

DUTCHESS COUNTY

**SEX OFFENDER MANAGEMENT
PROCEDURE and RESOURCE
GUIDE**



**The Dutchess County Sex Offender Management Project
is supported by Grant No. 2003-WP-BX-0008 awarded by the
Bureau of Justice Assistance, U.S. Department of Justice**

Dutchess

**Dutchess
County
Executive**

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County Executive

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May 1, 2006

As Dutchess County Executive, ensuring public safety has been one of my highest priorities. Those who would commit sex offenses, particularly against our children, pose a serious threat to the safety and tranquility our community enjoys.

Therefore, in 2003 I directed the Office of Probation and Community Corrections to apply for a grant from the United States Department of Justice to assist Dutchess County's efforts to create a comprehensive plan to promote community safety and provide services to victims. Over \$200,000 was subsequently awarded to the county to begin the *Project to Enhance Management of Adult and Juvenile Sex offenders*. Since the grant criteria matched the partnerships already in place for crime prevention, the award once again demonstrated the fact that Dutchess County has achieved national recognition for its criminal justice initiatives. I commend the many agencies and individuals both in county government and the community that are responsible for this recognition.

I am pleased to present the outcome of the comprehensive plan prepared by the team of dedicated law enforcement professionals and community service agencies. I believe you will find the Dutchess County Sex Offender Management Procedure and Resource Guide **informative and helpful as it is designed to give both information as well as practical assistance.**

Sincerely,

William R. Steinhaus

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Dutchess County Executive



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**The DUTCHESS COUNTY SEX OFFENDER MANAGEMENT
PROCEDURE and RESOURCE GUIDE**

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Introduction

The Dutchess County Sex Offender Management Project, funded by a two-year grant from the U.S. Office of Justice Programs, is intended to enhance management of juvenile and adult sex offenders using a victim-centered approach. The project includes a system assessment and gaps analysis followed by implementation of activities designed to close gaps, increase collaboration, and strengthen sex offender management in our community using best practice models. The project encompasses all phases of sex offender management (i.e. investigation, prosecution, assessment, sentencing, incarceration, re-entry, community supervision, registration and community notification, treatment, and collaboration with victim services). A victim-centered perspective is incorporated at both the practice and policy levels, maintaining a focus on victim and community safety. The Project is a County initiative, under the auspices of County Executive William R. Steinhaus. The Dutchess County Office of Probation and Community Corrections, the grant recipient, contracts with Family Services, Inc. to implement the Project. Technical assistance is provided by the Center for Sex Offender Management.

The Project began in January, 2004. Building on the work already accomplished by a group comprised of representatives from agencies concerned with sex offender management, initial efforts focused on involving additional participants identified as being critical components of the management system. The result was a seventeen-member Steering Committee with representatives in leadership positions from Probation, Parole, Adult and Juvenile Treatment, Victim Services, Mental Hygiene, Social Services, Law Enforcement, Jail, Prosecution, Defense Bar, County and Family Courts, County Legislature, Criminal Justice Council, and Marist College. Subsequently, the group was expanded to include additional stakeholders from Housing, Town Courts, and local Colleges. The Project's Victim Advocate assembled the Victim Advocate Consultant Committee, comprised of survivors and victim advocates, to ensure a victim-centered focus throughout the Project. A Research Coordinator was contracted to oversee data collection and analysis. A comprehensive meeting was held in March, 2004 to educate all participants on our Project, sex offender management best practices, and the victim-centered perspective.

Six work teams were formed to accomplish the County-wide assessment of existing sex offender management practices. Utilizing the *Comprehensive Assessment Protocol* provided by the Center for Sex Offender Management (CSOM), each work team focused on a specific area of the management system, including how current practices in that area affected victims. Work teams met regularly to accomplish the system assessment and to identify gaps or "critical issues" related to their area. Under the guidance of our CSOM advisor, the Steering Committee met to review the system assessment and prioritize identified critical issues. Work teams were then reconfigured into three implementation teams—Adult Best Practices, Juvenile Best Practices, and Registration/Notification and

Community Education. These groups worked to develop implementation plans to address the prioritized critical issues related to their area.

The Project has had many accomplishments that have positively impacted Dutchess County's adult and juvenile sex offender management system. *The Dutchess County Sex Offender Management Procedure and Resource Guide* presents these accomplishments, describes current sex offender management practice in our community, and examines what still needs to be done. The *Guide* also provides information on current "best practices" in sex offender management nationwide in order to provide context for what we are doing here in Dutchess. In addition to the *Guide*, Adult and Juvenile Court Bench Manuals have been created to provide information to the judiciary to assist in sentencing and dispositional decisions.

Dutchess County has a substantial history of interagency collaboration. Perhaps the most significant aspect of the Sex Offender Management Project has been the high level of cooperation and commitment on the part of all participants. The collaborative nature of the Project is evident in our Vision Statement:

Dutchess County, New York consistently practices comprehensive, victim-centered management of juveniles and adults who have committed sex offenses in order to:

Empower and restore victims,

Hold offenders accountable, and

Reduce offender recidivism and future victimization.

The sex offender management system works together through multi-disciplinary partnerships that incorporate evidence-based best practices for both juvenile and adult offenders. Our approach to sex offender management involves the careful examination and oversight of all facets of sex offender management.

Although we have made good progress, there is still much to be done to ensure an optimally functioning sex offender management system in Dutchess County. In actuality, this work by its very nature is ongoing, as more becomes known regarding how best to manage sex offenders who live in our communities. The Steering Committee has committed to continuing the Project beyond the conclusion of the grant period. We hope you will work with us toward the goal of reduced sex offender recidivism and increased victim and community safety in the Dutchess County community.

System Data Analysis

National Statistics and Characteristics of Adult and Juvenile Sex Offenders

- Only about 16% of victims of sexual assault ever report their victimization to law enforcement (Rape in America, 1992).
- In the federally funded [1998 National Violence Against Women](#) study (NVAW), 1 in 6 women and 1 in 33 men in the U.S. reported experiencing a completed or attempted rape at some time in their life. Of these women, 22% were under 12 and 32% were ages 12 to 17.
- Approximately 302,100 women and 92,700 men are forcibly raped each year in the United States (NVAW).
- An estimated 12.1 million women have been raped at least once in their lifetime. Of these, 39% (4.7 million) had experienced more than one rape (Rape in America, 1992).
- Only about 4% of rape victims sustained serious physical injuries as a result of their rape; 70% reported no physical injuries (Rape in America, 1992).
- Of reported rapes, only 30% of the offenders were arrested (NCVS, [Workplace Violence 1992-1996](#)).
- Most sexual assaults are committed by someone known to the victim. In 90% of the rapes of children less than 12 years old, the child knew the offender, according to police-recorded incident data. Among victims 18 to 29 years old, two-thirds had a prior relationship with the rapist ([Sex Offenses and Offenders, Bureau of Justice Statistics, 1997](#)).
- Women raped before age 18 are twice as likely as those who have not been raped as a child to be raped again as an adult (NVAW).
- Rape victims are 9 times more likely than non-victims to have attempted suicide (Heise, 1992).
- 62% of pregnant and parenting adolescents had experienced contact molestation, attempted rape, or rape prior to their first pregnancy (Boyer & Fine, 1993).
- Overall, rape has the highest annual victim costs of all crimes at \$127 billion per year (excluding child sexual abuse) ([Victim Costs and Consequences: A New Look](#), NIJ Research Report, January 1996).

- 234,000 sex offenders currently reside in prisons or are under community supervision. About 134,000 of those are under some form of community supervision and are living in our communities
- 1995 estimates indicate that 260,300 rapes and attempted rapes and nearly 95,000 sexual assaults and threats of sexual assault were committed against persons 12 years of age or older (Greenfield, 1997).
- In 1998, 20,608 arrests were made for forcible rape and 62,045 arrests were made for other sexual offenses (FBI, 1998).
- 43% of all rapes/sexual assaults occur between 6 p.m. and midnight
- Six out of every 10 rapes/sexual assaults occur in the homes of victims, family members, or friends (Greenfield, 1997).
- Sexual assault victimizations are highest among young adults between the ages of 16 and 19, low income individuals, and urban residents (Greenfield, 1997).

(Sex Offenses and Offenders, Bureau of Justice Statistics, 1997).

Characteristics of Sexual Assault

Children as Victims:

- Only 10 to 15% of child sexual abusers ever use physical force or threats to gain compliance from their victims.
- Most child sexual abusers offend against children who they know and with whom they have established a relationship.
- Most sex offenders are male; however, recent research indicates that 20% of sex offenses against children may be committed by female offenders.
- More than any physical injuries the victim sustains, the violation of trust that accompanies most sexual assault has been shown to dramatically increase the level of trauma the victim suffers. Emotional and psychological harm last much longer than physical wounds.
- Children rarely make up stories of abuse.
- Children often do not tell about the abuse for a variety of reasons including shame, embarrassment, wanting to protect the offender, fear of being held responsible or being punished, and fear of losing the offender.

- The victim's recovery will be enhanced if the child feels believed, supported, and protected and receives counseling following the disclosure that s/he was assaulted.

Rape Victims:

- Sexual gratification is often not a primary motivation for a rape offender. Power, control, and anger are more likely to be the primary motivators.
- Rape victims are never to blame for the assault, regardless of their behavior. Actions that some may think reflect victims' poor judgments, such as being out late or getting drunk, are never justifications for being sexually abused or assaulted.
- Rape victims often report being frozen by fear during the assault, causing them to be unable to fight back; other victims may not fight back for fear of angering the rapist and causing him to use more force in the assault.

Offenders:

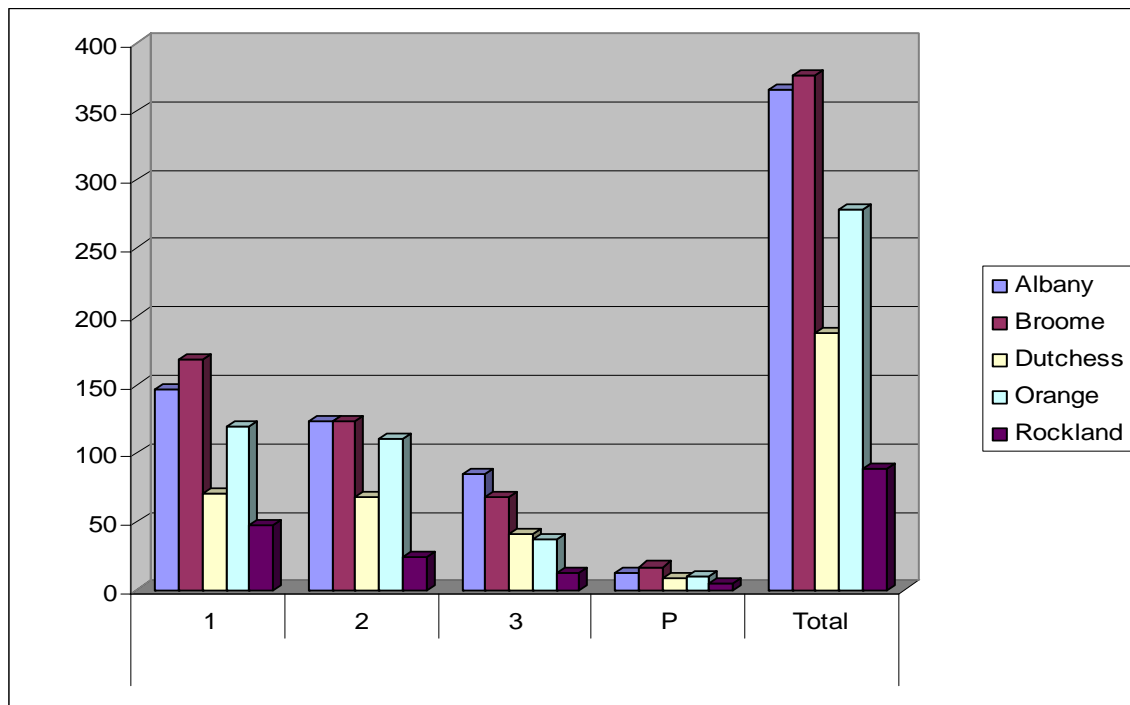
- More often than not, sex offenders are not able to stop their offending behavior on their own.
- Studies suggest that most rape offenders are married or in consenting relationships.
- Drugs and alcohol do not cause individuals to offend sexually.

(www.csom.org)

Dutchess County Data

A Comparison of Registered Sex Offenders Over Time

Town	2003	2006
Poughkeepsie, NY	21	43
Amenia, NY	2	0
Kingston, NY	2	16
Beacon, NY	2	21
Salt Point, NY	1	0
Pleasant Valley, NY	2	1
Fishkill, NY	1	0
Wappingers Falls, NY	4	1
Hyde Park, NY	4	1
Clinton, NY	1	4
Pittsfield, MA	1	31
Newburgh, NY	1	25
Hopewell Jct, NY	1	2
Danbury, CT	1	27
Pine Plains, NY	2	0
Queens Village, NY	1	12
Rhinebeck, NY	1	0
Wingdale, NY	1	2
New Paltz, NY	1	0
Pawling, NY	1	0
Stanford, CT	1	0
Holmes, NY	1	0
Bronx, NY	1	0



	1	2	3	P	Total
Albany	146	123	85	12	366
Broome	168	123	68	17	376
Dutchess	70	68	41	9	188
Orange	120	111	37	10	278
Rockland	47	24	13	5	89

The Table above illustrates the comparison of sex offenders by risk level among counties comparable to Dutchess County.

NOTE:

Level 1 = low risk of repeat offense

Level 2 = moderate risk of repeat offense

Level 3 = high risk of repeat offense

Level P = offender is registered but risk of repeat offense has not yet been determined

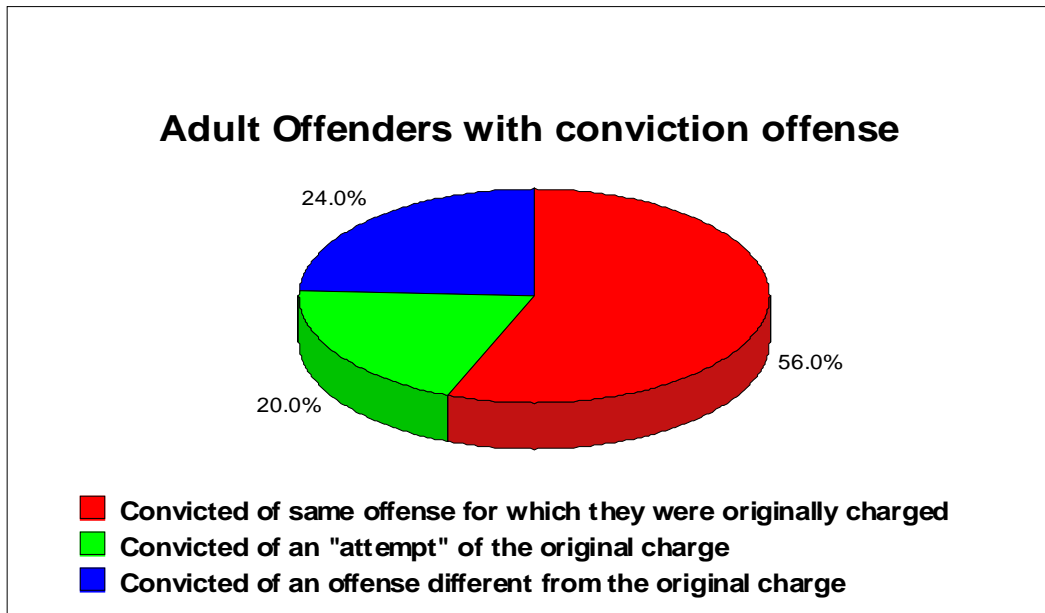
Rates of sex offenders per 100,000 population*

	Population	Rate/100K
Albany	298432	122
Broome	197696	190
Dutchess	293395	64
Orange	370352	75
Rockland	293626	30

* based on 2006 population estimates

Sex Offenses Charged in Dutchess County in 2004

Charge	Total	Chg1	Chg2	Chg3	Chg4	Chg5+
Endangering the welfare of a child	15	0	6	2	3	4
Rape 2nd degree	12	9	1	1	1	0
Public Lewdness	11	10	1	0	0	0
Rape 3rd degree	9	8	1	0	0	0
Sodomy 1st degree	7	2	5	0	0	0
Sexual abuse 3rd degree victim < 18	6	5	1	0	0	0
Sodomy 2nd degree	5	2	3	0	0	0
Possessing a sexual performance by a child	5	4	1	0	0	0
Possessing an obscene sexual performance by a child	4	1	1	1	1	0
Incest	3	2	1	0	0	0
Rape 1st degree	3	3	0	0	0	0
Course of sexual conduct against a child 2nd degree	3	1	1	1	0	0
Sexual abuse in the 2nd degree	2	0	0	0	0	2
Sodomy 3rd degree	2	1	1	0	0	0
Forcible Touching	2	1	1	0	0	0
Unlawful imprisonment in the 2nd degree	2	1	1	0	0	0
Sexual abuse 3rd degree	2	1	0	1	0	0
Course of sexual conduct against a child 1st degree	1	1	0	0	0	0
Promoting prison contraband in the 1st degree	1	0	1	0	0	0
Resisting arrest	1	0	1	0	0	0
Criminal trespass in the 2nd degree	1	1	0	0	0	0
Criminal mischief in the 4th degree	1	0	0	0	0	1
Harassment in the 2nd degree	1	0	1	0	0	0
Aggravated harassment in the 2nd degree	1	1		0	0	0
Criminal mischief in the 2nd degree	1	0	0	0	0	1
Promoting a sexual performance by a child	1	0	1	0	0	0
Use of a child in sexual performance	1	1	0	0	0	0
Petit larceny	1	0	1	0	0	0
Sexual Misconduct	1	1	0	0	0	0



The chart above illustrates the conviction rates for sex offenses in Dutchess County in 2004.

Summary

In 2004, 70 cases were sent for prosecution to the Dutchess County District Attorney; 56 individuals (M=52, F=4) were charged. Ages ranged from 16 to 77 years, with an average age of 33 years and a mode of 18 (n=8). More crimes were committed in the 12601 (Poughkeepsie) zip code (n=19), with 12538 (Hyde Park) (n=8) and 12590 (Wappingers Falls) (n=6) ranking second and third, respectively.

The most frequently charged sex offense was rape in the second degree (n=11), followed by rape in the third degree (n=10), and public lewdness (n=10). Among the 70 charges, 52 were felonies and 18 were misdemeanors.

Among those charged, the following dispositions resulted:

Disposition	Total	Notes:
Dismissed/Not guilty	0	16% were either ACD'd or pled down
ACD	6	
Fined	4	
Pled to other than sex offense	3	At least 53% of disposed cases included incarcerations.
Sealed	1	
Time served	2	14% of dispositions included orders for evaluations for treatment
2 weeks DCJ	1	
1 month DCJ	4	
2 months DCJ	1	
6 months DCJ	3	
1 year DCJ	3	
1-3 yrs	3	
1 ½ - 4 yrs	3	

3 ½ - 7 yrs	1	50% of those ordered never went for evaluation
8 ½ yrs	1	
Transferred	2	
Pending	13	
YO	4	
EM (3mo)	1	
Evaluation for Treatment	8	
Probation		
10 yrs	4	
6 yrs	4	
5 yrs	2	
3yrs	2	

While Dutchess County does not yet have recidivism rates for the previous 10 years, the following table describes national trends.

Recidivism Rate in 2004 of Sex Offenders in the U.S. Following Release From Prison in 1994 By Recidivism Measure and Type of Sex Offender

	All	Rapists	Sexual Assaulters
Rearrested for any type of crime	43.0%	46.0%	41.5%
Reconvicted for any type of crime	24.0%	27.3%	22.4%
Returned to prison with a new sentence for any type of crime	11.2%	12.6%	10.5%
Returned to prison with or without a new sentence	38.6%	43.6%	36.1%
Total Released	9691	3115	6576

Adult Investigation, Prosecution, Disposition

Quick Study Summary

Few categories of crime receive the degree of public attention and scrutiny that is directed toward sex offenses, particularly with respect to the prosecution and ultimate disposition of such cases. Media portrayals of high profile sex crimes, the profound impact of sexual assault on victims, and widespread myths and misperceptions held by the general public have fueled understandable concerns about community safety and demands for more punitive approaches to sex offender management. Unfortunately, the prevalence of stereotyped beliefs about victims and what constitutes sexual assault extend beyond communities at large, and may impact the manner in which law enforcement officers pursue the investigation, prosecution and disposition of sex crimes. Practice tends to be quite diverse, however, investigation, prosecution and disposition are critical aspects of offender management. In many ways, they determine the information and options available at subsequent stages of the process to manage such offenders. Therefore, when victims of sexual assault are identified, it is essential that effective and informed responses are in place – from the point of victim disclosure and the investigative process, through the prosecution and disposition phases, and all other aspects of the criminal and juvenile justice systems – to ensure that offenders are ultimately held accountable and community safety is maintained.

Roles and Responsibilities of Those Involved with Investigation/Prosecution, Disposition in Dutchess County

Sexual assault investigations in Dutchess County typically are conducted collaboratively between agencies involved. This collaboration is informal, as no Countywide policy currently exists regarding a multi-disciplinary approach.

Victims

- Receive medical examinations;
- Participate in the investigations;
- Seek counseling and/or education services; and
- Cooperate with the investigation process as needed.

Alleged Offenders

- Comply with orders to stay away from the victim, and leave the home (when living with the victim);
- Obey special conditions that are imposed to ensure that the offender will report back to court. The law may provide for pre-trial special conditions under certain circumstances (e.g. travel restrictions, electronic monitoring); and
- To comply with the law and special conditions.

Law Enforcement Officers

- Investigate the allegation of sexual assault and related offenses (typically conducted by officers who have specialized training and experience in this area).

Prosecutors

- Dutchess County District Attorney's Office (DA) prosecutes sex crimes through its Special Victims Bureau;
- Prosecutors in this Bureau have extensive training in the investigation and prosecution of sex crimes, and in the short and long-term impact of victimization on survivors of sexual assault; and
- The DA's Office seeks to prosecute offenders at the highest level possible.

Sexual Assault Forensic Examiner (SAFE)

- SAFE nurses in Dutchess County are specially trained in forensic examinations and follow established SAFE protocols regarding the gathering of forensic evidence; and
- SAFE Rooms within two hospitals in Dutchess County are available to provide a safe, discreet, victim-sensitive environment for victims of sexual assault to streamline the investigative process and minimize negative impacts of the investigation on survivors.

Victim Advocates

- Throughout the County there are agencies and programs to assist sexual assault victims and these services are typically available 24 hours a day, 7 days a week; and
- Victim Advocates are trained to support victims through examinations, investigations, and through the entire process of the criminal justice system.

Crisis Response Team Members

- Rape Crisis Advocates through Family Services, Inc.'s (FSI) Sexual Assault Trauma and Recovery Services are available around the clock;
- Advocates go to the hospitals to provide information and support to victims, referrals to follow-up counseling and advocacy services through FSI's Crime Victims' Assistance Program (CVAP); and
- Advocates assist victims who choose to report their assaults to law enforcement by helping them navigate the complicated investigative process.

Best Practices as Noted in the Comprehensive Assessment Protocol

The activities and processes that occur during the investigation, prosecution, and disposition phases are challenging and multidimensional; therefore, effective and consistent practices as well as specialized knowledge and experience are critical in the successful prosecution of sex crimes. The key goals during these initial stages of the sex offender management process are:

- Delivering supportive and other needed services to victims to minimize further trauma;
- Collecting critical forensic evidence;
- Resolving cases swiftly and effectively;
- Protecting the individual rights and safeguards afforded to defendants;
- Promoting accountability of sex offenders; and
- Maintaining the overarching interests of community safety.

Investigation

Often the first to have contact with victims and alleged offenders, law enforcement officers and child protective services personnel assume a particularly critical role in the overall sex offender management process. Therefore, adherence to consistent policies and procedures in the investigative process, including interviews of victims and alleged offenders and the collection of key forensic evidence, is paramount. The investigation process should include:

- Investigators with specialized knowledge about sex offenders and victims;
- System-wide sensitivity to the needs and interests of victims; and
- Multidisciplinary collaboration in the decision-making processes.

Specialized Knowledge and Experience

Investigating sex crimes poses unique challenges due to the heterogeneity of adult sex offenders, dynamics of these offenses, the nature and stigma associated with sexual assault, the subsequent impact of sexual assault on victims, and myths about offenders and victims. Furthermore, delays in reporting, a lack of corroborating witnesses, and a lack of conclusive physical evidence can hinder the prosecutorial process. Therefore, investigative teams should be trained in the following areas:

- Dynamics involved including modus operandi of adult sex offenders;
- Interviewing strategies with alleged sex offenders;
- Interviewing non-offending partners, parents/caregivers, or other family members;
- Differential interviewing strategies for adult and child victims;
- Impact of victimization and needs and rights of victims;
- Crime scene investigation including physical evidence unique to sex offense cases;
- Sexual assault forensic examinations and medical terminology;
- Understanding specific sex offense statutes within the jurisdiction; and
- Collaboration within the multiple systems involved.

In an effort to further develop a victim-centered Sex Offender Management System, the following are common victim responses to which victim advocacy and support should be directed:

- Intense feelings of shame and guilt;
- Fears about being blamed for the assault, or of not being believed;
- Concerns about their experience being publicized;
- Insensitivity by law enforcement officers;
- Fears of confronting the assailant;
- Threats or fears of retaliation by the offender;
- Attachment to the offender in cases of intrafamilial or acquaintance assault; and
- Concerns about prolonged court processes.

When victimization occurs within the home, a victim-centered investigative approach requires the assurance of safety within the home environment; therefore, during the investigative process, professionals must be able to assess the potential risk posed by the alleged offender and the ability and willingness of the caregivers to provide the necessary structure and safety within the home. Under some circumstances, removal of the alleged perpetrator from the home may be necessary if the non-offending adult(s) within the home are unable to provide adequate protections. Ideally, if separation of the victim from the alleged offender is warranted, the alleged offender should be removed from the home – rather than the victim.

Information-Sharing During Investigations

Multiple agencies may be involved in the investigation process, particularly when the victim or alleged perpetrator is a juvenile. It is therefore critical that methods and procedures exist so that law enforcement officials, Child Protective Services personnel, Victim Advocates, crisis response team members, medical professionals, and prosecutors can share critical information obtained during the investigation in order to facilitate more efficient and timely processing of cases.

Prosecution

Prosecutors bear the responsibility for decisions to move forward with charges, plea negotiations, and sentencing or disposition recommendations for adult criminal proceedings, although successful prosecution of sex offense cases is largely dependent upon thorough investigations. Again, as myths and misperceptions about sexual assault, sex offenders, and victims have a significant impact on the investigative process as well as the prosecution of sex crimes, the importance of specialized knowledge is critical. For example, despite the evidence suggesting that most sexual assaults are committed by an offender who is related to or otherwise known by the victim, members of the criminal justice system often more rigorously prosecute sex offenses committed by strangers.

Pretrial/Preadjudication Management

When considering whether to allow alleged sex offenders to remain in the community prior to the trial or adjudication process, the seriousness of the crime, impact on victims, and need to ensure community safety should be among the factors considered. Ideally, to ensure victim safety, courts should prohibit contact between the defendant and the victim, or require closely supervised contact to ensure that victims are not intimidated, pressured, threatened, or otherwise harmed.

Critical to ensuring a victim-centered approach is the recognition that victims must be allowed to determine their own level of participation in the various proceedings within the criminal justice system. For some victims, involvement may be therapeutic and facilitate recovery; for others, participation is not desired and may exacerbate the trauma already experienced. During the prosecution, victim advocates should be available to provide the following education, support, and assistance to victims (and parents/caregivers when the victim is a child):

- Orienting victims to the court process and accompanying them to proceedings;
- Providing information about victim rights and assisting with compensation applications;
- Informing victims about critical court dates and the status of the case; and
- Providing assistance with preparation of victim impact statements.

The process of testifying in court often produces considerable anxiety and trauma for both adult and child victims. When the victim is a child, sensitivity to the age, maturity, development, and emotional adjustment of the child must remain primary considerations and can be accomplished by:

- Ensuring compliance with victim rights' legislation and enforcing rape shield laws;
- Limiting pre-trial conferences, depositions, and evidentiary hearings that may intimidate victims and minimizing court appearances for victims;
- Protecting privileged communications from victims' counseling sessions;
- Allowing support persons to be present for victims during the proceedings; and
- Demanding appropriate conduct by attorneys when questioning victims.

Plea Bargains

The use of plea bargains can be beneficial for victims by eliminating the potential trauma associated with testifying in the court proceedings and effectuating the timely disposition of cases. However, some plea bargains may eliminate the sex offense component of the case (e.g., agreeing to accept a guilty plea to aggravated assault and battery when the charging offense involved criminal sexual conduct). A potentially unintended consequence is the implication the offense was actually less harmful or serious than was initially alleged by the victim. Also, removing the sex offense nature of the crime can make it considerably more difficult for subsequent treatment and more intense probation supervision of sex offenders.

In order to ensure that plea and sentencing decisions are well informed and appropriate for both offenders and victims, it is essential that plea agreements are guided by sufficient information about the offender, the offense behaviors, and community safety needs. Therefore, appropriate assessments should be completed on offenders, input from victims should be acquired, and sentencing recommendations should include requirements that sex offenders accept responsibility and demonstrate a willingness to fully engage in sex offense-specific treatment.

Sentencing/Disposition

Over the past two decades, a dramatic shift in sentencing structures and practices has occurred within the criminal and juvenile justice systems, with a movement toward more punitive and uniform sentences through mandatory minimums, determinate sentencing, and truth-in-sentencing approaches. However, because adult and juvenile sex offenders are a heterogeneous population with differential intervention needs, statutes and practices should allow for judicial discretion to tailor individual dispositions and sentences on a case-by-case basis, commensurate with the level of risk and criminogenic needs posed by offenders, as well as the capacity of the justice system to manage such offenders effectively.

Judicial Education and Support

Critical to responsive and effective sentencing practices – as well as the overall approach to adult and juvenile sex offender management – is judicial support of offense-specific treatment and supervision efforts. Because the professional literature reveals a positive impact from specialized rehabilitative approaches to sex offender management, it is essential that judges are informed about the existence of this research and information, and have a clear understanding of available programs and services in their jurisdictions. The application of this information by judges might be demonstrated at the sentencing or disposition phase through the imposition of:

- Mandates for sex offense-specific treatment;
- Sufficient periods of community supervision that allow for monitoring;
- Relevant special conditions or restrictions; and
- Court-leveraged consequences for non-compliance.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

Sexual assault investigations in Dutchess County typically are conducted collaboratively between agencies, although this collaboration is informal as no Countywide policy exists regarding a multi-disciplinary approach. The District Attorney's (DA's) office encourages all smaller municipalities to call the larger investigative agencies to assist in the investigation of sexual assaults because the larger law enforcement agencies, such as the Town of Poughkeepsie Police, DC Sheriff's Office, City of Poughkeepsie Police, and NYS Police, have officers who have had training and experience in the investigation of sexual assault and related offenses. While there is significant training on the investigation of sex crimes, the lack of training for law enforcement on the needs and rights of victims and the impact of victimization has been identified as a concern. Although the NYS Police Sex Offense Seminar has some information on these issues, it is minimal. In general, even specially trained law enforcement officers in Dutchess County tend to have only basic knowledge on the short- and long-term impact of sexual assault on victims.

The DA's Office prosecutes sex crimes through its specially trained Special Victims Bureau. Members of that Bureau work closely with law enforcement and Family Services, Inc.'s Sexual Assault Forensic Examiner (SAFE) program to ensure thorough investigation and evidence gathering in order to successfully prosecute cases. The DA's Office employs a system of vertical prosecution whenever possible, meaning the same prosecutor stays with a case from beginning to end to allow for continuity of knowledge about a case that contributes to successful prosecution and is responsive to the needs of victims who are often discouraged by the complexity of the legal system. The DA's office always seeks to prosecute sex offenders at the highest level possible and appropriate following review of the evidence and consultation with the victim. However, the level of prosecution is directly dependent on the quality of the evidentiary information. Insufficient evidence may mean that the level of crime may be lowered to attain conviction.

To ensure a coordinated response to child sexual assault investigations, a formal multidisciplinary sexual assault response team has been established in Dutchess County. The Children's Advocacy Center (CAC), based at the Child Abuse Prevention Center in Poughkeepsie, has been in existence for close to seven years and is comprised of Child Protective Services (CPS) workers, Detectives from the Dutchess County Sheriff's Office, the City of Poughkeepsie Police Department and a NYS Police Investigator who meet regularly to review cases under investigation to ensure that optimal investigation takes place. Members of the DA's Special Victims Bureau, including a Special Investigator, and the County Attorney's Office are also available as needed. The Center has child-friendly interview rooms in an effort to minimize the negative impact of the investigation process on child victims and their families.

While the CAC provides necessary intervention when called upon, it is important to note that not all child sexual assault cases receive services through the CAC. Some jurisdictions investigate sexual assault cases internally and fail to refer victims to the CAC. It is of concern that there are no standards in Dutchess County that delineate mechanisms for sharing critical information among agencies investigating child sexual assault cases outside of the CAC. This may be due in part to the fact that there is no one police agency in Dutchess County that could mandate such a practice. Each police agency follows its own unique practices and, as a result, most information sharing that occurs is informal and on a case-by-case basis.

Family Services, Inc. provides victims of a sexual assault with the services of a Sexual Assault Forensic Examiner (SAFE). SAFE nurses in Dutchess County are specially trained in forensic examinations, rape crisis counseling, and follow established SAFE protocols regarding the gathering of forensic evidence. SAFE Rooms within two hospitals in Dutchess County, St Francis and Vassar Brothers, are available to provide a safe, discreet, victim-sensitive environment for survivors of sexual assault where they can receive information about follow-up services, HIV and STD's, and options regarding reporting the crime. The SAFE units help streamline the investigative process and minimize the negative impact of the investigation on survivors. Perhaps most indicative of the units' effectiveness is the fact that 90% of victims served by SAFE units in Dutchess County choose to report their assault to law enforcement officials compared with only 15-20% of victims nationwide. Furthermore, the success of the collaboration between the SAFE program and the prosecutors of sex crimes in Dutchess County is evidenced by the 22% conviction rate of sexual assault cases going through SAFE compared to the 3% conviction rate of these types of cases nationwide.

However, SAFE rooms are not always utilized; private medical practitioners rarely make referrals to SAFE or crime victim services. The lack of referrals for such services is also true in cases where the victim is under the age of 11, and a result of preconceived ideas about age restrictions and SAFE services. In the case of children 12 or younger, the SAFE nurse needs only to notify the doctor and can then perform the exam with proper authorization. It is especially important that in these cases a forensic medical exam is conducted as soon as possible as children often heal within three days following a sexual assault and important evidence may be lost.

To assist Dutchess County judges in utilizing effective sex offender management strategies, the Sex Offender Management Project activities included providing trainings and informational

material regarding these strategies and sentencing issues, and developing Bench Manuals of recommended procedures for adult sex offenders (see Section on Bench Manuals). The procedures include having all offenders receive psychosexual evaluation with risk assessment by a qualified evaluator prior to sentencing to assist the judge in determining the most appropriate sentence. The procedure also suggests that specialized orders and conditions recommended by Probation are imposed at sentencing. These conditions are reevaluated after six months to determine if any adjustments should be made.

Victims of sexual assault have complex needs throughout the investigation, prosecution and disposition phase of a criminal justice intervention including emotional, physical, medical, financial and safety concerns. There is a great deal of information which must be provided to victims in order to ensure that they are aware of existing support services, legal and civil remedies available to them, and how to obtain case status information (including charges filed, offender incarceration status, dates of hearings, plea arrangements). Victims must be given an explanation of common legal terms, acronyms and phrases that might be used throughout the process. During the process, victims will also likely be asked what they wish to see happen in the case with respect to offender accountability. They should be given information on all available remedies and possible outcomes, including available alternative to incarceration programs and sex offender treatment programs in addition to traditional remedies such as incarceration. Victims who do not have this information may develop unrealistic expectations about the dispositional outcome of their case and may feel betrayed and re-victimized by the legal system if those expectations are not met. In order to address this critical issue, members of the Sex Offender Management Project developed an informational booklet for victims entitled *Surviving Sexual Assault and Navigating the Legal System*. The booklet is available in both English and Spanish.

Within Dutchess County, the following are available to victims: Crime Victims Assistance Program, Sexual Assault Trauma and Recovery Program, Sexual Assault Nurse Examiner Program, Crime Victim Specialist available through the New York State Police, Victim Services through the Office of Probation and the local Child Advocacy Center, and services through the local Department of Social Services.

How, and at what point, victims come into contact with the criminal justice system, and with whom they communicate, affects the type of information they may receive, including referrals and information on their rights as a victim. Currently, law enforcement agencies contact victim advocates and refer victims to FSI's Crime Victims Assistance Program (CVAP) based upon their assessment of the victims' needs or their knowledge (or lack of) of CVAP's services. Consequently, victims may not learn they have the right to have a support person available to them during the police interview until well after the interview has taken place. In addition, follow up safety planning, generally done just following the assault, may not occur for some time if the victim has not been put in touch with victim services.

While there are laws dictating how hospitals must respond to child victims of sexual assault, in practice the response varies depending upon whether the allegation involves assault by a family or household member or by a third party. In the case of an offense committed by a family member, the law requires that notification must be made to the State Central Registry. There is

no such requirement when the prospective offender is not a parent or “parent substitute” as those terms are understood under the Social Services Law. In either case, there is no mandate or directive to ensure a comprehensive supportive response and intervention by local crime victims’ assistance programs. In addition, due to a lack of protocol concerning evidence collection in these cases, child victims may be subjected to multiple examinations and interviews. Occasionally, hospital or law enforcement will call CVAP, but again it is discretionary, and child victims may not receive valuable information and support when they most need it.

What is Left to Do?

