

NOTICE OF PUBLIC MEETING
Arizona Sex Offender Management Board

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the **Arizona Sex Offender Management Board** (the "Board") and to the general public that the Board will hold a meeting, open to the public, on **November 17, 2025**.

The **November 17, 2025** Board meeting will be an in-person meeting. This means that the public has the opportunity to participate in-person. Information on how the public may attend is outlined below.

Please note the location of the **Monday, November 17, 2025** Board meeting:

Arizona State Capitol
1700 West Washington Street (Second Floor Conference Room)
Phoenix, Arizona

The boardroom will be open to members of the public at 1:15 p.m.

A copy of the meeting agenda is attached. The Board reserves the right to change the order of items on the agenda.

Pursuant to A.R.S. § 38-431.02(H), the Board may discuss and take action concerning any matter listed on the agenda.

Pursuant to A.R.S. § 38-431.03(A)(2), the Board may vote to convene in executive session, which will not be open to the public, for discussion or consideration of records exempt by law from public inspection.

Pursuant to A.R.S. § 38-431.03(A)(3), the Board may vote to convene in executive session, which will not be open to the public, for legal consultation and advice concerning any item on the agenda.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Ms. Ashlesha Naik at 602-223-2611 or via email at AZSOMB@AZDPS.GOV. Requests should be made as early as possible to allow time to arrange the accommodation(s).

Please see below on how to provide public comment on agenda items.

Procedures for Submitting a Request to Speak Form (Please read through each option carefully):

Public comments for the meeting will be accepted in written form or verbally during the meeting.

- **Written Public Comments:**

- Written comments for the meeting will be accepted by:
 - Submitting a written public comment form available at:
<https://www.azdps.gov/form/somb-call-to-the-public-written->

- USPS to Arizona Department of Public Safety/AZSOMB P.O. Box 6488 Mail Drop 1360, Phoenix, AZ 85005. Please note that USPS mail takes time to be delivered. Please plan accordingly to ensure that the Board receives the written public comment by the deadline for the Board to receive a written comment set forth below.
- **The deadline for the Board to receive a written comment is Thursday, November 13, 2025, at 5 p.m.** Written comments received after the deadline, including those that are mailed but not received by staff, will not be posted and will not be provided to members.
- Written comments will not be read into the record; however, staff will post all written comments received by the deadline on the Board's agenda by the deadline for the Board to receive a written comment set forth above.
- **In-Person Verbal Comments.** Individuals attending the Board meeting in person may provide a verbal public comment during the Call to the Public agenda item.
 - A person who wishes to provide a verbal public comment in-person must complete and submit a request to speak form available at <https://www.azdps.gov/form/somb-call-to-the-public-inperson> to Board staff prior to the start of the meeting. The request to speak form informs Board staff that you will be present in person at the meeting to provide your public comment.
 - The Board asks that request to speak forms be completed and submitted prior to the day of the meeting. The form, however, will also be available to complete and submit to Board staff at the meeting. Individuals who submit a request to speak form after the start of the meeting will not be provided the opportunity to speak.

All Public Comments

- In-person verbal public comment will be limited to three minutes by the Board Chair, unless the time limit is adjusted by the Board Chair, at the start of the meeting.
- If submitting a request to speak form, Board staff will call on you to speak during the Call to the Public agenda item. Board staff will only call speakers one time. If a speaker is not ready and available to comment at that time, staff will move on to the next speaker. If you miss your turn, Board staff will attempt again at the end of the list. The order in which names are called will be in the order in which the registrations are received.
- Before beginning your public comment, please state your name and organization (if applicable) for the record.
- If you need assistance with submitting a request to speak form, submitting a written public comment, please contact the Board's office at (602) 223-2611 and a staff member will assist you.

DATED AND POSTED this 12th Day of November, 2025.

By 
Major Jenna G. Mitchell
AZ SOMB Program Manager

ARIZONA SEX OFFENDER MANAGEMENT BOARD
Monday, November 17, 2025
Regular Session

1:30 PM

ALL ITEMS ON THIS AGENDA ARE OPEN FOR DISCUSSION AND POSSIBLE ACTION, INCLUDING REPORTS AND ACTION ITEMS.

THE AGENDA AND BACKGROUND MATERIAL ARE PROVIDED TO BOARD MEMBERS ELECTRONICALLY (WITH THE EXCEPTION OF MATERIAL RELATING TO POSSIBLE EXECUTIVE SESSIONS) AND POSTED ON THE ARIZONA PUBLIC MEETING WEBSITE AT PUBLICMEETINGS.AZ.GOV. ADDITIONALLY, A HARD COPY OF THE AGENDA IS AVAILABLE AT 2222 WEST ENCANTO BLVD., PHOENIX, AZ. PLEASE EMAIL AZSOMB@AZDPS.GOV TO INSPECT THE DOCUMENTS.

