOKANE APPROACH

Community Notification

When a sex offender is about to be released from custody or to begin serving a community sentence, a risk classification (Level 1, 2, or 3) is assigned. This risk classification determines the extent to which a community will be notified of an offender's presence. Factors considered in classification include the age of the offender, the number of prior offenses, particularly sexual offenses, the use of a weapon during the commission of the offense, the age of the victim(s), and the offender's drug or alcohol involvement during the twelve months immediately preceding the offense. A Level 1 designation is assigned to offenders with the lowest risk and is the most common classification, usually involving first-time offenders and limited circumstances. Level 2 is assigned to people who may have committed more than one offense, but generally these crimes have been interfamilial. Level 3 is reserved for offenders who are more violent or predatory, committing offenses outside of the family or across a more widespread geographic area.

A statewide End of Sentence Review Committee (ESRC) reviews all offenders who have been sentenced to a prison term for conviction on a sex offense, sexually motivated offense, or a kidnapping offense for the purpose of assigning a risk level classification (Level 1, 2, or 3). The ESRC consists of members representing the DOC, Department of Social and Health Services, and law enforcement. Assessment information is forwarded to the local law enforcement agency having jurisdiction where the offender intends to reside. Local law enforcement makes the final determination of the offender's level of risk.

In Spokane, communities are notified about those sex offenders who are classified as Level 2 or 3. For Level 2 offenders, bulletins are printed which provide the individual's name and offenses and are distributed by police and volunteers to the individual's employer, all residences within a three square

block area of his/her new dwelling, and to local community policing substations (or “COPS Shops”). For Level 3 offenders, the local media (both newspapers and television) are also informed.

Registration

The Spokane Police Department and County Sheriff coordinate community notification efforts and monitor registration. Police regularly verify registered offenders’ addresses (Level 2 and 3 offenders receive monthly, in-person checks; Level 1 offenders receive an annual registered letter). If he or she is not at that address, the classification level may be increased and the offender may be prosecuted for failing to register (which may be a felony or a gross misdemeanor, depending on the date of offense and/or failing to register, and the severity of the original offense). State statute requires sex offenders to register their new address within 24 hours of release or within 72 hours of changing residence. Police also work with COPS Shop members to maintain close links with the community and its concerns.

Sex Offender Sentencing Options

Since 1984, Washington State has provided a treatment sentence option for adults convicted for the first time of a felony sex offense other than Rape in the First or Second Degree or attempted First Degree Rape and whose sentence does not exceed 11 years. This sentencing option, the Special Sex Offender Sentencing Alternative (SSOSA), allows judges to sentence these offenders to community treatment under supervision of the Department of Corrections. Under SSOSA, the court sentences the offender within the standard sentencing range, then suspends the sentence while possibly ordering up to six months in confinement. If an offender violates sentence conditions, the court may revoke the suspension and order either execution of the sentence or up to 60 days confinement.

A similar treatment sentencing option for juveniles has been in place since 1990.

Washington has had determinative sentencing since 1984. Inmates can be released to community placement before completing their sentence if they have a release plan approved by a field officer. Offenders who committed a sex offense prior to June 1990 are subject to community placement of one year. For those who committed a sex offense after June 1990, and before June 1996, the community placement sentence is two years. Sex offenders who committed a sex offense after June 1996 are sentenced to community custody for three years. Community placement can consist of community custody (the highest level of supervision possible, in which the DOC has control over the offender’s status and revocation), followed by post-release supervision (the second phase of community placement, in which the defendant falls under the jurisdiction of the sentencing court and is supervised by the DOC). If an offender has accrued “good-time,” they can serve that time in community custody, under authority of the DOC. The offender could be returned to prison for the remainder of the sentence if the violation is serious enough. Once the “good-time” period is completed, offenders are transferred to post-release supervision and jurisdiction is returned to the sentencing court; the court determines responses to violations, which could be served in county jail.

SPOKANE TEAM MEMBERSHIP

In early 1998, forty individuals representing a host of agencies and community groups formed the Spokane Sex Offender Management Team (SSOMT). The SSOMT is comprised of representatives from

the prosecutor's office, detectives from the Sexual Exploitation Unit, community corrections (representing both adult and juvenile corrections), and representatives from the network of Community Oriented Policing Services sites (referred to as "COPS Shops"), among others. SSOMT is a board that oversees all citywide activities related to the management and supervision of sex offenders. SSOMT has established three subcommittees, each with approximately twelve members, to examine specific substantive areas of interest. These groups meet frequently and are expanding their activities at a rapid pace, addressing identified needs and developing workplans on issue specific topics.