- Increase utilization of SAFE rooms and ensure exams are conducted by a SAFE examiner trained and experienced in performing forensic exams. It is especially important in cases where the victim is a child that a forensic medical exam is conducted as soon as possible as children often heal within three days following a sexual assault and important evidence may be lost;
- Establish a formal tracking system to accurately measure incidence and prevalence of sex offenses in Dutchess County. As a component of such tracking, create a mechanism by which all victims receive timely, comprehensive information such as victim’s rights information, support available or information about what they might expect from the criminal justice intervention; and
- Continue training opportunities for law enforcement investigators or the judiciary to provide extensive knowledge base and practical strategies critical to understanding short- and long-term impact of victimization.

Adult Assessment

Quick Study Summary

As sex offenders are a diverse group of individuals, effective management strategies are contingent upon thorough assessments that identify sex offenders’ individual levels of risk and needs. Although assessment is traditionally considered to be a clinical event, within the context of sex offender management, assessment should be an ongoing and multidisciplinary process. In addition to the clinical insights offered by specialized mental health practitioners, the cumulative data provided by other involved professionals (e.g., supervision officers, victim advocates) greatly enhance the ability of criminal justice systems to balance the needs of offenders, victims, and communities effectively over time. Throughout the sex offender management process, a variety of assessments occur within four broad categories: risk assessment, criminal justice assessment, clinical assessment, and ongoing, multidisciplinary assessment.

Supervision officers, treatment providers, and others must assess sex offenders in a comprehensive and collaborative fashion, by routinely evaluating the level of risk, areas of need, treatment progress, supervision compliance, adequacy of the community support network, and access to victims. By doing so, the various stakeholders involved in sex offender management are better able to develop corresponding interventions and

responses that increase community safety, reduce the likelihood of future victimization, and maximize the use of limited resources.

Roles and Responsibilities of Those Involved with Assessment in Dutchess County

Probation and Community Corrections

- Conduct pre-sentence investigations (PSI) involving interviewing offenders to collect background information including perceptions regarding their behavior and the level of responsibility taken for the offenses.

District Attorney's Office/ Courts/ Defense Attorneys

- May order specific clinical evaluations during the pre-sentencing phase.

Clinicians

- Licensed mental health practitioners with training and experience in conducting evaluations consistent with the practice standards of the Association for the Treatment of Sexual Abusers (ATSA).

Sex Offenders

- Participate in evaluation interviews and provide required information.

Victims

- Provide a victim statement.

Victim Advocates

- Provide information and bring individual victim concerns to the assessment process, if the victim requests.

Best Practice as Noted in the Comprehensive Assessment Protocol

Risk Principle: Who needs the most intensive treatment and supervision interventions?

Researchers have found that more intensive interventions have greater impact on higher risk offenders and low-risk sex offenders may be more likely to respond most effectively to less intensive supervision and treatment interventions. Moreover, research suggests that some types of intensive supervision strategies can actually increase risk to reoffend among lower risk offenders. Therefore, the assessment of risk has significant implications for the effective prioritization and intensity of services.

Need Principle: What are the targets of treatment and supervision that will have the greatest impact on reducing risk?

According to the need principle interventions are most likely to be effective when the specific targets of intervention are the dynamic, or changeable, risk factors presumed to be related to an individual's offense behaviors. These dynamic risk factors, referred to as

criminogenic needs, are comprised of two types: stable and acute factors. Stable dynamic factors are relatively enduring but changeable characteristics, whereas acute dynamic factors tend to fluctuate rapidly. As professionals are only able to assess and subsequently target risk factors currently present in an offender, interventions targeting stable dynamic factors are likely to have more impact for maintaining long-term change. The occurrence of acute risk factors immediately prior to sexual re-offending implies a link to short term re-offense risk, although obvious measurement challenges make it much more difficult to identify the long-term impact of interventions targeting such factors. Thoroughly assessing the criminogenic needs or dynamic risk factors of sex offenders is critical, as it allows treatment providers and supervision officers to direct resources in a manner that is likely to produce better outcomes.

Responsivity Principle: How should treatment and supervision interventions be delivered?

Responsivity assures the matching of the content of a treatment program, specific offender characteristics, and the style of the treatment provider. Therefore, it is important to assess the learning style and personality of the offender, any special needs, and other factors that may interfere with therapeutic engagement, self-efficacy, or investment in the treatment and supervision process. For example, if a sex offender has been identified as highly impulsive, a more structured treatment approach, in combination with more intensive supervision strategies with concrete expectations, may be most effective. Similarly, if an assessment reveals an offender suffers from significant cognitive and developmental delays, a treatment approach that requires complex or abstract thinking and high-level cognitive interventions is not likely to be beneficial.

Risk Assessment

Presently, the use of actuarial risk instruments is the most common and reliable method of estimating recidivism risk and categorizing sex offenders into risk groups. Actuarial risk assessment instruments are designed to determine a sex offender's likelihood of reoffending sexually by assessing how he is similar to other groups of sex offenders for whom reoffense risk is known. Validated sex offender-specific actuarial risk assessment instruments predict the likelihood of sexual reoffense or reconviction at multi-year intervals (e.g., five, ten, or fifteen years); an individual's score yields an estimated probability of sexual reoffense within a five-year period relative to the sample of sex offenders used to develop the instrument. Commonly misunderstood is that the recidivism rate associated with an individual's score means that the rate applies to the specific individual. Instead, scores reflect the recidivism rate of offenders in the development sample who had the same score as the current offender. These instruments are, therefore, very effective at predicting the reoffense rates of a *group* of similarly defined offenders, but cannot identify whether a *particular individual* offender within a specific "risk group" will or will not reoffend.

The following validated actuarial tools are commonly utilized with adult sex offenders to predict sexual recidivism:

- Rapid Risk Assessment for Sexual Offense Recidivism;
- STATIC-99;
- Sex Offender Risk Appraisal Guide;
- Minnesota Sex Offender Screening Tool- Revised; and
- Vermont Assessment of Sex Offender Risk.

While risk assessment tools are important in sex offender assessment, there are issues and limitations:

- *The Instruments are Not Panaceas* – No instrument will provide all the information necessary to supervise and treat a sex offender effectively, therefore, the results should be considered just one of the pieces of information necessary;
- *Collaboration* – Decisions regarding what assessment instrument(s) to use, how and when to use them, and sharing the results should be made by all those involved in the sex offender management system;
- *Reliability and Validity* – Only instruments found to be reliable and valid through scientific testing should be used to ensure instruments provide the same results regardless of who administers them and measures what they are intended to measure. In addition, the scientific testing of instruments must be done using a sex offender population similar to the one on which it will be used. For example, an instrument developed using only adult male offender populations may not be (and probably is not) applicable to juvenile female offenders; and
- *Emerging Research and New Instruments* – Jurisdictions and agencies that share responsibility for sex offender management must be willing to stay abreast of emerging research in the risk assessment arena so that practices can be amended as new developments and more promising instruments emerge.

Criminal Justice Assessment

In addition to assessment of risk, pre-sentence investigations, intake/classification assessment, and assessments to develop supervision case plans are needed.

Pre-sentence Investigations (PSI) include:

- Instant offense summary and victim impact statement(s);
- Social, sexual, substance abuse, and criminal histories;
- Contacts or referrals with child protection agencies;
- Family, marital, peer relationships and other social supports;
- Place of residence, including access to victims;
- Financial stability (for adult offenders), including employment and/or military history;
- Psychosexual evaluation including medical and mental health needs;
- Strengths and assets/ Risk and criminogenic needs; and
- Evaluation and sentence recommendation.

Intake/ Classification Assessments

Adult sex offenders sentenced to correctional institutions should receive an intake/classification assessment to expand PSI data including:

- Determine offender's appropriate security classification and housing assignment;
- Identify any immediate or acute medical or mental health needs and overall level of functioning; and
- Determine need, interest, and appropriateness for sex offender treatment.

Clinical Assessment

Specially trained treatment providers conduct sex offender assessments to inform the treatment planning process. Such clinical assessments include:

- Psychosexual or sex offender-specific evaluations;
- Psychiatric or pharmacological assessments; and
- Psychophysiological assessments of sexual arousal, preference, and interest.

Psychosexual or Sex Offender-Specific Evaluations

The primary goals of psychosexual evaluations are to identify:

- Level of risk;
- Degree of psychosexual disturbance;
- Amenability to treatment and supervision;
- Specific dynamic risk factors or criminogenic needs to be targeted in sex offender-specific treatment;
- The most appropriate method of treatment delivery (based upon each offender's personality, learning style, and other responsivity factors);
- The most appropriate level of treatment intensity;

- Potential placement considerations; and
- Objective baseline data against which treatment progress can be measured over time.

In addition, researchers have identified several critical areas to be assessed as part of a comprehensive psychosexual assessment, including – but not limited to – the following:

- Deviant sexual interest, arousal, and/or preference;
- Pro-offending attitudes or cognitive distortions, including empathy deficits;
- Intimacy deficits;
- Emotional management difficulties and negative affect; and
- Psychopathy, antisocial behavior, and other behavioral self-regulation difficulties.

Psychiatric or Pharmacological Assessments

Given the potential for some sex offenders to manifest co-occurring behavioral health or psychiatric needs, the specialized psychiatric evaluation is an important component of a comprehensive assessment process. Specific behaviors can be identified that hold the potential for interfering with treatment interventions. Psychiatric assessments can identify alternative services that may be necessary with offense-specific interventions. Furthermore, assessments can evaluate for the potential relationship between psychiatric symptoms and offending behaviors. To determine the proper intervention it is necessary to determine if the biological or psychiatric factors contribute to, exacerbate, or co-occur with sex offending behaviors. When necessary psychiatric assessments must identify the type of paraphilic fantasies and urges, deviant arousal, and the intensity of sexual drive. Pharmacological interventions may be warranted for those offenders who manifest intense and persistent fantasies and urges of sexually deviant or other harmful nature. Antiandrogens are useful for reducing sexual drive, fantasies and responsiveness and selective serotonin reuptake inhibitors (SSRIs) are used to treat mood and impulse control disorders. Psychiatric or pharmacological assessment must be shared with other professionals in order to ensure that such factors are incorporated into treatment and supervision plans.

Psychophysiological Assessments of Sexual Arousal, Preference, and Interest

Given the inherent fallibility of self-report, psychophysiological measures are used as objective methods for assessing deviant sexual arousal, preference, and interest. Included among these assessment tools are:

- Phallometry, or penile plethysmography (which measures sexual arousal to deviant sexual stimuli);
- Viewing time (measures sexual arousal by the amount of time the offender spends viewing pictures of children, adolescents, and adults); and
- Polygraphy, as an indirect measure (used to assess deception).

Ongoing Multidisciplinary Assessment

Beyond the point-in-time assessments (e.g., pre-sentence investigation, intake/classification assessment, initial psychosexual, or sex offender-specific evaluation)

often conducted at early phases of the management process, it is critical that the various professionals working with sex offenders continue to assess and monitor the risk and needs of offenders throughout the treatment and supervision process. Observations must be shared and compared across disciplines, to ensure that all parties with a role in the sex offender management process have continuous access to the same information and are able to adjust interventions accordingly.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

Adult offenders in Dutchess County are assessed in a multi-disciplinary manner, primarily through a combination of clinical and criminal justice assessments. During the pre-sentence phase, offenders undergo a pre-sentence investigation (PSI) conducted by a specially trained officer in the sex offender unit of the Dutchess County Office of Probation and Community Corrections. The PSI is a structured process that includes interviews with the offender to collect background information and to assess the offender's perceptions of his offending behavior and the level of responsibility he takes for it, as well as a review of collateral documents such as police reports, victim statements, and criminal history. More recently, Probation also has begun conducting the Level of Service Inventory (LSI) with sex offenders. The LSI is a research-based instrument used to identify intervention and management needs and recidivism risk of general criminal populations. The completed PSI is submitted to the Court to assist in sentencing.

As a result of the Sex Offender Management System Assessment, as part of the pre-sentence phase, judges have recently increased the number of pre-sentence clinical evaluations ordered. In addition, Dutchess County has also begun recommending that evaluating clinicians must have training and experience in sex offender evaluation and that they adhere to of the Association for the Treatment of Sexual Abusers (ATSA) Code of Ethics. As part of the Sex Offender Management Project, standards for sex offender evaluations were developed. Practitioners who met those standards were placed on a "Qualified Providers" list.

A number of sex offender evaluations are conducted by the Relapse Intervention for Sex Crimes Program (RISC) of Family Services, Inc. RISC is staffed by NYS Master's Licensed Social Workers. The Program Director and Clinical Supervisor are both clinical members of ATSA; clinicians are recommended for membership once they have received the necessary practice experience. Additionally, in Dutchess County, there is a NYS Licensed Clinical Psychologist who is also an ATSA member and conducts sex offender evaluations.

There are no policies in Dutchess County that mandate psychiatric or pharmacological assessments for all sex offenders as part of an overall assessment strategy. For RISC clients, psychological testing may be conducted by the program's consulting psychologist. Clients are referred to the psychologist on an as needed basis and at the discretion of the treatment team. Pharmacological assessments are conducted only when

indicated, and clients are often referred to their primary medical doctor who may prescribe anti-depressants which may help lessen sexual urges and fantasies. However, most medical professionals who conduct such evaluations are generally not trained specifically in sex offender management. Due to lack of training for medical personnel, the importance of communication and collaboration is often overlooked. Consequently, other professionals involved in the offender's treatment and community management often have difficulty obtaining evaluation results.

Established policies and standards within the Dutchess County Jail require that intake assessments are conducted for each inmate in the program units, which have a capacity of 100 inmates. The LSI is conducted as part of these assessments. Sex offender assessments are not conducted currently as sex offender treatment is not offered at the Jail.

To be effective and serve the greatest number of people, sex offender management practices must exist with collaboration. It is imperative that from the onset of the intervention accurate information about the offender is collected and utilized as part of a larger sex offender management system. Ideally, information gathering efforts would begin within the prosecution phase and would continue with regularity and purpose through the incarceration, supervision and treatment phases. A particularly important outcome of the Sex Offender Management Project is the increased level and type of communication among members of the system. However, there is still a need for information to be provided to victims about how their Victim Statement may be used in the assessment process (and subsequent treatment) to hold the offender accountable.

What is Left To Do?

- Based on information gathered during the System Assessment process, the lack of a standardized protocol for the use of validated actuarial risk assessments is problematic;
- It is necessary to continue with the increase of mandated sex-offense specific evaluations by judges at the pre-sentence phase. The evaluations should include risk assessment;
- An increase of information about the assessment process needs to be communicated with the victim and/or victim advocate; and
- Increase victims, and/or victim advocates, involvement in the assessment process.

Adult Registration and Notification

Quick Study Summary

Registration

Sex offender registration and notification are vital components to sex offender management. As part of a comprehensive approach to sex offender management, the primary goals of sex offender registration statutes are to increase community protection, to provide law enforcement with an additional investigative tool, and to deter offenders from committing future crimes, thereby enhancing community safety.

In recent years, there has been new legislation designed to hold sex offenders accountable and ensure protection of the public. Included among these laws is the requirement for sex offenders to provide identifying information to law enforcement agencies so they can be more easily identified and closely monitored.

Under the Wetterling Act of 1994 all states were required to create registries for offenders convicted of sexually violent offenses or crimes against children. Among the original requirements of the Wetterling Act were the following conditions:

- Requiring sex offenders to register for a minimum of 10 years;
- Acquiring registration information from sex offenders when they are released to the community from institutional custody;
- Informing sex offenders of registration obligations in jurisdictions where they intend to reside;
- Requiring registrants to provide updated information when they change residences;
- Verifying registered addresses periodically; and
- Releasing registration information as necessary for public safety.

Subsequent amendments to the Wetterling Act require states to release registration information to the public, affording discretion to states with regard to the determination and process for releasing registry information, requiring heightened registration expectations for specific classes of sex offenders, and expanding the population of offenders eligible for registration.

Notification

Following the passage of Megan's Law in 1996, all states were required to release information to the public about convicted sex offenders when it is necessary to protect community safety. The Pam Lychner Sexual Offender Tracking and Identification Act of 1996 further amended the Wetterling Act by heightening registration requirements for more violent or repetitive offenders. Sex offenders convicted of multiple registerable offenses or those whose offenses were aggravated in nature (e.g., penetration of a child under 12, penetration of a victim through the use or threat of force), the requirement of lifetime registration was established.

Notification of vulnerable populations, or those put at risk by the presence of a sex offender, typically occurs when an offender is released from incarceration and returns to a community, although it may occur initially for offenders placed in the community on probation or as offenders move from one neighborhood to another. In addition, some community notification provisions allow for notification when an offender is noncompliant with supervision conditions or registration requirements, or when an offender absconds from his or her jurisdiction. Community notification is utilized as a risk management tool, alerting the public when an offender exhibits behavior that suggests escalating risk. This practice serves two purposes: informing communities of dangerous behaviors by particular offenders and enhancing compliance of sex offenders through the threat of public exposure.

The New York State Sex Offender Registration Act (SORA) mandates that sex offenders provide identifying information to law enforcement, and law enforcement agencies release information publicly. The law doesn't clearly mandate notification to the public it still states "may." NY States' position on this is, "Community notification by law enforcement is discretionary." The offender's assigned level of risk for re-offending dictates the registration requirements and determines how much information can be released publicly. Courts also determine the designations of sexual predator, sexually violent offender, or predicate sex offender. Level 1 sex offenders with no designations are required to register for 20 years. Level 1 offenders with a designation, as well as Levels 2 and 3 regardless of designation must be registered as sex offenders for life. The designation is as follows:

Level One: low risk to reoffend

Level Two: moderate risk

Level Three: high risk

Roles and Responsibilities of Those Involved with Registration in Dutchess County

Police & Sheriff's Departments (that proactively take part in sex offender management)

- Conduct all level three, 90 day registrations;
- Conduct home visits to all three levels of offenders to verify information;
- Investigate all registered sex offenders not in compliance with the SORA;
- Update photos of all registered sex offenders;
- Collect information about sex offenders complying with mandates and forward the information to Department of Criminal Justice Services; and
- Enforce laws regarding registration compliance on the part of an offender.

Probation and Parole

- Assist registered sex offenders during supervision with SORA compliance;
- Conduct home visits to registered sex offenders on Probation or Parole;
- Probation conducts Pre-Sentence Investigations (PSI) to provide information to the court to inform sentencing decisions.
- Probation assists law enforcement with notification as well as address verification.

Victim Advocates

- Provide victims and the community with information about registration/notification and safety issues.

New York State Department of Criminal Justice Services (DCJS)

- Maintains a list of sex offenders in NYS and sends out annual verification notices;
- Notifies law enforcement when a sex offender fails to verify or update a change of address; and
- Is responsible for all municipal police training.

Judiciary

- Sentencing court is responsible for ascertaining and assigning an offender's risk level (one, two, or three);
- Files paperwork associated with risk level to NYS Board of Examiners of Sex Offenders in order to facilitate the assignment (if any) of a designation; and
- Hears cases of offenders arrested for non-compliance with registration mandates.

Department of Corrections

- As part of discharge planning, correction officials complete paperwork with the offender regarding the offender's living arrangement upon release and provide information regarding registration obligations.

Roles and Responsibilities of Those Involved in Notification in Dutchess County

Police & Sheriff's Department

- Create Neighborhood Watch Programs, flyers for schools, daycares, etc, and websites;
- Identify vulnerable populations and notify agency with jurisdiction over population; and
- Determine who is to be notified and the method of notification.

The Dutchess Community Sex Offender Management Project Community Forum Panel

- Provides education to the community about the County and State website; and
- Provides education on sex offense prevention, the criminal justice process, registration, victim services and offender treatment.

Victim Advocates

- Provide victim/community with information about registration/notification and safety issues.

NYS DCJS

- Maintains a central website for NYS.

Community

- Receives notification when certain sex offenders move into their neighborhood;
- Communicates and collaborates with law enforcement and local community agencies relative to safety concerns.

Best Practices as Noted in the Comprehensive Assessment Protocol

Registration:

As part of a comprehensive approach to sex offender management, the primary goals of sex offender registration statutes are as follows:

- Increasing community protection;
- Providing law enforcement with an additional investigative tool; and
- Deterring offenders from committing future crimes.

Implementing a sex offender registration program can be a difficult process given the challenges faced by the criminal justice and juvenile justice agencies involved. Among these challenges are building a comprehensive registry, maintaining accurate information, transferring information to other jurisdictions, and generating the necessary resources to manage these programs.

Nonetheless, to achieve the stated goals of sex offender registration, it is critical to ensure the following key elements:

- Consistent policies and procedures detailing the registration process for offenders as well as the roles of involved agencies;
- The collection and maintenance and publication of thorough, accurate, and current information on registered sex offenders; and
- Collaboration and coordination of efforts among all of the agencies involved in the process to ensure ready access for the purpose of preventing further sexual victimization.

Notification:

While all states have provisions that authorize the public release of specific information about registered sex offenders, a variety of differences exist with respect to the manner by which such notification occurs. In most states, information regarding known sex offenders living in the community is accessible to the public through local law enforcement and through a state operated Internet Web site. In other states, law enforcement officials also actively notify communities about particularly dangerous sex offenders residing in their neighborhoods. Generally, the approach to active community notification can be captured by one of two categories:

- Broad community notification; and
- Notification to specific at-risk individuals and organizations.

The first category, broad notification, describes the active disclosure of specific information about registered sex offenders. Broad notification applies to all sex offenders, although in most jurisdictions information is only provided to the community for a more narrow range of sex offenders – generally those who pose higher risk to re-offend. The second approach is more limited and discretionary in scope than the broad notification practice. Specifically, the active dissemination of information is restricted to those individuals or organizations with increased vulnerability to specific offenders or classes of offenders, with law enforcement officials often

having the discretion about who should receive such information, such as schools, religious organizations, or child care facilities.

Community Notification Based on Offender Risk

Beyond the variations in the community notification practices between jurisdictions, differences also exist among states with respect to the types of offenders who are subject to community notification. For example, while some states require that communities are notified when any sex offender is released from institutional custody, others have limited notification practices based on the specific type of offense or the level of risk posed by the offender. Sex offenders are a heterogeneous group, with varying levels of risk for recidivism. As such, it has been suggested that broad community notification should be reserved for the population of sex offenders who pose the greatest risk, and policies and procedures should clearly establish the manner by which risk is assessed initially and over time (see Assessment section for more detailed information on risk assessment), and should provide a mechanism by which notification practices are modified for individual offenders as levels of risk change during the course of an offender's placement in the community.

Reducing Potential Negative Impact of Community Notification

Very little research has been conducted on community notification, making it difficult to determine the relative efficacy of different approaches to notification, or whether notification is effective at all in reducing victimization. It is recognized, however, that community notification laws may produce unintended negative consequences for offenders and their families that may exacerbate existing difficulties with community reintegration.

Included among these concerns are the following:

- Additional stigmatization, harassment, and ostracizing of offenders;
- Loss of – or inability to obtain – employment;
- Eviction from – or inability to secure – suitable housing;
- Disruption to family members and other personal relationships; and
- Impact of notification on victims.

Therefore, when planning for community notification, multidisciplinary teams should develop collaboratively the policies, practices, and strategies that may facilitate community notification in a manner that reduces the potential for unintended consequences for offenders, family members, victims, other affected individuals, and communities at large. For example, careful planning and implementation of community notification meetings have also been found to be beneficial for reducing negative community reaction and offender impact. Such meetings should include all relevant agencies (i.e., law enforcement, supervision, treatment, victim advocacy) to demonstrate a commitment to community safety and expertise in sex offender management, and should be geared toward community education. To reduce the likelihood of negative impact of notification, community meetings should be designed to:

- Inform communities about the benefits and limitations of community notification;

- Dispel common myths and misperceptions about sex offenders while providing education about the effective treatment and supervision strategies;
- Educate the public about the incidence and prevalence of sexual victimization, including the data that suggests that stranger attacks are not as commonplace as believed;
- Ensure that community members understand the implications of further stigmatizing and ostracizing offenders; and
- Encourage community assistance with offender reintegration and, subsequently, promote offender success.

Victim advocates play an important role in the development of a successful community notification program. For example, victim advocates can be helpful in strategizing with corrections and law enforcement officials regarding who should be notified and how, as well as assisting in the notification itself. Some states that conduct community meetings use victim advocates to help educate audiences about the nature of sex crimes and teach parents how to protect themselves and their children from sex offenders. Victim advocacy groups, such as the National Center for Missing and Exploited Children, the National Center for Victims of Crime, and many state-based and local sexual assault advocacy programs, develop and provide educational materials that raise awareness about taking protective measures against sexual assault. Moreover, victim advocates can ensure that policies and procedures protect the identities of victims during the notification process.

Dutchess County Current Practices Including System Developments Resulting From the Sex Offender Management Project

Federal legislation mandates the registration of adults convicted of a sex offense and the notification of vulnerable populations. At the State and local level, registration, verification of registration, and notification practices typically vary at the discretion of individual jurisdictions. New York State mandates the registration of adult sex offenders, but does not mandate the same for juveniles. In Dutchess County there is a Countywide Registry or Countywide database linking individual jurisdictional efforts. The Dutchess County Sheriff's Office now maintains a County registry for use by any police entity that opts to participate. Municipalities are given password-protected access to all three level sex offenders. The public can obtain information on level two and three sex offenders in the County registry by accessing a link through the Dutchess County website www.dutchessny.gov. This newly created connectivity has significantly reduced the number of calls from community members to police agencies requesting information regarding the whereabouts of sex offenders.

In an effort to improve sex offender management effectiveness, agencies involved in sex offender management are now communicating regularly, exchanging information, and conducting joint investigations. In addition, the Dutchess County Office of Probation and Community Corrections is assisting law enforcement officials by verifying addresses of sex offenders.

However, some problems with registration remain. Sex offenders convicted of an offense in another state, who live in Dutchess County, are mandated by statute to register in New York. However, enforcing this statute is difficult when the offender is not under Probation or Parole

supervision. In such cases, no formal mechanism exists to alert authorities of the offender's whereabouts. Consequently, the offender's residence may go undetected. This in turn results in the failure of many offenders to continue to register and, as a result, law enforcement cannot track the offender's whereabouts.

Another significant component of sex offender registration legislation is community notification regarding registered sex offenders. The principle objective of community notification is to ensure that members of the public obtain information to help protect themselves and their family members from dangerous sex offenders residing in their community. Based on the identified need for community education involving key stakeholders, the Sex Offender Management Project has developed a community notification process to educate residents of Dutchess County as well as address any concerns they may have. The process includes holding Community Forums throughout the County where a panel discussion is held. The panel is comprised of experts in the field of sex offender management including a prosecutor, survivor, public defense attorney, victim advocate, treatment provider, and law enforcement officer. Information about sex offender dynamics, sex offender management, sexual abuse prevention and safety, and the sex offender registry is provided.

Literature resources with a victim-centered approach have also been developed to assist in the community education process. *Child Lures Parent Guide* providing information about sex offender dynamics and child sexual assault prevention are distributed in the County. A booklet *Surviving Sexual Assault and Navigating the Criminal Justice System: A Guide for Victims and Those Affected by Sexual Assault* has been created and is available in both English and Spanish.

A resource list of local agencies offering services and information for victims and offenders has also been developed and is included in this Guide.

What is Left To Do?

- Continue to establish procedures to minimize inconsistencies in sex offender registration and notification procedures among law enforcement agencies/departments throughout Dutchess County;
- Develop a process by which all local police departments can input data into the County registry;
- Continue and expand Community Forums to raise awareness of sex offense prevention and sex offender management strategies;
- Secure resources for local law enforcement to adequately maintain compliance with the New York State Registry;
- Ensure the court always determines level of risk at the time of sentencing; and
- Advocate on the State level for improved and consistent policies and procedures for sex offender management Statewide including strategies based on empirical information regarding best practices that utilize a victim-centered approach.

Adult Re-Entry

Quick Study Summary

Approximately 91,000 sex offenders are incarcerated in state and federal prisons, with nearly 18,000 sex offenders released from institutional placement and subsequently returned to the community each year. The importance of developing effective approaches to sex offender reentry cannot be overemphasized, as community reintegration failures likely translate into additional victims of sexual assault. Strategies for transitioning and ultimately reintegrating sex offenders into the community included the following:

- Initiating reentry planning at the point of intake to institutions;
- Assuring the availability of comprehensive (re)habilitative services to incarcerated offenders;
- Promoting a culture within correctional facilities that is conducive to developing and practicing skills that will facilitate greater adaptation to the community;
- Involving offenders in comprehensive release planning and pre-release programming;
- Ensuring continuity of care to bridge institutional and community-based services;
- Utilizing the leverage of discretionary releases to provide incentives for participation in institutional programming and enhance compliance with release conditions;
- Implementing parole supervision classification systems that tailor and prioritize services and interventions based on offender risk and need;
- Developing community resources and supports (e.g., housing, employment, treatment) to facilitate offender success;
- Providing close monitoring and supervision of parolees;
- Ensuring that timely responses and graduated sanctions are available to address violation behaviors or changes in level of risk; and
- Utilizing a multidisciplinary and collaborative approach to promote offender success and victim/community safety.

The secrecy and manipulation involved in sex offenses, coupled with the profound impact on victims, results in a substantial proportion of sex offenses remaining unreported and undetected. Consequently, these factors may obscure professionals' perceptions and abilities to manage sex offenders once released. In addition, negative community reactions to the reintegration of sex offenders into communities, while understandable, provide barriers to reentry. Further complicating matters have been the historically fragmented systemic responses that have resulted from criminal justice agencies' tendencies to focus independently either on institutional *or* community management as mutually exclusive components of sex offender management. Indeed, concurrent and collaborative consideration to both institutional *and* community management of sex offenders – to include the process of transitioning offenders from the institution to the community – has been largely nonexistent.

Role and Responsibilities of those Involved with Re-entry In Dutchess County

Adult Correctional Institutions

- Rehabilitation services for offenders may be provided when warranted and available, including: education, vocational, substance abuse, mental health and health care;
- A discharge plan is created for every offender in the form of an inmate status report; and
- Communicate information with the Parole officer the necessary information regarding the offender

Community Supervision Agencies

- The Parole office is responsible for community supervision of offenders once re-entered into the community.

Mental Health Providers

- Provide offenders with services within the correctional facility or upon re-entry if the individual is determined to be in need of services. New York State does not require sex-offense specific treatment for sex offenders remanded to a correctional facility.

Social Service Agencies

- Department of Social Services is listed on release papers as the housing provider when alternative housing cannot be obtained; and
- DSS workers assist the offender in finding low-cost housing.

Victims and Victims' Advocates

- To seek information regarding offenders' release (as no policy exists requiring victims be notified of release);
- Develop a safety plan; and
- Advocates must be knowledgeable of available services and assist victims in utilizing existing supports.

New York State Victim Notification Everyday (VINE) System

- Service for victims that provides a 24-hour toll free information service for victims to determine if an offender is incarcerated within NY; and
- Victims registered with VINE can receive notification of an offender's custody status, as well as additional services available through local Crime Victims Assistance Program.

Best Practices as Noted in the Comprehensive Assessment Protocol

Considerations at the Institutional/ Facility Level

Planning for release should begin early in offenders' time within the correctional facility, so successful treatment can occur before reentry. Key aspects warranting attention from an institutional perspective include the following:

- Early identification and ongoing assessment of sex offenders at the point of intake and classification to inform comprehensive case management and release planning;

- Provision of sex offender-specific treatment within correctional and residential treatment facilities;
- Institutional commitment to comprehensive rehabilitative services; and
- Development and implementation of discretionary release policies.

While institutionally-based sex offender treatment exists for adults in the majority of states, the limited capacity of these programs, coupled with the large numbers of incarcerated sex offenders, creates a significant challenge to ensuring that all sex offenders receive the necessary services prior to release. Even when treatment is available within institutional or residential settings, many sex offenders may not “complete” treatment prior to release, either due to insufficient progress, treatment refusal, unsuccessful termination, or withdrawal from treatment. Consequently, these offenders may return to the community without having developed the necessary skills and competencies to reduce their likelihood of recidivism. As emphasized in the Treatment section, it is important that policies and procedures within adult correctional agencies are established to:

- Ensure the availability of a range of sex offender treatment services within the institution/facility to meet the needs of as many offenders as is reasonable;
- Delineate a process by which offenders are prioritized for services – ideally based on the risk, need, and responsivity principles;
- Address the timing of an offender’s entry into sex offender programming, either early in the sentence or closer to release;
- Provide for periodic reassessments of offenders who are not participating in treatment, in order to determine the offender’s interest in and eligibility to participate in treatment;
- Recognize the continued risk posed by sex offenders who have not received offense-specific treatment; and
- Emphasize the importance of continuity of care in the community.

Ideally, such policies are developed collaboratively with all agencies and entities responsible for sex offender reentry, including – but not limited to – adult institutional correctional agencies, juvenile justice agencies, residential treatment centers, community corrections, paroling authorities, community supervision agencies, social services agencies, and community-based treatment providers.

Comprehensive Rehabilitation Services

While sex offense-specific treatment is important for sex offenders who are placed in correctional or residential facilities, other needs such as mental and physical health concerns, substance abuse issues, educational and vocational skills deficits, and lack of adequate support networks must be addressed to increase the likelihood of successful community reintegration.

In addition, it is important that opportunities within these facilities are available for offenders to develop prosocial values and habits that may facilitate productive involvement in the community. Ideally such an environment would:

- Enable offenders to engage in productive activities during work and non-work hours that parallel those of free society (e.g., school, work, sex offender treatment, community service and other reparative activities, appropriate leisure and recreation activities);
- Provide opportunities for offenders to make choices for which they are held accountable;
- Recognize and provide incentives for prosocial behavior; and
- Ensure that offenders develop and practice relapse prevention strategies.

Discretionary Release Policies

For many years the adult correctional system focused on rehabilitative efforts within institutions and facilities, recognizing that public safety is enhanced when offenders return to communities with skills and competencies necessary to successfully reintegrate into society. The use of discretionary parole, whereby offenders earned release from prisons after demonstrating readiness for community reintegration, provided incentives for offenders to participate in institutional treatment, educational, and vocational services. As such, release decisions were better informed by risk assessments and parole guidelines that facilitated controlled and responsible releases of select offenders, and included the mechanism to require post-release treatment. Offenders released through discretionary parole processes and who received supervision and treatment in the community were found to recidivate at relatively lower rates.

More recently, as a result of sentencing reforms that shifted the emphasis toward more punitive models, the utilization of discretionary parole has been eliminated or restricted significantly in many states. Consequently, the dismantling of rehabilitative models and the accompanying elimination of discretionary release practices has resulted in a variety of concerns relative to reentry as well as recidivism, including the following:

- Offenders have little incentive to engage in rehabilitative efforts, and thus return to communities potentially at increased risk for recidivism;
- Releases occur in the absence of well-designed release plans;
- Periods of community supervision are limited; and
- More offenders are released at the expiration of their sentence – thus without supervision or monitoring, treatment requirements, or leverage by the criminal justice system.

Components of Transition and Community Stabilization

Successful reentry is dependent upon effective institutional policies and practices, including the assurance of rehabilitative services within facilities and the utilization of discretionary releases. Ideally, policies and procedures developed jointly by institutional, community, correctional and releasing authorities should guide the transition process. More specifically, during the transition period – which should begin three to six months prior to release – the professionals involved should assess participation and progress in all treatment and other services, reassess offenders' risk using both dynamic and static factors,

and begin to share critical information and documentation through transition meetings that include stakeholders both in the institution and in the community. Additionally, to ensure a smooth transition to and stabilization in the community, agency policies and procedures should ensure that the following areas are addressed:

- Requirements for community-based sex offender treatment;
- Access to ancillary services (e.g., educational, health, mental health, substance abuse);
- Specialized supervision and monitoring;
- Community support networks;
- Consideration and involvement of victims;
- Family reunification;
- Housing/placement;
- Employment (if applicable); and
- Education and involvement of the public.

Community Based Sex Offender Treatment

When sex offenders receive treatment within the confines of a residential setting and are preparing to return to the community, continuity of care must be addressed. The importance of treatment in the community is underscored when sex offenders have either refused or failed to complete treatment prior to release from custody. Moreover, evidence suggests when offenders are required to participate in treatment, recidivism is reduced, which indicates participation in treatment should be a condition of release for sex offenders.

Access to Ancillary Services

Beyond the need for specialized sex offender treatment while transitioning into the community, offenders exiting correctional facilities or residential treatment centers continue to have a range of other psychosocial needs, including healthcare, substance abuse, mental health, education, and vocational needs. Ideally, these issues have been recognized well in advance of offenders' impending release, through comprehensive and multidisciplinary assessment and release planning processes. It is also important that offenders obtain proper identification (e.g., social security card, driver's license, state identification) prior to release. Also critical are the development of independent living skills, such as financial management.

Specialized Supervision and Monitoring

The weeks and months following offenders' transition from the institution to the community have been found to be a period of increased risk, and as such, close supervision and monitoring is critical. Decisions about level and structure of supervision for offenders released to the community should be based on the risk and needs posed by the offender and supervision officers must balance support and guidance with monitoring and surveillance. Critical functions of supervision officers during the transition and stabilization period of the reentry process should include:

- Identifying community resources that can support effective reentry;
- Assisting offenders with identifying – and verifying the suitability of – potential employment and housing;
- Working closely with offenders and offenders' support networks to ensure compliance with treatment and supervision requirements;
- Monitoring offenders' activities by conducting frequent, unannounced field visits in offenders' homes, places of employment, and other domains; and
- Responding to violations of release conditions in a timely fashion and in a manner commensurate with the level of risk posed by offenders.

Community Support Networks

The presence of prosocial influences has been found to be a critical protective factor that reduces the likelihood of further recidivism. Therefore, as sex offenders return to communities from institutional settings, it is critical that a network of positive supports is established to assist with the effective transition and reentry process. Such individuals can assist with employment, housing, transportation, life skills, and maintaining a positive lifestyle.