REMINDER: As required by Open Meeting Law, please refrain from engaging in conversations, texts, emails and other forms of communication with individual board members. All questions, comments, deliberations and decisions should be stated to the public body as a whole in open session.

- 1. ROLL CALL**
- 2. DISCUSSION AND ADOPTION OF MINUTES OF THE PRIOR MEETING**
- 3. CALL TO THE PUBLIC** — This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling the matter for further consideration and decision at a later date.
 - a. Review of Written Public Comments Received
 - b. Other Public Comments
- 4. MATTERS FOR DISCUSSION AND POSSIBLE ACTION**
 - a. Introduction and Background of Sex Offender Management Board
 - b. Old Business:
 - Legal Advice
 - c. Discussion of Bylaws
 - d. Establish a Purpose/Mission Statement/Objectives/Guiding Principles
 - e. Refresher Training on Robert's Rules of Order
 - f. Nomination and Election of a Vice Chair
 - g. Form Subcommittees and Appoint Members
 - h. Legislative Discussion
 - i. Future Agenda Items

5. THE BOARD MAY VOTE TO CONVENE AND ENTER INTO AN EXECUTIVE SESSION FOR ANY REASON AUTHORIZED BY A.R.S. § 38-431.03, including personnel matters, confidential records, legal advice, litigation, contract negotiations, employee salary discussions, and international or tribal negotiations. (To do so, the public body must first vote publicly to enter executive session, specifying the reason, and no legal action or final decisions can be made during the session. All motions and voting must be conducted after return to the public session.)

6. ADJOURNMENT

NEXT MEETING:

Arizona Sex Offender Management Board
December 8, 2025 1:30 p.m. -5:30 p.m.
Arizona State Capitol
Second Floor Conference Room
1700 W. Washington St.
Phoenix, AZ 85007



BACKGROUND MATERIAL

November 17, 2025



BACKGROUND MATERIAL

November 17, 2025

DRAFT MINUTES OF MEETING
OCTOBER 07, 2025



ARIZONA SEX OFFENDER MANAGEMENT BOARD
2222. W. Encanto Blvd. | Phoenix, Arizona 85009
Home Page: <https://www.azdps.gov/sex-offender-management-board>
Telephone (602) 223-2611 | Email AZSOMB@AZDPS.GOV

DRAFT MINUTES FOR MEETING
Held on October 7, 2025
Arizona State Capitol, Executive Tower, Second Floor Conference Room
1700 West Washington Street, Phoenix, Arizona 85007

GENERAL BUSINESS

1. CALL TO ORDER

Major Jenna Mitchell, Arizona Sex Offender Management Board (AZSOMB) Program Manager, called the inaugural meeting to order at: 1:36 p.m.

2. ROLL CALL

The following Board members participated in person: Amanda Adkins, Jamie Balson, Blake Barney, Brecken Blades, Shawna Bolick, Colette Chapman, Suzanne Cohen, Benjamin Cook, John Fanning, Beth Goulden, Steven R. Gray, E. Frank Griego Jr., Jim Hanratty, Karolyn Kaczorowski, Joseph Kelroy, Katie Krejci, Farah R. Lokey, Jeffrey McClure, Sheridyn Miller, Scott Naegele, Shane Neil, Nicolas Pawlowski, Khyl Powell, and Anna Young.

The following Board members were absent: Barbara Lang and Melony Opheim.

ALSO PRESENT

The following DPS and Board staff participated in the meeting: Colonel Jeff Glover, Lt. Colonel Jesse Galvez, Major Jenna Mitchell, Assistant Attorney General Victoria A. Baldner, Anthony Davis, Ashlesha Naik, Garret Hughes, Melanie Veilleux, Kimberly Thomas.

The following members of the public attended the meeting:

and

3. CALL TO THE PUBLIC

No individuals addressed the Board during the Public Statements portion of the meeting.

4. MATTERS FOR DISCUSSION AND POSSIBLE ACTION

a. Welcome and Opening Remarks

Program Manager Major Jenna Mitchell welcomed the Board Members and the public and introduced Colonel Jeff Glover. Colonel Glover acknowledged formation of the Arizona Sex Offender Management Board as major milestone and thanked Governor Hobbs for her leadership and partnership in making this a reality.

b. Board Member and Staff Introductions

Board members and Board staff introductions were made.

c. Establish Board Member Terms (two, three, or four years)

Board Members drew for their terms of office for their board position as follows:

<u>Board Member</u>	<u>Term</u>
Amanda Adkins	3 years
Jamie Balson	2 years
Blake Barney	3 years
Brecken Blades	4 years
Shawna Bolick	4 years
Colette Chapman	2 years
Suzanne Cohen	3 years
Benjamin Cook	4 years
John Fanning	2 years
Beth Goulden	4 years
Steven R. Gray	4 years
E. Frank Griego	3 years
Jim Hanratty	3 years
Karolyn Kaczorowski	2 years
Joseph Kelroy	2 years
Katie Krejci	3 years
Farah R. Lokey	4 years
Jeffrey McClure	2 years
Sheridyn Miller	4 years
Scott Naegele	4 years
Shane Neil	2 years
Nicolas Pawlowski	4 years
Khyl Powell	3 years
Anna Young	2 years