Team Roles

Prosecutor. A single prosecutor is designated to handle all cases involving failure to register cases in Spokane. The prosecutor works with police on proof issues, as well as pursuing sentencing. The prosecutor provides an especially important link with judges to obtain needed conditions (such as polygraphs).

Police. For SSOSA cases, police determine the offender's risk classification, for notification purposes. For cases in which the offender has been incarcerated, the police receive the ESRC-recommended classification and supporting file materials about two weeks prior to release. The police review the information and either agree with the ESRC determination or re-classify the offender and complete and return a form to the ESRC justifying their reasons for disagreement. An estimated two-thirds of sex offenders seeking release into Spokane are rejected, and may try other jurisdictions.

Community Corrections. There are four community corrections (probation and parole) officers who exclusively supervise sex offenders in Spokane, and another who writes nearly all of the presentence investigation reports on sex offenders. The four community corrections officers supervise most the sex offenders sentenced under SSOSA, as well as most of those who have been released from the DOC on community placement supervision.

COPS Shops. In the early 1990s, the Spokane Police Department, known for their pioneering work in community policing, expanded a network of community volunteer sites throughout the city. As of mid-1997, Spokane had eleven neighborhood substations across the city, staffed by trained community volunteers. The volunteers organize activities to respond to immediate, local needs. They serve as sources of information on sex offender movement, changes in residence, and any behavior that may suggest community risk. They also assist in the community notification effort, and alert police to community concerns. COPS Shops are regarded and relied upon by law enforcement as a significant adjunct in the surveillance of sex offenders. Volunteers are trained by police to provide education to community members about sex offenders and how to appropriately respond to community notification and issues around vigilantism.

Victim Advocate. The victim advocate is the newest member of SSOMT. Pursuant to upcoming legislation, the advocate will attend case review meetings when the level of supervision is being determined and will bring the victims' perspective to the group. The advocate will make contact with the victim, when possible, to provide information to the parole/probation staff and/or treatment providers about the victims' concerns. The advocate will also provide information and referrals to the victim and/or victims' family members, and will act as the liaison between the victim and the entire team to ensure that victims' issues and concerns are heard.

The Population

Nearly all of the sex offenders supervised by the community corrections unit have been convicted of felonies. There are an average of 180 offenders under supervision at any time: 30 overseen by the unit lead officer, and 50 overseen by each of the three remaining officers. On average, an estimated 15 offenders are classified as Level 3, 10 are Level 2, and 155 are Level 1 offenders. About 50 (28%) offenders were released from prison, and the remainder were sentenced under SSOSA. An estimated 660 sex offenders who have been convicted of gross misdemeanors are supervised on regular non-sex offender specific caseloads.

Use of the Polygraph

The Sex Offender Unit of the DOC meets monthly to discuss issues raised with polygraphs, attendance in therapy, and community concerns. Polygraphs are conducted by three polygraphers (who are under contract with the DOC), beginning with sexual histories to assist in supervision. Maintenance polygraphs are administered every 90 days. In addition, polygraphs may be conducted as concerns arise about specific allegations during the term of an offender's supervision. Each polygraph case is initially staffed by a community corrections officer and the polygrapher. The officer provides the polygrapher with the offender's case history, and a basic outline for the first disclosure interview. After tests are administered, polygraphers contact community corrections officers to provide information that may have surfaced during an examination.

Supervision

Community corrections officers contact offenders up to four times per month (community supervision is the equivalent of probation in most states). Drug and alcohol testing is applicable only if there are conditions imposed at sentencing prohibiting the use of drugs and/or alcohol. Community corrections officers and police discuss emerging behavior problems in offenders. They may collaborate on surveillance or make offender visitations together. In addition to monthly meetings, police and community corrections officers confer several times each week to discuss offender violations. Only community corrections officers have the authority to recommend court action for a violation of an offender's probation.