Involvement of Victims

The victim-centered approach underlies all components of sex offender management; where sex offender reentry is concerned, the assurance of victim sensitivity and involvement is particularly critical. At the point of transition and reentry, victims' needs include the following:

- Notification about offenders' locations and release plans;
- Involvement in release hearings and release planning;
- Information about offenders' status, including return to the community, violation or revocation proceedings, or release from supervision;
- No-contact and other protective orders when desired or warranted;
- Development of safety plans; and
- Contact information for professionals such as supervision officers in the event that concerns arise, such as contact, intimidation, retaliation, or harassment by the offender.

Family Reunification

When offenders are released from institutional custody, those who have maintained relationships with a partner or spouse and other family members will likely return to the home. However, family reunification involving sex offenders – namely those who victimized children – warrants specific and careful consideration. Professionals must carefully balance the potential benefits against the obvious concerns and risks involved. Indeed, the ultimate decision to allow or prohibit a sex offender to return to a home in which sexual abuse has previously occurred, or where other vulnerable children may reside, is a complex issue fraught with numerous questions and challenges. While

attempting to examine and resolve these issues carefully, tremendous pressures from the offenders, family members, and/or victims, are commonplace.

Under prescribed circumstances and with adequate safeguards and planning, some offenders may be able to safely resume contact with their families and eventually return home. Conversely, there are cases in which any continued contact between the offender and the victim or other family members is clearly contraindicated, and for which consideration of family reunification is completely inadvisable.

First and foremost, policies and procedures should ensure that the best interests of the victim serve as the driving force for reunification efforts, with the emotional and physical wellbeing of the victims taking precedence over offenders' and families' desires. As such, professionals must establish the ability and willingness of the non-offending parent or other responsible adults to protect not only the identified victim, but also other vulnerable members of the family. Second, given the considerable harm that could result from an offender's premature or otherwise unsuitable return to the family home, reunification should always occur as a gradual and deliberate process. Toward that end, appropriate treatment for the victim, family, and offender are obvious prerequisites, with specific, measurable, logical, and progressive goals leading to readiness of the family. Ongoing and closely supervised contacts between the offender, victim, and other family members are critical as the reunification process moves forward. Third, responsible reunification practices must require the ongoing monitoring and assessment of risks and needs of the offender and environment, and remain flexible and responsive based upon the dynamic risk posed by the offender, as well as the needs of the victim and other family members. Finally, clear and consistent communication among the supervising officer, offender treatment provider, family therapist, and victim advocate will ensure that an environment conducive to safe reunification has been established and can be maintained. Without this ongoing collaboration, the ability to provide such an assurance is substantially compromised.

Housing

Appropriate housing is a critical aspect of the reentry process for sex offenders. The nature and location of an offenders' residence has significant implications for ultimately ensuring victim and community safety. Therefore, policies should require supervision officers to assess the suitability of potential residences, ensuring that access to victims and other high-risk situations are minimized. Factors that warrant specific consideration include location, access to children or other vulnerable populations, exposure to negative social influences, travel routes, and transportation needs.

In most jurisdictions, locating suitable housing is a difficult process for any criminal offender returning to the community, as public housing and other financial assistance may be denied simply due to a criminal conviction. For sex offenders, with the added complexities of community notification, local ordinances and federal policy restrictions, resistant landlords, and organized community efforts to ban sex offenders from some neighborhoods, the barriers may seem insurmountable.

While community resistance to housing for sex offenders is understandable, the consequences of denying housing can further jeopardize public safety rather than protect it. Because some offenders are unable to develop a suitable residency plan, usually required for discretionary parole release, they may be unable to earn parole; if denied supervised release, these offenders will be discharged into the community with no supervision or treatment of any kind. In other cases, regardless of whether their release comes early or at the maximum release date, some offenders who have been released are unable to find any housing. These circumstances lead to some sex offenders residing in shelters, temporary housing, or on the streets.

To the extent possible, housing should be secured and assessed for appropriateness well in advance of the offenders' release from the institution. Alternative housing options should be identified as well. Furthermore, community supervision officers and others involved in sex offender management should foster collaborative relationships with key individuals, organizations, companies, and agencies in the community in order to enhance the capacity of the community to provide appropriate and reasonable housing for offenders released from prison.

Employment

Research on recidivism of the general criminal population has identified a history of unstable employment as one of the factors associated consistently with subsequent criminal behavior. In addition, the literature on sex offender recidivism suggests a link between employment stability and subsequent reoffense rates, with recidivists more likely to be unemployed. Employment serves as a critical protective factor for offenders, by promoting financial stability, life skills, self-esteem, social connectedness, and the productive use of time. Thus, the requirement for structured, full-time employment is a cornerstone of nearly all community supervision programs for offenders.

Despite its importance, many offenders are denied access to employment as a direct result of their criminal history and incarceration. For sex offenders, many of the challenges to securing employment may be more pronounced. Due to victim access concerns and the subsequent need for specific employment restrictions, the range of potential options that are appropriate is limited considerably. Moreover, many potential employers are reluctant to hire sex offenders because of the stigma that follows them.

When offenders are employed, routine contacts by supervision officers with employers are critical to verify offenders' attendance and conduct in the workplace. The frequency and nature of employment contacts should depend on offenders' supervision needs, progress in treatment, employment environment, and other risk factors. Monitoring should include a combination of on-site visits, telephone contacts with employers, and reviews of payroll stubs and time sheets to verify attendance.

Education and Involvement of the Public

Given the number and nature of barriers to sex offender reentry, engaging community members and developing community partnerships are essential to the successful development of effective reintegration strategies. While public opinion and sentiment can derail criminal justice efforts and exacerbate existing barriers, it is important to recognize that partnering with and educating the public may actually facilitate the development and successful implementation of such efforts through their ability to inform, guide, and influence community leaders and policymakers. These community education efforts serve to raise the public's awareness about sexual assault and prevention, the laws pertaining to sex offenders, and the abilities and limitations of the criminal justice system regarding the management of known offenders. Within this context, they also provide an opportunity to share pertinent information regarding specific sex offenders who are returning or relocating to a particular community.

When attempting to overcome resistance to the return of sex offenders to communities, criminal justice professionals are likely to garner support when:

- The public is educated about sex offenders and effective approaches to the management of sex offenders in the community;
- Concerns expressed by community members are taken seriously;
- Data on the efficacy of treatment and supervision are presented to the public;
- Community opinions are solicited when policy development is considered; and
- To the extent possible, stakeholders in the community are afforded opportunities to participate in the design and implementation of offender management strategies.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

Adult sex offenders are generally not released from institutional custody at a point that provides for stabilization (e.g. adequate discharge planning and appropriate community supervision). Current release planning practices are based on sentencing only. Rehabilitative services for offenders in the Department of Corrections (DOCS) are prioritized according to the length of an offender's sentence and the availability of services needed. When warranted and when available, rehabilitative services (e.g. education, vocational, substance abuse, mental health, and health care) are almost always provided. Life skills and plans for adequate housing are generally not included in the services provided within an institution. New York State legislation does not mandate specialized sex offense-specific treatment for sex offenders remanded to a correctional facility. Some treatment is provided within the DOCS system, but treatment programs vary from institution to institution. Additionally, there are currently no incentives for an offender to participate in sex offense-specific treatment when remanded to incarceration.

A discharge plan is developed for every offender in the form of an inmate status report. The inmate status report almost always includes a treatment summary (if any),

identification of treatment needs, the offender's level of risk (NYS Sex Offender Registry risk level), and a release plan that includes employment, housing and registration requirements. However, a formal assessment of the inmate's progress in sex offense-specific treatment and the delineation of static and dynamic risk factors associated with relapse are not typically included in the report.

Correctional agencies within New York State do not operate with any written policies or joint policies with NYS Parole that guide the re-entry process specifically for sex offenders. No transitional services exist specifically for sex offenders nearing release from institutional custody. Any information that is passed between the prison system and Parole before release generally comes through the Single Point of Entry Coordinator. This is done in an informal manner and on a case-by-case basis. When the offender will be under Parole supervision, the discharge report is typically provided to Parole Officers prior to or upon the offender's release. Typically, community-based service providers (e.g. treatment, housing, vocational) are not involved in the discharge planning process until after the offender has been released and returned to the community. Even then, minimal coordination exists between Parole, the community-based treatment program, and other service providers for community-based treatment services (e.g. housing, health care, mental health, and substance abuse). No formal practice exists to ensure that services are in place immediately following release. This is particularly problematic when trying to secure housing and health care coverage (e.g. offenders with limited financial resources and no health care coverage may be unable to enter community-based sex-offender treatment). Complicating matters further, no funding mechanism is available to facilitate an offender's access to needed community services and no comprehensive directory exists within the institutions to assist the offenders in accessing community-based services once released. All referrals typically occur post release (with the exception of severe or acute diagnoses) through the direction of the supervising officer.

Despite the lack of transitional services, sex offenders are required to identify living arrangements prior to release. The local Department of Social Services (DSS) is listed on release paperwork as the housing provider when alternate housing cannot be secured. However, housing through DSS may take several weeks to arrange post-release. Additionally, because the disclosure of prior criminal convictions is not an eligibility requirement for DSS, many workers never realize that they are serving a sex offender and consequently offenders may end up in inappropriate housing (e.g. in close proximity to children). Also problematic in Dutchess County is the lack of available low-cost housing. Such housing that does exist generally is found in neighborhoods with high incidences of violence, substance abuse, and other criminal activity. Placing a newly released sex offender in such an environment exposes him to significant risk factors for recidivism.

Another significant difficulty faced by sex offenders returning to Dutchess County is employment. Many of these offenders lack the training or job skills which would provide a livable income. Also, while it is difficult for convicted felons to find employers willing to hire them, the stigma and fear associated with a sex offense present even greater obstacles for this particular type of offender.

Survivors of sexual assault living in a community to which an offender is returning following a period of incarceration face a multitude of complex challenges. In instances where the offender will not only be returning to the community but to the victim's home, such as in some cases that involve intra-familial sex offenses, there may be many questions and considerable anxiety and fear on the part of the victim as well as other family members about the return. Currently within New York State no formal policy exists which guides an offender's release back into to the community, including notifying victims when their offender is being released. This leaves victims and other community members to seek out such information and plan for safety on their own. Too often victims are unaware that services exist to help with this overwhelming process.

Depending upon the level of involvement and support received by the victim and the level of knowledge possessed by the individuals providing support during the investigation, prosecution and disposition phase of the criminal justice intervention, the victim may or may not have been given information about how to access services. Victims may have questions regarding the offender's place of incarceration, the offender's access to or subsequent completion of sex offender-specific treatment, his date of release and level of risk, and whether or not an order of protection has been issued on the victim's behalf.

A number of programs are available in Dutchess County which provide comprehensive services to both individual victims of crime, as well as informational and support services for the community. These include services that provide sexual assault victims with information about notification services available through the NYS Victim Notification Everyday (VINE) system, which enables victims to call a 24-hour toll free number to determine if an offender is incarcerated within New York. Victims may also register with the VINE hotline to receive notification of an offender's custody status change and release date. However, despite the availability of this service, as well as additional supportive services available through the local Crime Victims Assistance Program, receipt of such services depends entirely upon whether an informed and knowledgeable support person has communicated with the victim during the early stages of the case.

What is Left To Do?

- Advocate for sex offense-specific treatment during incarceration;
- Improve and formalize the practice of collaborative discharge planning between the correctional discharge planner, Parole/Probation, and the community-based treatment provider;
- Locate appropriate housing alternatives for released offenders; and
- Increase Victim Advocate involvement in release planning.

Adult Supervision

Quick Study Summary

Previous strategies for relapse prevention to sex offender treatment focused on internal, self-management whereby offenders were taught to recognize risk factors and develop skills and competencies to cope with these factors. Given the tendency of many sex offenders to maintain secrecy about engaging in high-risk behaviors, external supervision became necessary to reduce the likelihood of reoffending. Subsequently, the external, supervisory dimension of relapse prevention designed to reduce further victimization was created with the following goals:

- Increasing the efficacy of community supervision by training officers about sex offender management and targeting the specific factors presumed to be associated with reoffending;
- Creating an informed and committed network of collateral supports to assist supervision officers in the monitoring process; and
- Developing a collaborative relationship between supervision officers and treatment providers, and promoting the need to exchange key information and share responsibility toward the common goal of community safety.

Since that time, supervision and monitoring strategies have become inextricably linked with assessment and treatment approaches to form the cornerstones of effective sex offender management strategies. Contemporary supervision practices involving sex offenders have evolved to reflect specialization in three primary areas:

- Knowledge and training to facilitate the management of specialized caseloads;
- Specialized case plans with sex offender conditions of supervision to enhance offender accountability, victim protection, and community safety; and
- Specialized supervision strategies (e.g., surveillance, use of external supports, polygraph) to promote effective monitoring and timely system responses.

In addition, supervision of sex offenders requires collaboration among criminal justice, treatment, victim advocacy professionals, and others to ensure that decisions at all levels are informed by a broader set of perspectives. Guided by comprehensive multidisciplinary assessments and the ongoing monitoring of offenders, the development of, and adjustments to, supervision and treatment strategies must be commensurate with sex offenders' varied and changing levels of risk and needs. Such an approach is based on the premise that levels of risk can in fact change as a result of intervention, and consequently, that such changes result in reductions in recidivism.

Roles and Responsibilities of Those Involved with Supervision in Dutchess County

Office of Probation and Community Corrections

- Established specialized sex offender caseloads within a specialized unit;
- Probation Officers in this unit receive specialized training regarding the needs of offenders and victims of sexual assault;

- Probation Officers are responsible for supervision of offenders (the average number of probationers per caseload is approximately 35, whereas a general criminal caseload averages 100-110);
- Probation Officers incorporate specialized supervision conditions for sex offenders in case plans;
- Probation Officers utilize field visits (at residence and workplace) as well as office reports to provide comprehensive supervision of offenders;
- Probation Administration is knowledgeable about the management of sex offenders and provides support, resources, and supervision to line staff; and
- Provides specialized victims services unit to deal with victims' concerns and issues.

New York State Parole Board

- Imposes a general set of specialized sex offender conditions upon release; and
- Individual conditions may be applied by the immediate supervising officer during the course of community supervision.
- Utilize field visits (at residence and workplace) as well as office reports to provide comprehensive supervision of offenders.

Sex Offender

- Required to waive confidentiality as a part of specialized conditions; and
- Responsibility is to comply with treatment recommendations as well as orders and conditions of Probation or Parole

Sex Offender Treatment Providers

- Providers who follow the guidelines of the Association for the Treatment of Sexual Abusers (ATSA), routinely require offenders to sign waivers of confidentiality, which ensures that information may be shared with community supervision officers; and
- Communicate regularly with Probation to discuss shared cases.

Relapse Intervention for Sex Crimes Program (RISC)

- Currently is the only DC community based treatment agency that regularly contracts with a polygraph examiner.

Polygraph Examiner

- Member of the American Polygraph Association (APA); and
- Administers polygraphs as part of the sex offender treatment program.

Victim Advocate (Family Services, Inc.'s Crime Victims Assistance Program)

- Attends meetings with Probation and treatment providers to monitor the impact of the supervision practices on victims.

Best Practices as Noted in the Comprehensive Assessment Protocol

Specialized Training and Specialized Caseloads

To the untrained observer, many sex offenders often appear to be outwardly compliant and cooperative relative to other criminal offenders under community supervision. The secrecy, covert planning, denial and minimization, and manipulation that characterize many sex offenders create significant barriers to the assurance of offender accountability and victim safety. For supervision officers, these impediments may be further compounded when sex offenders represent only one segment of an overwhelming caseload of other criminal or delinquent offenders. Therefore, officers assigned to sex offender supervision should be specially trained and should have caseloads small enough to enable sufficient contact with offenders and collateral contacts across multiple domains such as employment and school and outside of traditional business hours.

The training recommended for sex offender supervisors is victim-centered and includes:

- Incidence and prevalence of sexual victimization;
- Short and long term impact of sex offending on victims;
- Etiology and dynamics of sex offending;
- Typologies and characteristics of sex offenders;
- Principles and practices of sex offender treatment;
- Relapse prevention strategies;
- Assessment of offender risk and needs;
- Importance of collaboration in sex offender management;
- Development, and adjustment over time, of specialized conditions; and
- Continuum or intervention responses to address violations or risk factors.

As supervision officers become more specialized and immersed in sex offender management, there is an increased likelihood of experiencing secondary trauma and burnout. Specifically, continuous exposure to the profound trauma caused by sex offenders may subsequently lead professionals to manifest the same or similar symptoms (e.g., sleep disturbance, loss of appetite, anxiety, depression, helplessness) as the victims with whom they directly and indirectly interact. Contributing to secondary trauma are the burden of responsibility for community safety, excessive caseloads that do not allow for sufficient “recovery time,” and a lack of training and support to manage job impact effectively. It is critical, therefore, that agency administrators and supervision officers are aware of the increased potential for secondary trauma and burnout when supervising caseloads of sex offenders, and receive training about managing job impact. Active steps must be taken to preserve the emotional and psychological welfare of officers through training and other supports, thus facilitating stability in the workforce necessary to work effectively with this population.

Specialized Case Plans with Specialized Conditions of Supervision

The effective supervision of sex offenders is contingent upon the timely development and implementation of individualized and responsive case plans. To maximize accountability, case plans should be created immediately by the offender when he/she is assigned to supervision, and collaboratively with the supervision officer, treatment provider, victim advocate, and other professionals who are actively involved in the management of the offender.

Case management plans should be developed with explicit consideration of victim safety needs and should address all restrictions and expectations in the following areas:

- Daily activities including employment, educational and vocational needs;
- Peers, associates and leisure activities;
- Living environment;
- Social supports and significant relationships; and
- Transportation and travel needs.

While critical for identifying groups of sex offenders who may be at greater risk for reoffending, static variables provide little to no guidance to professionals with respect to the elements that, if targeted by supervision officers, may have an impact on reducing recidivism risk. Recent empirical examinations, however, have suggested some of the dynamic or changeable risk factors warrant close monitoring and intervention by supervision officers and other professionals responsible for adult sex offender management.

Dynamic risk factors, or criminogenic needs, are comprised of two types: acute and stable. Acute dynamic risk factors (negative mood, psychiatric symptoms, substance abuse) change rapidly and often immediately precede a sex offense; therefore, they have significant implications and require close and continuous monitoring to be detected. Stable dynamic factors (deviant arousal, pro-offending attitudes) are more enduring in nature, yet have the potential to change over time. Positive changes in these elements, generally as a result of treatment intervention, are more likely to be associated with long-term recidivism risk. Overall, both acute and dynamic factors appear to be critical targets of supervision and treatment efforts and a thorough understanding of these risk factors has clear implications for supervision officers and the case management process. For example, the following problems have been associated with increased risk:

- Disengagement from supervision;
- Demonstration of deceitful and manipulative behaviors;
- Consistent tardiness or failure to attend scheduled appointments; and
- Overall non-cooperativeness and noncompliance.

Additional stable dynamic risk factors evidenced by sexual recidivists include:

- Substance abuse;
- Negative social influences;
- Pro-offending attitudes;
- Poor self-management skills;
- Poor overall appearance;
- Sexual preoccupation; and
- Antisocial or otherwise negative lifestyle factors.

Standard conditions and restrictions (e.g., scheduled office visits, periodic phone contact, school attendance, employment and community service requirements) generally do not provide adequate scope or sufficient latitude for supervision officers to monitor and intervene effectively

with the critical areas of risk that are unique to sex offenders. Therefore, the following special conditions are recommended:

- Waiving confidentiality between the supervision officer and treatment provider;
- Prohibiting contact with victims or minors;
- Submitting to polygraph examinations (where appropriate);
- Participating in sex offender-specific treatment;
- Prohibiting the possession or use of pornography;
- Limiting access to the Internet;
- Prohibiting alcohol consumption;
- Establishing employment and residence that limits access to potential victims; and
- Restricting movement within and outside of the community.

Overall, the development and application of specialized supervision conditions should be tailored to the level of risk and dynamic risk factors, or criminogenic needs, posed by each offender, thus ensuring that resources are maximized and the focus of intervention is most likely to impact recidivism.

Specialized Supervision Strategies

The most promising and influential strategies of sex offender supervision – the external supervisory dimension of relapse prevention and the Containment Approach – were developed in response to the recognized need for specialized approaches with this population. Similarly, the Containment Approach to sex offender management is based on the recognition that the historical fragmentation in the criminal justice system is particularly problematic when sex offenders are the focus of intervention. Therefore, according to the Containment Approach, adequate safeguards for victims and communities are implemented most effectively when consistent and informed policies, specialized training, multidisciplinary collaboration, and the use of external leverage are in place. The common thread of both strategies is the shared goal and primary emphasis on victim and community safety, accomplished through multidisciplinary collaboration and the utilization of various external supports and controls. The inclusion of treatment as a necessary component of supervision is common to both approaches as well.

A key component of specialized strategies for sex offender supervision involves routine monitoring of offenders in their natural environment. Recognizing that exposure to potential risks in a variety of settings is ongoing, supervision officers and others involved in sex offender management must be consistently vigilant regarding offenders' day-to-day activities, behaviors, and community adjustment. While sex offenders may attend scheduled appointments as required and appear cooperative, it is incumbent upon supervision officers to verify compliance by conducting both scheduled and unscheduled field contacts in multiple settings such as the offender's residence or place of employment.

Reliance on Community Support Networks

Routine and open communication with sex offenders' support networks can provide invaluable information to enhance ongoing supervision practices. As sex offenders tend to be unreliable reporters and historians, information from reliable collateral contacts can offer support for or refute the veracity of offenders' reports and can provide insight into the actual day-to-day activities, attitudes, and adjustment of the offenders. Critical to this process is creating a network of responsible and informed individuals who can assist sex offenders with adhering to relapse prevention plans, supporting positive lifestyles, monitoring high risk behaviors, intervening when warranted, and communicating frankly with supervision officers regarding identified concerns. Some factors to be considered by supervision officers regarding appropriateness of network members are:

- Belief the offender committed the offense(s) and hold him/her solely responsible;
- Have an understanding of the offender's deviant cycle and modus operandi;
- Assume a positive role in the offender's life;
- Are aware of and can recognize the offender's risk factors;
- Agree to disclose risky behaviors manifested by the offender; and
- Are willing to discuss the offender's activities and any identified concerns with the supervision officer.

Utilization of Surveillance Officers

The utilization of specialized surveillance officers can augment and support sex offender management efforts considerably. Just as the historical roles of supervision officers have become more clearly defined, specialized, and expanded over the years in order to enhance sex offender management practices, the expectations and responsibilities of surveillance officers have also evolved beyond the traditional law-enforcement roles (e.g., power of arrest, conducting residence checks). Specifically, through intensive field work, surveillance officers can provide routine monitoring of sex offenders' activities and adherence to case plans and specialized conditions, subsequently increasing the amount of time assigned supervision officers can dedicate to other critical case management responsibilities and collaborative activities.

To ensure effective partnering and monitoring, surveillance officers should be trained by specialized supervision officers and other professionals on victimization issues, the etiology and dynamics of sex offending, relapse prevention, and other effective sex offender management practices. Surveillance officers must also have a clear understanding of the specific offense patterns and dynamic risk factors for each offender for whom they have monitoring responsibility, including, but not limited to the following:

- Victim types and preferences and Modus Operandi (e.g., grooming patterns);
- Other deviant interests;
- Social supports; and attitudes and amenability toward treatment and supervision.

Adjunctive Use of the Polygraph

Supervision officers and treatment providers have begun to utilize the polygraph as one component of an overall sex offender management strategy, primarily to assess compliance with

supervision and treatment. Researchers have determined that when the polygraph is utilized, sex offenders tend to disclose significantly greater amounts of information regarding deviant sexual interests and behaviors. It should be noted, however, that polygraph use remains controversial; therefore, stakeholders should be aware of the limitations, caveats, and potential risks and benefits of its use before making decisions about implementing such technology, and should not make decisions exclusively based on polygraph examinations.

Response to Violation Behaviors

Agency policies and procedures should provide for a continuum of responses to violation behaviors in order to guide decision-making. Input from the offender's case management team is also important in developing a coordinated response which should be driven by the following:

- Seriousness of the behavior;
- Relationship of the behavior to sex offending;
- Risk level of the offender;
- Degree to which community safety was jeopardized;
- Whether the offender voluntarily disclosed the behavior or maintained secrecy;
- Level of responsibility assumed by the offender;
- Awareness and disclosure of the behavior by members of the support network;
- Ability and willingness of the offender to develop and adhere to a realistic plan to address the behavior; and
- Presence of assets or services to assist the offender in maintaining compliance.

Documentation

Case files should provide documentation of all case management and supervision activities that occur throughout the period of supervision, including the date and nature of all contacts, the officers' impressions of offenders at each contact, and any identified concerns or risk factors. This information proves critical in the event that a case is transferred to another officer or agency, when legal actions arise, when determining the appropriateness of adjusting supervision requirements, or when violation behaviors or new criminal/delinquent activity requires a response.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

A primary goal of sex offender supervision is community safety. Sexual assault survivors, as well as community members at large, have considerable stake in the supervision of sex offenders. The Sex Offender Management Project has ensured that supervision includes all identified best practice strategies.

The Dutchess County Office of Probation and Community Corrections has established specialized sex offender caseloads within a specialized unit. Officers in this unit receive specialized training regarding this population and regarding the needs of victims of sexual assault. Probation administration is knowledgeable about the management of sex offenders and provides support, resources and supervision to line staff. While there is no written policy that specifically dictates or restricts the number of probationers per caseload, current practices within the department limit the number of sex offenders a Probation Officer is responsible for supervising. The average number of probationers per caseload is approximately 35, whereas a general criminal caseload averages 100-110 probationers. Probation policy dictates that offenders who are on Probation supervision for non-sex offenses but who have a history of sex offenses be considered for placement in the sex offender unit. Recently, New York Parole has created a sex offender specialized caseload that includes offenders residing in Dutchess County. Both Probation and Parole utilize field visits (e.g. at the offender's residence and workplace) in addition to office reports to provide comprehensive supervision of offenders.

When an offender is sentenced to Probation supervision after being convicted of a sexual offense, specialized supervision conditions are imposed. As a result of this Sex Offender Management Project, Dutchess County Judges have been oriented about the importance of imposing these comprehensive orders and conditions, and a policy of re-evaluating the conditions after six months was instituted to ensure offenders were given conditions appropriate for their level of risk. For example, some conditions do not apply to all offenders but are imposed at sentencing in an effort to ensure community safety. As the offender progresses in treatment and under supervision, and more information is revealed about risk factors, terms and conditions can be less restrictive if such a risk is not present.

New York State Parole also has specialized sex offender orders and conditions. The New York State Parole Board imposes a general set of specialized sex offender conditions upon release. The immediate supervising officer may apply additional individualized conditions during the course of community supervision. Parole conditions have many of the same elements as those used by Probation, but the two agencies do not have a common set of standard conditions that are applied with all sex offenders under community supervision in Dutchess County. Dutchess County Probation and NYS Parole both seek to address violations of Probation/Parole in an effective manner. However, there is no set standard that guides an officer's response to a violation of Probation or Parole orders and conditions. As a result, the response varies according to the nature of the violation and the supervising officer.

Effective community supervision depends upon a collaborative relationship between all involved stakeholders. Waiving the right to confidentiality is an essential component to maintaining communication and collaboration between stakeholders throughout the supervision and treatment of sex offenders. This waiver of confidentiality is often included as part of the specialized conditions. Sex offender treatment providers who follow the guidelines of the Association for the Treatment of Sexual Abusers (ATSA), the professional organization dedicated to the development of standards and practices in the field of sex offender treatment, routinely require that the offenders they are treating sign waivers of confidentiality. This ensures that information may be shared with community supervision officers and others involved in the offender's

management. In addition, following the identification of a gap in residence checks identified through this Project, Probation Officers have begun assisting law enforcement by verifying residences of sex offenders and increasing the communication between these agencies.

Policies of the Relapse Intervention for Sex Crimes program (RISC) of Family Services, Inc. are in place requiring that all offenders referred for treatment sign Release of Information forms for pertinent professionals. Private sex offender therapists in the geographic area typically follow this procedure as well. However, if an offender is allowed to enter treatment with a private therapist who is not specially trained in sex offender treatment and who does not follow ATSA guidelines, the therapist may not be willing to share information with supervision officers. In these instances, the communication necessary for effective management of sex offenders in the community is absent, and community safety may be jeopardized.

Probation communicates regularly with mental health providers treating sex offenders under Probation supervision. In addition to regular telephone contact, RISC and Probation meet bi-weekly to discuss all shared cases. A victim advocate from Family Services, Inc.'s Crime Victims Assistance Program attends these meetings to monitor the impact of supervision practices on victims. Probation communicates with other treatment providers through telephone contact on an as needed basis. Communication between Parole and RISC has increased since Parole's establishment of a sex offender specific caseload.

Polygraph examinations have increasingly been used throughout the country to assist supervision officers and treatment providers with assessing an offender's compliance with supervision and treatment. In Dutchess County, policies, standards and guidelines do not specifically require the use of the polygraph as part of an overall supervision strategy. Probation orders and conditions for sex offenders only require offenders to comply with treatment recommendations. Parole also requires that offenders follow treatment recommendations. To date, RISC is the only Dutchess County community-based treatment program for sex offenders that regularly utilizes polygraph exams. RISC contracts with a polygraph examiner who is a member of the American Polygraph Association (APA) and who has extensive training and experience in polygraph testing of sexual offenders. RISC follows guidelines set by ATSA and the APA in administering polygraph examinations as part of the sex offender treatment program. On average, each offender receives a polygraph every six months. Results of polygraph exams are shared with supervising agencies.

What is Left To Do?

- Expand the use of specialized Orders and Conditions for offenders under community supervision to all convicted sex offenders;
- Educate victims about specialized Orders and Conditions imposed upon offenders.
- Standardize the response to Probation or Parole violations; and
- Increase victim's role in violation hearings, including being notified that a violation has occurred.

Adult Treatment

Quick Study Summary

Contemporary etiological theories suggest that sex offending behaviors are the result of a complex interaction of sociocultural, biological, and psychological processes, and therefore require comprehensive and holistic treatment. Presently, most sex offender treatment programs throughout the country employ cognitive-behavioral methods that include relapse prevention components that address the inter-relatedness of thoughts, emotions, and behaviors. A primary emphasis is to identify and replace irrational cognitions that set up negative emotional states and ultimately drive offending behaviors.

Within the cognitive behavioral framework, relapse prevention as applied to sex offender treatment refers to a self-management strategy whereby offenders learn to maintain behavioral change or control by identifying individual risk factors and developing effective coping responses. Relapse prevention requires sex offenders to adopt a lifelong recognition of their unique offense patterns and take affirmative steps to avoid or manage the situations, thoughts, feelings, and behaviors that increase their risk to re-offend. The specific goals of adult sex offender-specific treatment involve the following:

- Accepting responsibility for sex offending and other harmful behaviors;
- Modifying distorted thinking that supports offending behaviors;
- Managing negative mood or affect;
- Developing positive relationship skills;
- Managing deviant sexual arousal or interest;
- Maintaining control over unhealthy impulses;
- Developing or enhancing empathy for victims;
- Understanding the sequence of events and risk factors associated with offending;
- Developing effective coping skills to manage identified risk factors; and
- Identifying and utilizing support networks – those individuals in the community who become part of an extended supervision network, such as family members, employers, and others.

Roles and Responsibilities of Those Involved with Treatment in Dutchess County

Adult Community Based Treatment Providers

- Provide cognitive-behavioral, sex-offense specific treatment.

Relapse Intervention for Sex Crimes (RISC) Program of Family Services, Inc.

- Offer community based-treatment program;
- Conduct comprehensive assessment of sex offenders including standardized risk assessment;
- Implement specific treatment protocols and use a comprehensive offender curriculum;
- Provide Offender Handbook and Offender Treatment Contract to clients;

- Offer a variety of therapy groups addressing treatment stage and offender needs;
- Offer post conviction polygraph; and
- Communicate regularly with offenders' supervision agencies regarding treatment.

Probation and Parole

- Monitor and supervise sex offenders to ensure community safety; and
- Communicate regularly with mental health providers treating sex offenders under supervision.

Victim Advocates

- Attend case reviews with Probation and RISC;
- Participate in the Collaborative Sex Offender Management Team; and
- Provide outreach to victims.

Collaborative Sex Offender Management Team

- Conduct case reviews; and
- Monitor offender risk levels and formulate response when indicated.

Department of Corrections

- Provides some treatment within the prison system.

Courts

- Mandate offenders to undergo assessment and/or treatment; and
- Provide legal response to offender violations.

Best Practices as Noted in the Comprehensive Assessment Protocol

Programmatic Considerations

Regardless of the treatment setting (i.e., in the community or in correctional facilities) or population served (i.e., adults or juveniles), there are a variety of common programmatic issues that warrant attention, including:

- Availability, eligibility, and access;
- Support for programming;
- Programmatic structure and modality;
- Treatment planning and targets of treatment;
- Treatment completion or termination; and
- Documentation.

Availability, Eligibility, Access

Within correctional institutions, it is important that sex offenders are identified at the point of intake and classification. Ideally, as part of this classification process,

correctional and clinical staff assesses every offender's level of risk, need, interest in, and appropriateness for specialized treatment services.

From a community-based perspective, in larger jurisdictions, it is not uncommon for a variety of providers to offer treatment services to sex offenders. This may pose challenges related to the assurance of quality, integrity, and consistency of services. For those communities in which sex offender treatment services are limited or non-existent, the additional challenges of availability and access become significant. Overall, to be maximally effective, community-based sex offender treatment programs should:

- Clearly delineate the population of offenders that can be served;
- Be committed to working collaboratively with other professionals to maintain offenders safely in the community;
- Be poised to intervene when community safety may be compromised;
- Promote continuity of care for offenders who are exiting residential treatment centers or correctional institutions; and
- Have clear and specific policies and practices related to attendance, participation, program completion, and treatment termination.

Support for Programming

The support of local, regional, and statewide administrators who can ensure that the necessary staffing, financial, and other resources is essential to the successful operation of institutional programs. Similarly, whether in public or private sector agencies, community-based sex offender treatment programs require support from other entities. Sources of support for these programs may include the courts, victim advocacy and treatment agencies and organizations, institutional and community correctional agencies, probation and parole administrators, informed community leaders, and an educated public.

Structure and Modality

To facilitate programmatic integrity, it is important that sex offender treatment programs have a clearly articulated model of change or theoretical approach that outlines both the philosophy and method of treatment. Given the importance of consistency and continuity of care, policies and practices should ensure that across settings, sex offender treatment programs adhere to a common framework and philosophy that is clearly explained to all individuals involved.

Mode of Delivery

Sex offender treatment is generally provided in a group setting. There are, of course, times in which other modes (e.g., individual, family, marital) are appropriate and necessary adjuncts to group therapy, depending on the identified needs and circumstances of each offender. As long as the treatment provider ensures a pro-social treatment milieu,

the variety of experiences and thoughts of fellow sex offenders in a group setting can create a rich therapeutic environment. Group therapy is the preferred method of treating sex offenders for many other reasons, including the following:

- Clients may be more accepting of feedback from their peers than authority figures, particularly during early phases of the treatment process;
- The presence of multiple parties reduces likelihood of manipulation, grooming, and collusion that occurs when therapy is delivered in a one-on-one setting;
- Working in individual sessions indirectly maintains the dynamics of secrecy that occur in offense situations;
- Observing advanced offenders who have progressed in treatment can enhance self-efficacy and instill hope in offenders who have just begun the treatment process;
- Advanced clients can model positive behavior such as acceptance of personal responsibility and empathy;
- Exposure to others' viewpoints provides natural opportunities for perspective-taking and self-examination;
- As the 'experts' in this behavior, peers can help to identify and challenge denial, cognitive distortions, high risk behaviors, and manipulation;
- Group interactions provide an opportunity to model, evaluate, and target social skills and relationship skills; and
- Economic resourcefulness – more clients can be served effectively in a group setting.

Heterogeneity of Groups

It is common practice for a mix of sex offenders (i.e., offenders who target adult victims and those who victimize children) to participate in the same treatment groups. However, it remains ill-advised to mix some sub-populations of offenders. More specifically, the inclusion of female offenders, developmentally delayed offenders, or psychopathic offenders in an adult male group of cognitively capable, non-psychopathic offenders may be contraindicated. Similarly, placing juveniles in groups of adult offenders is generally not appropriate. Where possible, it is also preferable to separate higher risk offenders from lower risk offenders, as different levels of treatment intensity are more efficacious for these groups.

Therapeutic Climate and Process

Traditionally, approaches to sex offender treatment were highly confrontational, aggressive, and punitive. More recently, however, it has been suggested these approaches may have negative therapeutic implications and current research on group processes with sex offenders suggests the following contribute to group effectiveness:

- Cohesiveness and trust that promote sharing of sensitive information, the ability to examine critically one's behaviors in the presence of others, and the willingness to learn from others;
- Organization, structure, and leadership that facilitate goal attainment;

- Leaders who promote and model effective interpersonal interactions, including encouragement, support, and non-aggressive behaviors;
- An environment that is conducive to change, including expectations for disclosure, responsibility-taking, and safe emotional expression; and
- Instillation and maintenance of hope, to counter feelings of demoralization, discouragement, and shame.

For correctional and residential programs, the therapeutic climate is particularly critical as staff may directly and indirectly undermine treatment activities and efforts if they are not trained in sex offender management. In addition, correctional officers and/or other facility staff can provide invaluable information to the treatment staff, as these individuals observe the offenders in multiple settings outside of the direct therapeutic groups, can assist offenders with the practicing of skills learned in treatment (e.g., communication, conflict resolution, empathy), and can mitigate some of the negative influences experienced within the general population of adult or juvenile correctional settings. The importance of therapeutic climate extends beyond the role of staff and should also take into account the implications of negative peer associations within correctional and residential settings. Indeed, researchers have consistently demonstrated that exposure to and involvement with antisocial peers is associated with increased recidivism risk.

The aforementioned contextual and process-related variables are consistent with the responsivity principle, which states that services should be delivered to offenders in a manner that facilitates learning and successful assimilation (into daily life) of new prosocial skills.

