CALCASA – 2016

We're on the same team, aren't we?

Sex Offender Management: Goals, Assumptions, Myths and Research.

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THE EVOLUTION OF A PERSPECTIVE

We are on the same team!

We have the same goal:

Stop sexual victimization!

Sometimes the feelings stirred up by this difficult work can get in the way of collaboration.

And there is so much to do…
(beyond healing the victims)

- Prevention
- Culture change
- Addressing toxic masculinity
- Socialization of boys
- Sexual formation of our children
- And on and on ……

Quick notes:

1. Questions and interaction welcome.

2. No research citations here – though basing policy and practice on research is definitely the way to go.

(Not just makin' this stuff up!)

Google:

SOMAPI

CASOMB

ATSA

Recent Survey

(National Sexual Violence Resource Center)

Needs Assessment Findings: Victim Advocates

Participants: 323 respondents from community-based, system-based, and corrections or supervision agency-based victim-survivor advocacy representatives

Advocates' Perspectives:

Part One: Issues regarding which Victim Advocates should communicate with Sex Offender Treatment Providers

- Concerns about victim contact, safety - 94%
- Key information about a perpetrator to guide safety planning for survivors - 90%
- Survivors' input to inform perpetrator treatment planning – 81%
- Suspicious behavior, potential violation of conditions – 79%
- A perpetrator's progress in treatment - 47%
- Family reunification – 47%

Advocates' Perspectives

Part Two: Most commonly cited

Barriers to Collaboration

between

Victim Advocates
and
Sex Offender Management Professionals

- Perceived competing interests – 53%
- Limited/no exposure to promising examples/models - 58%
- Lack of clarity about their respective roles and responsibilities – 59%
- Demanding workloads – 65%
- The lack of cross training opportunities – 65%
- Limited opportunities to interact – 74%

And don’t forget the complex problems related to

CONFIDENTIALITY!

On both sides.

Yes, you don't have time for this, but …….

WEBINAR SERIES ANNOUNCEMENT

(1) What Sex Offender Treatment Providers Need to Know About Sexual Assault Victim Advocacy
Wednesday, May 25, 2016, 2:30-4 pm ET [Ooops. Too late!]

(2) Introduction to Sex Offender Treatment and Supervision for Victim Advocates
Friday, June 24, 2016, 1-2:30 ET [Ooops. Too soon!]

(3) Collaboration Between Sexual Assault Victim Advocates and Sex Offender Management Practitioners: Promising Examples from the Field
Friday, July 22, 2016, 1-2:30 ET

Register at www.CSOM.org

CALIFORNIA SEX OFFENDER MANAGEMENT BOARD - CASOMB

- CALCASA – Marybeth Carter
- 2006 Judy Chu – "What can I do?"
- Legislature and Governor
- 17 Members – interagency collaboration
- Chair – Suzanne Brown-McBride
- Mission: "Decrease sexual victimization and increase community safety."

REMEMBER

My sex offender management colleagues and I are involved with one small piece of the whole picture:

the "management" and treatment of those who have been convicted of a sex offense in ways that decrease the risk that they will commit a new offense.

This is truly the Prevention of sexual assault – but for a relatively small selected group.

[So many are never convicted!]

So… Prevention through the management and treatment of identified offenders?

And here is where the "myths" begin to appear.

Some of you may be saying to yourselves:
"Sounds good, maybe, but I don't buy it. "
"We already know that they will all reoffend."
"We already know that management and treatment don't work."

"Nothing works!" **"Why try?"**

Once upon a time…..

The story of “Nothing Works”

Robert Martinson – 1974:

“Nothing works”

……

Canadian Criminologists -

1970’s and following:

“Something works!”

and then

“What works?”

Don Andrews, James Bonta and their Canadian colleagues developed

The Principles of Correctional Programming

Many principles.