Treatment or Community Placement

The community corrections unit works with five to six state certified therapists, who provide treatment services to sex offenders on community supervision. Treatment is court-ordered as part of a SSOSA sentence, however, offenders sentenced before the implementation of SSOSA (1990) do not all receive treatment as a condition of supervision. All sex offenders sentenced under SSOSA are mandated to treatment for a minimum of three years. Nearly all sex offender treatment occurs in the community. Therapy is available in some prisons for non-SSOSA clients although treatment is optional, and most offenders opt not to obtain it there. Community-based therapists provide quarterly written progress reports and take part in monthly staffing meetings with the community corrections officers. The treatment staff then submit a discharge report three months before the offender's sentence is completed, which details the offender's progress in treatment during supervision.

Violations

According to SSOMT members, the number of violations has decreased over time. Corrections officers estimate that there is an average of about two violations per offender during their term of supervision, and that about 40 percent of those under community custody are at some point returned to prison for violations. These numbers are estimates because caseload data are not kept systematically.

Special Features and Current Directions

The two most unique features of the Spokane approach are: 1) the strong role played by the police department in classification and community monitoring of sex offenders; and 2) the formal collaboration with the community through the COPS Shops. The SSOMT is currently exploring expansion of volunteer involvement, lifetime supervision, stronger sanctions for failure to register, and increased involvement from treatment staff.

SUMMARY

Spokane is noteworthy for the innovative leadership of law enforcement, particularly in the area of neighborhood supervision in conjunction with probation and community organizations. The Spokane Police Department, Department of Corrections, and community volunteers work closely on registration, community notification, and supervision issues.

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ADDITIONAL RESOURCE SITES

National Institute for the Study, Prevention, and Treatment of Sexual Trauma: Johns Hopkins

INTRODUCTION

The National Institute for the Study, Prevention, and Treatment of Sexual Trauma is affiliated with the Department of Psychiatry and Behavioral Sciences of the Johns Hopkins University School of Medicine in Baltimore, Maryland. The National Institute was established in 1991 as a freestanding private clinic. Johns Hopkins Hospital has been a pioneer in the medical approaches to the treatment of psychosexual disorders. A sexual disorders clinic was formally established there in 1980.

GOALS OF THE NATIONAL INSTITUTE

The clinic provides care primarily to patients who have developed a sexual disorder and to victims of sexual trauma. It is dedicated to the goal of learning more about prevention by learning more about offenders and their afflictions. Learning more about victims of sexual trauma also contributes to knowledge of prevention.

SERVICES OFFERED BY THE NATIONAL INSTITUTE

The services offered include the following:

- Comprehensive psychiatric and forensic evaluations and consultation.
- Individual, group, and family therapy.
- Pharmacotherapy—particularly the use of anti-androgenic (sex drive lowering) medication for men and women.
- Seminars for professionals and the public.

THE NATIONAL INSTITUTE APPROACH

Medication

The National Institute is a leader in the application of the medical approach to the treatment of sex offenders. Staff believe that sexual disorders can impair volition and that medical intervention, such as

Depo Provera and Depo Lupron, can significantly help individuals to control their behavior. They regard these medications as important aids in treatment because they reduce testosterone. A primary goal of treatment is to control inappropriate sexual thoughts and behavior while encouraging healthy relationships. Medication facilitates behavioral control so that group therapy can be more effective.

Medication is most likely to be prescribed to sex offenders who experience their sexual urges very intensely, or are especially drawn to children or the use of sexual coercion. Individuals who are diagnosed with pedophilia or sexual sadism, among others, are assessed particularly carefully to determine if medication would be advisable. Despite being recognized for their innovative use of medication in treating sex offenders, Institute staff are committed to using the least intrusive methods to obtain behavioral control. Staff estimate that between 15 and 25 percent of their clients receive medication.

Collaboration with Probation

The clinic receives referrals from defense attorneys, from the federal probation department for assessments, and from others (including self-referrals). The probation department also contracts for treatment services for clients under federal supervision. Once per month, letters are sent to parole or probation officers documenting a probationer's treatment compliance. Staff report non-compliance with treatment (such as non-attendance or failure to take medication) through a certified letter, or by telephone for more urgent issues. Staff also provide statements of treatment compliance for court records as appropriate. Probation officers may also attend meetings with treatment staff to discuss individual cases. However, treatment staff generally do not divulge the specific content of therapy sessions. Patient confidentiality is maintained, except for any mandated reporting required by law. Patients may be temporarily hospitalized during any period in which they are considered to be at heightened risk to others. Staff typically do not use polygraphs or plethysmographs, although each may be used in selected instances.