Treatment Planning

Treatment plans should be developed jointly between the offender and a multidisciplinary case management team to promote ownership and investment in the treatment process. To be holistic and comprehensive, treatment plans should address the full range of identified needs of offenders including adjunctive therapies (e.g., marital/couples therapy, family therapy, substance abuse treatment, mental health/psychiatric interventions, educational and vocational training programs, and pharmacological interventions when warranted) to complement offense-specific interventions. It is also important that the goals and objectives listed in treatment plans are clear, specific, measurable, and understandable to the offender. Recognizing that offender needs may change over time, and that progress toward goals is expected, treatment plans should be reviewed and modified routinely.

Targets of Treatment for Adult Offenders

To be maximally effective, sex offense-specific treatment programs should target for intervention the specific offender needs believed to be directly associated with sex offending. By focusing on these specific elements, referred to as dynamic risk factors or criminogenic needs, the likelihood of recidivism is expected to decrease. Perhaps most

promising as targets of sex offender treatment are the more enduring or stable dynamic risk factors associated with sexual recidivism. Research on dynamic risk factors with adult sex offenders has revealed that the following elements may play a particularly significant role in recidivism:

- *Deviant Sexual Interests;*
- *Pro-Offending Attitudes and Beliefs;*
- *Victim Empathy Deficits;*
- *Emotional Self-Regulation Difficulties;*
- *Intimacy Deficits;*
- *Negative Social Supports/Influences;*
- *Behavioral Self-Regulation Difficulties;*
- *Lack of Treatment and Supervision Amenability;*
- *Non-Compliance with Pharmacological Interventions;*

Documentation

Critical to effective programming is the assurance of clear documentation of services and offender progress. Policies and procedures should outline specific requirements for documentation, including the frequency and format, in order for all those involved in sex offender management to be able to make informed decisions, and modify treatment or supervision strategies. In addition, continuation of care when cases are transferred is compromised when documentation is inadequate.

Treatment Completion and Termination

Although it is commonly recognized that sex offender treatment reflects lifelong behavior management rather than a “cure,” decisions nonetheless must be made regarding the discharge of sex offenders from treatment, either for meeting successfully the established criteria, or for failure to comply with expectations. Categorizing an offender as having successfully completed treatment carries a variety of implications, including release from institutional custody, level of community supervision, release from community supervision, assessed level of risk, and registration and notification requirements. As such, it is critical that programs establish clear and consistent guidelines and expectations for successful completion from treatment and that any completion criteria are measurable and documented.

As part of program monitoring and evaluation practices, programs should maintain statistics related to program completion and termination. Such data can be particularly useful for stakeholders, and can provide insight for administrators into areas of programmatic strength and need.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

Community-Based Adult Treatment

Within Dutchess County, there is only one adult sex offender-specific community-based treatment program, the Relapse Intervention for Sex Crimes (RISC) program of Family Services, Inc., that incorporates all identified best practices, including utilizing a cognitive-behavioral approach with relapse prevention components. There are individual treatment providers within the community as well. However, no mandate exists either in the County or within the State that requires oversight of providers with respect to provision of sex offender-specific treatment. Through the activities of the Sex Offender Management Project, standards for providers of adult sex offender treatment have been established. These standards follow best practices and require providers be state licensed/certified mental health professionals with training and experience in sex offender treatment. Further, providers must agree to abide by the Association for the Treatment of Sexual Abusers (ATSA) Professional Code of Ethics. The providers' list will be updated at least annually, including removal of providers who have not followed the standards in their treatment practice. The establishment of these standards is a critical step in having high quality treatment for sex offenders in Dutchess County.

Victims and survivors of sexual assault often lack specific knowledge of sex offender treatment practice. As effective treatment programs have the potential for reducing rates of recidivism, thereby increasing the likelihood of greater community safety, victims should be provided with information about best practices in sex offender treatment and may reasonably expect that judges follow recommendations about offender treatment needs. Another gap identified by the Project is that victims in Dutchess County currently have little or no input into the decision to mandate offenders into treatment, nor is there any mechanism in place which would facilitate such input. Additionally, when offenders are in treatment victims have no to minimal access to information about the offender's admission to, compliance with, and discharge from treatment.

Legislation does not mandate the treatment of sex offenders sentenced to community supervision. Legislation only mandates specific sentencing guidelines (e.g. incarceration, probation). Once an offender is sentenced, the supervising entity may or may not have conditions or guidelines that mandate treatment services. Although the Specialized Sex Offender Orders and Conditions developed by the Dutchess County Office of Probation and Community Corrections includes a special condition for sex offense specific treatment, this condition may be struck by the sentencing judge. In an effort to address this gap, the Project created a "Judicial Procedure" which suggests that judges apply the Specialized Orders and Conditions recommended in Probation's Pre-sentence Investigation (PSI). Further, this procedure requests that judges order a sex offense-specific clinical evaluation by a qualified evaluator for all offenders, to assist in sentencing decisions. In cases where the PSI and clinical evaluation suggest treatment, which is more often than not, offenders are being mandated into appropriate treatment.

Program policies, standards, and guidelines direct the conduct of some sex offender treatment. For example, the Relapse Intervention for Sex Crimes (RISC) program of Family Services, Inc., a community-based treatment program for adult sex offenders, has specific treatment protocols that clients must adhere to. To date, RISC is the only program that exists in Dutchess County in such a capacity. The program expectations and

guidelines are given to clients upon entrance into the treatment program through their Offender Handbook and Offender Treatment Contract. These guidelines remain a part of the treatment process throughout the entirety of the client's participation.

All sex offenders under community supervision undergo a comprehensive assessment upon their referral to the RISC program (see Assessment section for more discussion of this issue). The assessment is conducted by the clinical staff and once completed is included within the client file. Treatment plans, also included in the client file, are generally not developed by a multi-disciplinary team, but only by the treatment provider, usually with input from the client. However, completed plans are often reviewed with members of the collaborative sex offender management team (RISC, Probation, Victim Advocate).

The RISC offender treatment file includes background information such as index offense records, psychosexual evaluations, and risk assessment results. Prior sexual offense records, criminal history and institutional reports are always requested but can only be included if provided. Information regarding sex offender registration requirements is generally not included in the file.

RISC utilizes cognitive behavioral therapy with a focus on harm reduction and relapse prevention. This approach teaches clients internal self-management skills, plans for an external supervisory component (probation or parole officer, child protective worker, non-offending relative), and provides a framework in which a variety of behavioral, cognitive, educational and social skill training approaches are used to teach the offender how to recognize and interrupt the offense cycle (the chain leading to relapse). Major outcomes include: offenders change thinking and behavior patterns from criminal to non-criminal; offenders are able to appropriately manage their sexual deviancy; and offenders adopt stable lifestyles and develop pro-social support networks.

RISC serves 90 to 100 offenders annually and offers a variety of therapy groups for offenders (ongoing groups, as well as specialized groups: low intellectual functioning; youthful "statutory" offenders; step-down group for advanced clients; and introduction to treatment group). RISC also serves three to five female offenders annually. Although group therapy is the optimal treatment modality, numbers of female offenders at any given time often are insufficient to conduct a group. In this case, these clients are seen individually.

RISC has developed a comprehensive offender curriculum which utilizes a series of relapse prevention workbooks. Topics covered include thought distortions, the offense cycle, different types of denial, criminal and sexual offending history, deviant and healthy sexuality, and victim empathy. The Introduction to Treatment group, which is attended by each client for their first fifteen weeks of treatment, has an educational approach that introduces clients to the concepts they will encounter in ongoing treatment. The Introduction is conducted jointly by RISC and the members of Probation's specialized sex offender unit.

In addition to the core program, RISC offers state of the art program components including post conviction polygraph (described below), the Abel Assessment for Sexual Interest (described below), and actuarial risk assessment tools--the Static 99 and the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)—both of which assess for static risk factors related to sex offending recidivism. RISC also uses the Sex Offender Treatment Needs and Progress Scale, Research Version 2003 (McGrath and Cumming). This 22-item scale, which currently is being validated, is used to assess dynamic risk factors and treatment and supervision needs.

RISC follows accepted standards in post-conviction polygraph examinations. In *Managing Adult Sex Offenders: A Containment Approach* (1996) published by the American Probation and Parole Association, the use of the post-conviction polygraph is discussed as one of the cornerstone elements of effective community supervision of sexual abusers. The use of the polygraph in treatment as a monitoring tool is one method of combating the offender's reluctance to disclose information necessary for effective monitoring. ATSA's *Practice Standards and Guidelines* (2005) state: "Post Conviction Sex Offender Polygraph Testing is a specialized form of general polygraph testing that has come into widespread use in the United States." RISC contracts with an experienced polygraph examiner who is a member of the American Polygraph Association (APA) with extensive training in polygraph testing of sexual offenders. RISC follows guidelines set by ATSA and the APA in this program component. Several private treatment providers in the geographic area also utilize the post-conviction polygraph.

In 2002, RISC began using the Abel Assessment for Sexual Interest (AASI). The AASI is a sex-offender specific psychological test, which produces objective data in over 20 areas of sexual interest (e.g. interest in children: pre-school, grade school and adolescent; interest in sexual violence and/or sadism). This test assists with determining treatment and supervision needs. Several private treatment providers in the geographic area also utilize the AASI.

The RISC program has established a graduated sanctions policy that is used with offenders in poor compliance as a way to prevent immediate termination. As part of the graduated sanctions procedure, cases are always reviewed by the RISC team, often in consultation with the offender's supervising agency, prior to final discharge. However, formal post-termination reviews are not typically conducted following termination and offenders are generally afforded by the courts at least one opportunity to re-enter treatment if they have previously refused it or been terminated. However, the treatment provider may not remain constant and no formal mechanism exists to ensure the sharing of confidential documents from one treatment provider to the next.

Probation communicates regularly with mental health providers treating sex offenders under Probation supervision. In addition to regular telephone contact, RISC and Probation meet bi-weekly to discuss all shared cases. A Victim Advocate from Family Services, Inc.'s Crime Victims Assistance Program attends these meetings to monitor the impact of supervision practices on victims. Probation communicates with other treatment providers

through telephone contact on an as needed basis. Communication between Parole and RISC has developed during the course of the DCSOMP. The local Parole Bureau has established a sex offender specific caseload. The Parole officer who supervises this caseload meets monthly with the RISC team and is available by phone.

Institutional Adult Treatment

New York State legislation does not mandate specialized sex offense-specific treatment for sex offenders remanded to a correctional facility. Some treatment is provided within the Department of Corrections (DOCS), but treatment programs vary from institution to institution. Currently, the Dutchess County Jail does not offer sex offense-specific treatment. This is due in part to lack of sufficient numbers at any given time to support a specific treatment group and in part to the safety concerns raised in a correctional facility for inmates who are identified as sexual offenders. As part of the intake process at the Dutchess County Jail, the staff, correctional and clinical, informally assess all offenders to become aware of their history in an effort to facilitate transitional planning. While such an assessment does exist for general offender transition, this assessment generally does not determine eligibility or appropriateness for sex offender treatment. Sex offenders remanded to the facility do not undergo a comprehensive sex offense-specific assessment upon entry. (See Assessment section for more). Administrators and officers within the facility generally do not receive specialized training in effective sex offender management.

What is Left to Do?

- Ensure all sex offender treatment providers serving Dutchess County meet the “Standards for Providers;”
- Provide victims with information about sex offender-specific treatment;
- Develop mechanism by which victims can communicate concerns to treatment providers or to learn if the offender has complied with treatment; and
- Further examine providing sex offense treatment services for incarcerated offenders.

ADULT SEX OFFENDER BENCH MANUAL

INTRODUCTION

Megan Kanka was a little girl who lived in New Jersey. She was murdered by a sex offender who lived in her suburban neighborhood. Her family had not known about the man's criminal history. That murder launched a strident public outcry that has continued to this day. Her memory is preserved in a nationwide system designed to identify and track sex offenders and to assure that dangerous offenders are denied the anonymity that enables them to remain unnoticed in their communities.

Simply stated, issues attendant to the judicial response to sex offenses carry perhaps the most heightened public scrutiny of any type of crime. Communities are galvanized in their distain for these offenders but visceral reactions cannot substitute for effective judicial response.

In 2004, Dutchess County obtained funding to examine the existing management of sex offenders. The project was charged with the task of building on existing strengths to design a coordinated system to manage these offenders effectively. The primary concern in this victim centered system has been public safety.

The purpose of this bench manual is to provide the judiciary with an outline of the laws surrounding the prosecution, sentencing, supervision and registration of sex offenders. This manual has been prepared cooperatively by members of the Dutchess County Sex Offender Management committee. That committee includes members from the Dutchess County District Attorney's Office, the Dutchess County Public Defender's Office, the Dutchess County Office of Probation and Community Corrections, Relapse Intervention for Sex Crimes Program (RISC) of Family Services, Inc., and the Dutchess County Court.

Legislation regarding sex offenses and the system response to those offenses is changing on a regular basis. Members of the judiciary who refer to this manual are cautioned to verify the current existence and status of the law. This manual is intended to serve as a resource and starting point for reference. It does not constitute legal precedent and should not be used for that purpose.

This manual is intended to be specific to sex crimes. It is not intended to address issues that arise in the course of all criminal cases. General rules of law and procedures otherwise applicable but not specific to sex crimes are not addressed in this document.

IDENTIFYING "SEX OFFENSES"

It is important to properly identify offenses that call for the specialized response appropriate for "sex offenders." This definition may differ from the list of offenses that constitute "registerable sex offenses" within the meaning of Article 6-C of the Corrections Law, also known as Megan's Law or the Sex Offender Registration Act.

The following list of offenses constitute sex offenses as that term is intended to be understood for the purpose of this manual. For the purposes of defining “sex offenses,” the ages of the offender and the victim are not relevant.

- Article 130 of the Penal Law. “Sex Offenses”
 - §130.20 - Sexual Misconduct
 - §130.25 – Rape in the third degree
 - §130.30 - Rape in the second degree
 - §130.35 – Rape in the first degree
 - §130.40 – Criminal sexual act in the third degree
 - §130.45 – Criminal sexual act in the second degree
 - §130.50 – Criminal sexual act in the first degree
 - §130.52 – Forcible touching
 - §130.53 – Persistent sexual abuse
 - §130.55 – Sexual abuse in the third degree
 - §130.60 – Sexual abuse in the second degree
 - §130.65 – Sexual abuse in the first degree
 - §130.65-a – Aggravated sexual abuse in the fourth degree
 - §130.66 – Aggravated sexual abuse in the third degree
 - §130.67 – Aggravated sexual abuse in the second degree
 - §130.70 – Aggravated sexual abuse in the first degree
 - §130.75 – Course of sexual conduct against a child in the first degree
 - §130.80 - Course of sexual conduct against a child in the second degree
 - §130.85 – Female genital mutilation
 - §130.90 – Facilitating a sex offense with a controlled substance
 - §130.95 – Predatory sexual assault
 - §130.96 – Predatory sexual assault against a child

- Public Lewdness in violation of Penal Law 245.00
- Incest in violation of Penal Law §255.25
- Unlawful surveillance in violation of §250.45, 250.50
- Article 263 of the Penal Law “Sexual Performance by a Child”
 - §263.05 – Use of a child in a sexual performance
 - §263.10 – Promoting an obscene sexual performance by a child
 - §263.11 – Possessing an obscene sexual performance by a child
 - §263.15 – Promoting a sexual performance by a child
 - §263.16 – Possessing a sexual performance by a child

IDENTIFYING “REGISTERABLE SEX OFFENSES”

Article 6-C of the New York State Corrections Law was enacted as the Sex Offender Registration Act. Section 168-a of the Corrections Law defines the term “sex offender” and specifies the crimes that constitute “sex offenses” and “sexually violent offenses.” A list, current with the printing of this manual, follows.

CAVEAT: Offenders who are granted Youthful Offender (YO) status are not subject to registration in the State of New York. Juvenile Offenders (JO) are subject to registration only if they are denied YO status.

Sex Offenses

Corrections Law §168-a, (2)(a)

Penal Law	Name of Crime	Completed	Attempt
130.20	Sexual Misconduct	X	X
130.25	Rape in the third degree	X	X
130.30	Rape in the second degree	X	X
130.40	Criminal sexual act in the third degree	X	X
130.45	Criminal sexual act in the second degree	X	X
130.60	Sexual abuse in the second degree	X	X
250.50	Unlawful surveillance in the first degree	X	X
255.25	Incest	X	X
263.05	Use of a child in a sexual performance	X	X
263.10	Promoting an obscene sexual performance by a child	X	X
263.11	Possessing an obscene sexual performance by a child	X	X
263.15	Promoting a sexual performance by a child	X	X
263.16	Possessing a sexual performance by a child	X	X
135.05*	Unlawful imprisonment in the second degree	X	X
135.10*	Unlawful imprisonment in the first degree	X	X
135.20*	Kidnapping in the second degree	X	X
135.25*	Kidnapping in the first degree	X	X
230.04 ⁺	Patronizing a prostitute in the third degree	X	X
230.05	Patronizing a prostitute in the second degree	X	X
230.06	Patronizing a prostitute in the first degree	X	X
230.30(2)	Promoting prostitution in the second degree	X	X
230.32	Promoting prostitution in the first degree	X	X
235.22	Disseminating indecent material to minors in the first degree	X	X

Pursuant to §168-a,(2)(iii), “sex offense” includes a conviction of either the completed offense or the attempt to complete any of the offenses listed above either committed as or attempted as a hate crime defined in §485.05 of the penal law or as a crime of terrorism defined in §490.25 of the penal law.

* Relating to kidnapping offense, provided the victim of such kidnapping or related offense is less than seventeen years old and the offender is not the parent of the victim.

⁺ Where the person patronized is in fact less than seventeen years of age.

Corrections Law §168-a, (2)(b)

Penal Law §	Name of Crime	Completed	Attempt
130.52*	Forcible touching	X	X
130.55*	Sexual abuse in the third degree	X	X

*Applicable if the victim of the offense is less than eighteen (18) years of age.

Corrections Law §168-a, (2) (c)

Penal Law §	Name of Crime	Completed	Attempt
<u>130.52</u>	<u>Forcible touching</u>	<u>X</u>	<u>X</u>
<u>130.55</u>	<u>Sexual abuse in the third degree</u>	<u>X</u>	<u>X</u>

Under this subdivision, the age of the victim is irrelevant but the defendant has previously been convicted of:

- (i) A sex offense defined in Article 6-C, or
- (ii) A sexually violent offense defined in Article 6-C, or
- (iii) Forcible touching or sexual abuse in the third degree or an attempt to commit either of those crimes.

Corrections Law §168-a, (2)(d)

A conviction of:

- (i) an offense in any other jurisdiction which includes all of the essential elements of any of the crimes listed in paragraph (a), (b), or (c), of §168-a (2), or
- (ii) a felony in any other jurisdiction for which the offender is required to register as a sex offender in the jurisdiction in which the conviction occurred, or
- (iii) any of the provisions of 18 USC 2251, 18 USC 2251A, 18 USC 2252, 18 USC 2252A, or 18 USC 2260, provided that the elements of such crime of conviction are substantially the same as those which are a part of such offense as of the date on which this subparagraph takes effect.

Corrections Law §168-a, (2)(e)

A conviction of §250.45 of the Penal Law, Unlawful surveillance in the second degree, subdivision 2, 3, or 4, unless, upon motion of the defendant, the trial court, having regard to the nature and circumstances of the crime and the history and character of the defendant, is of the opinion that registration would be unduly harsh and inappropriate.

Sexually Violent Offense

Corrections Law §168-a (3)(a)

Penal Law §	Name of Crime	Completed	Attempt
130.35	Rape in the first degree	X	X
130.50	Criminal sexual act in the first degree	X	X
130.65	Sexual abuse in the first degree	X	X
130.66	Aggravated sexual abuse in the third degree	X	X
130.67	Aggravated sexual abuse in the second degree	X	X
130.70	Aggravated sexual abuse in the first degree	X	X
130.75	Course of sexual conduct against a child in the first degree	X	X
130.80	Course of sexual conduct against a child in the second degree	X	X
130.53	Persistent sexual abuse	X	X
130.65-a	Aggravate sexual abuse in the fourth degree	X	X
130.90	Facilitating a sex offense with a controlled substance	X	X
130.95	Predatory sexual assault	X	X
130.96	Predatory sexual assault against a child	X	X

Pursuant to §168-a(3)(iii), “sex offense” includes a conviction of any of the completed offenses or the attempt to complete any of the offenses listed above either committed as or attempted as a hate crime defined in §485.05 of the penal law or as a crime of terrorism defined in §490.25 of the penal law.

Corrections Law §168-a, (3)(b)

A conviction of an offense in any other jurisdiction which includes all of the essential elements of any such felony provided for in §168-a (3)(a) above, or

A felony in any other jurisdiction for which the offender is required to register as a sex offender in the jurisdiction in which the conviction occurred.

VICTIM PRIVACY PROTECTION

Victims of sex offenses are afforded specific privacy protections by law. No document in the possession of any public officer or employee that identifies a victim may be made available for public inspection.

This requirement does not require the legal “sealing” of a file involving the alleged commission of a sex offense. It does, however, require that any information that tends to identify the victim of the offense must not be made available for public inspection. The law does not prohibit the release of copies of such materials with the identifying details redacted in such a manner that the identity of the victim remains confidential.

The complete language of §50-b of the Civil Rights Law provides follows:

§ 50-b. Right of privacy; victims of sex offenses or offenses involving the transmission of the human immunodeficiency virus

1. The identity of any victim of a sex offense, as defined in article 130 or section 255.25 of the penal law, or of an offense involving the alleged transmission of the human immunodeficiency virus, shall be confidential. No report, paper, picture, photograph, court file or other documents, in the custody or possession of any public officer or employee, which identifies such a victim shall be made available for public inspection. No such public officer or employee shall disclose any portion of any police report, court file, or other document, which tends to identify such a victim except as provided in subdivision two of this section.
2. The provisions of subdivision one of this section shall not be construed to prohibit disclosure of information to:
 - a. Any person charged with the commission of an offense, as defined in subdivision one of this section, against the same victim; the counsel or guardian of such person; the public officers and employees charged with the duty of investigating, prosecuting, keeping records relating to the offense, or any other act when done pursuant to the lawful discharge of their duties; and any necessary witnesses for either party; or
 - b. Any person who, upon application to a court having jurisdiction over the alleged offense, demonstrates to the satisfaction of the court that good cause exists for disclosure to that person. Such application shall be made upon notice to the victim or other person legally responsible for the care of the victim, and the public officer or employee charged with the duty of prosecuting the offense; or
 - c. Any person or agency, upon written consent of the victim or other person legally responsible for the care of the victim, except as may be otherwise required or provided by the order of a court.
3. The court having jurisdiction over the alleged offense may order any restrictions upon disclosure authorized in subdivision two of this section, as it deems necessary and proper to preserve the confidentiality of the identity of the victim.

4. Nothing contained in this section shall be construed to require the court to exclude the public from any stage of the criminal proceeding.

5. No disclosure of confidential HIV related information, as defined in section twenty-seven hundred eighty of the public health law, including the identity of the victim of an offense involving transmission of the human immunodeficiency virus, shall be permitted under this section contrary to article twenty-seven-F of the public health law.

PRETRIAL ISSUES

Bail

At arraignment, a defendant is entitled to be advised of certain rights that apply in a criminal proceeding, one of the most significant being having his/her custody status determined. Upon arraignment the court must determine what the defendant's custody status will be. The court can consider in its discretion all the criteria set forth in section 510.30.

§510.30. Application for recognizance or bail; rules of law and criteria controlling determination.

1. Determinations of applications for recognizance or bail are not in all cases discretionary but are subject to rules, prescribed in article five hundred thirty and other provisions of law relating to specific kinds of criminal actions and proceedings, providing (a) that in some circumstances such an application must as a matter of law be granted, (b) that in others it must as a matter of law be denied and the principal committed to or retained in the custody of the sheriff, and (c) that in others the granting or denial thereof is a matter of judicial discretion.

2. To the extent that the issuance of an order of recognizance or bail and the terms thereof are matters of discretion rather than of law, an application is determined on the basis of the following factors and criteria:

- a. With respect to any principal, the court must consider the kind and degree of control or restriction that is necessary to secure his court attendance when required. In determining that matter, the court must, on the basis of available information, consider and take into account:
 - i. The principal's character, reputation, habits and mental condition;
 - ii. His employment and financial resources, and his family ties and the length of his residence if any in the community; and
 - iii. His criminal record if any; and his record of previous adjudication as a juvenile delinquent,

as

retained pursuant to section 345.2 of the family court act, or pending cases where fingerprints

are

retained pursuant to section 306.1 of such act, or a youthful offender, if any;

iv. His previous record if any in responding to court appearances when required or with respect

to flight to avoid criminal prosecution; and

v. If he is a defendant, the weight of the evidence against him in the pending criminal action and any

other factor indicating probability or improbability of conviction; or, in the case of an application for

bail or recognizance pending appeal, the merit or lack of merit of the appeal; and

vi. If he is a defendant, the sentence which may be or has been imposed upon conviction.

b. Where the principal is a defendant-appellant in a pending appeal from a judgment of

conviction, the court must also consider the likelihood of ultimate reversal of the judgment. A determination that the appeal is palpably without merit alone justifies, but does not require, a denial of the application, regardless of any determination made with respect to the factors specified in paragraph (a).

3. When bail or recognizance is ordered, the court shall inform the principal, if he is a defendant charged with the commission of a felony, that the release is conditional and that the court may revoke the order of release and commit the principal to the custody of the sheriff in accordance with the provisions of subdivision two of section 530.60 of this chapter if he commits a subsequent felony while at liberty upon such order.

The Dutchess County Department of Probation and Community Corrections routinely screens defendants to determine their eligibility for any pre-trial release programs such as Release Under Supervision (RUS) and Electronic Monitoring (EM). The probation department's recommendation should be heeded whenever possible, as they use virtually the same criteria as set forth in section 510.30, as well as additional information relating to substance abuse issues or mental health issues which may impact on a defendant's ability to comply with the court's instructions.

In addition to ordering that the defendant be released to the Probation Department's supervision pursuant to one of their programs or setting bail, the court can impose additional conditions upon the defendant such as requiring the defendant to submit to a substance abuse or mental health evaluation and requiring the defendant to submit to drug testing by the Probation Department.

Orders of Protection

Criminal Procedure Law sections 530.12 (family offenses) and 530.13 authorize the court to issue orders of protection as a condition of bail or release on recognizance. The court may issue a temporary order of protection ex parte upon the filing of an accusatory instrument and for good cause shown. The defendant must be served with a copy of the order of protection and the court should provide the defendant with the instruction sheet explaining in detail what the order prohibits.

The court must advise the defendant that if he/she is brought before the court for failure to obey any lawful order issued under this section and if, after hearing, the court is satisfied by competent proof that the defendant has willfully failed to obey any such order the court may revoke an order of bail or recognizance and commit the defendant to custody.

The court should also advise the defendant that a violation of a duly issued order of protection may result in additional criminal charges being filed against him/her.

PLEA ISSUES

Allocution

In taking a plea, the court should first administer an oath to the defendant.

In light of the **privacy issues** for the victim, the Court should, in the course of the plea allocution, ascertain that the defendant understands that the procedure relates to the victim without naming that victim in the courtroom. As a practical matter, that can be done by showing the defendant the accusatory instrument that names the victim. The Court should ask the offender if he or she sees the name on the accusatory instrument that is displayed to him or her in the courtroom. The offender should look at that document and indicate familiarity with the name. Next, the Court should advise the defendant that all of the questions that follow will relate to things that happened with that victim. If it is necessary to refer to the victim by some identifier, the Court should limit the use of identifying information to initials or “the person whose name appears on the accusatory instrument you were shown earlier.”

Once the identity of the victim has been established, the court should ask sufficient questions so that the defendant admits all of the necessary elements of the crime. Those elements will vary with the offense but it is necessary that a full allocution occur so that the plea will withstand scrutiny later if challenged. Along with the elements of the offense, the court should be assured that the offender is knowingly and voluntarily waiving the right to a jury trial and a bench trial. The court should ascertain that the defendant has had an adequate opportunity to speak with his or her attorney and that he or she is satisfied with the advice that the attorney has provided.

As part of the process, the Court should advise the defendant of the consequences should he or she fail to fulfill the obligations to cooperate with the probation department and any sex offender evaluation that may be ordered. That process is known as the “Outley Warning.” That process is addressed later in this manual on page 13.

TRIAL ISSUES

The Introduction to this manual reflects that this document is not intended to address all issues that may arise in the course of matters involving sex crimes. That is especially true in regard to trial issues. Ordinary rules applicable to jury trials and non-jury trial are also applicable. Given the intensely personal nature of these crimes, there are additional issues that may arise.

Jury Selection

Significant research has been undertaken on the subject of victimization in various types of cases. That study has shown that sex crimes are documented to be the least reported type of crime in this country. Personal histories and experiences of loved ones can prejudice prospective jurors. Also, people have been shown to carry biases and prejudices about these types of crimes that may affect their ability to serve fairly and impartially as fact-finders.

The highly personal nature of voir dire in these cases make it essential that prospective jurors are afforded the opportunity to address their thoughts outside of the presence of other prospective jurors. Experience has shown that the opportunity to speak frankly enhances the fairness of the process to both the prosecution and to the defense. In addition, that process minimizes the risk of prejudicial comments being volunteered by prospective jurors. Prospective jurors are much more likely to disclose personal histories, either their own or those of loved ones if they are afforded the privacy of *in camera* inquiry. The disclosures are important in order that both sides are afforded a fair trial.

The *in camera* inquiry must comport with the defendant's rights. As a practical matter, that means that when a prospective juror advises the court of a desire to speak in chambers, the inquiry that follows must involve the presence of the parties, the court and such documentation as may be available. The defendant has an absolute right to be present for this procedure.

Antommarchi Rights

In 1992, the New York State Court of Appeals addressed the rights of criminal defendants to be present at all material stages of the criminal trial. In *People v. Antommarchi*, 80 NY2d 247, the Court stated: "a defendant has a fundamental right to be present during any material stage of the trial Defendants are entitled to hear questions intended to search out a prospective juror's bias, hostility or predisposition to believe or discredit the testimony of potential witnesses and the venire person's answers so that they have the opportunity to assess the juror's "facial expressions, demeanor and other subliminal responses By questioning the prospective jurors' ability to weigh evidence objectively and to hear testimony impartially, the court violated defendant's right to be present during a material part of the trial. Moreover, because defendant had a fundamental right to be present, his failure to object to being excluded from the side-bar discussions is not fatal to his claim

“

The defendant has a fundamental right to attend all material stages of the trial. It is essential that the trial Court provide for the defendant's presence for all stages of jury selection, including *in camera* inquiries, for sidebar conferences during trial and for other proceedings connected with the trial. In

the event that a defendant expressly declines or refuses to participate in or attend some material part of the trial, the record of the proceedings should carefully document that position. That documentation should include an express statement by the defendant that he or she knows of the right to attend the particular proceeding and is knowingly and voluntarily choosing not to attend or participate.

Rape Shield Laws

Several provisions of the New York State Criminal Procedure Law specifically address rules of evidence in sex offense cases. The relevant language follows:

§60.42. Rules of evidence; admissibility of evidence of victim's sexual conduct in sex offense cases.

Evidence of a victim's sexual conduct shall not be admissible in a prosecution for an offense or an attempt to commit an offense defined in article one hundred third of the penal law unless such evidence:

1. proves or tends to prove that specific instances of the victim's prior sexual conduct with the accused;
2. proves or tends to prove that the victim has been convicted of an offense under section 230.00 of the penal law within three years prior to the sex offense which is the subject of the prosecution;
3. rebuts evidence introduced by the people of the victim's failure to engage in sexual intercourse, oral sexual conduct, anal sexual conduct or sexual contact during a given period of time;
4. rebuts evidence introduced by the people which proves or tends to prove that the accused is the cause of pregnancy or disease of the victim, or the source of semen found in the victim; or
5. is determined by the court after an offer of proof by the accused outside the hearing of the jury, or such hearing as the court may require, and a statement by the court of its findings of fact essential to its determination, to be relevant and admissible in the interests of justice.

§60.48. Rules of evidence; admissibility of evidence of victim's manner of dress in sex offense cases.

Evidence of the manner in which the victim was dressed at the time of the commission of an offense may not be admitted in a prosecution for any offense, or an attempt to commit an offense, defined in article one hundred thirty of the penal law, unless such evidence is determined by the court to be relevant and admissible in the interests of justice, after an offer of proof by the proponent of such evidence outside the hearing of the jury, or such hearing as the court may require, and a statement by the court of its findings of fact essential to its determination.

Other Relevant Evidentiary Issues

Other special evidentiary and procedural considerations are contained in the New York Criminal Procedure Law.

§60.20. Rules of evidence; testimonial capacity; evidence given by children,

1. Any person may be a witness in a criminal proceeding unless the court finds that, by reason of infancy or mental disease or defect, he does not possess sufficient intelligence or capacity to justify the reception of his evidence.
2. Every witness more than nine years old may testify only under oath unless the court is satisfied that such witness cannot, as a result of mental disease or defect, understand the nature of an oath. A witness less than nine years old may not testify under oath unless the court is satisfied that he or she understands the nature of an oath. If under either of the above provisions, a witness is deemed to be ineligible to testify under oath, the witness may nevertheless be permitted to give unsworn evidence if the court is satisfied that the witness possesses sufficient intelligence and capacity to justify the reception thereof. A witness understands the nature of an oath if he or she appreciates the difference between truth and falsehood, the necessity for telling the truth, and the fact that a witness who testifies falsely may be punished.
3. A defendant may not be convicted of an offense solely upon unsworn evidence given pursuant to subdivision two.

When a child witness is less than nine (9) years old, the court should consider the form of the questions that will precede the determination of whether the child is eligible to testify under oath. The questions should be geared to the developmental status of the child. While no specific language is required, it is suggested that care be taken to assure that the child properly understands the language used by the court. An example of “difficult” language is whether the child understands what it is to “swear” to tell the truth. “Swearing” is often something that children have been told is not acceptable; children better understand and appreciate the concept of “promising” to tell the truth. Considerable research has been undertaken on the subject of determining whether a child is capable of giving sworn testimony. Materials and proposed questions are appended to this manual for reference and/or use by the courts.

§60.44. Use of anatomically correct dolls.

Any person who is less than sixteen years old may in the discretion of the court and where helpful and appropriate, use an anatomically correct doll in testifying in a criminal proceeding based upon conduct prohibited by article one hundred thirty, article two hundred sixty or section 255.25 of the penal law.

Article 65-Use of Close-Circuit Television for Certain Child Witnesses.

This provision of law is referenced merely to alert the courts of the existence of this provision. It envisions a specific procedure for the making of an application and the grounds that must be present for the court to grant the determination.

PRE-SENTENCING ISSUES

In general, when a Court accepts a plea in resolution of charges pending before the Court, a plea allocution procedure occurs. That allocution process was described above.

Other cases involve pre-sentencing issues following a verdict of a jury or of the court following a bench trial. In either event, the Court should order the Dutchess County Department of Probation and Community Corrections to complete a pre-sentence investigation. Further, given the complex issues attendant to sex offender management, it is recommended that the Court direct that the defendant should submit to a sex offender assessment to be completed by an approved provider in accordance with current best practices.

Outley Warnings for Sex Offenders

Where the case involves a guilty plea, the plea allocution involves the Court advising the defendant of what the expected maximum sentence will be. The Court then orders a pre-sentence investigation to assist in determining the most appropriate sentence within the agreed parameters. As part of the plea allocution process, the Court will inform the defendant that if, following review of the pre-sentence report, the Court cannot impose the agreed upon sentence but believes that a more severe sentence is appropriate, the defendant will be allowed to withdraw the guilty plea and proceed as if the plea had not happened.*

In 1993, the New York State Court of Appeals outlined proper warnings that could permit the sentencing court to impose an enhanced sentence, more severe than the agreed maximum sentence, if the defendant engages in certain behavior. *People v. Outley*, 80 NY2d 702. The Court determined that when a court has properly warned an offender that in the event that he or she should be properly arrested and accused of a crime, the court need not permit the offender to withdraw the guilty plea. Instead, the court can hold a summary hearing pursuant to CPL §400.10 or other fair means to determine whether there is a legitimate basis for the arrest on that new charge. In the

*A sentence to be imposed following a guilty verdict is not limited by plea agreement. Accordingly, the Court is not limited by any factor other than the legal sentencing parameters.

event that finding is made, the court is permitted to impose a more severe sentence than that initially outlined.

Over time, the law on this subject has developed in a manner that is relevant to the Courts' permissible supervision of sex offenders who are awaiting sentencing following a guilty plea. If the Court is to have sufficient information to properly impose sentence, it is important that the defendant submit to pre-sentence investigation. That process, especially when an offender is to be subject to community supervision and/or sex offender registration pursuant to Article 6-C of the Executive Law, requires the willing cooperation of the defendant.

Upon accepting a plea to a sex offense that requires registration as a consequence of conviction, the Court should issue the warnings that follow. These warnings should be in addition to the usual "Outley/Parker" admonishments that accompany a guilty plea.

1. The defendant must cooperate with the probation department in the preparation of the pre-sentence report. This includes making him/herself available for the interview and truthfully answering the officers' questions.
2. The defendant must submit to a sex offender risk evaluation to be completed by an approved professional, and must cooperate fully in the completion of that evaluation. (A list of qualified service providers is included in this manual)
3. The defendant must abide by any orders of protection issued by this court.
4. Failure to cooperate with both the pre-sentence investigation or the sex offender risk evaluation will constitute a breach of the plea agreement and subject the defendant to enhanced punishment without the option of withdrawing his/her plea.
5. The court must specify the maximum penalty the defendant shall face if the defendant violates the court's warnings. Usually, that maximum penalty is the legal maximum specified by statute.

