

Arizona Sex Offender Management Board

Guiding Principles

The purpose of the Guiding Principles is to establish the core foundation from which the *Standards and Guidelines* are created and to provide guidance in the absence of a specific standard or guideline.

1. The highest priority of these Standards and Guidelines is to maximize community safety through the effective delivery of quality evaluation, treatment, and management of sex offenders.
2. Sexual offenses are traumatic and can have a devastating impact on the victim and the victim's family.

Sexual offenses violate victims and can lead to common and serious consequences across all areas of victims' lives, including chronic and severe mental and physical health symptoms, as well as social, family, economic, and spiritual harm. Research and clinical experience indicate that victims of sexual abuse often face long-term impact and continue to struggle for recovery over the course of their lifetime. The impact of sexual offenses on victims varies based on numerous factors. By defining the offending behavior and holding offenders accountable, victims may potentially experience protection, support, and recovery. Professionals working with sexual offenders should be alert to how offenders' behaviors may inflict further harm on people they have previously victimized.

3. Community safety and the rights and interests of victims and their families, as well as potential victims, require paramount attention when developing and implementing assessment, treatment, and management of sex offenders, including juveniles who have committed sexual offenses.
4. Offenders are capable of change.

Responsibility for change ultimately rests with the offender. Individuals are responsible for their attitudes and behaviors and are capable of eliminating abusive behavior through personal ownership of a change process. While responsibility for change is the offender's, the therapeutic alliance between the offender and the therapist is a predictive and important facet of responsivity leading to behavioral change. A warm, direct, and empathic therapeutic approach contributes to an offender's motivation to change, as does the supervising professional's positive working alliance with the offender.

The treatment and management of sex offenders requires a coordinated response by the supervision and treatment team and will be most effective when providers and the entirety of the criminal justice and social services systems apply the same principles and work together.

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Community safety is enhanced when treatment providers and community supervision professionals practice in their area of specialization and work together. This collaboration should include frequent and substantive communication about information that will assist in reducing a sex offender's risk to the community. When the supervision and treatment team members respect the individual roles and mutually agree upon their goals, the sex offender can be treated and managed more effectively.

5. Community supervision is an opportunity, the success of which is dependent upon a sex offender's willingness and ability to cooperate with treatment and supervision and be accountable for their behaviors. Accordingly, members of the supervision and treatment team should employ practices designed to maximize offender participation and accountability.

Offense-specific treatment must address all types of abusive behaviors and not just the legally defined delinquent behavior(s) for which a juvenile was adjudicated.

6. Treatment and supervision are most effective when they are individualized and incorporate evidence-based and research-informed practices.
7. Risk for future sexual offending varies and may increase or decrease. The intensity and duration of treatment and supervision should respond to these variations in risk. Individual assessment and evaluation of risk should be an ongoing practice. Treatment approaches and supervision plans should be modified accordingly. Effective management of risk balances the use of external controls with the development of individual protective factors and self-regulation in order to reduce risk, enhancing the offender's ability to live safely in the community.

Risk assessment of juveniles who have committed sexual offenses should be based on an empirically supported protocol.

The risk assessment protocol, including the selection of instruments, should be tailored to the unique characteristics of the juvenile. A juvenile's level of risk should not be based solely on the sexual offense(s) of adjudication/deferred judgment.

8. Victims have the right to safety, to be informed, and to provide input to supervision and treatment providers.

Physical and psychological safety is a necessary condition for victims to begin recovery related to sexual abuse. Victims experience additional trauma when they are blamed or not believed, which may be more damaging than the abuse itself. Victim impact is substantially reduced when victims are believed, protected, and adequately supported.

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Supervision and the treatment providers can assist the victim in this by providing information and affording the victim representation in the supervision and management of the offender. Victim input and knowledge of the offender are valuable information for the supervision professionals. Victims are empowered to determine their level of participation.

9. When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth, and psychological well-being outweighs any conflicting parental or family interests.
10. The Arizona Sex Offender Management Board (AZ SOMB) is working to develop Standards and Guidelines based on current and emerging research and best practices.

Treatment, management, and supervision decisions should be guided by empirical findings when research is available. Since there is limited and emerging empirical data specific to sexual offending, decisions should be made cautiously to minimize unintended consequences.

Treatment and supervision should be individualized and responsive based on the juvenile's risks and needs.

Juveniles who commit sexual offenses vary in ways such as age, development, gender, culture, background, strengths, protective factors, patterns of offending, and number of victims.

11. A continuum of treatment and management options for sex offenders should be available in each community in the state. Additionally, efforts should be made to maximize continuity of care whenever a transition from one treatment setting to another to maximize positive treatment progress.

It is in the best interest of public safety for each community to have a continuum of management and treatment options so that treatment is appropriately matched to the client.

12. Successful treatment and management of sex offenders is enhanced when the supervision and treatment models encourage family, friends, employers, and other members of the community in pro-social support of the sex offender.

Families, friends, employers and members of the community who have influence in the lives of sex offenders can meaningfully contribute to their successful functioning in society. Family and friends should be included in the supportive network in a manner that is sensitive to the possible negative impact of the offense on them.

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13. Information sharing among supervision and treatment members is vital to public safety and offender success.

Sexual offense-specific treatment is not conducted with the same degree of confidentiality as non-mandated treatment. Sex offenders waive confidentiality with regard to therapeutic and/or public safety goals. When sensitive and private information is shared, the dignity and humanity of all involved must be respected.

14. Sex offense-specific assessment, evaluation, treatment, behavioral monitoring, and supervision should be humane, non-discriminatory, and bound by the rules of ethics and law.

15. The individualization of evaluations, assessment, treatment, and supervision requires particular attention to social and cultural factors. Recognition of these factors is essential when interacting with clients from different social, cultural, and religious backgrounds. A basic premise is to recognize the client's culture, your own culture, and how both affect the client-provider relationship.

This premise extends to all professional members of the supervision and treatment team and to positive support people, and is essential for creating an equitable and inclusive environment, regardless of cultural or lifestyle differences.

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