Treatment may continue through an entire probation period and even past a client's involvement with the legal system. Sessions for probation clients begin weekly and are often reduced to once a month toward the end of the supervision period. The medical approach has also been used with female sex offenders; less than three percent of clinic clients are women.

Treatment Offerings

In addition to group therapy for adults, the clinic offers treatment for juveniles and family therapy and a support group for significant others. It also offers a group for individuals with developmental disabilities.

RESEARCH AND EVALUATION

The clinic director is widely published in psychiatric and other journals. A published study of recidivism reported that 92 percent of over 600 offenders remained free of even an accusation of a new sex offense for at least five years following the initiation of treatment.⁷ Research and data collection are ongoing processes.

⁷ Berlin, F.S., W.P. Hunt, H.M. Malin, A. Dyer, G.K. Lehne and S. Dean. (1991). *A Five-Year Plus Followup Survey of Criminal Recidivism within a Treated Cohort of 406 Pedophiles, 111 Exhibitionists and 109 Sexual Aggressives: Issues and Outcome*. *American Journal of Psychiatry* (148), pp. 1572-76.

SUMMARY

The National Institute for the Study, Prevention, and Treatment of Sexual Trauma, in collaboration with the Department of Psychiatry and Behavioral Sciences of the Johns Hopkins University Medical School and Hospital, represents the medical approach to the treatment of sex offenders. The Institute works closely with members of the defense bar who represent offenders voluntarily seeking treatment prior to arrest or conviction, and with federal and state probation offices by providing treatment to their probationers.

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Wisconsin Sex Offender Treatment Network

INTRODUCTION

Wisconsin is a large Midwestern state with an estimated 1997 population of 5.2 million residing within 65,499 square miles. With approximately 68 percent of its population living within a metropolitan area, it is a less “urban” state than the national average. Its minority population was about 9 percent in 1990. In 1995 it ranked 46th among states in percent of the population below the poverty line, and 42nd in its rate of violent crime.

BACKGROUND

The Wisconsin Sex Offender Treatment Network was established in 1993 with initial support from the Department of Corrections (DOC) to create the capacity for specialized, professional sex offender treatment across the state. The DOC recognized that more qualified treatment providers were needed to address the state’s sex offender population. A trainer on contract with the DOC had been working with parole and probation officers for many years to identify the elements of sound, community-based sex offender treatment. Parole and probation officers often reported that therapists who met the desired criteria for a qualified treatment provider could not be found in their local community. The DOC, as a public institution, could not use public funds to train private therapists, so the Sex Offender Treatment Network was established as an independent entity. The Network now provides training for new professionals and continuing education and networking for its Fellows.

NETWORK ORIGINS

The Network was created as a non-profit corporation with a volunteer board of directors. Network founders decided that the corporate structure was advisable so that grant funding could be obtained, and that the board would provide organizational guidance and credibility. A broad cross-section of well-regarded and interested people were sought for membership. Initial board members included a Roman Catholic archbishop, the clinical director of an inpatient prison sex offender treatment program, a prosecuting attorney, a leader in the Native American community, the director of the Department of Corrections, a psychiatrist, a psychologist, and the director of a sensitive crimes unit of a metropolitan police department. Board members were assured that their involvement would be limited to two annual half-day meetings, occasional mail consultation, and other responsibilities (if desired). There has been very little turnover in Board membership.

Initially, two volunteers served as staff persons. Income has since been generated from training programs and staff are being paid from the organization’s budget. One staff member serves as executive director, who manages the program’s organizational aspects, including incorporation, tax matters, accounting systems, and other details. The executive director also serves as the training coordinator, and is responsible for the curriculum and delivery of the training, management of trainers, and continuing education for Fellows.

Goals of the Network

The Network's primary purposes are:

- To train mental health clinicians to understand and work effectively with sex offenders;
- To promote collegiality and cohesion among the trainees; and
- To provide ongoing education and support for clinicians who work in a specialty with extraordinary personal and professional demands.