Recommended Judicial Procedures for Sex Offenders

1. Upon accepting a plea of guilty to a sex offense that requires registration as a consequence of conviction, the Court should order a pre-sentence sex offender risk evaluation prior to imposing sentence. The Dutchess County RISC program or an approved alternative may conduct the evaluation. This evaluation will be conducted simultaneously with any pre-sentence investigation ordered of the Dutchess County Department of Probation. It is expected that this entire process shall, absent extraordinary circumstances, be completed within a period of eight (8) weeks. The defendant will be responsible for setting evaluation appointments and be responsible for all costs of the evaluation.

2. Sex offender risk evaluations should be completed by a professional who is a member of ATSA (The Association for the Treatment of Sexual Abusers) or supervised by an ATSA member. The defendant will be directed to sign any releases that may be necessary in order for that evaluation to be completed. It is expected that all parties will cooperate with that process in order that the evaluation can be as thorough as possible. The evaluation shall be conducted in accordance with ATSA standards and shall include the use of such testing instruments as ATSA approves. The District Attorney will provide such information from the case file as is necessary for the evaluator to have that material available. It is understood and all parties must agree that any privacy rights pertaining to victims will be scrupulously observed.

3. In the event that the pre-sentence evaluation is to be done by the Dutchess County RISC Program, the probation department will facilitate the process by completing and submitting the referral to that agency. In the event that a different qualified evaluator is to be utilized, the defendant will be responsible for making that arrangement.

4. In accepting a plea to a sex offense, the Court should advise the defendant that his or her failure to cooperate with both the pre-sentence investigation of the Probation Department and the sex offender risk evaluation will constitute a breach of the plea agreement and will subject the offender to enhanced punishment without the option of withdrawing the guilty plea.

5. Upon the Court's receipt of Probation's pre-sentence report and the sex offender risk evaluation, copies will be distributed to both the District Attorney and the defense attorney. It is anticipated that this process will occur sufficiently in advance of the court appearance that all parties will have read the reports and be prepared to proceed to sentencing on the date scheduled by the Court. It is also anticipated that this process will allow the Court to conduct any inquiries or procedures required by the Sex Offender Registration Act (also referenced as *Megan's Law*).

6. If the sentence is to include a term of probation, the Court is encouraged to impose such conditions of probation as may be recommended by the Probation Department utilizing the recommendations from the risk assessment.

7. At the time of sentencing, when an offender is sentenced to serve a term of probation, the Court should schedule the matter for an appearance approximately six (6) months from that date. The purpose of that future appearance will be for the Court, counsel and the Probation Department to refine and/or modify the initial probation conditions to best reflect the needs of the community and the particular offender.

8. At the post sentence, the District Attorney, defense counsel, the Probation Department representative and representative of the treatment provider will be present before the court to address the progress of the offender and to offer input as to any modifications of the conditions to be imposed by the court.

SENTENCING

The procedure for sentencing, in general, must comport with the general procedure to be utilized in any sentencing. Certain considerations should be addressed consistent with statutory procedures.

Victim Statement

Criminal Procedure Law §380.50 is entitled “Statements at time of sentence.” Along with statements by the prosecution, the defense attorney, and the defendant, the law also provides for the victim to address the court as to the issue of sentencing.

Probation sentences

Misdemeanor offenses:

For a Class A misdemeanor sexual assault conviction, the period of probation shall be six (6) years. For the purpose of this determination, the term “sexual assault” means an offense defined in article 130 (Sex Offenses), or in article 263 (Sexual Performance by a Child), Incest, or an attempt to commit any of those offenses.

For a Class B misdemeanor, the period of probation shall be one (1) year, except that the period of probation shall be no less than one (1) year and no more than three (3) years for the class B misdemeanor of public lewdness as defined in Penal Law §245.00.

The Court may impose up to sixty (60) days incarceration in combination with a misdemeanor probationary sentence. The Court may also impose such other conditions, including electronic monitoring, that it deems reasonably necessary to insure that the defendant will lead a law-abiding life or to assist him to do so.

Felony offenses:

For a felony sexual assault, when a probationary sentence is authorized, the period of probation shall be ten (10) years. In general, felony convictions are punishable by a term in state prison.

The Court may impose up to six (6) months incarceration in combination with a felony probationary sentence. The Court may also impose such other conditions, including electronic monitoring, that it deems reasonably necessary to insure that the defendant will lead a law-abiding life or to assist him to do so. The following paragraphs contain an outline of sex offender specific terms and conditions for probation.

Orders and Conditions of Probation

SOC1 You will undergo a sex offender evaluation and participate in sex offender treatment. You will follow all treatment recommendations. You are required to sign release

of information forms allowing the Probation Department and the Court access to your treatment records. A copy of your pre-sentence report will be released to the appropriate treatment agency. You may be responsible for any costs incurred for said treatment.

SOC2 You will make restitution to the victim for out-of-pocket expenses incurred as a result of the offense.

SOC3 You will assume the cost of any future therapy required by the victim as a result of your conduct toward the victim. The exact cost will be determined by the Court after notice to you and a hearing.

SOC4 You will have no contact with your victim until approved by your therapist, Probation Officer, victim's therapist, victim's parents (if the victim is a child) and Child Protective Services' caseworker.

SOC5 You will disclose your sexual offending history to with whom you have a significant relationship, with whom you have a close affiliation, or with whom you reside. Your therapist and/or Probation Officer will determine who shall be informed.

SOC6 You will not frequent adult bookstores, sex shops, or other establishments at which there are performed or shown any obscene plays, motion pictures, or other exhibits.

SOC7 You will not possess or view any *obscene** books, magazines, photographs, videotapes, websites, films, plays, or other exhibitions.

** For the purposes of these conditions, the term obscene means any material or performance if it depicts or describes in a patently offensive manner actual or simulated sexual intercourse, sodomy, sexual bestiality, masturbation, sadism, masochism, excretion or lewd exhibition of the genitals*

SOC8 You will not possess or own any cameras, video recorders, or electronic device for capturing images.

SOC9 (a) You will not use a computer.

(b) If allowed computer use, you will abide by the attached "Terms & Conditions of Computer & Internet Use."

SOC10 You will consult with your Probation Officer and your therapist about your daily schedule and any additional activities. You will follow directions of your Probation Officer and your therapist to avoid those activities which your Probation Officer and therapist have determined might trigger your impulse to commit an additional offense.

SOC11 At the discretion of your Probation Officer, you will maintain a driving log (mileage, times of departure and arrival, routes traveled and with whom).

SOC12 You will not hitch-hike or pick up hitch-hikers.

SOC13 You will refrain from knowingly entering into or upon any school grounds or within 1000' of the school property line (PL220.00 Section 14 a & b) or any other facility or institution primarily used for the care or treatment of persons under the age of 18, without written permission of the probation officer or the court and superintendent or chief officer of said facility. This written permission must specify the limited purpose of the authorization.

SOC14 You will not frequent places where children congregate, such as malls, playgrounds, etc., nor initiate, establish, or maintain contact with any child under the age of 18 unless accompanied by a responsible adult (approved by your therapist and/or your Probation Officer) who is made aware of your sexual offending history. You will not reside in the same building as a child under the age of 18 without the authorization of the probation officer or court.

SOC15 You will reside in a residence approved by your Probation Officer.

SOC16 If you reside in an apartment complex, apartment building, or mobile home park which allows children, you will inform the landlord/management of your sexual offending history.

SOC17 Your employment must be approved by your therapist and/or Probation Officer.

SOC18 You will not purchase or possess firearms.

SOC19 You will comply with all provisions of the Sex Offender Registration Act (S. 11b, Chapter 192, L. 1995).

SOC20 If deemed appropriate, you will participate in and a successfully complete the Intensive Supervision Program through the Dutchess County Probation Department.

SOC21 You will observe the specified conditions of conduct as set forth in an Order of Protection issued by this or any other Court.

When a person is convicted of any offense under Penal Law articles 130 (Sex Offenses), 235 (Prostitution) or 263 (Sexual Performance by a Child) or under §255.25 (Incest) and the victim was under 18 years of age at the time of the crime, the court must require as a condition of probation that the defendant shall refrain from knowingly entering into or upon any school grounds or any facility or institution primarily used for the care of treatment of people under 18 years of age while those persons under 18 years old are present. The offender may, with written permission of the assigned probation officer, the court, or the superintendent or chief administrator of the facility, institution or grounds, enter the premises for a limited authorized purpose. This situation is for situations when the offender is a registered student, participant or employee at the facility, institution or has a family member enrolled in the facility, institution or grounds.

Incarceration sentences

Sentences of local incarceration may accompany probationary terms or may be imposed instead of probation.

When an offender is sentenced to a straight term of incarceration without an accompanying term of probation, the limits are as follows:

For a Class A misdemeanor, the term must not exceed one (1) year.

For a Class B misdemeanor, the term must not exceed three (3) months.

Common Issues

Orders of Protection

In connection with sentencing, the Court is authorized to issue Orders of Protection.

Orders of Protection-Felony convictions

The Order shall not exceed the greater of five years from the date of the conviction or three years from the date of the expiration of the maximum term of an indeterminate or the term of a determinate sentence actually imposed.

Orders of Protection-Misdemeanor convictions

For a Class A misdemeanor, the Order shall not exceed three years from the date of conviction.

For any other offense, the Order shall not exceed one year from the date of conviction.

Fines and fees

Along with the fines, fees and surcharges associated with other crimes, assessments specific to sex offenses must be made at the time of sentencing.

§65.35. Mandatory surcharge, sex offender registration fee, DNA databank fee, supplemental sex offender victim fee and crime victim assistance fee required in certain cases.

1. (a)whenever proceedings in ... a court of this state result in a conviction for a felony, a misdemeanor or a violation, as these terms are defined in section 10.00 of (the penal law), there shall be levied at sentencing a mandatory surcharge, sex offender registration fee, DNA databank fee and a crime victim assistance fee in addition to any sentence required or permitted by law, in accordance with the following schedule:

i. a person convicted of a felony shall pay a mandatory surcharge of two hundred fifty dollars and a crime victim assistance fee of twenty dollars;

ii. a person convicted of a misdemeanor shall pay a mandatory surcharge of one hundred forty dollars and a crime victim assistance fee of twenty dollars;

iii. a person convicted of a violation shall pay a mandatory surcharge of seventy-five dollars and a crime victim assistance fee of twenty dollars;

iv. a person convicted of a sex offense as defined by subdivision two of section one hundred sixty-eight-a of the correction law or a sexually violent offense as defined by subdivision three of section one hundred sixty eight-a of the correction law shall, in

addition to a mandatory surcharge and crime victim assistance fee pay a sex offender registration fee of fifty dollars;

v. a person convicted of a designated offense as defined by subdivision seven of section nine hundred ninety-five of the executive law shall, in addition to a mandatory surcharge and crime victim assistance fee, pay a DNA databank fee of fifty dollars.

(b) When the felony or misdemeanor conviction in subparagraphs (i), (ii), or (iv) of paragraph (a) of this subdivision results from an offense contained in article one hundred thirty of this chapter, incest as defined in section 255.25 of this chapter or an offense contained in article two hundred sixty-three of this chapter, the person convicted shall pay a supplemental sex offender victim fee of one thousand dollars in addition to the mandatory surcharge and any other fee.

Limitations and explanations to the fees and surcharges are contained in further paragraphs of this section of law. The law further specifies the manner that the court should employ to assure that the fees and surcharges are collected. Effective in 2005, all fees and surcharges are applicable to sentences imposed upon a youthful offender finding.

Restitution

Penal Law §60.27

Penal Law §60.35, subdivision 6, provides as follows:

Notwithstanding any other provision of this section, where a person has made restitution or reparation pursuant to section 60.27 of this article, such person shall not be required to pay a mandatory surcharge or a crime victim assistance fee.

It does not appear that the payment of restitution or reparation absolves the requirement to pay the other required assessments.

Sex Offender Registry Law Procedures

The Court is also required to consider the issue of Sex Offender Registration at the time of sentencing a person convicted of a registerable sex offense. The defender must be advised of his or her responsibility to register with the Sex Offender Registry and to verify his or her address with that agency on an annual basis. This process is accomplished by means of a form promulgated by the Registry and distributed to the courts for that purpose.

When a defendant is sentenced to a term of other than incarceration in state prison, the court must also utilize the Sex Offender Risk Assessment Instrument to determine the specific risk level to be imposed upon the offender. The prosecution and the defense should complete a preliminary document to assist the court in that regard.

Sex Offender Registration Law

Level 1, 2 or 3

Level 1 Offenders are deemed the lowest risk to re-offend.

Level 2 Offenders are deemed to be a moderate risk to re-offend.

Level 3 Offenders are deemed to be a high risk to re-offend.

Other definitions also apply and must be considered by the Court in determining the offender's risk level. The criteria for these defined terms are specified in the forms provided by DCJS.

Sexual Predator

Sexually Violent Offender

Predicate Offender

Duration of Registration requirements:

Level 1, without any of the other designations (sexual predator, sexually violent offender or predicate offender) is a 20 year registration. All others are lifetime registration.

Responsibility of offenders

All Sex Offenders must register by completing the New York State Sex Offender Registration Form. The offender must register as a Sex Offender with the Division of Criminal Justice Services (DCJS) within ten days prior to release from a state or local correctional facility or upon the imposition of a sentence of probation, conditional discharge, unconditional discharge or a fine. As a practical matter, this means that the sentencing court registers sex offenders initially when imposing other than a sentence of straight incarceration. The state or local correctional facility provides the offender with the New York State Sex Offender Registration Form and registers the offender for the first time when a sentence of straight incarceration is imposed.

Level 1 and Level 2 Offenders:

- Level 1 & 2 Sex Offenders must notify DCJS, in writing, of any change of address within 10 days after to the move. These offenders must also notify DCJS or any changes in status of enrollment, attendance, employment or residence at any institution of higher education.
- Level 1 & 2 Sex Offenders must verify their home addresses with DCJS once per year for the entire period of registration. This process involves the offender's return of a form that is mailed to their home address annually by DCJS. The form is sent to the offender by DCJS in an envelope that is non-forwardable by the US Postal Service. If the offender does not return the form to DCJS, DCJS notifies the local police agency.

Level 3 Offenders:

- Level 3 offenders must comply with all of the obligations imposed on Level 1 and Level 2 offenders.
- Level 3 offenders must personally verify his address with the local law enforcement agency every 90 calendar days. This means that the offender must physically report to that agency to complete this task.

Community Notification and Public Information Dissemination Issues

Since June, 2006, all Level 2 and 3 sex offenders will be included on the DCJS public Sex Offender Registry website. In addition, information regarding name, photograph, approximate address by zip code, offense description and special probation or parole conditions can be provided by law enforcement officials on Level 1 and 2 offenders. Callers to the 800 Information Line operated by the DCJS may also obtain information regarding Level 1 offenders such as confirmation that an individual is a registered sex offender, offense description, approximate address by zip code and special probation or parole conditions.

Violations of Sex Offender Registration Act

1st violation: A first violation of the Sex Offender Registration Act is punishable as a Class A misdemeanor.

2nd violation: A second and subsequent violation of the Sex Offender Registration Act is punishable as a Class D felony. This violation arises under the Corrections Law; accordingly, a conviction of this felony does not trigger Second Felony Offender treatment under the sentencing provisions of the Penal Law.

Juvenile Investigation, Prosecution, Disposition

Quick Study Summary

Few categories of crime receive the degree of public attention and scrutiny that is directed toward sex offenses, particularly with respect to the prosecution and ultimate disposition of such cases. Media portrayals of high profile sex crimes, the profound impact of sexual assault on victims, and widespread myths and misperceptions held by the general public have fueled understandable concerns about community safety and demands for more punitive approaches to sex offender management. Unfortunately, the prevalence of stereotyped beliefs about victims and what constitutes sexual assault extend beyond communities at large, and may impact the manner in which law enforcement and the legal system and other criminal or juvenile justice actors pursue the investigation, prosecution and disposition of sex crimes. Practice tends to be quite diverse, however, investigation, prosecution and disposition are critical aspects of offender management. In many ways, they determine the information and options available at subsequent stages of the process to manage such offenders. Therefore, when victims of sexual assault are identified, it is essential that effective and informed responses are in place – from the point of victim disclosure and the investigative process, through the prosecution and disposition phases, and all other aspects of the criminal and juvenile justice systems – to ensure that offenders are ultimately held accountable and community safety is maintained.

Roles and Responsibilities of Those Involved with Investigation/Prosecution, Disposition in Dutchess County

Sexual assault investigations in Dutchess County typically are conducted collaboratively between agencies involved. This collaboration is informal, as no Countywide policy currently exists regarding a multi-disciplinary approach.

Victims

- Receive medical examinations;
- Participate in the investigations;
- Seek counseling and/or education services; and
- Cooperate with the investigation process as needed.

Alleged Offenders

- Separated from victim as soon as possible after initial allegation (this is more difficult when the abuse occurs within the family);
- Obey special conditions that are imposed to ensure that the offender will report back to court. The law does not provide for pre-trial special conditions to ensure accountability and community safety (e.g. travel restrictions, electronic monitoring); and
- To comply with the law and special conditions.

Law Enforcement Officers and Child Protective Workers

- Investigate the allegation of sexual assault and related offenses (typically conducted by professionals who have specialized training and experience in this area).

Prosecutors

- Dutchess County District Attorney's Office (DA) prosecutes sex crimes through its Special Victims Bureau;
- Prosecutors in this Bureau have extensive training in the investigation and prosecution of sex crimes, and in the short and long-term impact of victimization on survivors of sexual assault; and
- The DA's Office seeks to prosecute offenders at the highest level possible.

Sexual Assault Forensic Examiner (SAFE)

- SAFE nurses in Dutchess County are specially trained in forensic examinations and follow established SAFE protocols regarding the gathering of forensic evidence; and
- SAFE Rooms within the two hospitals in Dutchess County are available to provide a safe, discreet, victim-sensitive environment for victims of sexual assault to streamline the investigative process and minimize negative impacts of the investigation on survivors.

Victim Advocates

- Throughout the County there are a number of agencies and programs to assist sexual assault victims and these services are typically available 24 hours a day, 7 days a week.
- Victim Advocates are trained to support victims through examinations, investigations, and through the entire process of the criminal justice system.

Crisis Response Team Members

- Rape Crisis Advocates through Family Services, Inc.'s (FSI) Sexual Assault Trauma and Recovery Services are available around the clock;
- Advocates go to the hospitals to provide information and support to victims, referrals to follow-up counseling and advocacy services through FSI's Crime Victims' Assistance Program (CVAP); and
- Advocates assist victims who choose to report their assaults to law enforcement by helping them navigate the complicated investigative process.

Best Practices as Noted in the Comprehensive Assessment Protocol

The activities and processes that occur during the investigation, prosecution, and disposition phases are challenging and multidimensional; therefore, effective and consistent practices as well as specialized knowledge and experience are critical in the successful prosecution of sex crimes. The key goals during these initial stages of the sex offender management process are:

- Delivering supportive and other needed services to victims to minimize further trauma;
- Collecting critical forensic evidence;
- Resolving cases swiftly and effectively;
- Protecting the individual rights and safeguards afforded to defendants;
- Promoting accountability of sex offenders; and
- Maintaining the overarching interests of community safety.

Investigation

Often the first to have contact with victims and alleged offenders, law enforcement officers and child protective services personnel assume a particularly critical role in the overall sex offender management process. Therefore, adherence to consistent policies and procedures in the investigative process, including interviews of victims and alleged offenders and the collection of key forensic evidence, is paramount. The investigation process should include:

- Investigators with specialized knowledge about sex offenders and victims;
- System-wide sensitivity to the needs and interests of victims; and
- Multidisciplinary collaboration in the decision-making processes.

Specialized Knowledge and Experience

Investigating sex crimes poses unique challenges due to the heterogeneity of adult juvenile sex offenders, dynamics of these offenses, the nature and stigma associated with sexual assault, the subsequent impact of sexual assault on victims, and myths about offenders and victims. Furthermore, delays in reporting, a lack of corroborating witnesses, and a lack of conclusive physical evidence can hinder the prosecutorial process. Therefore, investigative teams should be trained in the following areas:

- Dynamics involved in sex offenses;
- Modus operandi of juvenile sex offenders;
- Interviewing strategies with alleged sex offenders;
- Interviewing non-offending partners, parents/caregivers, or other family members;
- Differential interviewing strategies for adult and child victims;
- Impact of victimization;
- Needs and rights of victims;
- Crime scene investigation;
- Physical evidence unique to sex offense cases;
- Sexual assault forensic examinations and medical terminology;
- Understanding specific sex offense statutes within the jurisdiction; and
- Collaboration within the multiple systems involved.

When juveniles are the focus of the investigation, it is important for professionals to possess specialized knowledge about juvenile sex offenders. For many years, sex offenses perpetrated by juveniles were largely overlooked, minimized, or dismissed based on myths and misperceptions about the nature and seriousness of such behaviors. Specialized knowledge is particularly critical for those individuals in child protective or social services agencies who receive information from mandated reporters, as well as the law enforcement officers and juvenile court personnel who may be involved in the investigation and decision to file delinquency petitions; as such, investigators and other professionals may be better able to differentiate normative or developmentally expected sexual behavior from abusive or exploitative behavior, and ensure that reports are not overlooked or ignored. When juveniles are the subject of the investigation, it is critical that social services investigators are aware of the

statutorily defined offenses, so that law enforcement agencies, prosecutors, and juvenile court personnel can be contacted and involved as early in the process as possible.

In an effort to further develop a victim-centered Sex Offender Management System, the following are potential victim responses to which victim advocacy and support should be directed:

- Intense feelings of shame and guilt;
- Fears about being blamed for the assault, or of not being believed;
- Concerns about their experience being publicized;
- Insensitivity by law enforcement officers, Child Protective workers and court actors;
- Fears of confronting the assailant;
- Threats or fears of retaliation by the offender;
- Attachment to the offender in cases of intrafamilial or acquaintance assault; and
- Concerns about prolonged court processes.

When victimization occurs within the home, a victim-centered investigative approach requires the assurance of safety within the home environment; therefore, during the investigative process, professionals must be able to assess the potential risk posed by the alleged offender and the ability and willingness of the caregivers to provide the necessary structure and safety within the home. Under some circumstances, removal of the alleged perpetrator from the home may be necessary if the non-offending adult(s) within the home are unable to provide adequate protections. Ideally, if separation of the victim from the alleged offender is warranted, the alleged offender should be removed from the home – rather than the victim. This poses particular challenges when juveniles are the alleged offenders, as parents/caregivers may experience significant distress and perceive themselves as having to “choose” one child over another.

Information-Sharing During Investigations

Multiple agencies may be involved in the investigation process, particularly when the victim or alleged perpetrator is a juvenile. It is therefore critical that methods and procedures exist so that law enforcement officials, Child Protective Services personnel, Victim Advocates, crisis response team members, medical professionals, and prosecutors can share critical information obtained during the investigation in order to facilitate more efficient and timely processing of cases.

Prosecution

Prosecutors bear the primary responsibility for decisions to move forward with charges, plea negotiations, and sentencing or disposition recommendations for juvenile justice proceedings. Again, as myths and misperceptions about sexual assault, sex offenders, and victims have a significant impact on the investigative process as well as the prosecution of sex crimes, the importance of specialized knowledge is critical. For example, despite the evidence suggesting that most sexual assaults are committed by an offender who is related to or otherwise known by

the victim, members of the criminal justice system offer more rigorously prosecute sex offenses committed by strangers.

Where juvenile/family court personnel maintain responsibility for the filing of charges, clear policies or other guidance should be available for these personnel to aid in the decision making process relative to juvenile sex offense cases. Ideally, the charges filed by prosecutors or juvenile courts should accurately reflect the nature and seriousness of the sex crimes, thus ensuring that alleged offenders can be held fully accountable if convicted or adjudicated.

Pretrial/Preadjudication Management

When considering whether to allow alleged sex offenders to remain in the community prior to the trial or adjudication process, the seriousness of the crime, impact on victims, and need to ensure community safety should be among the factors considered. Ideally, to ensure victim safety, courts should prohibit contact between the defendant and the victim, or require closely supervised contact to ensure that victims are not intimidated, pressured, threatened, or otherwise harmed.

Critical to ensuring a victim-centered approach is the recognition that victims must be allowed to determine their own level of participation in the various proceedings within the criminal justice system. For some victims, involvement may be therapeutic and facilitate recovery; for others, participation is not desired and may exacerbate the trauma already experienced. During the prosecution, victim advocates should be available to provide the following education, support, and assistance to victims (and parents/caregivers when the victim is a child):

- Orienting victims to the court process and accompanying them to proceedings;
- Providing information about victim rights and assisting with compensation applications;
- Informing victims about critical court dates and the status of the case; and
- Providing assistance with preparation of victim impact statements.

The process of testifying in court often produces considerable anxiety and trauma for both adult and child victims. When the victim is a child, sensitivity to the age, maturity, development, and emotional adjustment must remain primary considerations and can be accomplished by:

- Ensuring compliance with victim rights' legislation and enforcing rape shield laws;
- Limiting pre-trial conferences, depositions, and evidentiary hearings that may intimidate victims and minimizing court appearances for victims;
- Protecting privileged communications from victims' counseling sessions;
- Allowing support persons to be present for victims during the proceedings; and
- Demanding appropriate conduct by attorneys when questioning victims.

Plea Bargains

The use of plea bargains can be beneficial for victims by eliminating the potential trauma associated with testifying in the court proceedings and effectuating the timely disposition of cases. However, some plea bargains may eliminate the sex offense component of the case (e.g.,

agreeing to accept a guilty plea to aggravated assault and battery when the charging offense involved criminal sexual conduct). A potentially unintended consequence is the implication the offense was actually less harmful or serious than was initially alleged by the victim. Also, removing the sex offense nature of the crime can make it considerably more difficult for subsequent treatment and more intense probation supervision of sex offenders.

In order to ensure that plea and sentencing decisions are well informed and appropriate for both offenders and victims, it is essential that plea agreements are guided by sufficient information about the offender, the offense behaviors, and community safety needs. Therefore, appropriate assessments should be completed on offenders, input from victims should be acquired, and sentencing disposition recommendations should include requirements that sex offenders accept responsibility and demonstrate a willingness to fully engage in sex offense-specific treatment. For juvenile sex offenders, a continuum of services – including outpatient or day treatment options, therapeutic foster care placements, group homes, residential treatment centers, and juvenile correctional facilities – should be available to address their varying risk and needs. In some jurisdictions, diversion programs are offered for juvenile sex offenders as an incentive to participate in and complete offense-specific treatment programs. Juvenile or family courts may withhold a formal disposition, or may offer the expunction of a formal disposition, if the juvenile successfully completes the treatment program and any specialized conditions of community supervision. However, more restrictive sanctions may be imposed by the juvenile/family court if the juvenile fails to comply with community supervision expectations, refuses to participate in the mandated treatment, or fails to progress in treatment.

Sentencing/Disposition

Over the past two decades, a dramatic shift in sentencing structures and practices has occurred within the criminal and juvenile justice systems, with a movement toward more punitive, uniform, sentences through mandatory minimums, determinate sentencing, and truth-in-sentencing approaches. However, because juvenile sex offenders are a heterogeneous population with differential intervention needs, statutes and practices should allow for judicial discretion to tailor individual dispositions and sentences on a case-by-base basis, commensurate with the level of risk and criminogenic needs posed by offenders, as well as the capacity of the justice system to manage such offenders effectively.

Judicial Education and Support

Critical to responsive and effective sentencing practices – as well as the overall approach to adult and juvenile sex offender management – is judicial support of offense-specific treatment and supervision efforts. Because the professional literature reveals a positive impact from specialized rehabilitative approaches to sex offender management, it is essential that judges are informed about the existence of this research and information, and have a clear understanding of available programs and services in their jurisdictions. The application of this information by judges might be demonstrated at the sentencing or disposition phase through the imposition of:

- Mandates for sex offense-specific treatment;
- Sufficient periods of community supervision that allow for monitoring;

- Relevant special conditions or restrictions; and
- Court-leveraged consequences for non-compliance.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

When conducting an investigation of sexual abuse perpetrated by a juvenile, law enforcement agencies in Dutchess County utilize the same standards that guide the investigation process for sexual assault cases perpetrated by adults. In most cases, the procedure is identical, although there may be minor differences in interrogation when working with a juvenile perpetrator. Larger police agencies have special juvenile units, but no written policy exists to guide the investigation in ways that differ from the policy for an investigation of an adult-perpetrated sexual assault case. Like the District Attorney's Office, the County Attorney's Office also employs a practice of vertical prosecution for all juvenile-perpetrated sexual assault cases. Most juvenile perpetrated sexual assault cases are referred to one Senior Assistant County Attorney, based on his extensive experience and knowledge in the prosecution of these cases. However, there is no formal mechanism to ensure consistent and reliable steps are taken in his absence.

Large law enforcement agencies in Dutchess County, such as the Town of Poughkeepsie Police, DC Sheriff's Office, City of Poughkeepsie Police, and NYS Police, have personnel who have had significant training and experience in the investigation of sexual assault and related offenses. They also conduct other types of investigations; however, based on their knowledge and training, these detectives/investigators are most regularly assigned to sex offense cases. While there is significant training on the investigation of sex crimes, the lack of training for law enforcement on the needs and rights of victims and the impact of victimization has been identified as a concern. Although the NYS Police Sex Offense Seminar has some information on these issues, it is minimal. In general, even specially trained law enforcement officers in Dutchess County tend to have only basic knowledge on the short- and long-term impact of sexual assault on victims.

The DA's Office prosecutes sex crimes through its Special Victims Bureau and works closely with law enforcement and Family Services, Inc.'s Sexual Assault Forensic Examiner (SAFE) program to ensure that thorough investigation and evidence gathering take place so that offenders may be successfully prosecuted. The DA's Office employs a system of vertical prosecution whenever possible, meaning that the same prosecutor stays with a case from beginning to end. Vertical prosecution provides the continuity of knowledge about a case that contributes to successful prosecution and is responsive to the needs of victims who are often discouraged by the complex workings of the legal system. The DA's office always seeks to prosecute sex offenders at the highest level possible. However, the level of prosecution is directly dependent on the quality of the evidentiary information. Insufficient evidence may mean that the level of crime may be lowered to attain conviction.

To ensure a coordinated response to child sexual assault investigations, a formal multidisciplinary sexual assault response team has been established in Dutchess County. The Children's Advocacy Center (CAC), based at the Child Abuse Prevention Center in Poughkeepsie, has been in existence for close to seven years and is comprised of Child Protective Services (CPS) workers, Detectives from the Dutchess County Sheriff's Office, an

Investigator from the DA's office, and a NYS Police Investigator who meet regularly to review cases under investigation to ensure that optimal investigation takes place. Members of the DA's Special Victims Bureau and the County Attorney's Office are also available as needed. The Center has child-friendly interview rooms to minimize the negative impact of the investigation process on child victims and their families.

While the CAC provides necessary intervention when called upon, it is important to note that not all child sexual assault cases receive services through the CAC. Some jurisdictions investigate sexual assault cases internally and fail to refer victims to the CAC. It is of concern that there are no standards in Dutchess County that delineate mechanisms for sharing critical information among agencies investigating child sexual assault cases outside of the CAC. This may be due in part to the fact that there is no one police agency in Dutchess County that could serve to mandate such a practice. Each police agency follows its own unique practices and, as a result, most information sharing that occurs is informal and on a case-by-case basis, as needed. Another possible obstacle to effective investigation is the absence of female law enforcement investigators on the CAC team and in other law enforcement agencies, in that some victims might not respond well to male investigators if their perpetrator was a male.

Family Services, Inc. provides victims of a sexual assault with the services of a Sexual Assault Forensic Examiner (SAFE). SAFE nurses in Dutchess County are specially trained in forensic examinations and follow established SAFE protocols regarding the gathering of forensic evidence. SAFE Rooms within two hospitals (St. Francis and Vassar Brothers) in Dutchess County are available to provide a safe, discreet, victim-sensitive environment for victims of sexual assault. The SAFE units help streamline the investigative process and minimize negative impacts of the investigation on survivors. The success of the collaboration between the SAFE program and the prosecutors of sex crimes in Dutchess County is evidenced by the 22% conviction rate of sexual assault cases going through SAFE in comparison to the 3% conviction rate of these types of cases nationwide.

However, SAFE rooms are not always utilized. Emergency Room physicians who may perform an exam in lieu of a SAFE examiner often have far less training and are less experienced in performing forensic exams. Some jurisdictions (e.g. smaller police agencies) choose to investigate sexual assault cases within their department and as a result referrals are not made for SAFE services. Also, private medical practitioners rarely make referrals to SAFE or crime victim services. The lack of referrals for such services is also true in cases where the victim is under the age of 12, and a result of preconceived ideas about age restrictions and SAFE services. In the case of children eleven or younger, the SAFE nurse needs only to notify the doctor and can then perform the exam with proper authorization. It is especially important that in these cases a forensic medical exam is conducted as soon as possible as children often heal within three days following a sexual assault and important evidence may be lost.

To assist Dutchess County judges in utilizing effective sex offender management strategies, the Sex Offender Management Project activities include providing training and informational materials regarding these strategies and sentencing issues, as well as developing Bench Manuals of recommended procedures for Juvenile sex offenders (see Section on Bench Manuals). The procedures include having all offenders receive psychosocial evaluation with risk assessment by

a qualified evaluator prior to sentencing to assist the judge in determining the most appropriate sentence. The procedure also suggests that specialized orders and conditions recommended by Probation are imposed at sentencing. These conditions are reevaluated after six months to determine if any adjustments should be made.

Victims of sexual assault have complex needs throughout the investigation, prosecution and disposition phase of a criminal justice intervention including emotional, physical, medical, financial and safety needs and concerns. There is a great deal of information which must be provided to victims in order to ensure that they are aware of existing support services, legal and civil remedies available to them, and how to obtain case status information (including charges filed, offender incarceration status, dates of hearings, plea arrangements). Victims must be given an explanation of common legal terms, acronyms and phrases that might be used throughout the process. During the process, victims will also likely be asked what they wish to see happen in the case with respect to offender accountability. They should be given information on all available remedies and possible outcomes, including available alternative to incarceration programs and sex offender treatment programs in addition to traditional remedies such as incarceration. Victims who do not have this information may develop unrealistic expectations about the dispositional outcome of their case and may feel betrayed and re-victimized by the legal system if those expectations are not met. In order to address this critical issue members of the Sex Offender Management Project developed an information booklet for victims entitled "Surviving Sexual Assault and Navigating the Legal System." The booklet is available in both English and Spanish.

Within Dutchess County, the following are available to victims: Crime Victims Assistance Program, Sexual Assault Trauma and Recovery Program, Sexual Assault Nurse Examiner Program, Crime Victim Specialist available through the New York State Police, Victim Services through the Office of Probation and the local Child Advocacy Center, and services available through the local Department of Social Services.

How and at what point a victim comes into contact with the criminal justice system, and with whom they communicate, affects the type of information they may receive, including referral information and information on their rights as a victim. Currently, law enforcement agencies contact victim advocates and refer victims to FSI's Crime Victims Assistance Program (CVAP) based upon their assessment of the victims' need or their knowledge (or lack of) of CVAP's services. Consequently, victims may not learn they have the right to have a support person available to them during the police interview until well after the interview has taken place. In addition, follow up safety planning, generally done just following the assault, may not occur for some time if the victim has not been put in touch with victim services.

At present, sexual assault victims who are age 12 or older and who go to either two of the three emergency rooms in Dutchess County which house SAFE units receive comprehensive services as required by New York State Department of Health Law. These services include crisis intervention by a certified rape crisis counselor, a sexual assault forensic exam, information about follow-up services available, and information about STD's and HIV (including HIV prophylaxis if they choose). Victims are informed of all options available to them in terms of

reporting the crime to authorities, including their option not to report. Safety plans are developed with the victim and follow-up support services are put in place.

While there are laws dictating how hospitals must respond to child victims of sexual assault, in practice the response varies depending upon whether the allegation involves assault by a family or household member. In either case, there is no mandate or directive to ensure a comprehensive supportive response and intervention by local crime victims assistance programs. In addition, due to a lack of protocol concerning evidence collection in these cases, child victims may be subjected to multiple examinations and interviews. Occasionally, hospital or law enforcement will call CVAP, but again it is discretionary, and child victims may not receive valuable information and support when they most need it.

What is Left to Do?

- Increase utilization of SAFE rooms and ensure exams are conducted by a SAFE examiner trained and experienced in performing forensic exams. It is especially important in cases where the victim is a child that a forensic medical exam is conducted as soon as possible as children often heal within three days following a sexual assault and important evidence may be lost;
- Establish a formal tracking system to accurately measure incidence and prevalence of sex offenses in Dutchess County. As a component of such tracking, create a mechanism by which all victims receive timely, comprehensive information such as victim's rights information, support available or information about what they might expect from the criminal justice intervention;
- Develop a countywide protocol regarding Child Sexual Abuse investigation and prosecution practices. In addition, there is an inconsistent application of the practice regarding case disposition (e.g. plea-bargaining); and
- Continue training opportunities for law enforcement investigators or the judiciary to provide extensive knowledge base and practical strategies critical to understanding short- and long-term impact of victimization.

Juvenile Assessment

Quick Study Summary

As sex offenders are a diverse group of individuals, effective management strategies are contingent upon thorough assessments that identify sex offenders' individual levels of risk and needs. Although assessment is traditionally considered to be a clinical event, within the context of sex offender management, assessment should be an ongoing and multidisciplinary process. In addition to the clinical insights offered by specialized mental health practitioners, the cumulative data provided by other involved professionals (e.g., supervision officers, victim advocates) greatly enhance the ability of criminal justice systems to balance the needs of offenders, victims, and communities effectively over time. Throughout the sex offender management process, a variety of assessments occur within four broad categories: risk assessment, criminal justice assessment, clinical assessment, and ongoing, multidisciplinary assessment.