Chief among them:

The “Holy Trinity”:

Risk

Need

Responsivity

Correctional rehabilitative programs, including sex offender treatment programs, show significant reductions in recidivism rates if they follow these three principles and deliver the services effectively.

Up to 40% reduction for sex offenders

But wait!

Don’t we have lots of other ways to manage sex offenders and stop them from reoffending – without hugging them?

SEX OFFENDER MANAGEMENT STRATEGIES

- Increased prison time
- Civil Commitment (SVP)
- Residence Restrictions
- Exclusion Zones
- GPS ankle bracelet monitoring
- Special: Flyers, DMV, yard signs, curfews
- Registration
- Public Notification
- Intensive Supervision only

CONCLUSION

So – based on the research - it appears that the ONLY effective strategy for reducing the risk that sex offenders released to the community will reoffend is

Supervision

plus

Specialized Treatment.

(Unless locking them up forever seems like a better idea. At a cost of $47,000 per year for a state prison or well over $100,000 for a Civil Commitment (SVP) hospital.)

The evidence is clear.

Why don't we follow it?

Let's get rid of policies which are ineffective, wasteful and counterproductive and replace them with policies which are supported by research.

Why?

(This is one presenter's opinion and does not represent a position of CASOMB or CALCASA!)

So…just between us….

Because too many policy makers do not value research and evidence.

Because too many policy makers are afraid to do something which might be viewed as "soft on crime"- particularly sex offenders.

Because politicians do things for political reasons.

California's Model for Supervision plus Treatment:

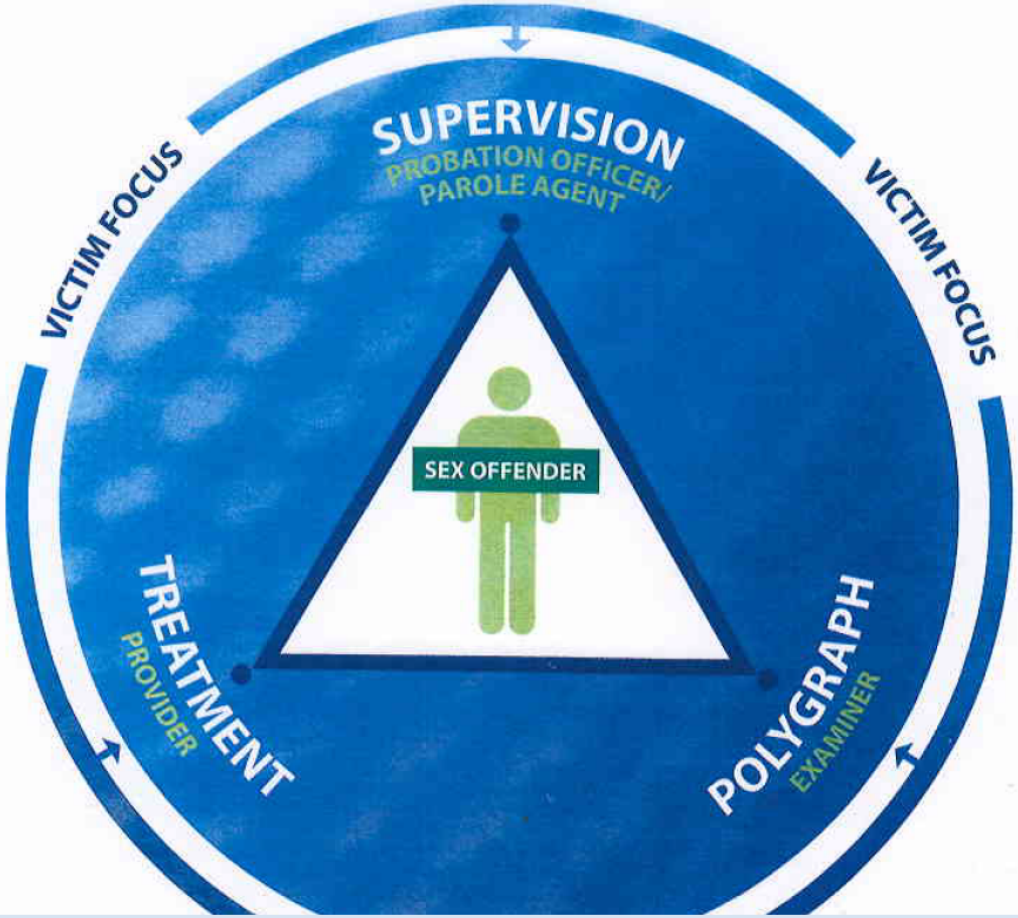
The "Containment Model"