The Network seeks to offer high quality training, and at the same time to nurture its graduates in an effort to prevent demoralization and desertion of the field.

What the Network Offers

The Network offers a comprehensive training program. The full curriculum is offered in twelve two-day modules, providing a total of 24 training days spread over the course of one year. Training sessions are offered by local, national, and international experts involved in various components of sex offender evaluation and treatment. In addition to the two days' training, trainees are required to read professional literature in preparation for each module. An examination is given during the last hour of each module. Successful program completion is contingent upon attendance at all modules and satisfactory performance on examinations. Graduates are designated Fellows in the Wisconsin Sex Offender Treatment Network, and are included on a list of qualified treatment providers, which is distributed to referring agencies across the state.

The Network also offers continuing education segments, called "training updates," in one- to three-day segments. Fellows are required to annually attend at least four days of training updates to maintain their active status.

The full training program has been largely recreated on videotape, involving 22 videos and approximately 100 hours of training. Eleven examinations have been developed for this training material. Most recently, staff have begun videotaping selected training updates. The videotape program has been distributed internationally.

CURRENT STATUS

The Network has maintained a membership of about 90 Fellows. Two full training cycles have been completed. Approximately 12 days of training updates are offered per year. Staff believe that the Network model could be replicated in other jurisdictions where sex offender treatment providers are needed and enthusiastic people become involved. Wisconsin now has many specialized treatment providers to choose from—all of whom receive credentials through the Network. The DOC has also benefited from having this local training resource for its staff.

SUMMARY

The Wisconsin Sex Offender Treatment Network used the initial support of the Wisconsin Department of Corrections to provide training to therapists from around the state. That training has helped to ensure the

availability of specialized, professional treatment throughout Wisconsin. The Network provides training for new professionals and continuing education and networking for Fellows of the Network.

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APPENDIX: 1998 Resource Site Program Highlights⁸

CHARACTERISTICS	ARIZONA	COLORADO	CONNECTICUT	MASSACHUSETTS	NEW YORK	OREGON	VERMONT	WASHINGTON	NATIONAL INST
SIZE OF PRIMARY JURISDICTION	Maricopa County; over 2.5 million	Jefferson County; over 510,000	New Haven area; about 800,000	Statewide; over 6 million	Westchester County; over 900,000	Jackson County; approximately 170,000	Statewide; about 589,000	Spokane; over 177,000	N/A
AGENCIES DIRECTLY INVOLVED	Probation, private therapists; work with judges, prosecutors, law enforcement, and advocates	Probation, treatment providers, polygraphers, police, DYC, child advocates, district attorneys, schools, and social services	Adult Probation, treatment providers, and victim advocates	Department of Correction, MA Parole Board, Office of Probation, Justice Resource Institute, and networked treatment providers	Probation officers in both Family and Criminal Court and private therapists	Probation, parole, treatment providers, polygraphers, deputy district attorneys, police, victim and juvenile treatment, and CPS	Department of Corrections (probation, parole, and institutions), treatment providers, prosecutors, and law enforcement	Police, community corrections, prosecutors, and community volunteer COPS Shops	Institute therapists; with reports to court, probation for violations
TYPES OF OFFENDERS ON SUPERVISION	Nearly all convicted of felonies	An average of 160 juveniles; 75% convicted of felonies	Assessed high-risk; nearly all convicted of felonies; adult pedophiles and rapists	Approximately 500 under authority of Parole Board, 1,300 on adult probation (93% convicted of felonies), 200 juveniles on probation, and 2,900 incarcerated offenders under DOC supervision	About 40% convicted of felonies; 84% offenses against children	About one-fourth released from prison; about 80% convicted of felonies	Most convicted of felonies; 1/3 incarceration only, 1/3 "split," 1/3 juveniles convicted as adults	180 offenders on supervision: 15 level 3, 10 level 2, and 155 level 1; about 50% released from prison and the remainder sentenced to SSOA	A full range of offenders referred for treatment
SPECIAL FEATURES	Lifetime probation; programs for Native American, gay, mental disorders	Collaboration and formation of committees to help enhance management and increase communication	Victim advocate a team member; probation officers co-lead group treatment	Treatment for DOC inmates (including female offenders), Intensive Parole for Sex Offenders (IPSO), strong partnerships between probation and treatment, and a "master plan" for creating a continuum of management	Specialized probation unit working with treatment; bilingual services and developmentally disabled resources	Close cross-collaboration, especially of core team; involvement of Child Advocacy Center	Two incarcerated treatment units. Coordinate w/ parole, volunteer program, and treatment providers	Police role in classification and notification; involvement of COPS shops volunteers	Medication to control behavior during treatment
CASELOAD SIZE	25 for intensive; average of 63 for specialized	Approximately 80 youth per probation officer	25 each for intensive; 50 for relapse prevention	IPSO--40 offenders supervised by team of 2, up to 100 on probation; 700 under DOC treatment	Average 35 per probation officer	70-73 per probation/parole officer	35-45 per probation/parole officer	30 for corrections supervisor, 50 for others	Estimated 15-25% on medication