Supervision officers, treatment providers, and others must assess sex offenders in a comprehensive and collaborative fashion, by routinely evaluating the level of risk, areas of need, treatment progress, supervision compliance, adequacy of the community support network, and access to victims. By doing so, the various stakeholders involved in sex offender management are better able to develop corresponding interventions and responses that increase community safety, reduce the likelihood of future victimization, and maximize the use of limited resources.

Roles and Responsibilities of those Involved with Assessment

Probation and Community Corrections

- Conduct pre-disposition investigations (PDI) on juvenile offenders prior to disposition; and
- Juvenile sex offenders under Probation supervision are scored on the Youth Assessment Service Inventory (YASI).

Astor's Youthful Sexual Offender Program

- Clinical staff use the Juvenile Sexual Offense Assessment Protocol (J-SOAP) to evaluate juvenile offenders at Astor's community based treatment program along with a general psychosocial intake; and
- Assessments are used to determine if the juvenile is suitable for inpatient or outpatient care.

Juvenile Sex Offenders

- Responsibility is to comply with mandates including assessments, interviews, community treatment, follow the rules of the residential facility and provide correct information for assessment.

Victims

- Provide a victim statement.

Victim Advocates

- Provide information and bring individual victim concerns to the assessment process, if the victim requests.

Best Practices as Noted in Comprehensive Assessment Protocol

Risk Principle: Who needs the most intensive treatment and supervision interventions?

Researchers have found that more intensive interventions have greater impact on higher risk offenders; conversely, low-risk sex offenders may be more likely to respond most effectively to less intensive supervision and treatment interventions. Moreover, research suggests that some types of intensive supervision strategies can actually increase risk to reoffend among lower risk offenders. Therefore, the assessment of risk has significant implications for the effective prioritization and intensity of services.

Responsivity Principle: How should treatment and supervision interventions be delivered?

Responsivity assures the matching of the content of a treatment program, specific offender characteristics, and the style of the treatment provider. Therefore, it is important to assess the learning style and personality of the offender, any special needs, and other factors that may interfere with therapeutic engagement, self-efficacy, or investment in the treatment and supervision process. For example, if a sex offender has been identified as highly impulsive, a more structured treatment approach, in combination with more intensive supervision strategies with concrete expectations, may be most effective. Similarly, if an assessment reveals an offender suffers from significant cognitive and developmental delays, a treatment approach that requires complex or abstract thinking and high-level cognitive interventions is not likely to be beneficial.

Risk Assessment

While research on risk assessment with adult sex offenders has advanced significantly in recent years, the state of risk prediction for juvenile sex offenders remains in its infancy. Challenges for risk assessment with juvenile sex offenders include the low base rates of juvenile sexual recidivism, a lack of controlled, empirical studies pertaining to risk prediction with this population, and the limited efforts to develop risk assessment tools specifically for juveniles to date.

These conditions have negatively impacted the ability of professionals to make predictions about juveniles confidently and accurately; as such, many agencies and organizations have either developed internal, non-empirically validated risk assessment tools for juvenile sex offenders or relied on more generic risk assessment tools designed to predict general recidivism. Utilization of actuarial tools that have been empirically validated specifically for use with juvenile sex offenders is the ideal; however, the empirically validated actuarial tools are designed for adult sex offenders and are generally not appropriate for use with juveniles. At present, two risk assessment tools

(i.e., J-SOAP-II, ERASOR) are being refined and validated for use with juvenile sex offenders. More research is needed on these measures; nonetheless, these tools are promising for those who work with juvenile sex offenders.

Criminal Justice Assessment

In addition to assessment risk, pre-sentence investigations, intake/classification assessment, and assessments to develop supervision case plans are needed.

Pre-Sentence Investigations (PSI) include:

- Instant offense summary and victim impact statement(s);
- Social, sexual, substance abuse, and criminal histories;
- Contacts or referrals with child protection agencies;
- School performance and conduct (for juveniles);
- Adequacy of caregivers (for juveniles);
- Peer relationships, family relationships, and other social supports;
- Place of residence, including access to victims;
- Psychosexual evaluation including medical and mental health needs;
- Strengths and assets/ Risk and needs; and
- Evaluation and sentence recommendations.

When managing juvenile sex offenders, assessments of elements within the family, school, peer culture, community and neighborhood are particularly critical and should be incorporated into the PSI. It is important to assess family strengths and needs, such as the ability and willingness of the parent or guardians to provide adequate structure, supervision and support for the juvenile and assure victim protection; the home environment must also be assessed for domestic violence, maltreatment, exposure to unhealthy role models, and access to pornography, alcohol, or weapons. In the event that victims or potential victims remain in the home, the PSI should address risks and benefits associated with family preservation or reunification efforts. Furthermore, when juveniles are involved, it is important that the PSI or similar report address the range of placement options that balance the least restrictive alternatives, proximity to the juvenile's home or community, specialized treatment needs, and victim and community safety interests.

Intake/ Classification Assessment

For juvenile offenders it is critical that initial assessments occur upon intake to a community-based treatment residential treatment center or juvenile correctional facility. These assessments should identify:

- Acute mental health needs (e.g., depression, suicidal ideation, thought disorder), healthcare needs, and any other needs for specialized services;
- Potential for family or caregiver involvement in the treatment process, and informed consent/assent from the juvenile and parent or caregiver;
- Current and historical criminal or delinquency information, social history, offense-related factors, and victim impact statements;

- Educational and vocational needs, and any other specific factors that may impact institutional adjustment;
- Adequacy of the home environment and caregiver, level of structure and supervision within the home is particularly important, as is the caregivers' willingness and ability to work collaboratively with the various professionals within the juvenile justice system; and
- Home environment and victim access issues are assessed in order to develop effective and safe family reunification or preservation strategies.

Clinical Assessment

Specially trained treatment providers conduct sex offender assessments to inform the treatment planning process. Such clinical assessments include:

- Psychosexual or sex offender-specific evaluations;
- Psychiatric or pharmacological assessments; and
- Psychophysiological assessments of sexual arousal, preference, and interest.

Psychosexual or Sex Offender-Specific Evaluations

The primary goals of psychosexual evaluations are to identify:

- Level of risk;
- Degree of psychosexual disturbance;
- Amenability to treatment and supervision;
- Specific dynamic risk factors or criminogenic needs to be targeted in sex offender-specific treatment;
- The most appropriate method of treatment delivery (based upon each offender's personality, learning style, and other responsivity factors);
- The most appropriate level of treatment intensity;
- Potential placement considerations; and
- Objective baseline data against which treatment progress can be measured over time.

In addition, researchers have identified several critical areas to be assessed as part of a comprehensive psychosexual assessment, including- but not limited to- the following:

- Deviant sexual interest, arousal, and/or preference
- Pro-offending attitudes or cognitive distortions, including empathy
- Intimacy deficits
- Emotional management difficulties and negative affect
- Psychopathy, antisocial behavior, and other behavioral self-regulation difficulties

When juveniles are the subjects of the evaluation, it is critical that the inquiries and measures utilized are developmentally appropriate. In addition, environmental considerations must be scrutinized to a considerably greater degree in the psychosexual evaluation, including the household composition and location, employment type and environment, quality and extent of social supports, and overall access to victims. For juveniles in particular, the general literature on delinquency and youth violence suggests

that a variety of negative individual, school, peer, family, and community variables are associated with increased risk. It is essential that assessments of the parents or caregivers are included, focusing on acknowledgement of the offense behavior, level of structure and supervision within the home, and willingness and ability to work with the juvenile justice and social services systems to ensure offender accountability and victim safety; moreover, assessments should identify the presence of any additional risk factors within the home, peer environment, school, or community that may exacerbate difficulties.

Psychiatric or Pharmacological Assessments

Given the potential for some sex offenders to manifest co-occurring behavioral health or psychiatric needs, the specialized psychiatric evaluation is an important component of a comprehensive assessment process. Specific behaviors can be identified that hold the potential for interfering with treatment interventions. Psychiatric assessments can identify alternative services that may be necessary with offense-specific interventions. Furthermore, assessments can evaluate for the potential relationship between psychiatric symptoms and offending behaviors. To determine the proper intervention it is necessary to determine if the biological or psychiatric factors contribute to, exacerbate, or co-occur with sex offending behaviors. When necessary psychiatric assessments must identify the type of paraphilic fantasies and urges, deviant arousal, and the intensity of sexual drive. Pharmacological interventions may be warranted for those offenders who manifest intense and persistent fantasies and urges of sexually deviant or other harmful nature. Antiandrogens are useful for reducing sexual drive, fantasies and responsiveness and selective serotonin reuptake inhibitors (SSRIs) are used to treat mood and impulse control disorders. Psychiatric or pharmacological assessment must be shared with other professionals in order to ensure that such factors are incorporated into treatment and supervision plans.

For juvenile sex offenders, psychopharmacological assessments should be carefully conducted and scrutinized. Many juvenile offenders manifest co-occurring behavioral health symptoms and disorders that may respond to certain psychotropic medications. In addition, certain antidepressant medications, as well as some neuroleptics, have been found to reduce the frequency and intensity of sexual arousal and preoccupation among juveniles. However, the appropriateness of specific psychopharmacological agents remains questionable and largely untested with juvenile sex offenders; indeed, given the side effects and impact on growth and development, such interventions are likely contraindicated with juveniles.

Physiological Assessments with Juvenile Sex Offenders

Utilization of phallometric and visual reaction time assessment techniques is less common and more controversial when juveniles are the subjects of the assessment as opposed to adults. Presently, there is a lack of consistent empirical research on the reliability and validity of these techniques to assess sexual interest, preference, or arousal with juvenile sex offenders. Ethical concerns regarding the intrusive nature of these methods and the exposure of juveniles to some of the stimuli have been raised as well.

In light of these issues, it has been suggested that if such measures are to be incorporated as part of an assessment process, professionals should be selective and cautious. The full informed consent of the juvenile, caregiver, and referral source should be obtained, ensuring that all parties, including the professionals involved, are aware of the limitations, risks, and caveats associated with the use of such measures. Generally, physiological assessments of sexual arousal, preference, or interest – as well as the use of the polygraph as an assessment tool – should be restricted to older juveniles (i.e., 14 years of age or older) who report deviant sexual interests and/or those juveniles with extensive histories of sexual offending. Under these circumstances, such assessments may be useful for identifying juveniles with emergent paraphilic disorders as well as a means to help juveniles to gain awareness of their sexually deviant behaviors and patterns and strengthen their non-deviant sexual interests.

Ongoing, Multidisciplinary Assessment

Beyond the point-in-time assessments (e.g., pre-sentence investigation, intake/classification assessment, initial psychosexual, or sex offender-specific evaluation) often conducted at early phases of the management process, it is critical that the various professionals working with sex offenders continue to assess and monitor the risk and needs of offenders throughout the treatment and supervision process. Observations must be shared and compared across disciplines, to ensure that all parties with a role in the sex offender management process have continuous access to the same information and are able to adjust interventions accordingly.

With juvenile offenders it is essential that the ongoing assessments include continuous evaluation and monitoring of the family and environment, school performance and conduct, peer relationships, and other support systems. Specifically, team members must maintain a genuine awareness of the changing needs and strengths, as well as potential risks and needs, within the family or caregiver environment, and individual factors.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

The assessment of juvenile delinquent sex offenders nationwide is far less developed than that of the assessment process for adults. This difference is reflected in Dutchess County. For instance, in Dutchess the collaboration and communication that exists in the adult system that informs the assessment process is less developed in the juvenile system.

The Dutchess County Office of Probation and Community Corrections conducts pre-disposition investigations (PDI) on juvenile offenders prior to disposition. These assessments typically contain a summary of the instant offense, social background information on the offender, prior criminal history, peer relationships and family situation, and victim impact statements (when available). There currently is no policy that mandates juveniles be assessed by level of sex offender recidivism risk at the post-

adjudication/pre-disposition phase. Juvenile sex offenders under Probation supervision are scored by Probation Officers on the Youth Assessment Service Inventory (YASI), a standardized instrument used to develop supervision case plans by assessing stable and dynamic risk factors and criminogenic needs for general juvenile criminal populations.

The development of sex offense recidivism risk assessment tools for juveniles has lagged behind that of the adult sex offender management field. Astor uses the Juvenile Sexual Offense Assessment Protocol (J-SOAP), which is one of the most promising of the emerging juvenile risk assessment tools and which is currently undergoing validation. The J-SOAP is conducted on all juvenile sex offenders referred to Astor's community-based treatment program in conjunction with a general psychosocial intake. A sex offense-specific assessment is not formally conducted during the intake process. A NYS-Licensed Clinical Psychologist who supervises the sex offender treatment program conducts the majority of these intake assessments. The overall assessment is utilized to determine whether the offender is suitable for inpatient or outpatient care, but there is no formal distinction based upon the results of the assessment that dictate the intensity of treatment services beyond this distinction. Clients deemed appropriate for community-based treatment continue in Astor's treatment program. Clients who are not appropriate for community-based treatment may be referred to residential facilities.

When an offender is determined to be more appropriate for inpatient care and enters a residential facility, the assessment conducted at Astor is not always routinely forwarded to the institution. There is no formal mechanism in place to ensure the transfer of such documents. The institution must first request a copy of the evaluation before it is forwarded. Subsequent psychosexual evaluations are generally not conducted unless specifically requested, and the results of such evaluations are generally not shared with others involved in the sex offender management process. No formal mechanism exists to facilitate increased communication between parties.

Sex offense-specific assessments are rarely conducted on juveniles pre-disposition. As stated above, Astor conducts juvenile sex offender assessments, but these are limited to offenders referred to their program post-disposition. While there is no policy in place in Dutchess County that requires the incorporation of the results of a sex offense-specific clinical assessment into the PDI, Probation has indicated that inclusion of such assessments would be highly beneficial to assist with disposition decisions and developing management strategies for individual offenders. More information needs to be provided to judges on the assessment process and the need for a sex offense-specific clinical evaluation with a risk assessment to help inform the PDI.

The reason for the lack of availability of pre-disposition sex offense-specific clinical evaluations for juveniles remains unclear. Information gathered as part of the current sex offender management system assessment suggests that a lack of fiscal resources and staffing prevents Astor from extending this service to provide pre-disposition assessments. There are currently no written guidelines to facilitate the referral process to Astor's YSO program, a factor which also complicates the availability of such evaluations. Currently, clients access services through the Helpline in the manner that any

client would. Clients receive an initial interview at which referrals are made to appropriate programming.

Within Dutchess County, assessments are undertaken at various points within the system. While many disciplines contribute to the process, the effort is fragmented and all disciplines are not involved in the various assessment phase. Victim Advocates are not generally included in the various information-gathering stages, despite the broad range of knowledge they may bring to the table. Additionally, Victim Advocates have the capacity to provide information and bring individual victim concerns to the assessment process, if the victim requests this. Victims are not provided with information about the assessment process, why it is done and how it may influence the offender's case disposition. Also, victims are not provided with information about how their Victim Statement may be used in the assessment process (and subsequent treatment) to hold the offender accountable.

What is Left To Do?

- Ensure that all clinical evaluators are trained in sex offender assessments, and evaluators adhere to a standardized protocol for the use of validated actuarial risk assessments;
- Develop a policy for conducting juvenile sex offense-specific evaluations pre-disposition;
- Continue fostering information sharing practices within the juvenile delinquent sex offender management system; and
- Increase victims and/or victim advocates involvement in the assessment process.

Juvenile Registration and Notification

Quick Study Summary

While the implementation of sex offender registration policies initially targeted adult sex offenders, many states have since enacted legislation to include juvenile sex offenders, consistent with the Federal requirements for the registration of juveniles convicted of certain sex offenses. However, the development and implementation of juvenile sex offender registries has been the subject of controversy. The historical underpinnings of a separate juvenile court and juvenile system – and the associated confidentiality of juvenile proceedings, sealing of juvenile records, and expunction of juvenile criminal histories – was largely based on the philosophy that if juveniles respond effectively to rehabilitative efforts, they should not be subjected to lifelong scrutiny, consequences, sanctions, or stigma that may prevent them from engaging in productive activities. However, there has been a marked shift in the philosophies and practices within juvenile justice, resulting in a subsequent elimination of some of the juvenile confidentiality protections. In light of the emerging literature that reveals a variety of differences between adult and juvenile sex offenders and which fails to support initial beliefs that juvenile sex offenders will necessarily continue offending as adults, questions have arisen about the widespread application of adult legislation and policies to the juvenile population. Therefore, the decisions of policymakers should be informed and guided by the available research, to ensure that effective tailoring of such policies and practices occurs based on developmental considerations and treatment outcome data.

Primarily designed to target adult sex offenders, community notification laws in many states also include provisions for juvenile sex offenders. However, the professional literature has begun to highlight some distinctions between adult and juvenile sex offenders – including lower sexual recidivism rates among juveniles; therefore, it may not be prudent to assume policies and practices designed for adult sex offenders can be reasonably applied to juveniles. Second, the potential stigma associated with the public labeling of juveniles as sex offenders – particularly when the juveniles are relatively young – can exacerbate existing difficulties with development, school functioning, peer relationships, social isolation, and families. Third, as specific types of behaviors for which juveniles can be adjudicated or referred may be categorized as sexual in nature but not reflective of sex offending, community notification procedures may unnecessarily draw attention to such juveniles. Finally, as many victims of juvenile sex offenders are family members, the identities of victims may be discernable following community notification. Overall, the potential exists for community notification practices to have more risks and detrimental effects on the juveniles, families, and victims than potential benefits; therefore, some states exempt juveniles from community notification practices, or restrict the application of notification practices. In New York State, juveniles are not included in sex offender registration and vulnerable populations are not notified regarding juvenile offenders.

Juvenile Re-Entry

Quick Study Summary

The secrecy and manipulation involved in sex offenses, coupled with the profound impact on victims, results in a substantial proportion of sex offenses remaining unreported and undetected. Consequently, these factors may obscure professionals' perceptions and abilities to manage sex offenders once released. In addition, negative community reactions to the reintegration of sex offenders into communities, while understandable, provide barriers to reentry. Further complicating matters have been the historically fragmented systemic responses that have resulted from criminal justice agencies' tendencies to focus independently either on institutional *or* community management as mutually exclusive components of sex offender management. Indeed, concurrent and collaborative consideration to both institutional *and* community management of sex offenders – to include the process of transitioning offenders from the institution to the community – has been largely nonexistent.

Roles and Responsibilities of Those Involved with Re-Entry in Dutchess County

Juvenile Residential Treatment Centers

- May provide a treatment program within the facility;
- Caseworkers responsible for managing discharge plan typically involving parents, juveniles, community based treatment providers, schools, and victim advocates; and
- Complete treatment summary, assessment of progress, and current treatment needs are all provided by the caseworkers.

Community Supervision

- Supervision provided to juveniles amongst the general juvenile delinquent population;
- Specific conditions do not apply to sex offenders; and
- Length and intensity of community supervision varies.

Community-Based Treatment Providers

- Group, individual and family therapy may be provided; and
- Treatment is provided considering identified needs as outlined in the residential facility discharge plan or intake assessment.

Victims and Victims' Advocates

- To seek information regarding offenders release (as no policy exists requiring victims be notified of release);
- Develop a safety plan; and
- Advocates must be knowledgeable of available services and assist victims in utilizing existing supports.

New York State Victim Notification Everyday (VINE) System

- Service for victims that provides a 24-hour toll free information service for victims to determine if an offender is incarcerated within NY; and
- Victims registered with VINE can receive notification of an offender's custody status, as well as additional services available through local Crime Victims Assistance Program.

Best Practices as Noted in the Comprehensive Assessment Protocol

Considerations at the Institutional/ Facility Level

The identification of current, ongoing, and anticipated needs of offenders, in combination with the development of strategies and resources to address those needs both within the institutions/treatment centers and the community is critical to effective reentry.

It is essential that juvenile justice programs and residential treatment centers establish policies that explicitly address reentry planning – and ideally develop policies in concert with agencies responsible for sex offender management in the community. Key aspects warranting attention from an institutional perspective include the following:

- Early identification and ongoing assessment of sex offenders at the point of intake and classification to inform comprehensive case management and release planning;
- Provision of sex offender treatment within correctional and residential treatment facilities;
- Institutional commitment to comprehensive rehabilitative services; and
- Development and implementation of discretionary release policies.

Early Identification and Ongoing Assessment

Ideally, planning for release should begin early in offenders' time within juvenile correctional institutions, thus ensuring any identified needs and anticipated barriers can be addressed. More specifically, it is important that sex offenders are identified at the point of intake and classification, thus facilitating the identification of specialized treatment needs. Furthermore, the importance of a holistic and comprehensive approach to offender management requires that the assessment, case management, and reentry planning processes are multidisciplinary and collaborative in nature.

Generally, a case manager or caseworker within the institution or facility should be assigned to facilitate the release planning process, ensuring that such plans are developed with the involvement of key stakeholders, including individuals with decision-making influence over releases, service providers within the institution or treatment center, community treatment providers, supervision officers, victim advocates, and members of community support networks. For juveniles, it is essential that parents/caregivers are involved in the process as well. In addition, as part of release planning, any applicable sex offender registration requirements and community notification processes should be reviewed with the offender. The institutional/facility caseworker should also assume responsibility for the development of a discharge report that summarizes adjustment within

the institution or facility, participation in treatment and educational services, ongoing and anticipated needs, current level of risk, and the transition and reentry plan. Furthermore, the institutional or facility caseworker should be responsible for ensuring that critical information and documentation are shared with the professionals involved in the reentry process, to promote continuity of care and to ensure that all decisions are informed by current and comprehensive data. Historically, many of these activities were fragmented and often occurred in isolation; in the absence of shared information, the ability for professionals to make informed decisions is substantially compromised.

Institutional Sex Offender-Specific Treatment

Research suggests that sex offenders who do not receive treatment or fail to complete treatment are at greater risk for sexual recidivism. Thus, to the extent possible, offense-specific treatment should be available consistently for sex offenders housed in juvenile correctional institutions or residential treatment centers.

Capacity concerns within juvenile justice agencies and residential treatment centers exist for juvenile sex offender treatment. Furthermore, even when treatment is available within institutional or residential settings, many sex offenders may not “complete” treatment prior to release, either due to insufficient progress, treatment refusal, unsuccessful termination, or withdrawal from treatment. Consequently, these offenders may return to the community without having developed the necessary skills and competencies to reduce their likelihood of recidivism. For those sex offenders who do participate in sex offender treatment prior to release to the community, questions remain about the internalization of the treatment interventions and their ability to translate these skills into effective and consistent behavioral management in the community. It is important that policies and procedures within the juvenile justice agencies are established to:

- Ensure the availability of a range of sex offender treatment services within the institution/facility to meet the needs of as many offenders as is reasonable;
- Delineate a process by which offenders are prioritized for services – ideally based on the risk, need, and responsivity principles;
- Address the timing of an offender’s entry into sex offender programming, either early in the sentence or closer to release;
- Provide for periodic reassessments of offenders who are not participating in treatment, in order to determine the offender’s interest in and eligibility to participate in treatment;
- Recognize the continued risk posed by sex offenders who have not received offense-specific treatment; and
- Emphasize the importance of continuity of care in the community.

Ideally, such policies are developed collaboratively with all agencies responsible for sex offender reentry, including adult institutional correctional agencies, juvenile justice agencies, residential treatment centers, community corrections, paroling authorities, community supervision and social services agencies, and community-based treatment providers.

Comprehensive Rehabilitation Services

While sex offense-specific treatment is important for sex offenders who are placed in correctional or residential facilities, other needs such as mental and physical health concerns, substance abuse issues, educational and vocational skill deficits, and lack of adequate support networks must be addressed to increase the likelihood of successful community reintegration.

In addition, as the institutional environments have the potential to exacerbate negative attitudes and behaviors of offenders over time, it is important to attempt to develop systems that reduce the likelihood of such effects of incarceration or residential placement.

Attempting to mitigate some of these effects, while promoting prosocial development to enhance the likelihood of successful assimilation into society, juvenile agencies should establish policies and procedures that – to the extent possible – create an environment that is similar to life in the community. Ideally, such an environment would:

- Enable offenders to engage in productive activities during work and non-work hours that parallel those of free society (e.g., school, work, sex offender treatment, community service and other reparative activities, appropriate leisure and recreation activities);
- Provide opportunities for offenders to make choices for which they are held accountable;
- Recognize and provide incentives for prosocial behavior; and
- Ensure that offenders develop and practice relapse prevention strategies.

Discretionary Release Policies

For many years the juvenile justice systems focused on rehabilitative efforts within institutions and facilities, recognizing that public safety is enhanced when offenders return to communities with skills and competencies necessary to successfully reintegrate into society. Indeed, the juvenile justice system was originally established with a primary emphasis on rehabilitating juvenile offenders. The use of discretionary parole, whereby offenders earned release from prisons after demonstrating readiness for community reintegration, provided incentives for offenders to participate in institutional treatment, educational, and vocational services. As such, release decisions were better informed by risk assessments and parole guidelines that facilitated controlled and responsible releases of select offenders, and included the mechanism to require post-release treatment and supervision. Offenders released through discretionary parole processes and who received supervision and treatment in the community were found to recidivate at relatively lower rates. Similarly, within juvenile justice systems, movement throughout the system was generally predicated on progress attained by juveniles with respect to rehabilitative goals.

More recently, as a result of sentencing reforms that shifted the emphasis toward more punitive models, the utilization of discretionary parole has been eliminated or restricted significantly in many states. A similar shift has occurred within juvenile justice, with a departure from traditional rehabilitative models in favor of more punitive approaches to

juvenile offenders. Characterizing this change has been the proliferation of legislative reforms nationwide that have reduced confidentiality relative to juvenile proceedings and records, lowered the minimum age at which juveniles can be transferred or waived into adult courts, and established mandatory minimum sentences, determinate sentences, and blended sentences. Consequently, the dismantling of rehabilitative models and the accompanying elimination of discretionary release practices has resulted in a variety of concerns relative to reentry, including the following:

- Offenders have little incentive to engage in rehabilitative efforts, and thus return to communities potentially at increased risk for recidivism;
- Releases occur in the absence of well-designed release plans;
- Periods of community supervision are limited; and
- More offenders are released at the expiration of their sentence – thus without supervision or monitoring, treatment requirements, or leverage by the criminal or juvenile justice system.

Components of Transition and Community Stabilization

Successful reentry is dependent upon effective institutional policies and practices, including the assurance of rehabilitative services within facilities and the utilization of discretionary releases. Ideally, policies and procedures developed jointly by institutional, community, correctional and releasing authorities should guide the transition process. More specifically, during the transition period – which should begin three to six months prior to release – the professionals involved should assess participation and progress in all treatment and other services, reassess offenders' risk using both dynamic and static factors, and begin to share critical information and documentation through transition meetings that include stakeholders both in the institution and in the community. Additionally, to ensure a smooth transition to and stabilization in the community, agency policies and procedures should ensure that the following areas are addressed:

- Requirements for community-based sex offender treatment;
- Access to ancillary services (e.g., educational, health, mental health, substance abuse);
- Specialized supervision and monitoring;
- Community support networks;
- Consideration and involvement of victims;
- Family reunification;
- Housing/placement;
- Employment (if applicable); and
- Education and involvement of the public.

Community-Based Sex Offender Treatment

When sex offenders receive treatment within the confines of the institutional or residential setting and are preparing to return to the community, continuity of care must be addressed. The critical importance of sex offender treatment in the community is underscored when sex offenders have either refused treatment or failed to complete treatment prior to release

from institutional/facility custody. Moreover, there is evidence to suggest that when offenders are required to participate in treatment while under supervision in the community, recidivism is reduced, which suggests participation in community-based treatment should be a condition of release for sex offenders.

Access to Ancillary Services

Beyond the need for specialized sex offender treatment while transitioning into the community, offenders exiting correctional facilities or residential treatment centers continue to have a range of other psychosocial needs, including healthcare, substance abuse, mental health, education, and vocational needs. Ideally, these issues have been recognized well in advance of offenders' impending release, through comprehensive and multidisciplinary assessment and release planning processes.

School

During the period of institutional or residential placement, educational services should have been provided; policies and procedures should ensure that educational staff and case managers and/or supervision officers have developed community educational plans and have developed strategies to ensure the transfer of earned educational credits. Under ideal circumstances, supervision officers or case managers will contact the local schools in the communities where juveniles will return in order to establish enrollment or attendance plans. It should be noted that in some circumstances, legislation or school board policies prohibit the return of certain juvenile offenders to public schools; in addition, community notification requirements may mandate that schools are notified of a juvenile sex offender's return to the community. Thus, educational staff within the residential treatment centers or juvenile correctional facilities, case managers and/or supervision officers, parents/caregivers, and juveniles should identify any restrictions or barriers relative to the return to public school and identify educational alternatives (e.g., day treatment, alternative schools, GED), if necessary. Such alternatives should also be considered for juvenile sex offenders when victims are enrolled in the same schools. Given the complexities associated with juvenile offenders' return to schools, it may be particularly beneficial to include representatives from schools on multidisciplinary case management teams. Moreover, as juveniles spend a substantial proportion of each weekday within the school environment, informed school officials and representatives can serve as additional sources of monitoring and support.

Specialized Supervision and Monitoring

The weeks and months following offenders' transition from the institution to the community have been found to be a period of increased risk, and as such, close supervision and monitoring is critical. Decisions about level and structure of supervision for offenders released to the community should be based on the risk and needs posed by the offender and supervision officers must balance support and guidance with monitoring and surveillance. Critical functions of supervision officers during the transition and stabilizing period of the reentry process should include:

- Identifying community resources that can support effective reentry;
- Assisting offenders with identifying suitable employment and housing;
- Working closely with offenders and their support networks to ensure compliance with treatment and supervision requirements;
- Monitoring offenders' activities by conducting frequent, unannounced field visits in offenders' homes, places of employment, and other domains; and
- Responding to violations of release conditions in a timely fashion and in a manner commensurate with the level of risk posed by offenders.

Community Support Networks

The presence of prosocial influences has been found to be a critical protective factor that reduces the likelihood of further recidivism. Therefore, as sex offenders return to communities from institutional settings, it is critical that a network of positive supports is established to assist with the effective transition and reentry process. Such individuals can assist with employment, housing, transportation, life skills, and maintaining a positive lifestyle.

Involvement of Victims

The victim-centered approach underlies all components of sex offender management; where sex offender reentry is concerned, the assurance of victim sensitivity and involvement is particularly critical. At the point of transition and reentry, victims' needs include – but are not limited to – the following:

- Notification about offenders' locations and release plans;
- Involvement in release hearings and release planning;
- Information about offenders' status, including return to the community, violation or revocation proceedings, or release from supervision;
- No-contact and other protective orders when desired or warranted;
- Development of safety plans; and
- Contact information for professionals such as supervision officers in the event that concerns arise, such as contact, intimidation, retaliation, or harassment by the offender.

Family Reunification

When offenders are released from institutional custody, those who have maintained relationships with family members will likely return to the home. However, family reunification involving sex offenders – namely those who victimized children – warrants specific and careful consideration. Professionals must carefully balance the potential benefits against the obvious concerns and risks involved. Indeed, the ultimate decision to allow or prohibit a sex offender to return to a home in which sexual abuse has previously occurred, or where other vulnerable children may reside, is a complex issue fraught with numerous questions and challenges. While attempting to examine and resolve these issues carefully, tremendous pressures from the offenders, family members, and/or victims, are commonplace.

Under prescribed circumstances and with adequate safeguards and planning, some offenders may be able to safely resume contact with their families and eventually return home. Conversely, there are cases in which any continued contact between the offender and the victim or other family members is clearly contraindicated, and for which consideration of family reunification is completely inadvisable.

First and foremost, policies and procedures should ensure that the best interests of the victim serve as the driving force for reunification efforts, with the emotional and physical well being of the victims taking precedence over offenders' and families' desires. As such, professionals must establish the ability and willingness of the non-offending parent or other responsible adults to protect not only the identified victim, but also other vulnerable members of the family. Second, given the considerable harm that could result from an offender's premature or otherwise unsuitable return to the family home, reunification should always occur as a gradual and deliberate process. Toward that end, appropriate treatment for the victim, family, and offender are obvious prerequisites, with specific, measurable, logical, and progressive goals leading to readiness of the family. Ongoing and closely supervised contacts between the offender, victim, and other family members are critical as the reunification process moves forward. Third, responsible reunification practices must require the ongoing monitoring and assessment of risks and needs of the offender and environment, and remain flexible and responsive based upon the dynamic risk posed by the offender, as well as the needs of the victim and other family members. Finally, clear and consistent communication among the supervising officer, offender, treatment provider, family therapist, and victim advocate will ensure that an environment conducive to safe reunification has been established and can be maintained. Without this ongoing collaboration, the ability to provide such an assurance is substantially compromised.

Housing

Appropriate housing is a critical aspect of the reentry process for sex offenders. Indeed, the nature and location of an offenders' residence has significant implications for ultimately ensuring victim and community safety. Therefore, policies should require supervision officers to assess the suitability of potential residences, ensuring that access to victims and other high-risk situations are minimized. Factors that warrant specific consideration include location, access to children or other vulnerable populations, exposure to negative social influences, travel routes, and transportation needs. With juvenile sex offenders, housing and placement issues can present a significant challenge as well. When victims are in the home of origin and adequate services have not been provided – or services have been largely unsuccessful – the juvenile's return to the home is generally contraindicated. Similarly, when the exposure to risk factors, level of dysfunction, maltreatment, or inadequacy of resources in the home environment precludes the return of the juvenile, alternative placements must be explored. As such, social services and juvenile justice agencies often bear the responsibility for identifying placement options, including other family members, group homes, foster care, or independent living.

Employment

Research on recidivism of the general criminal population has identified a history of unstable employment as one of the factors associated consistently with subsequent criminal behavior. In addition, the literature on sex offender recidivism suggests a link between employment stability and subsequent reoffense rates, with recidivists more likely to be unemployed. Employment serves as a critical protective factor for offenders, by promoting financial stability, life skills, self-esteem, social connectedness, and the productive use of time. For juvenile offenders – particularly those who will not be enrolled in school – employment may be required as a condition of community supervision.

Ideally, educational and vocational programming is provided within the institution to assist offenders with the development or enhancement of effective job skills and competencies that will facilitate their ability to secure and maintain employment upon release. Further, as offenders approach release from institutional custody or residential care, professionals should provide offenders assistance with employment searches in the community to which they will be returning.

From the perspective of offender employment, community supervision agencies must establish policies and procedures to ensure that supervision officers manage sex offenders effectively and in a manner that promotes successful offender reintegration and ensures community safety. In this respect, policies and procedures should ensure that supervision officers engage in the following key activities:

- Assisting offenders with employment searches;
- Assessing the appropriateness of employment relative to offender risk factors;
- Developing collaborative relationships with offenders' employers; and
- Monitoring offenders' employment-related activities.

Routine contacts by supervision officers with employers are critical to verify offenders' attendance and conduct in the workplace. The frequency and nature of employment contacts should depend on offenders' supervision needs, progress in treatment, employment environment, and other risk factors. Initial contacts should be more frequent, decreasing as offenders exhibit appropriate work-related behaviors and progress through their terms of supervision and treatment. Monitoring should include a combination of on-site visits, telephone contacts with employers, and reviews of payroll stubs and time sheets to verify attendance.

Education and Involvement of the Public

Given the number and nature of barriers to sex offender reentry, engaging community members and developing community partnerships are essential to the successful development of effective reintegration strategies. While public opinion and sentiment can derail criminal justice efforts and exacerbate existing barriers, it is important to recognize that partnering with and educating the public may actually facilitate the development and successful implementation of such efforts through their ability to inform, guide, and

influence community leaders and policymakers. These community education efforts serve to raise the public's awareness about sexual assault and prevention, the laws pertaining to sex offenders, and the abilities and limitations of the criminal justice system regarding the management of known offenders. Within this context, they also provide an opportunity to share pertinent information regarding specific sex offenders who are returning or relocating to a particular community.

When attempting to overcome resistance to the return of sex offenders to communities, criminal justice professionals are likely to garner support when:

- The public is educated about sex offenders and effective approaches to the management of sex offenders in the community;
- Concerns expressed by community members are taken seriously;
- Data on the efficacy of treatment and supervision are presented to the public;
- Community opinions are solicited when policy development is considered; and
- To the extent possible, stakeholders in the community are afforded opportunities to participate in the design and implementation of offender management strategies.

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

Caseworkers within the residential treatment centers are responsible for managing the juvenile's discharge plan. This process typically begins at least three months prior to discharge and both the juvenile and the parents are involved in the process (e.g. signing the plan, agreeing to treatment expectations). While the caseworkers and the residential treatment provider are involved in the discharge planning, community-based treatment providers, community support network members, the school, and victim advocates are often not included in the process. Community supervision officers are only included in the planning process if applicable.

Typically, the policies within the treatment center require the development of a discharge report for every juvenile. These reports are prepared routinely and include a complete summary, an assessment of the progress made in treatment, identification of current treatment needs and the juvenile's level of risk (guided by a formal clinical assessment). The delineation of static and dynamic risk factors associated with relapse, treatment needs, and school and/or employment requirements specialized discharge conditions only exists for juveniles leaving a residential treatment center upon the completion of sex offender-specific programming.

Appropriate housing with adequate supervision is not always addressed for juveniles being released from any form of institutional custody. This is especially true in cases where the abuse is intrafamilial. For example, juveniles leaving institutional custody often return to the same home where the victim resides. Most facilities in which juvenile delinquent sex offenders are placed in custody deal primarily with the offender, and there is minimal opportunity to work with the family. Many offenders are provided with services that are mutually exclusive of the services that are provided to victims. Treatment planning for the

offender is developed with minimal victim input and the needs of the victims are often not reflected within the treatment plan. Victims may not receive services within the community subsequent to the offense, but services are not typically coordinated with the offender's treatment planning process within the institution.

Appropriate housing alternatives for juveniles with adequate supervision do not exist in Dutchess County. As a result, transitional or step down services for juveniles exiting a residential treatment center or correctional institution cannot be arranged prior to release.

What is Left To Do?

