

GUIDING PRINCIPLES

1. **Individuals exhibiting inappropriate sexual behavior and sexual offending cannot be “cured” but risk may be reduced through management.**

Sexual offenses are defined by law and may or may not be associated with or accompanied by the characteristics of sexual deviance which are described as paraphilias. Some sex offenders also have co-existing conditions such as mental disorders, organic disorders, or substance abuse problems.

Many offenders can learn through treatment to manage their sexual offending behaviors and decrease their risk of re-offense. Such behavioral management should not, however, be considered a “cure,” and successful treatment cannot permanently eliminate the risk that sex offenders may repeat their offenses.

2. **Individuals exhibiting inappropriate sexual behavior pose a range of risk to others based on their pattern of offending behavior and have the potential to be considered dangerous.**

When a sexual assault occurs there is always a victim. Both the literature and clinical experience suggest that sexual assault can have devastating effects on the lives of victims and their families.

There are many forms of sexual offending. Offenders may have more than one pattern of sexual offending behavior and often have multiple victims. The propensity for such behavior is often present long before it is detected. It is the nature of the disorder that sex offenders' behaviors are inherently covert, deceptive, and secretive. Untreated sex offenders also commonly exhibit varying degrees of denial about the facts, severity and/or frequency of their offenses.

Prediction of the risk of re-offense for sex offenders is in the early stages of development. Therefore, it is difficult to predict the likelihood of re-offense or future victim selection.

Some offenders may be too dangerous to be placed in the community and other offenders may pose enough risk to the community to require lifetime monitoring to minimize the risk.

3. **Community safety is paramount.**

The highest priority of these Standards and Guidelines is community safety.

4. **Assessment and evaluation of sex offenders is an ongoing process. Progress in treatment and level of risk are not constant over time.**

The effective assessment and evaluation of sexual offenders is best seen as a process. Assessment and evaluation should be an ongoing practice in any program providing treatment for sex offenders.

In the management and treatment of sex offenders there will be measurable degrees of progress or lack of progress. Because of the cyclical nature of offense patterns and fluctuating

life stresses, sex offenders' levels of risk are constantly in flux. Success in the management and treatment of sex offenders cannot be assumed to be permanent. For these reasons, monitoring of risk must be a continuing process as long as sex offenders are under criminal justice supervision. Moreover, the end of the period of court supervision should not necessarily be seen as the end of dangerousness.

- 5. Assignment to community supervision or incarceration should be made based on an evaluation of the severity of the instant offense, prior history, aggravating and mitigating circumstances, relationship to the victim and multi-dimensional evaluation information and sex offenders must be completely accountable for their behaviors.**

Sex offenders on community supervision must agree to intensive and sometimes intrusive accountability measures which enable them to remain in the community rather than in prison. Offenders carry the responsibility to learn and demonstrate the importance of accountability, and to earn the right to remain under community supervision.

- 6. It is beneficial for the community, treatment providers and criminal justice community for Sex offenders to waive confidentiality for evaluation, treatment, supervision and case management purposes.**

All members of the team managing and treating each offender must have access to the same relevant information. Sex offenses are committed in secret, and all forms of secrecy potentially undermine the rehabilitation of sex offenders and threaten public safety.

- 7. Victims have a right to safety and self-determination.**

Victims have the right to determine the extent to which they will be informed of an offenders' status in the criminal justice system and the extent to which they will provide input through appropriate channels to the offender management and treatment process. In the case of adolescent or child victims, custodial adults and/or guardians ad litem act on behalf of the child to exercise this right, in the best interest of the victim.

- 8. When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweigh any parental or family interests.**

All aspects of the community response and intervention system to child sexual abuse should be designed to promote the best interests of children rather than focusing primarily on the interests of adults. This includes the child's right not to live with a sex offender, even if that offender is a parent. In most cases, the offender should be moved or inconvenienced to achieve the lack of contact, rather than disrupting the life of the child victim.

- 9. A continuum of sex offender management and treatment options should be available throughout the state.**

Many sex offenders can be managed in the community on probation, community corrections, and parole. It is in the best interest of public safety to have a statewide continuum of sex

offender management and treatment options. Such a continuum should provide for an increase or decrease in the intensity of treatment and monitoring based on offenders' changing risk factors, treatment needs and compliance with supervision conditions.

10. Standards and guidelines for assessment, evaluation, treatment and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems, not just sex offender treatment providers, apply the same principles and work together.

It is the philosophy of the Sex Offender Management Board that setting standards for sex offender treatment providers alone will not significantly improve public safety. In addition, the *process* by which sex offenders are assessed, treated, and managed by the criminal justice and social services systems should be coordinated and improves.

11. The management of sex offenders requires a coordinated team response.

All relevant agencies must cooperate in planning treatment and containment strategies of sex offenders for the following reasons:

- Sex offenders should not be in the community without comprehensive treatment, supervision, and behavioral monitoring
 - Each discipline brings to the team specialized knowledge and expertise
 - Open professional communication confronts sex offenders' tendencies to exhibit secretive, manipulative and denying behaviors, and
 - Information provided by each member of an offender case management team contributes to a more thorough understanding of the offender's risk factors and needs, and to the development of a comprehensive approach to treating and managing the sex offender.
-

12. Sex offender assessment, evaluation, treatment and behavioral monitoring should be non-discriminatory and humane, and bound by the rules of ethics and law.

Individuals and agencies carrying out the assessment, evaluation, treatment and behavioral monitoring of sex offenders should not discriminate based on race, religion, gender, sexual orientation, disability or socioeconomic status. Sex offenders must be treated with dignity and respect by all members of the team who are managing and treating the offender regardless of the nature of the offender's crimes or conduct.

13. Successful treatment and management of sex offenders is enhanced by the positive cooperation of family, friends, employers and members of the community who have influence in sex offenders' lives.

Sexual issues are often not talked about freely in families, communities and other settings. In fact, there is often a tendency to avoid and deny that sex offenses have occurred. Successful management and treatment of sex offenders involves an open dialogue about this subject and a willingness to hold sex offenders accountable for their behavior.