⁸ Maricopa County, Arizona; Jefferson County, Colorado; New Haven, Connecticut; Westchester County, New York; Jackson County, Oregon; Spokane, Washington. Massachusetts and Vermont describe statewide programs. The National Institute for the Study, Prevention, and Treatment of Sexual Trauma is in Baltimore, Maryland. The Wisconsin Sex Offender Treatment Network is also a designated resource site, but since it focuses exclusively on training and certification, it is not included in this table. The Yankton-Sioux Tribe of South Dakota was recently selected as a resource site; information on their practices will be included in a later edition of this document.

1998 Resource Site Program Highlights (continued)

CHARACTERISTICS	ARIZONA	COLORADO	CONNECTICUT	MASSACHUSETTS	NEW YORK	OREGON	VERMONT	WASHINGTON	NATIONAL INST
SUPERVISION LENGTH	75% of specialized on lifetime supervision	Maximum of 2 years	Increasing; up to 10 years on probation	Varies; controlled by sentence structure	5 years for felons, remainder 3 years	Facilities 1-3 years, indefinite probation	Facilities 2.5 - 3.5 years, indefinite probation	Minimum of 3 years	Treatment may continue past probation
USE OF POLYGRAPH/ PLETHYSMOGRAPH	Polygraphs every 6 months in beginning, then scheduled regularly	Juveniles are administered polygraphs and plethysmographs when supervisors and therapists agree	Selective use of polygraph; increasing for 6 months' denial	IPSO--polygraphs 2 times/year and for issues that arise; plethysmograph used in Phase 4 of DOC treatment	Some treatment providers use polygraphs	Polygraphs for disclosure within 90 days and every 6 months	Polygraph for community monitoring, plethysmographs as indicated	Polygraph every 90 days for maintenance; others for issues	No
TYPES OF ASSESSMENT INSTRUMENTS	MMPI, Abel Screen II, polygraph	Colorado Young Offender Level of Services Inquiry and protective factors scale	Hare PCL, Carlson Psych Survey, own risk assessment	Include STAXI, Shipley, MASA, IRI, and others as indicated	Milan II, MMPI II, Beck Depression Scale, ASES, Becker	Oregon Sex Offender Risk Assessment (SORA)	PCL-R, Burt Rape Myths, Multiphasic Sex Inventory, Abel and Becker, IRI, MSI, RRASOR, and VRAG	Offenders assessed upon release by DOC (ESRC) as level 1, 2, or 3	Full range available; depends on individual
SPECIAL SUPERVISION CONDITIONS	17 special conditions, including no minor contact, testing, treatment, and limited confidentiality	Preltrial supervision, treatment, polygraph, and plethysmograph	Treatment, constant monitoring, no contact with children, no alcohol	Treatment, no contact with minors for pedophiles, no cameras, driving limitations, curfews, adherence to relapse prevention plan	26 conditions including treatment, contact, work, alcohol, disclosure, travel, no contact with minors	Treatment, no contact with minors, random polygraph, no alcohol, full disclosure, and payment of victim's counseling	Specialized supervision conditions with mandatory treatment	Eligible offenders receive sentencing alternative (SSOSA) that includes treatment in the community for minimum of 3 years	Variable

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A NOTE TO READERS

The Center for Sex Offender Management is interested in learning more about how jurisdictions around the country are developing sex offender management and treatment practices. We would be pleased to hear from your community.

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