- Advocate for sex offense-specific treatment during incarceration;
- Improve and formalize the practice of collaborative discharge planning between the correctional discharge planner, Parole/Probation, and the community-based treatment provider
- Locate appropriate housing alternatives for released offenders, particularly for juvenile delinquent sex offenders
- Increase Victim Advocate involvement in release planning

Juvenile Supervision

Quick Study Summary

Previous strategies for relapse prevention to sex offender treatment focused on internal, self-management whereby offenders were taught to recognize risk factors and develop skills and competencies to cope with these factors. Given the tendency of many sex offenders to maintain secrecy about engaging in high-risk behavior, external supervision became necessary to reduce the likelihood of reoffending. Subsequently, the external, supervisory dimension of relapse prevention was created with the following goals:

- Increasing the efficacy of community supervision by training officers about sex offender management and targeting the specific factors presumed to be associated with reoffending;
- Creating an informed and committed network of collateral supports to assist supervision officers in the monitoring process; and

- Developing a collaborative relationship between supervision officers and treatment providers, and promoting the need to exchange key information and share responsibility toward the common goal of community safety.

Since that time, supervision and monitoring strategies have become inextricably linked with assessment and treatment approaches to form the cornerstones of effective sex offender management strategies. Contemporary supervision practices involving sex offenders have evolved to reflect specialization in three primary areas:

- Specialized knowledge and training to facilitate the management of specialized caseloads;
- Specialized case plans with specialized conditions of supervision to enhance offender accountability, victim protection, and community safety; and
- Specialized supervision strategies (e.g., surveillance, use of external supports, polygraph) to promote effective monitoring and timely system responses.

In addition, supervision of sex offenders requires collaboration among criminal justice, treatment, victim advocacy professionals, and others to ensure that decisions at all levels are informed by a broader set of perspectives. Guided by comprehensive multidisciplinary assessments and the ongoing monitoring of offenders, the development of, and adjustments to, supervision and treatment strategies must be commensurate with sex offenders' varied and changing levels of risk and needs. Such an approach is based on the premise that levels of risk can in fact change as a result of intervention, and consequently, that such changes result in reductions in recidivism.

Roles and Responsibilities of Those Involved with Supervision in Dutchess County

Office of Probation and Community Corrections

- Family Court Officers with specialized caseloads have approximately 10 JD sex offenders under Probation supervision at any given time;
- Officers who supervise juvenile sex offenders receive specialized training;
- Probation administration is knowledgeable about the dynamics of juveniles sex offending and provides support, resources, and supervision to line staff;
- Orders and Conditions for juvenile Probation supervision follow standardized guidelines outlined in the Family Court Act;
- Case plans for juveniles are individualized and based upon assessed level of risk and need; and
- Field supervision is conducted at the offender's place of residence, school, and employment worksite (if applicable)

Sex Offender

- May be required to waive confidentiality as a part of specialized conditions; and
- Responsibility is to comply with treatment recommendations as well as orders and conditions of Probation or Parole.

Treatment Providers/ Astor

- No formal mechanism is currently in place for the sharing of information between Astor and Probation; and
- Provides communication and treatment per individualized case plan.

Victim Advocate (Family Services, Inc.'s Crime Victims Assistance Program)

- Attends meetings with Probation and treatment providers to monitor the impact of the supervision practices on victims.

Best Practices as Noted in the Comprehensive Assessment Protocol

Specialized Training and Specialized Caseloads

To the untrained observer, many sex offenders often appear to be outwardly compliant and cooperative relative to other criminal offenders under community supervision. The secrecy, covert planning, denial and minimization, and manipulation that characterize many sex offenders create significant barriers to the assurance of offender accountability and victim safety. For supervision officers, these impediments may be further compounded when sex offenders represent only one segment of an overwhelming caseload of other criminal or delinquent offenders. Therefore, officers assigned to sex offender supervision should be specially trained and should have caseloads small enough to enable sufficient contact with offenders and collateral contacts across multiple domains such as employment and school and outside of traditional business hours.

The training recommended for sex offender supervision is victim-centered and includes:

- Incidence and prevalence of sexual victimization;
- Short and long term impact of sex offending on victims;
- Etiology and dynamics of sex offending;
- Typologies and characteristics of sex offenders;
- Principles and practices of sex offender treatment;
- Relapse prevention strategies;
- Parent/caregiver involvement;
- Assessment of offender risk and needs;
- Importance of collaboration in sex offender management;
- Development, and adjustment over time, of specialized conditions; and
- Continuum or intervention responses to address violations or risk factors.

As supervision officers become more specialized and immersed in sex offender management, there is an increased likelihood of experiencing secondary trauma and burnout. Specifically, continuous exposure to the profound trauma caused by sex offenders may subsequently lead professionals to manifest the same or similar symptoms (e.g., sleep disturbance, loss of appetite, anxiety, depression, helplessness) as the victims with whom they directly and indirectly interact. Contributing to secondary trauma are the burden of responsibility for community safety, excessive caseloads that do not allow for sufficient "recovery time," and a lack of training and support to manage job impact effectively. It is critical, therefore, that agency administrators and supervision officers are aware of the increased potential for secondary trauma and burnout when

supervising caseloads of sex offenders, and receive training about managing job impact. Active steps must be taken to preserve the emotional and psychological welfare of officers through training and other supports, thus facilitating stability in the workforce necessary to work effectively with this population.

Specialized Case Plans with Specialized Conditions of Supervision

The effective supervision of sex offenders is contingent upon the timely development and implementation of individualized and responsive case plans. To maximize accountability, case plans should be developed with active and explicit consideration to victim safety needs; victim-impact statements and input from victim advocates should be utilized to inform case management decisions. Ensuring victim protection and sensitivity is particularly critical – and may be especially challenging – when developing supervision case plans for juvenile sex offenders, as many victims of juveniles are within the family or home environment.

In addition, when developing supervision plans for juvenile sex offenders, it is important that supervision officers recognize parents and other family members as “experts” in their families and, accordingly, include them in the development of case plans and supervision strategies. Factors warranting consideration when developing supervision case plans include, but are not limited to, the following:

- Daily activities including employment, educational, and vocational needs;
- Peers, associates, and leisure activities;
- Living environment;
- Social supports and significant relationships;
- Parents/caregiver capacity; and
- Transportation and travel needs.

While critical for identifying groups of sex offenders who may be at greater risk for reoffending, static variables provide little or no guidance to professionals with respect to the elements that, if targeted by supervision officers, may have impact on reducing recidivism risk.

Dynamic risk factors, or criminogenic needs, are comprised of two types: acute and stable. Acute dynamic risk factors (negative mood, psychiatric symptoms, substance abuse) change rapidly and often immediately precede a sex offense; therefore, they have significant implications and require close and continuous monitoring to be detected. Stable dynamic factors (deviant arousal, pro-offending attitudes) are more enduring in nature, yet have the potential to change over time. Positive changes in these elements, generally as a result of treatment intervention, are more likely to be associated with long-term recidivism risk. Overall, both acute and dynamic factors appear to be critical targets of supervision and treatment efforts in order to facilitate both immediate and lasting impact. A thorough understanding of these risk factors has clear implications for supervision officers and the case management process. For example, the following supervision problems have been associated with increased risk:

- Disengagement from supervision;
- Demonstration of deceitful and manipulative behaviors;
- Consistent tardiness or failure to attend scheduled appointments; and

- Overall non-cooperativeness and noncompliance.

Additional stable dynamic risk factors evidenced by sexual recidivists include the following:

- Substance abuse;
- Negative social influences;
- Pro-offending attitudes;
- Poor self-management skills;
- Poor overall appearance;
- Sexual preoccupation; and
- Antisocial or otherwise negative lifestyle factors.

Empirical research on dynamic risk factors with juvenile sex offenders continues to be relatively limited. However, a considerable body of literature exists relative to the prediction of non-sexual offending among juveniles, which may be useful for identifying areas of intervention for juvenile sex offenders under supervision. For example, among the strongest predictors of juvenile delinquency and youth violence are substance abuse, aggressive behavior, lack of social ties, antisocial peers, negative attitudes toward school, poor academic performance, and negative parent-child relationships. These areas – in combination with elements believed to be etiologically significant for juvenile sex offenders (e.g., exposure to violence, pornography, social competency deficits) – may hold particular promise as targets of supervision for juveniles.

Thus, supervision or case management plans for juvenile sex offenders should include an emphasis on individual, parent/family, peer, school, and environmental factors. Policies and procedures should ensure that supervision plans for juveniles comprehensively address the multiple domains that may be associated with juveniles' risk. However, it is also important that supervision case plans build upon the strengths of the juveniles and their families and promote positive reinforcement and support.

Standard conditions and restrictions (e.g., scheduled office visits, periodic phone contact, school attendance, employment and community service requirements) generally do not provide adequate scope or sufficient latitude for supervision officers to monitor and intervene effectively with the critical areas of risk that are unique to sex offenders. Therefore, the following special conditions are recommended:

- Waiving confidentiality between the supervision officer and treatment provider;
- Prohibiting contact with victims or minors;
- Submitting to polygraph examinations (where appropriate);
- Participating in sex offender-specific treatment;
- Prohibiting the possession or use of pornography;
- Limiting access to the Internet;
- Prohibiting alcohol consumption;
- Establishing employment and residence that limits access to potential victims; and
- Restricting movement within and outside of the community.

With juvenile sex offenders, additional restrictions may be warranted, including conditions that address extracurricular activities, school attendance, restrictions on television or Internet access, associations with negative peers, and curfews. Family participation in treatment and supervision interventions may also be included as part of specialized conditions.

Specialized Supervision Strategies

The most promising and influential strategies of sex offender supervision- the external supervisory dimension of relapse prevention and the Containment Approach – were developed in response to the recognized need for specialized approaches with this population. Similarly, the Containment Approach to sex offender management is based on the recognition that the historical fragmentation in the criminal justice system is particularly problematic when sex offenders are the focus of intervention. Therefore, according to the Containment Approach, adequate safeguards for victims and communities are implemented most effectively when consistent and informed policies, specialized training, multidisciplinary collaboration, and the use of external leverage are in place. The common thread of both strategies is the shared goal and primary emphasis on victim and community safety, accomplished through multidisciplinary collaboration and the utilization of various external supports and controls. The inclusion of treatment as a necessary component of supervision is common to both approaches as well.

A key component of specialized strategies for sex offender supervision involves routine monitoring of offenders in their natural environment. Recognizing that exposure to potential risks in a variety of settings is ongoing, supervision officers and others involved in sex offender management must be consistently vigilant regarding offenders' day-to-day activities, behaviors, and community adjustment. While sex offenders may attend scheduled appointments as required and appear cooperative, it is incumbent upon supervision officers to verify compliance by conducting both scheduled and unscheduled field contacts in multiple settings. Contacts with juvenile sex offenders should occur periodically at school, home, and their place of employment (when applicable). This requires that administrators develop policies and procedures that ensure frequent, spontaneous, and needs-based field contacts while affording flexibility in officers' work schedules to allow for monitoring outside of traditional business hours.

Reliance on Community Support Networks

Routine and open communication with sex offenders' support networks can provide invaluable information to enhance ongoing supervision practices. As sex offenders tend to be unreliable reporters and historians, information from reliable collateral contacts can offer support or refute the veracity of offenders' reports and can provide insight into the actual day-to-day activities, attitudes, and adjustment of the offenders. Critical to this process is creating a network of responsible and informed individuals who can assist sex offenders with adhering to relapse prevention plans, supporting lifestyles, monitoring high risk behaviors, intervening when warranted, and communicating frankly with supervision officers regarding identified concerns. Some factors to be considered by supervision officers regarding appropriateness of network members are:

- Belief the offender committed the offense(s);

- Hold the offender solely responsible;
- Have an understanding of the offender's deviant cycle and modus operandi;
- Assume a positive role in the offender's life;
- Are aware of and can recognize the offender's risk factors;
- Agree to disclose risky behaviors manifested by the offender; and
- Are willing to discuss the offender's activities and any identified concerns with the supervision officer.

Eliciting the involvement of juvenile sex offenders' parents/caregivers and other individuals in the development of supervision case plans and as members of community support networks is particularly important; however, for a variety of reasons, caregivers and other family members may be reluctant or resistant. For example, the complex and overwhelming nature of the juvenile justice and social services systems, considerable stigma associated with sex offending, multiple demands and expectations from different agencies and individuals, and in some cases, significant family dysfunction, are among a host of factors that may impact the willingness of family members to actively participate in the management process. Moreover, as many victims of juvenile sex offenders are within the family, parents/caregivers may struggle considerably with attempts to balance the needs of both the offender and the victim. To facilitate the engagement of caregivers and other family members in the supervision and overall relapse prevention process, it is critical that supervision officers maintain an empathic, respectful, supportive, and firm approach rather than interacting in an overly controlling or authoritative manner. Offering parent education classes, support groups, and parenting workshops may be beneficial as well.

Utilization of Surveillance Officers

The utilization of specialized surveillance officers can augment and support sex offender management efforts considerably. Just as the historical roles of supervision officers have become more clearly defined, specialized, and expanded over the years in order to enhance sex offender management practices, the expectations and responsibilities of surveillance officers have also evolved beyond the traditional law-enforcement roles (e.g., power of arrest, conducting residence checks). Specifically, through intensive field work, surveillance officers can provide routine monitoring of sex offenders' activities and adherence to case plans and specialized conditions, subsequently increasing the amount of time assigned supervision officers can dedicate to other critical case management responsibilities and collaborative activities.

For juvenile sex offenders, trackers or public safety officials employed by the juvenile courts, juvenile justice agency, or juvenile supervision agency may be utilized to augment the supervision and monitoring activities of juvenile supervision officers. To ensure effective partnering and monitoring, surveillance officers should be trained by specialized supervision officers and other professionals on victimization issues, the etiology and dynamics of sex offending, relapse prevention, and other effective sex offender management practices. Surveillance officers must also have a clear understanding of the specific offense patterns and dynamic risk factors for each offender for whom they have monitoring responsibility, including, but not limited to the following:

- Victim types and preferences;
- Modus operandi (e.g., grooming patterns);
- Other deviant interests;
- Social supports; and
- Attitudes and amenability toward treatment and supervision.

Adjunctive Use of the Polygraph

Due to the potential impact of age, functioning, development, maturity, and co-occurring behavioral health concerns on the reliability and validity of polygraphy, there continue to exist questions surrounding its use with juvenile sex offenders. Despite these questions, the use of the polygraph to enhance treatment and supervision practices with juvenile sex offenders is increasing nationwide. Consequently, it has been suggested that – if utilized – polygraph examinations should be restricted to older juveniles (generally 14 years of age or older) who are more developmentally stable, and with the informed consent of the juvenile, parent/caregiver, and referral source. Therefore, clear policies and procedures are necessary to ensure cautious and responsible use of such technology.

Response to Violation Behaviors

Agency policies and procedures should provide for a continuum of responses to violation behaviors in order to guide decision-making. Input from the offender's case management team is also important in developing a coordinated response which should be driven by the following:

- Seriousness of the behavior;
- Relationship of the behavior to sex offending;
- Risk level of the offender;
- Degree to which community safety was jeopardized;
- Whether the offender voluntarily disclosed the behavior or maintained secrecy;
- Level of responsibility assumed by the offender;
- Awareness and disclosure of the behavior by members of the support network;
- Ability and willingness of parent/caregiver to provide adequate support and structure;
- Ability and willingness of the offender to develop and adhere to a realistic plan to address the behavior; and
- Presence of assets or services to assist the offender in maintaining compliance.

With juveniles, if the parent/caregiver is unable or unwilling to provide adequate structure or support to manage the juvenile's behaviors, an out-of-home placement in a more restrictive setting may be required to ensure victim and community safety. Depending upon the nature of the violation behavior, juveniles may be allowed to remain in the community with additional restrictions, temporarily detained, placed in a residential treatment center or juvenile correctional facility, or transferred/waived to the adult criminal justice system.

Documentation

Case files should provide documentation of all case management and supervision activities that occur throughout the period of supervision, including the date and nature of all contacts, the officers' impressions of offenders at each contact, and any identified concerns or risk factors. This information proves critical in the event that a case is transferred to another officer or agency, when legal actions arise, when determining the appropriateness of adjusting supervision requirements, or when violation behaviors or new criminal/delinquent activity requires a response.

Dutchess County Current Practices Including Systems Developments Resulting from the Sex Offender Management Project

Supervision practices for juveniles are not as developed as those for adult offenders in Dutchess County. There is no agency policy within the Dutchess County Office of Probation and Community Corrections that limits the number of cases for either of the two family court officers with specialized caseloads. On the average, there are approximately 10 JD sex offenders under Probation supervision at any given time. These cases are supervised with the general juvenile delinquent cases as the numbers do not substantiate a separate specialized caseload. Officers who supervise juvenile sex offenders receive specialized training regarding this population. Probation administration is knowledgeable about the dynamics of juvenile sex offending and provides support, resources and supervision to line staff.

There is no policy that delineates the development of a specialized case plan specifically for juvenile sex offenders under community supervision. Policies, standards and guidelines outline the requirements for the development of a supervision case plan for juvenile delinquent or Person in Need of Supervision (PINS) cases only. Orders and Conditions for juvenile Probation supervision follow standardized guidelines outlined in the Family Court Act and subsequent special sex offender conditions are applied by management as needed.

There is no policy that requires the establishment of a multidisciplinary team to develop and monitor case plans for all juvenile sex offenders. Best practice models recommend that case plans for juvenile delinquent sex offenders are individualized and based upon assessed level of risk and need. This process of developing a case plan should be individualized and dependent on the feedback received from the treatment provider. Although communication has improved, collaboration between Probation and the Astor Youthful Sex Offender program remains minimal. No formal mechanism or written policy exists to facilitate the sharing of information between Astor and Probation. For example, the J-SOAP risk assessment and sex offense-specific evaluation (see Assessment section) are not forwarded from Astor for inclusion in the Probation case file. Treatment progress reports and treatment termination summaries are also not included in the file. Without the appropriate communication and collaboration, the risk and needs of individual offenders may go undetected.

Field visits are routinely conducted by supervision officers in the following locations: place of residence, school, and employment worksite (if applicable). Officers also have a field satellite office in Beacon where they can conduct "street visits" as needed. Treatment groups have been recommended by CSOM as a place for supervision officers to conduct field visits. Currently this

is not occurring in Dutchess County as communication between Probation and the treatment provider is still developing.

The term community support network, as it relates to the identification of appropriate community support members, seems to be more closely associated with adult probation supervision. Due to age of the offender, confidentiality and family dynamics, Probation is often restricted from communicating with anyone but the probationer, the parent, or the treatment provider. Information regarding orders and conditions of Probation and juvenile sex offender management is shared when appropriate, but the community support network is generally not involved in the development or monitoring of a supervision case plan.

Graduated sanctions are used when available in response to violation behaviors. Unfortunately, few graduated sanction options exist within the juvenile system. Currently, officers can schedule clients for an administrative reprimand that involves the Family Court supervisor. In addition to this, officers can also increase reporting requirements for the juvenile.

The supervision of sex offenders requires collaboration among criminal justice, treatment, victim advocacy professionals and others to ensure that decisions at all levels are informed by a broader set of perspectives. It should include specialized strategies and techniques utilized as part of a comprehensive approach to sex offender management that employs a victim-centered philosophy, with the overarching goal of reducing further victimization. Clear policies must be in place delineating how non-compliance on part of the offender is to be addressed, including appropriate judicial response.

A primary goal of sex offender supervision is community safety. Sexual assault survivors, as well as community members at large, have considerable stake in the supervision of sex offenders. Victims of sexual assault whose offenders are under the supervision of either Probation or Parole should be able to rely on such agencies to undertake efforts to ensure that the supervision include all identified best practice strategies. However, many victims are not provided with complete information about the supervision process and what they can expect from it.

Dutchess County sex offender supervision practices vary depending upon a number of factors. These include: Orders and Conditions imposed at sentencing; if Probation or Parole is the supervising agency; if the offender is receiving sex offender-specific treatment and whether the treatment provider utilizes best practice models as identified by the Association for the Treatment of Sexual Abusers (ATSA); and the level of collaboration and communication between supervision agencies, treatment providers and victim advocates. In addition, the supervision practices for adult and juvenile offenders, which are guided by legislation, vary considerably between these two populations.

There is currently a multi-disciplinary team operating within Dutchess County which meets bi-weekly and includes representatives from Probation, the Relapse Intervention for Sex Crimes (RISC) program and a Victim Advocate. At the present time, there is no representative from the New York State Office of Parole in attendance. In addition, cases of offenders not attending RISC are not subject to review in the meeting

What is Left To Do?

- Expand the use of specialized Orders and Conditions for offenders under community supervision to all convicted offenders;
- Develop a Parole sex offense-specific caseload;
- Develop specialized Probation case plans for juvenile delinquent sex offenders, beyond the standard JD case plan;
- Increase communication and/or collaboration (e.g. meetings, phone contact and written communication) between juvenile Probation officers and the community-based treatment provider, which is still developing;
- Educate victims about specialized orders and conditions imposed upon offenders.
- Standardize the response to Probation or Parole violations; and
- Increase victim's role in violation hearings, including being notified that a violation has occurred.

Juvenile Treatment

Quick Study Summary

Contemporary etiological theories suggest that sex offending behaviors are the result of a complex interaction of sociocultural, biological, and psychological processes and therefore require comprehensive and holistic treatment. Presently, most sex offender treatment programs throughout the country employ cognitive-behavioral methods that include relapse prevention components that address the inter-relatedness of thoughts, emotions, and behaviors; a primary emphasis is to identify and replace irrational cognitions that set up negative emotional states and ultimately drive offending behaviors. Research supports a move toward a harm reduction model using Trauma Focused Cognitive Behavioral Therapy for sexually acting out and sexually aggressive youth, therefore, many programs are incorporating these techniques into their treatment strategies.

Within the cognitive behavioral framework, relapse prevention as applied to sex offender treatment refers to a self-management strategy whereby offenders learn to maintain behavioral change or control by identifying individual risk factors and developing effective coping responses. Relapse prevention requires sex offenders to adopt a lifelong recognition of their unique offense patterns and take affirmative steps to avoid or manage the situations, thoughts, feelings, and behaviors that increase their risk to re-offend. The specific goals and objectives of juvenile sex offender treatment involve the following:

- Understanding their own trauma history and how it effects their choices and their functioning;
- Accepting responsibility for sex offending and other harmful behaviors;
- Modifying distorted thinking that supports offending behaviors;
- Managing negative mood or affect;
- Developing positive relationship skills;
- Managing deviant sexual arousal or interest;
- Maintaining control over unhealthy impulses;
- Developing or enhancing empathy for victims;
- Understanding the sequence of events and risk factors associated with offending;
- Developing effective coping skills to manage identified risk factors; and
- Identifying and utilizing support networks – those individuals in the community who become part of an extended supervision network, such as family members, employers, and others.

Roles and Responsibilities of Those Involved with Juvenile Treatment in Dutchess County

Astor Clinic

- Offers a Youthful Sex Offender (YSO) treatment program;
- Meets with Probation regularly to share information; and
- Utilizes the Juvenile Sexual Offense Assessment Protocol (J-SOAP).

Parents/Caregivers of Juvenile Offenders

- Attend monthly parent group offered at Astor to engage in the collaborative treatment process.

Probation

- Monitors and supervises sex offenders to ensure community safety; and
- Communicates regularly with mental health providers treating sex offenders under Probation supervision.

Best Practices as Noted in the Comprehensive Assessment Protocol

Programmatic Considerations

With juvenile sex offenders, there is increased potential for the involvement of various systems (e.g., mental health, juvenile justice, social services) and subsequently, additional treatment alternatives are often necessary. Ideally, to meet the varying levels of risk and need posed by juveniles and their families, sex offender treatment should be offered along a continuum. For those juveniles whose level of risk and needs are relatively low – and for whom adequate structure and supervision can be provided to ensure victim and community safety – the ability to remain in the community should be afforded, with available services ranging from day treatment, therapeutic foster care, or outpatient treatment groups. Ideally, to the extent that victim and community safety are not compromised, juveniles should be allowed to continue to maintain productive roles (e.g., school, extracurricular activities, church, employment) that can promote esteem enhancement, prosocial skill development, and family involvement. As juveniles' level of risk and need increases, more structured residential, psychiatric, or juvenile correctional alternatives should be available, including community-based group homes, moderate to secure-care residential treatment centers, juvenile correctional facilities, and inpatient psychiatric settings.

For those juveniles who are deemed to be beyond the scope of the juvenile justice system, the transfer or waiver to the adult criminal justice system may be warranted. In these cases, clear policies and procedures should be in place to guide the transfer or waiver process and to ensure that the physical, psychological, and emotional welfare of the juveniles is given careful consideration while community safety issues are addressed. Decision-making relative to the continuum of treatment services and placements for juvenile sex offenders should consider the least restrictive alternative, proximity to the home and community, family or caregiver capacity and involvement, victim access, the level of risk and needs posed by the juveniles, and the availability of treatment and supervision resources.

Regardless of the treatment setting or population served (i.e., adults or juveniles), there are a variety of common programmatic issues that warrant attention, including:

- Availability, eligibility, and access;
- Support for programming;

- Programmatic structure and modality;
- Treatment planning and targets of treatment;
- Treatment completion or termination; and
- Documentation.

Mode of Delivery

Treatment for sexually aggressive youth should incorporate individual, group and family therapy. While historically group therapy was the treatment of choice for juveniles as well as adults, current research does not support the use of groups in the way they have traditionally been used with this population. Treatment groups should focus on social skills, management of emotions and healthy choices. Group therapy can be useful in treating youth with sexual behavior problems for many reasons, including:

- Since all the group members are there for the same reason, the group provides a safe environment, where the youth does not feel the pressure to “hide,” allowing him or her to focus on issues without the fear of being “found out;”
- Observing advanced offenders who have progressed in treatment can enhance self-efficacy and instill hope in offenders who have just begun the treatment process;
- Advanced clients can model positive behavior such as acceptance of personal responsibility and empathy;
- Exposure to others’ viewpoints provides natural opportunities for perspective-taking and self-examination;
- As the ‘experts’ in this behavior, peers can help to identify and challenge denial, cognitive distortions, high risk behaviors, and manipulation;
- Group interactions provide an opportunity to model, evaluate, and target social skills and relationship skills; and
- Economic resourcefulness – more clients can be served effectively in a group setting.

Programs should strive to provide routine positive reinforcement to facilitate offenders’ ongoing disclosure, prosocial behaviors, and investment in programming. Further, to maximize therapeutic benefit, programs should ensure that therapists are genuine, empathic, respectful, and challenging but supportive, and in control, versus overly directive or aggressively confrontational. When programs enhance therapeutic engagement, offenders are more prone to remain committed and invested; successfully maintaining offenders in treatment is particularly critical, given the research that demonstrates lower recidivism rates for sex offenders who complete treatment in contrast to those who withdraw or are terminated unsuccessfully.

Treatment Planning

Treatment plans should be developed jointly between the offender and a multidisciplinary case management team, thus promoting ownership and investment in the treatment process on the part of the offender and other team members. In the institutional setting, multidisciplinary team members involved in treatment planning may include, for example, family therapists, school officials, and other relevant parties.

To be holistic and comprehensive, treatment plans should be designed to address the full range of identified needs of offenders and, therefore, should include adjunctive therapies (e.g., family therapy, substance abuse treatment, mental health/psychiatric interventions, educational programs, and pharmacological interventions when warranted) to complement offense-specific interventions. It is also important that the goals and objectives listed in treatment plans are clear, specific, measurable, and understandable to the offender. Treatment plans should reference the specific interventions to be utilized in order to facilitate goal attainment, with target dates for each goal. Recognizing that offender needs may change over time, and that progress toward goals is expected, treatment plans should be reviewed and modified routinely.

Targets of Treatment for Juvenile Offenders

Extensive research on acute and stable dynamic risk factors is lacking for juvenile sex offenders, although there is a considerable body of research on changeable risk factors for juvenile delinquency and serious and violent offending by juveniles. The following have been found to be associated with delinquent and criminal behavior among juveniles, and may thus be beneficial targets of treatment:

- Individual factors (e.g., aggression, risk-taking, pro-offending attitudes);
- Family variables (e.g., low parental involvement, family conflict, maltreatment);
- School variables (e.g., academic failure, truancy, low commitment); and
- Social/community variables (e.g., delinquent peers, community disorganization, access to drug, exposure to violence).

Many of the factors targeted in juvenile treatment programs are similar to the focus of intervention with adult offenders. With juvenile offenders, the targets of treatment extend beyond the individual and include substantial emphasis on family, environmental, and peer variables. The following are common areas of emphasis within juvenile sex offender treatment programs:

- Denial;
- Cognitive distortions;
- Victim empathy;
- Healthy sexuality and sex education;
- Peer relationships;
- Social skills;
- Self-esteem;
- Values clarification;
- Emotional regulation/management;
- Impulse control; and
- Deviant sexual arousal/interest.

It is essential that sex offender treatment programs for juveniles should incorporate interventions and services for caregivers and other family members. Parent education and support groups may be effective methods for engaging caregivers in the treatment process. Family therapy may be warranted to address risk factors within the family system. Additionally, it is critical to involve parents or caregivers in relapse prevention planning; as such, they can monitor and ensure compliance with treatment and supervision expectations. Multisystemic approaches have been found to be particularly promising with juvenile sex offenders. These interventions – conducted within the community and in the juvenile’s natural environment – target school, peer, family, and other environmental factors, using the identified strengths in these domains to promote positive change.

Documentation

Critical to effective programming is the assurance of clear documentation of services and offender progress. Policies and procedures should outline specific requirements for documentation, including the frequency and format. In the absence of clear and consistent documentation, the ability to review and report progress objectively is substantially compromised. Others involved in the sex offender management process will be unable to make informed decisions about the need for modifications to treatment or supervision strategies. Adequate documentation further provides program staff the ability to defend decision-making (e.g., program completion, terminations from treatment), particularly when challenges or concerns arise. Finally, when cases are transferred from the institution to the community, or when changes in providers occur, clear documentation provides the necessary information to develop, continue, or modify treatment and supervision plans. Beyond the documentation of service provision, assessment data, and treatment progress, it is important that offenders’ treatment records include supporting documentation such as the following:

- Informed consent for treatment;
- Confidentiality waivers;
- Treatment contract;
- Individual treatment plan;
- Relevant medical records;
- Treatment completion or termination summary;
- Index offense records (affidavit, victim impact statement, sentencing records);
- Prior sexual offense records (affidavits and victim statements);
- Criminal history (record check);
- Sex offender-specific evaluation and other assessment data; and
- Other agency reports (e.g., institutional records, psychiatric hospitalization reports, prior treatment summaries, juvenile record, etc.).

Dutchess County Current Practices Including System Developments Resulting from the Sex Offender Management Project

The Astor Clinic's Youthful Sex Offender program serves most of the juvenile sex offenders in treatment in Dutchess County but there are individual treatment providers in the community as well. However, no mandate exists either in the County or within the State that mandates oversight of providers with respect to provision of sex offender-specific treatment. Through the activities of the Sex Offender Management Project (DCSOMP), standards for providers of juvenile sex offender treatment have been established. These standards follow best practices and require providers be state licensed/certified mental health professionals with training and experience in juvenile sex offender treatment. Further, providers must agree to abide by the Association for the Treatment of Sexual Abusers Professional Code of Ethics (ATSA). The providers list will be updated at least annually, including removal of providers who have not followed the standards in their treatment practice. The establishment of these standards is a critical step in having high quality treatment for sex offenders in Dutchess County.

Community-Based Juvenile Sex Offender Treatment

The treatment of juvenile sex offenders nationwide is less developed than that of adults. In Dutchess County, the collaboration and communication that exists in the adult system, which informs sex offender-specific treatment, has traditionally been less developed in the juvenile system. Astor Counseling Services offers a Youthful Sex Offender (YSO) treatment program. As part of the collaborative approach fostered by the DCSOMP, communication between Astor and Probation has significantly increased. Astor and Probation are meeting on a regular basis, both formally and informally, to discuss shared cases.

Astor provides a program that incorporates group, individual and family therapy and includes a parent group for support and psychoeducation. The program is about two years long, and is comprised of a continuum of services that is outlined for clients. During the treatment period, there are certain expectations placed upon the client such as: understanding offending behavior and risk factors, developing safety plans, and writing letters of apology. Depending on the need at any given time, the staff is prepared to offer services to males and/or females up to 21 years of age.

As part of their assessment process, Astor uses the Juvenile Sexual Offense Assessment Protocol (J-SOAP) and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR). Both of these measures are designed to be used with 12 to 18-year olds and are currently undergoing validation. These are given in combination with a formal psychosocial evaluation prior to the youth being accepted into the program. The majority of these assessments are conducted by a NYS-licensed Clinical Psychologist who supervises the sex offender program.

Parents/Caregivers generally lack information about the dynamics of sexually aggressive youth, as well as their need for specialized treatment. As part of the DCSOMP, informational materials on juvenile sex offender treatment, including frequently asked questions and information on Astor's program, were developed. These materials are available both at Family Court and Astor. Additionally, parents/caregivers of such

juveniles generally do not understand how successful treatment completion is measured. Astor offers a monthly parents' group to address this gap and engage parents as collaborative partners in their child's treatment. Astor is working to provide parents of the children engaged in their programming with the parent version of the treatment workbook used during group therapy.

Institutional Juvenile Sex Offender Treatment

Legislation does not mandate the treatment of juvenile sex offenders in institutional custody. Certain facilities may have existing programs in place, but a Family Court judge can always recommend what is felt to be in the best interest of the child. Policies, standards, and guidelines do not uniformly direct the conduct of sex offender treatment programs for juveniles. Each facility will have individualized policies and practices specific to their agency's programming.

New York State has few institutional treatment alternatives (e.g. outpatient treatment, residential placement/treatment and secure correctional facilities) available to meet the varied needs of juvenile sex offenders. Available space is of paramount concern and the availability of residential facilities in the area is minimal. Often, juvenile offenders will be placed in out of state facilities. Consequently, accessing such services can be particularly cumbersome for juveniles and their families. Due to the nature of these limited services, juvenile delinquent sex offenders are generally not matched to specific residential programs or therapists based on responsivity factors. Often, most placement arrangements are dependent only upon availability of space.

What is Left to Do?

- Continue to develop programs that utilize best practices for evaluation and treatment;
- Ensure all juvenile sex offender treatment providers serving Dutchess County meet the "Standards for Providers;"
- Increase accessibility of institutional treatment programs for juvenile offenders; and
- Provide victims with information about sex offender treatment for perpetrators and support services for victims.

JUVENILE SEX OFFENDER BENCH MANUAL

INTRODUCTION

Public awareness of sex offenders has increased greatly in recent years because of some high profile cases in the media where adults have sexually offended and murdered young children. However, when most people think about sex offenders they usually do not think of teen or pre-teen offenders.

Therapists who treat adult sex offenders report that some of their clients have told them that they began committing sex crimes when they were adolescents and continued committing these crimes into adulthood because no one ever held them accountable for their crimes in their youth.

The Family Court, therefore, is on the front lines of both protecting the community from juvenile sex offenders and ordering the appropriate level of rehabilitative services in an effort to prevent them from becoming adult sex offenders.

In 2004, Dutchess County obtained funding to examine the existing management of sex offenders. The project was charged with the task of building on existing strengths to design a coordinated system to manage these offenders effectively. The primary concern in this victim centered system has been public safety.

The purpose of this bench manual is to provide the judiciary with an outline of the laws surrounding the prosecution, sentencing, supervision and registration of sex offenders. This manual has been prepared cooperatively by members of the Dutchess County Sex Offender Management committee. That committee includes members from the Dutchess County District Attorney's Office, the Dutchess County Public Defender's Office, the Dutchess County Attorney's Office, Family Court, the Dutchess County Office of Probation and Community Corrections, Relapse

Intervention for Sex Crimes Program (RISC) of Family Services, Inc., DMH, Astor, and the Dutchess County Court.

Legislation regarding sex offenses and the system response to those offenses is changing on a regular basis. Members of the judiciary who refer to this manual are cautioned to verify the continued existence of the law. This manual is intended to serve as a resource and starting point for reference. It does not constitute legal precedent and should not be used for that purpose.

This manual is intended to be specific to sex crimes. It is not intended to address issues that arise in the course of all criminal cases. General rules of law and procedures otherwise applicable but not specific to sex crimes are not addressed in this document.

IDENTIFYING “SEX OFFENSES”

It is important to properly identify offenses that call for the specialized response appropriate for “sex offenders.” The following list of offenses constitutes sex offenses as that term is intended to be understood for the purposes of this manual. Sex offenses which cannot be committed by a juvenile have been omitted.

- Article 130 of the Penal Law. “Sex Offenses”
 - §130.20 - Sexual Misconduct
 - §130.35 – Rape in the first degree
 - §130.50 – Criminal sexual act in the first degree
 - §130.52 – Forcible touching
 - §130.55 – Sexual abuse in the third degree
 - §130.60 – Sexual abuse in the second degree
 - §130.65 – Sexual abuse in the first degree
 - §130.65-a – Aggravated sexual abuse in the fourth degree
 - §130.66 – Aggravated sexual abuse in the third degree
 - §130.67 – Aggravated sexual abuse in the second degree
 - §130.70 – Aggravated sexual abuse in the first degree
 - §130.75 – Course of sexual conduct against a child in the first degree
 - §130.80 - Course of sexual conduct against a child in the second degree
 - §130.85 – Female genital mutilation
 - §130.90 – Facilitating a sex offense with a controlled substance.

- Public Lewdness in violation of Penal Law §245.00
- Incest in violation of Penal Law §255.25
- Article 263 of the Penal Law “Sexual Performance by a Child”
 - §263.05 – Use of a child in a sexual performance
 - §263.10 – Promoting an obscene sexual performance by a child
 - §263.11 – Possessing an obscene sexual performance by a child
 - §263.15 – Promoting a sexual performance by a child
 - §263.16 – Possessing a sexual performance by a child

PRE-TRIAL ISSUES

Detention

At a pre-petition hearing, initial appearance or any subsequent appearance, the court may remand a respondent to secure or non-secure detention based on either criteria set forth in FCA 320.5(3).