Chelsea's Law now requires this for all registrants under direct parole or probation supervision. How is it working?

Containment Graphic - CALCASA 2.PDF - Adobe Acrobat Standard DC

File Edit View Window Help

Home Tools Document 1 / 1 Tom



And how is California doing with this approach?

The Victim-Focus framework?
The Supervision part?
The Polygraph part?
The Treatment part?

SEX OFFENDER TREATMENT

How does it work?

What does it look like?

Who does it?

“Active Ingredients” in All Psychotherapy

- Relationship
- Framework
- Safety
- Goals
- Etc….

High Wire Act for Clinicians

Maintaining the balance between

- **Holding the perspective of the survivor(s) and community safety**

while simultaneously

- **Holding the perspective of the offender – who is a real human being – though often very damaged and quite unlikeable**

The Focus Areas of Treatment

I. Self-management Domain
II. Social Involvement Domain
III. Sexuality Domain
IV. Attitudes, Schemas & Beliefs Domain
V. General Criminality Domain

DYNAMIC RISK FACTORS – TREATMENT TARGETS

I. Self-Management Domain

General self-regulation problems;
Lifestyle impulsiveness; Impulsivity; Recklessness;
Dysfunctional coping; Sexualized coping;
Poor problem-solving skills;
Emotional control; Emotion management;
Negative emotionality;
Dysfunctional self-evaluation; Narcissism;
Substance abuse;
Insight;
Sexual risk management.

DYNAMIC RISK FACTORS – TREATMENT TARGETS

II. Social Involvement Domain

**Social involvement; Social influences;
Community support;
Relationships with adults; General social rejection;
Lack of emotionally intimate relationships w adults;
Negative social influences; Intimacy deficits;
Capacity for relationship stability;
Conflicts in intimate relationships;
Emotional congruence with children;
Employment; Employment instability; Residence;
Finances; Mental health stability.**

DYNAMIC RISK FACTORS – TREATMENT TARGETS

III. Sexuality Domain

Sexual preoccupation; Sexual compulsivity;
Sex drive; Sex as coping;
Any deviant sexual interest;
Multiple paraphilias; Sexually deviant lifestyle;
Sexual preference for children;
Sexualized violence;
Sexual behavior; Sexual attitudes;
Sexual offending cycle.

DYNAMIC RISK FACTORS – TREATMENT TARGETS

IV. Attitudes, Schemas & Beliefs Domain

Acceptance of responsibility;
Cognitive distortions; Offense-supportive attitudes;
Child Abuse supportive beliefs;
Excessive sense of entitlement;
Lack of concern for others; Callousness;
Machiavellianism; Adversarial sexual attitudes;
Hostility toward women; Deceitful women;
Emotional congruence with children;
Externalizing;
Grievance/hostility; Grievance thinking.

DYNAMIC RISK FACTORS – TREATMENT TARGETS

V. General Criminality Domain

Criminal and rule-breaking attitudes;

Criminal and rule-breaking behavior;

Criminal personality;

Interpersonal aggression; Offence planning;

Resistance to rules and supervision;

Compliance with community supervision;
Treatment compliance;

Stage of Change; Substance abuse;

Admission of offense behavior

So much more…

But not now.

Thank

You!

And Thanks to CALCASA