When the court orders pre-fact-finding hearing detention, subject to good cause, special circumstances, waiver or consent, the fact-finding hearing shall commence within fourteen days of the initial appearance if the petition charges a class A, B or C Felony and three days if the highest charge is less than a C Felony. See FCA 340.1.

In lieu of detention, the court may set conditions of behavior for respondent to follow including 24-hour supervision by a parent.

The court may issue a temporary order of protection prior to the filing of a petition or after the filing of a petition (FCA 304.2). The court should also advise the respondent that a violation of a duly issued order of protection may result in additional juvenile delinquency or criminal charges being filed against him/her.

Note that electronic monitoring in juvenile delinquency cases is available after a respondent enters a plea or is found guilty after a fact-finding hearing or as a condition of probation.

PLEA ISSUES

Allocution

As with all juvenile delinquency pleas, the court is required to advise the respondent and parent/guardian of all the potential dispositional options including a conditional discharge. The court must ask the parent or guardian and respondent if they understand the rights respondent is waiving prior to entering a plea.

The court should advise the respondent of the possible consequences of a designated felony finding if respondent was charged with a designated felony.

Outley Warnings for Sex Offenders

If the respondent enters a guilty plea, and if the County Attorney's Office agrees to recommend a limit on the disposition, the court should advise the respondent that the County's promise is contingent upon whatever conditions of the plea are made. Typical conditions include that the respondent not commit any new crime or offense, not have any truancy, cooperate with the PDI and sex offender evaluation, appear for all court

appearances, and continue in a sex offender treatment program if the respondent has already entered such a program.

If the respondent is in detention, the agreement may be contingent upon the respondent abiding by the rules of the detention facility.

If respondent is placed on electronic monitoring compliance with the conditions of the program will be a condition of the plea agreement.

If the court must specify the maximum disposition respondent will face if the respondent violates the warnings.

In 1993, the New York State Court of Appeals outlined proper warnings that could permit the sentencing court to impose an enhanced sentence, more severe than the agreed maximum sentence, if the defendant engages in certain behavior. *People v. Outley*, 80 NY2d 702. The Court determined that when a court has properly warned an offender that in the event that he or she should be properly arrested and accused of a crime, the court need not permit the offender to withdraw the guilty plea. Instead, the court can hold a summary hearing or other fair means to determine whether there is a legitimate basis for the arrest or other violation of the plea agreement on that new charge. In the event that finding is made, the court is permitted to impose a more restrictive disposition than that initially outlined.

Designated Felonies

The sex offenses that are “designated felonies” as defined in FCA 301.2(8) are Rape First, Criminal Sexual Act First, and Aggravated Sexual Abuse First. These felonies are so designated when committed by a respondent who was 13, 14 or 15 years old at the time the offense occurred.

Other felony sex offenses such as Sexual Abuse First, Course of Sexual Conduct First or Second, or an Attempted Rape or Criminal Sexual Act may be designated felonies because the Respondent was previously found guilty of two other felonies or a single previous designated felony listed in FCA 301.2(8).

A designated felony finding carries the following consequences:

- 1) Possible “restrictive” placement for initial period of three years (for Class B, D, F or lower) or five years (Class A, D, F or a second D, F) with OCFS. See FCA 353.5.
- 2) Extension of placement until respondent’s twenty-first birthday if placed “restrictively” (3 or 5 years). See FCA 353.5(4)(d), 353.5(5)(d).
- 3) Loss of youthful offender eligibility if respondent commits a crime before turning nineteen years old. See CPL 720.10(2)(c).

- 4) Least restrictive analysis normally applicable to most JD cases does not apply to designated felony dispositions. *Matter of Michael R.* 223 AD2d 465 (1st Dept. 1996). Instead the court must consider the five criteria set forth in FCA 353.5(2).

FACT FINDING (TRIAL) ISSUES

The introduction to this manual reflects that this document is not intended to address all issues that may arise in the course of matters involving sex crimes. That is especially true in regard to trial issues. Ordinary rules applicable to non-jury trials are also applicable. Given the intensely personal nature of these crimes, there are additional issues that may arise.

Rape Shield Laws

Certain provisions of Article 3 of the Family Court Act specifically address rules of evidence in sex offense cases:

§344.4 Rules of Evidence, admissibility of evidence of victim's sexual conduct in sex offense cases.

Evidence of a victim's sexual conduct shall not be admissible in a juvenile delinquency proceeding for a crime or an attempt to commit a crime defined in Article 130 of the Penal Law unless such evidence:

- 1) proves or tends to prove specific instances of the victim's prior sexual conduct with the accused; or
- 2) proves or tends to prove that the victim has been convicted of an offense under section 230.00 of the Penal Law within three years prior to the sex offense which is the subject of the juvenile delinquency proceeding; or
- 3) rebuts evidence introduced by the presentment agency of the victim's failure to engage in sexual intercourse, oral sexual conduct, anal sexual conduct or sexual contact during a given period of time; or
- 4) rebuts evidence introduced by the presentment agency which proves or tends to prove that the accused is the cause of pregnancy or disease of the victim, or the source of semen found in the victim, or
- 5) is determined by the court after an offer of proof by the accused, or such hearing as the court may require, and a statement by the court of its findings of fact essential to its determination, to be relevant and admissible in the interests of justice.

§343.1 Rules of evidence; testimony given by children.

- 1) Any person may be a witness in a delinquency proceeding unless the

court finds that, by reason of infancy or mental disease or defect, he does not possess sufficient intelligence or capacity to justify reception of his evidence.

- 2) Every witness more than nine years old may testify only under oath unless the court is satisfied that such witness cannot, as a result of mental disease or defect, understand the nature of an oath. A witness less than nine years old may not testify under oath unless the court is satisfied that he or she understands the nature of an oath. If under either of the above provisions, a witness is deemed to be ineligible to testify under oath, the witness may nevertheless be permitted to give unsworn evidence if the court is satisfied that the witness possesses sufficient intelligence and capacity to justify the reception thereof.
- 3) A respondent may not be found to be delinquent solely upon the unsworn evidence given pursuant to subdivision two.
- 4) A child witness may give testimony in accordance with the provisions of Article 65 of the criminal procedure law, provided such child is declared vulnerable in accordance with subdivision one of section 65.10 of such law. A child witness means a person fourteen years old or less who is or will be called to testify in any proceeding concerning an act defined in Article 135 of the Penal Law or section 255/25 of such law, which act would constitute a crime if committed by an adult. The provisions of this subdivision shall expire and be deemed repealed on the same date as Article 65 of the Criminal Procedure Law expires and is deemed repealed pursuant to section 5 of chapter 505 of the laws of nineteen hundred eighty-five, as *from time to time, amended.*

Voire Dire

Many of the victims in juvenile sex crime cases are young children, who may be as young as five or six years old. It is critically important that the court conduct a sensitive and proper voire dire to determine the victim's capacity to testify under oath. *People v. Cordero*, 257 AD2d 372 (1st Dept. 1999) and other caselaw provide guidance to trial courts in conducting a voire dire of a young child.

Recommended Judicial Procedures For sex Offenders Prior To Disposition

1. Upon accepting an admission to a sex offense, the court should order a predispositional sex offender risk evaluation prior to imposing sentence. A psychologist with Family Services or Astor will conduct the evaluation. This evaluation will be conducted simultaneously with any pre-dispositional investigation ordered of the Dutchess County Office of Probation. It is expected that this entire process shall, absent extraordinary circumstances, be completed within a period of six (6) weeks if the respondent is not in detention. The respondent's parent or guardian

will be responsible for setting evaluation appointments and be responsible for all costs of the evaluation.

2. Sex offender risk evaluations should be completed by a professional who is a member of ATSA (The Association for the Treatment of Sexual Abusers) or supervised by an ATSA member. The respondent's parent or guardian will be directed to sign any releases that may be necessary in order for that evaluation to be completed. It is expected that all parties will cooperate with that process in order that the evaluation can be as thorough as possible. The evaluation shall be conducted in accordance with ATSA standards and shall include the use of such testing instruments as ATSA approves. The County Attorney will provide such information from the case file as is necessary for the evaluator to have that material available. It is understood and all parties must agree that any privacy rights pertaining to victims will be scrupulously observed.
3. In accepting a plea to a sex offense, the court should advise the respondent and parent or guardian that their failure to cooperate with both the pre-dispositional investigation and the sex offender risk evaluation will constitute a breach of the plea agreement and will void the County Attorney's promise to recommend a particular disposition and respondent will not be able to withdraw his plea.
4. Upon the court's receipt of Probation's pre-sentence report and the sex offender risk evaluation, copies will be distributed to both the County Attorney and the law guardian. It is anticipated that this process will occur sufficiently in advance to the court appearance that all parties will have read the reports and be prepared to proceed to sentencing on the date scheduled by the court.
5. If the sentence is to include a term of probation, the court is encouraged to impose such conditions of probation as may be recommended by the Probation Office utilizing the recommendations from the risk assessment. Specialized conditions of probation will be prepared by the Office of Probation and submitted to the court.

Orders and Conditions of Probation

- A. Obey the lawful commands of his/her parents or other person legally responsible for his care.
- B. Be home at night by the hour set by his parents or other person legally responsible for his/her care, and approved by the Court or Probation Officer; must observe any additional curfew restrictions set by his/her Probation Officer.
- C. Attend school regularly and obey all rules and regulations of the school; notify his/her Probation Officer within 24 hours if suspended from school or absent more than three days in succession.

- D. Submit records and reports of scholastic achievement and/or school behavior.
- E. Keep all appointments with his/her Probation Officer, and permit the Probation Officer to visit him/her at his/her home or elsewhere.
- F. Answer all reasonable inquiries and obey all instructions of his/her Probation Officer.
- G. Notify the Probation Officer prior to any change in residence, school or employment.
- H. Obtain permission from the Probation Officer for any absence from Dutchess County in excess of two days.

I. Avoid association with persons specified by the Court or the Probation Officer; Refrain from frequenting unlawful or disreputable places. At the discretion of the Probation Officer, he/she will avoid association and contact with individuals or be in places deemed to negatively impact his/her ability to be law abiding. Such individuals could include co-defendants, known drug and alcohol users and others serving terms of probation supervision or having pending cases in Court.

J. Abstain from the use of intoxicants, hallucinatory drugs, habit-forming drugs (without a prescription), sniffing glue, and any other dangerous or harmful substance; Submit to random drug and alco-sensor testing to ensure compliance.

K. Take clinic or similar treatment for drug dependency or abuse at a hospital or other facility where such treatment is available if there is a record or report of other evidence that he/she is a user of or is addicted.

L. Cooperate with the auxiliary services of the Court, including the Probation service in seeking and accepting medical, psychological or psychiatric diagnosis and treatment, including family case work or child guidance; notify his/her Probation Officer within 24 hours if he/she failed to attend a scheduled treatment appointment.

M. Obey all laws and ordinances; notify his/her Probation Officer within 24 hours if arrested or questioned by any law enforcement official.

N. Refrain from driving a motorized vehicle; Not apply for a driver's license or a driver's permit without the permission of the Court.

O. Contribute to his/her own support when financially able to do so; submit proof of earnings and expenses when requested.

P. Will not purchase, own, possess or place yourself in a position where you have access to a firearm, rifle, shotgun or illegal weapon.

Q. Attend a non-residential program of youth rehabilitation or training designated or approved by the Court or by the Probation service.

R. Make restitution, in a fixed amount as determined by the Court or as agreed to after mediation, for any damage to, or unlawful taking of, the property of another.

S. Satisfy such other and reasonable terms and conditions, as the Court shall determine to be necessary or appropriate to implement or facilitate any of the foregoing terms and conditions of probation.

T. Observe the specified conditions of conduct as set forth in an Order of Protection

issued by this Court or any other Court.

U. Refrain from hitchhiking or picking up a hitchhiker.

V. Submit to a search of person, knapsack, locker, bedroom and any other area under his/her immediate control by the supervising Probation Officer at any time without notice, upon reasonable cause and absent exigent or emergency circumstances, pursuant to a search order.

OTHER:

SOC1 Participate in an approved sex offender treatment program as directed by your Probation Officer and follow all treatment recommendations.

SOC2 Have no contact with your victim or victim's family until approved by your Probation Officer, victim, victim's therapist, victim's family members (if victim is a child/youth) and Child Protective Services caseworker, subject to any Order of Protection issued.

SOC3 Do not purchase, possess or view pornography or erotica.

SOC4 Do not possess or view videotapes, DVD's, movies, television shows, or electronic games of a sexual or violent nature. Do not listen to music with sexual or violent lyrics.

SOC5 Do not use the internet unless you are in a public place and supervised by a responsible adult. Do not access sites that contain material of a sexual or violent nature. Do not have a computer in your bedroom or other private location.

SOC6 Consult with your Probation Officer about your daily schedule and any additional activities. Follow the directions of your Probation Officer to avoid activities, that the Probation Officer, in consultation with a sex-offender therapist, has determined might trigger your impulse to commit an additional offense.

SOC7 Reside in a residence approved by the Probation Officer.

SOC8 Obtain approval from your Probation Officer for any employment, community service, or volunteer work.

SOC9 Observe curfew restrictions as directed by your Probation Officer or the Court.

SOC10 Complete Safety Plans, as directed and approved by your Probation Officer, and follow them.

Special Obligations of the Parents or Guardians of Juvenile Sex Offender Respondents

1. Assume costs of and provide transportation to sex offender treatment, and participate in the therapy/chaperone program as recommended by Probation.
2. Cooperate with the Probation Officer with regard to community safety, including the formation of safety plans, and see that they are followed.
3. Assist the Probation Officer in seeing that the respondent does not have access to a computer or internet service in a private location. Supervise the respondent when they are on the computer and be responsible for making sure that they do not access sites that contain matter of a sexual or violent nature.
4. Install software to control access to computer sites that contain material of a sexual or violent nature.

Frequently Asked Questions

General

What do I do if I or someone I know has been the victim of sexual assault?

You have several options. You may choose to call local police or the 911 emergency number. You can also go directly to the hospital emergency room (Saint Francis and Vassar Hospitals both have special facilities for sexual assault victims).

The Crime Victims Assistance Program's 24 Hour Sexual Trauma Crisis & Recovery Services Hotline (845-452-7272) can provide you with support and information on your options. This agency's staff has experience in dealing with crime victims, including adult and child victims (male and female) of sexual assault.

What is rape?

Forced sexual intercourse including both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal or oral penetration by the offender(s). This category also includes incidents where the penetration is from a foreign object such as a bottle. Rape victims may be forced through threats or physical means.

Includes attempted rapes, male as well as female victims and both heterosexual and homosexual rape. Attempted rape includes verbal threats of rape.

What is sexual assault?

A wide range of victimizations, separate from rape or attempted rape. These crimes include attacks or attempted attacks generally involving unwanted sexual contact between victim and offender. Sexual assaults may or may not involve force and include such things as grabbing or fondling. Sexual assault also includes verbal threats.

What is child sexual abuse?

Child sexual abuse can include fondling or touching, showing sexually explicit material to a child, exposing adult genitals to a child, vaginal or anal intercourse, oral stimulation, or any sexual act between an adult and a minor.

When is a sexual act consensual?

There are three main considerations in judging whether or not a sexual act is consensual (which means that both people are old enough to consent, have the capacity to consent, and agreed to the sexual contact) or is a crime:

1. Are the participants old enough to consent?

Each state sets an “age of consent,” which is the minimum age someone must be to have sex. People below this age are considered children and cannot legally agree to have sex. In other words, even if the child or teenager says yes, the law says no.

In most states, the age of consent is 16 or 18. In some states, the age of consent varies according to the age difference between the participants. Generally, “I thought she was 18” is not considered a legal excuse — it’s up to you to make sure your partner is old enough to legally take part.

2. Do both people have the capacity to consent?

States also define who has the mental and legal capacity to consent. Those with diminished capacity — for example, some people with disabilities, some elderly people and people who have been drugged or are unconscious — may not have the legal ability to agree to having sex.

3. Did both participants agree to take part? Did someone use physical force to make you have sexual contact with him/her? Has someone threatened you to make you have intercourse with them?

If yes, it is rape. It doesn’t matter if you think your partner means yes, or if you’ve already started having sex — “No” also means “Stop.” If you proceed despite your partner’s expressed instruction to stop, you have not only violated basic codes of morality and decency, you may have also committed a crime under the laws of your state (check your state’s laws for specifics).

Who commits sex offenses?

Most sexual assaults are committed by someone known to the victim or the victim’s family, regardless of whether the victim is a child or an adult.

Adult Victims

Statistics indicate that the majority of women who have been raped know their assailant. A 1998 National Violence Against Women Survey revealed that among those women who reported being raped, 76% were victimized by a current or former husband, live-in partner, or date (Tjaden and Thoennes, 1998). Also, a Bureau of Justice Statistics study found that nearly 9 out of 10 rape or sexual assault victimizations involved a single offender with whom the victim had a prior relationship as a family member, intimate, or acquaintance (Greenfield, 1997).

Child Victims

Approximately 60% of boys and 80% of girls who are sexually victimized are abused by someone known to the child or the child's family (Lieb, Quinsey, and Berliner, 1998). Relatives, friends, baby-sitters, persons in positions of authority over the child, or persons who supervise children are more likely than strangers to commit a sexual assault.

Are all sex offenders male?

The vast majority of sex offenders are male. However, females also commit sexual crimes.

In 1994, less than 1% of all incarcerated rape and sexual assault offenders were female (fewer than 800 women) (Greenfield, 1997). By 1997, however, 6,292 females had been arrested for forcible rape or other sex offenses, constituting approximately 8% of all rape and sexual assault arrests for that year (FBI, 1997). Additionally, studies indicate that females commit approximately 20% of sex offenses against children (ATSA, 1996). Males commit the majority of sex offenses but females commit some, particularly against children.

Does alcohol have a role in sexual crimes?

It is unlikely that an individual who otherwise would not commit a sexual assault would do so as a direct result of excessive drinking.

Annual crime victim reports indicate that approximately 30% of all reported rapes and sexual assaults involve alcohol use by the offender (Greenfield, 1998). Alcohol use, therefore, may increase the likelihood that someone already predisposed to commit a sexual assault will act upon those impulses. However, excessive alcohol use is not a primary precipitant to sexual assaults.

Sex Offenders Legal Trends

How often are sexual offenders prosecuted for their crimes?

Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. Most convicted sex offenders eventually are released to the community under probation or parole supervision.

Many women who are sexually assaulted by intimates, friends, or acquaintances do not report these crimes to the police. Instead, victims are most likely to report being sexually assaulted when the assailant is a stranger, the victim is physically injured during the assault, or a weapon is involved in the commission of the crime.

A 1992 study estimated that only 12% of rapes were reported (Kilpatrick, Edmunds and Seymour, 1992). The National Crime Victimization Surveys conducted in 1994, 1995, and 1998 indicate that only 32% of sexual assaults against persons 12 or older were reported to law enforcement. (No current studies indicate the rate of reporting for child sexual assault, although it generally is assumed that these assaults are equally under-reported). The low rate of reporting leads to the conclusion that the approximate 265,000 convicted sex offenders under the authority of corrections agencies in the United States (Greenfield, 1997) represent less than 10% of all sex offenders living in communities nationwide.

While sex offenders constitute a large and increasing population of prison inmates, most are eventually released to the community. Some 60% of those 265,000 convicted sex offenders noted above were supervised in the community, whether directly following sentencing or after a term of incarceration in jail or prison. Short of incarceration, supervision allows the criminal justice system the best means to maintain control over offenders, monitor their residence, and require them to work and participate in treatment. As a result, there is a growing interest in providing community supervision for this population as an effective means of reducing the threat of future victimization.

Do sex offenders reoffend?

Reconviction data suggest that this is not the case. Further, reoffense rates vary among different types of sex offenders and are related to specific characteristics of the offender and the offense.

Persons who commit sex offenses are not a homogenous group, but instead fall into several different categories. As a result, research has identified significant differences in reoffense patterns from one category to another. Looking at reconviction rates alone, one large-scale analysis (Hanson and Bussiere, 1998) reported the following differences:

- *Child molesters had a 13% reconviction rate for sexual offenses and 37% reconviction rate for new, non-sex offenses over a five year period; and*
- *Rapists had a 19% reconviction rate for sexual offenses and a 46% reconviction rate for new, non-sex offenses over a five year period.*
- *Another study found reconviction rates for child molesters to be 20% and for rapists approximately 23% (Quinsey, Rice, and Harris, 1995).*

Individual characteristics of the crimes further distinguish recidivism rates. For instance, victim gender and relation to the offender have been found to impact recidivism rates. In a 1995 study, researchers found that offenders who had extra-familial female victims had a recidivism rate of 18% and those who had extra-familial male victims had a recidivism rate of 35%. This same study found a recidivism rate for incest offenders to be approximately 9% (Quinsey, Rice, and Harris, 1995).

It is noteworthy that recidivism rates for sex offenders are lower than for the general criminal population. For example, one study of 108,580 non-sex criminals released from

prisons in 11 states in 1983 found that nearly 63% were rearrested for a non-sexual felony or serious misdemeanor within three years of their release from incarceration; 47% were reconvicted; and 41% were ultimately returned to prison or jail (Bureau of Justice Statistics).

It is important to note that not all sex crimes are solved or result in arrest and only a fraction of sex offenders are reported to police. The reliance on measures of recidivism as reflected through official criminal justice system data (i.e., rearrest or reconviction rates) obviously omits offenses that are not cleared through an arrest (and thereby cannot be attributed to any individual offender) or those that are never reported to the police. For a variety of reasons, many victims of sexual assault are reluctant to invoke the criminal justice process and do not report their victimization to the police. For these reasons, relying on rearrest and reconviction data underestimates actual reoffense numbers.

What is the rate of sexual offenses?

Despite the increase in publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years.

The rate of reported rape among women decreased by 10% from 1990 to 1995 (80 per 100,000 compared to 72 per 100,000) (Greenfield, 1997). In 1995, 97,460 forcible rapes were reported to the police nationwide, representing the lowest number of reported rapes since 1989.

More recently, when examining slightly different measures, it appears that rates have continued to drop. The arrest rate for all sexual offenses (including forcible rape and excluding prostitution) dropped 16% between 1993 and 1998. In 1998, 82,653 arrests were logged for all sexual offenses, compared to 97,955 arrests in 1993 (Federal Bureau of Investigations, 1997 and 1998).

Is treatment for sex offenders effective?

Treatment programs can contribute to community safety because those who attend and cooperate with program conditions are less likely to reoffend than those who reject intervention.

The majority of sex offender treatment programs in the United States and Canada now use a combination of cognitive-behavioral treatment and relapse prevention (designed to help sex offenders maintain behavioral changes by anticipating and coping with the problem of relapse). Offense-specific treatment modalities generally involve group and/or individual therapy focused on victimization awareness and empathy training, cognitive restructuring, learning about the sexual abuse cycle, relapse prevention planning, anger management and assertiveness training, social and interpersonal skills development, and changing deviant sexual arousal patterns.

Differing types of offenders typically respond to different treatment methods with varying rates of success. Treatment effectiveness is often related to multiple factors, including:

- *The type of sexual offender (e.g., incest offender or rapist);*
- *The treatment model being used (e.g., cognitive-behavioral, relapse prevention, psycho-educational, psychodynamic, or pharmacological);*
- *The treatment modalities being used; and*
- *Related interventions involved in probation and parole community supervision.*

Several studies present optimistic conclusions about the effectiveness of treatment programs that are empirically based, offense-specific, and comprehensive (Lieb, Quinsey, and Berliner, 1998). The only meta-analysis of treatment outcome studies to date has found a small, yet significant, treatment effect – an 8% reduction in the recidivism rate for offenders who participated in treatment (Hall, 1995). Research also demonstrates that sex offenders who fail to complete treatment programs are at increased risk for both sexual and general recidivism (Hanson and Bussiere, 1998).

How much does it cost to treat and manage sex offenders in the community?

One year of intensive supervision and treatment in the community can range in cost between \$5,000 and \$15,000 per offender, depending on treatment modality. The average cost for incarcerating an offender is significantly higher, approximately \$22,000 per year, excluding treatment costs.

As noted previously, effective sex offender specific treatment interventions can reduce sexual offense recidivism by 8%. Given the tremendous impact of these offenses on their victims, any reduction in the reoffense rates of sex offenders is significant.

Without the option of community supervision and treatment, the vast majority of incarcerated sex offenders would otherwise serve their maximum sentences and return to the community without the internal (treatment) and external (supervision) controls to effectively manage their sexually abusive behavior. Managing those offenders who are amenable to treatment and can be supervised intensively in the community following an appropriate term of incarceration can serve to prevent future victimization while saving taxpayers' substantial imprisonment costs (Lotke, 1996).

Criminal history characteristics of adult sex offenders:

- *In 1994, it was estimated that 12% of imprisoned violent sex offenders had a prior conviction for rape or sexual assault, while 61% had a prior felony conviction for other crimes (Greenfield, 1997).*
- *In 1997, approximately 234,000 convicted sex offenders were under the care, custody, or control of corrections agencies on an average day. Nearly 60% were under conditional supervision in the community (Greenfield, 1997). By 1998, this*

number grew to 265,000.

Adolescent Sex Offenders

What % of sex offenses are committed by adolescents?

Adolescents commit a substantial number of sex offenses, including 17% of all arrests for sex offenses and approximately 33% of all sex offenses against children.

Do adolescent females commit sex offenses?

Females under the age of 18 account for 1% of forcible rapes committed by juveniles and 7% of all juvenile arrests for sex offenses, excluding the category of prostitution.

What types of sex offenses do adolescents commit?

While some illegal sexual behavior by adolescent sex offenders is limited, such as touching a child over the clothes, other adolescent sex offenders have extensive, aggressive sexual behavior including forced anal or vaginal intercourse.

Are families of adolescent sex offenders highly dysfunctional?

There is no specific profile or unique family pattern for the family of an adolescent sex offender. The characteristics of adolescent sex offender families are diverse and may or may not be considered dysfunctional.

Were adolescent sex offenders sexually abused as children?

Many adolescent sex offenders were not sexually victimized as children. The self-reported rates of sexual victimization of adolescent sex offenders range from 20% to 55%. Several studies have shown higher rates of self-reported physical abuse than sexual abuse.

Will adolescent sex offenders become adult sex offenders?

Current research shows that the sexual re-offense rate for adolescent sex offenders who receive treatment is low in most US settings. Studies suggest that the rates of sexual re-offense (5-14%) are substantially lower than the rates for other delinquent behavior (8-58%). The assumption that the majority of adolescent sex offenders will become adult sex offenders is not supported by the current literature.

Do adolescent sex offenders need long-term, intensive therapy?

Many adolescent sex offenders are successfully treated in shorter, less intensive, outpatient group treatment programs that meet once a week for 8 to 28 months.

Should adolescent sex offenders be placed in secure, residential treatment facilities?

Most adolescent sex offenders can safely remain in the community during treatment. Some adolescent sex offenders need residential placement; however, there is some professional consensus that most adolescent sex offenders can be treated on an outpatient basis. Decisions about placement in residential or incarcerated settings should depend on community safety and treatment issues. The possible negative effects of out-of-home placement should be considered, such as increased risk of developing a delinquent lifestyle, negative peer influences, weakening of family ties, absence of parental involvement in treatment, and disruption of normal adolescent social development.

Do adolescent sex offenders have serious psychological disorders?

Many adolescent sex offenders do not have other major psychological problems. Some adolescent sex offenders have serious psychological problems, including conduct disorders, PTSD, depression, and learning disabilities, that need to be addressed during treatment.

Can adolescent sex offenders attend public schools?

Many adolescent sex offenders can safely attend public schools and participate in school activities such as sports programs, the band, or the school newspaper.

Can adolescent sex offenders live in the community?

Most adolescent sex offenders can safely remain in the community during treatment. Some adolescent sex offenders need residential placement; however, there is some professional consensus that most adolescent sex offenders can be treated on an outpatient basis. Decisions about placement in residential or incarcerated settings should depend on community safety and treatment needs.

Are there instruments that can determine whether or not an adolescent sex offender is at high risk to reoffend?

There is currently no test or scientifically validated instrument that can reliably determine if an adolescent will commit a subsequent sex offense. There are instruments (J-SOAP-II, ERASOR-2) under development to assess, with reliability and validity, the risk for future sex offenses by adolescents. At this time, these instruments should be used with caution.

Do adolescent sex offenders have the same characteristics as adult sex offenders?

Adolescent sex offenders differ from adult sex offenders in several ways. Adolescent sex offenders are different from adult sex offenders in that they have lower recidivism rates, engage in fewer abusive behaviors over shorter periods of time, and have less aggressive sexual behavior.

Juvenile Sex Offenders

Do juveniles commit sexual offenses?

Adolescents are responsible for a significant number of rape and child molestation cases each year.

Sexual assaults committed by youth are a growing concern in this country. Currently, it is estimated that adolescents (ages 13 to 17) account for up to one-fifth of all rapes and one-half of all cases of child molestation committed each year (Barbaree, Hudson, and Seto, 1993). In 1995, youth were involved in 15% of all forcible rapes cleared by arrest – approximately 18 adolescents per 100,000 were arrested for forcible rape. In the same year, approximately 16,100 adolescents were arrested for sexual offenses, excluding rape and prostitution (Sickmund, Snyder, Poe-Yamagata, 1997).

The majority of these incidents of sexual abuse involve adolescent male perpetrators. However, prepubescent youths also engage in sexually abusive behaviors.

Are juvenile sex offenders who are victims of child sexual abuse more likely to grow up to be adult sex offenders?

Multiple factors, not just sexual victimization as a child, are associated with the development of sexually offending behavior in youth.

Recent studies show that rates of physical and sexual abuse vary widely for adolescent sex offenders; 20 to 50% of these youth experienced physical abuse and approximately 40 to 80% experienced sexual abuse (Hunter and Becker, 1998). While many adolescents who commit sexual offenses have histories of being abused, the majority of these youth do not become adult sex offenders (Becker and Murphy, 1998). Research suggests that the age of onset and number of incidents of abuse, the period of time elapsing between the abuse and its first report, perceptions of how the family responded to the disclosure of abuse, and exposure to domestic violence are all relevant to why some sexually abused youths go on to sexually perpetrate while others do not (Hunter and Figueredo, in press).

Do Juvenile Delinquent Sex Offenders have to register?

While some states require juvenile delinquent sex offenders to register, New York State does not.

Characteristics of juvenile sex offenders:

- *Juvenile sex offenders are typically between the ages of 13 and 17.*
- *They are generally male.*

- 30-60% exhibit learning disabilities and academic dysfunction.
- Many have difficulties with impulse control and judgment.
- Up to 80% have a diagnosable psychiatric disorder.
- 20-50% have histories of physical abuse.
- 40-80% have histories of sexual abuse.

Are children who are sexually assaulted more likely to sexually assault others when they grow up?

Most sex offenders were not sexually assaulted as children and most children who are sexually assaulted do not sexually assault others.

Early childhood sexual victimization does not automatically lead to sexually aggressive behavior. While sex offenders have higher rates of sexual abuse in their histories than expected in the general population, the majority were not abused. Among adult sex offenders, approximately 30% have been sexually abused. Some types of offenders, such as those who sexually offend against young boys, have still higher rates of child sexual abuse in their histories (Becker and Murphy, 1998).

While past sexual victimization can *increase the likelihood* of sexually aggressive behavior, most children who were sexually victimized never perpetrate against others.

Sexual Offenders Registry and Community Notification

What is sex offender registration?

In 1994 the federal Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act was passed. This law mandated states to set up sex offender registries to assist police in keeping track of sex offenders in their jurisdictions. Each state may choose how to operate their registry.

In New York State, a person must register as a sex offender if they have been convicted of certain offenses. They have to tell local law enforcement where they will be living and, in some cases, where they will be working. For more information about sex offender registration in New York State you can visit the NYS Division of Criminal Justice Services' website: www.criminaljustice.state.ny.us.

What is community notification all about?

In 1996, Congress passed Megan's Law. Megan's Law is an amendment to the sex offender registration act and requires states to develop community notification programs to make information about registered sex offenders available to the community. This information can help community members make planning decisions about the safety of themselves and their family.

New York State Law allows local police to give out certain information about some registered sex offenders. The amount of information depends on the offender's designated risk level. Little information can be released about low risk offenders. Much more information can be released about moderate to high risk offenders,

How do I find out if there is a sexual predator in my area?

The Dutchess County Sheriff's Office is providing information to the community, about certain convicted sex offenders, in accordance with New York State Corrections Law, Article 6-C, entitled Sex Offender Registration Act (SORA). Click [Here](#) to access this information.

Now that I know about a particular sex offender who lives in my community, are my family & I safe?

Sex offending happens in secrecy. Community notification removes the veil of secrecy. The purpose of community notification is to reduce the chances of the offender victimizing someone else by increasing neighborhood residents' awareness of known sex offenders living in their area. It is also very important to remember that registered sex offenders are only a portion of people who have committed sex offenses who live in our communities. There are many offenders who have not yet been caught, who are not required to register, or who have completed their registry obligations.

Are there any differences in how sex offenders are classified on the Registry?

Some states use a tiered system of classifying registered sex offenders according to their risk of re-offense, while other states don't differentiate between different risk levels.

New York State uses a tiered system, which puts sex offenders into one of three tiers or levels. A court determines whether an offender is a Level 1, 2, or 3. Level 1 offenders are considered to be low risk to re-offend. Level 2 offenders are considered to a moderate risk to commit a new sex offense. Level 3 offenders are considered to a high risk to re-offend. Courts in New York also decide if an offender should be designated a sexual predator, sexually violent offender or predicate sex offender.

Aren't most sex offenders locked up?

Some sex offenders receive community sentences, such as probation supervision, and so remain in the community while serving their sentence. Sex offenders who are given jail or prison time are eventually released back into the community. Offenders released from prison may be supervised by parole. Short of incarceration, community supervision allows the criminal justice system one way to help control the offender. There is a growing interest in providing effective community supervision for this population to reduce the threat of future victimization. The supervising agency can monitor the offender's residence, require that the offender work and in some cases require that he or she participate in treatment. Certain sex offenders who find appropriate work and are in treatment while under community supervision present a reduced threat to the community.

Isn't it just a matter of time before a sex offender commits another crime?

Studies done on the subject suggest that this is not the case, although the rates of reoffense vary among different types of sex offenders. Interestingly, sex offenders re-offend at lower rates than the general criminal population. However, the impact of sex crimes can be particularly devastating and long-lasting compared to other types of crime.

What do I tell my children about this offender?

Good communication between parents and children is an important part of family safety. In general terms tell your children that this person has hurt someone before. Explain to them that they should stay away from this person. Review safety tips and be aware of common lures used by sex offenders (Suggested link <http://www.childlures.com/parents/tips.asp>). Even though we mean well when we say to our kids, "don't talk to strangers," the fact is that most children are sexually abused by someone they already know, be it a family friend, a neighbor, a babysitter, a coach – even a family member.

Who should I contact if I am concerned about the sex offender's behavior?

If it appears to you that the offender has committed a crime or is acting suspiciously, call the county sheriff or the police department in your jurisdiction and report it as you would any other suspicious or criminal activity. Most areas have a 911 emergency service, but check with law enforcement to find out how to report a crime that you witness or suspect. It is important that you leave it to law enforcement and do not take matters into your own hands.

Statistics

Sexual assault statistics:

- *1995 estimates indicate that 260,300 rapes and attempted rapes and nearly 95,000 sexual assaults and threats of sexual assault were committed against persons 12 years of age or older (Greenfield, 1997).*

- *In 1998, 20,608 arrests were made for forcible rape and 62,045 arrests were made for other sexual offenses (FBI, 1998).*
- *43% of all rapes/sexual assaults occur between 6 p.m. and midnight*
- *Six out of every 10 rapes/sexual assaults occur in the homes of victims, family members, or friends (Greenfield, 1997).*
- *Sexual assault victimizations are highest among young adults between the ages of 16 and 19, low income individuals, and urban residents (Greenfield, 1997).*

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Community Resources

Crisis/Emergency Help

- Rape Crisis/ Crime Victims Hotline- 24 Hour Hotline (845) 452-7272
- Sexual Assault Forensic Nurse Examiner Program- 24 Hour Hotline (845) 452-7272
- Suicide Prevention (845) 485-9700
- Mental Health Helpline (845) 485-9700

Counseling Services/ Emotional Support

Crime Victim's Assistance Program (845) 452-1110 x 3083 or x 3121
Hudson Valley Mental Health (845) 486-2703

Advocacy Services

- Crime Victim's Assistance Program- 24 Hour Hotline (845) 452-7272
- Or call during business hours (845) 452-1110 x 3083 or x 3121

Police

- City of Poughkeepsie (845) 451-4000
- City of Beacon (845) 831-4111
- Town of Poughkeepsie (845) 485- 3666
- Town of East Fishkill (845) 221-2111
- Village of Wappingers Falls (845) 291-1011
- Town of Hyde Park (845) 229-9340
- Dutchess County Sheriff (845) 486-3800
- NY State Police (845) 677-7300

Hospitals/Medical Information

- Dutchess County Health Department (845) 486-3400
- HIV/AIDS Hotline (845) 486-3408
- Planned Parenthood (845) 471-1540
- St. Francis Hospital Main Number (845) 483-5000
- St. Francis Hospital Emergency Room (845) 431-5680
- Vassar Brothers Medical Center Main Number (845) 454-8500
- Vassar Brothers Medical Center Emergency Room (845) 431-5680

Legal Help

- County Attorney's Office (845) 486-2110
- District Attorney's Office (845) 486-2300
- Legal Services of the Hudson Valley (845) 471-0058

Probation/Parole

- Parole (845) 452-0620 or (845) 831-4820
- Probation (845) 486-2600

Dutchess County Sex Offender Management Project

Web Resources

NYS Sex Offender Registry <http://criminaljustice.state.ny.us/nsor/index.htm>

Dutchess County Sex Offender Registry www.co.dutchess.ny.us/soraweb/sora.aspx