Anthony Davis drew terms of office for the following absent Board Members:

<u>Board Member</u>	<u>Term</u>
---------------------	-------------

Melony Opheim 3 years
Barbara Lang 3 years

Anthony Davis drew terms of office for the following Board vacant positions:

<u>Arizona Revised Statutes (A.R.S.) § 13-3828</u>	<u>Term</u>
Vacant Position A.R.S. 13-3828.A. 5e	2 years
Vacant Position A.R.S. 13-3828.A. 5e	2 years
Vacant Position A.R.S. 13-3828.A. 8	4 years
Vacant Position A.R.S. 13-3828.A. 9	4 years
Vacant Position A.R.S. 13-3828. A. 10	2 years
Vacant Position A.R.S. 13-3828.A. 10	2 years

d. Nomination and Election of Board Chair

Verbal motions to nominate a Board Chair were made for the following Board Members:

Beth Goulden
Steven R. Gray
Anna Young

Ballots were submitted in writing for the nominees and Anthony Davis announced each vote. The votes were cast as follows:

<u>Nominee for Board Chair</u>	<u>Votes Cast</u>
Beth Goulden	15 votes
Steven R. Gray	4 votes
Anna Young	5 votes

Beth Goulden was elected as the AZSOMB Chairwoman, and the meeting was turned over to her by Jenna Mitchell.

e. Board Member Training

Assistant Attorney General Victoria A. Baldner provided training on the Arizona Open Meeting Law (OML).

Anthony Davis provided an overview of Robert's Rules of Order.

The Board Meeting took a break at 2:54 p.m.

The Board Meeting resumed at 3:11 p.m.

f. Discuss Board Procedures

Board Members and staff discussed board procedures.

A motion was made to extend the time limit on verbal public comments from two minutes to three minutes, unless the time is adjusted by the Board Chair.

Motion: passed: 24-0-0.

Motion made by: Khyl Powell

Motion seconded by: Joseph Kelroy

A motion was made to explore the possibility of holding future meetings with both in-person and virtual options (hybrid meetings). Staff will evaluate virtual meeting options.

Motion: passed: 24-0-0.

Motion made by: Jim Hanratty

Motion seconded by: Karolyn Kaczorowski

Scott Naegele requested additional information on how and what subcommittees are required. Victoria A. Baldner, Assistant Attorney General, provided information about the subcommittees outlined in the statute.

Katie Krejci requested to know how many treatment providers and polygraph examiners were on the Board.

The following Board Members are treatment providers:

Amanda Adkins, Blake Barney, Brecken Blades, Steven R. Gray, and Scott Naegele.

Scott Naegele added that Melony Opheim (absent) is also a treatment provider.

The following Board Member is a polygraph examiner:

Jim Hanratty.

Karolyn Kaczorowski requested the definition of an approved treatment provider and appointment on subcommittee. Staff will research and provide a definition at the next meeting.

g. Establish Future Board Meeting Dates

A discussion was held on whether future meetings should be held quarterly or monthly.

A motion was made to meet monthly for the next three months.

Motion: passed: 22-0-1.

Karolyn Kaczorowski was not present for this vote.

Motion made by: E. Frank Griego, Jr.

Motion seconded by: Jim Hanratty

A discussion was held to determine the best day of the week and time for the meetings for the Board Members.

It was proposed that staff would confirm the meeting room availability and, within seven days, reach out to the Board members via email.

h. Call for Next Meetings Agenda Items

Refresher Training on Robert's Rules of Order.

Nomination and Election of a Vice Chair.

Form Subcommittees and Appoint Members.

Establish a Purpose or a Mission Statement and Objectives.

Legislative Discussion

Criminal History

5. ADJOURNMENT

Board Meeting adjourned at 3:54 p.m.



BACKGROUND MATERIAL

November 17, 2025

WRITTEN PUBLIC COMMENTS

Received 10/20/2024 jim



Patricia & Terry Borden
DIRECTORS

contact@azrsol.org (623) 296-2904
PO Box 10551, Phoenix, Arizona 85064

October 14, 2025

Arizona Department of Public Safety
c/o Sex Offender Management Board
2222 W. Encanto Boulevard
Phoenix, AZ 85009

Subject: Request for Appointment to Arizona Sex Offender Management Board

Dear Chair and Members of the Sex Offender Management Board,

We are writing to respectfully request consideration for appointment to the Arizona Sex Offender Management Board. We understand that the Board has the authority to appoint additional members, and we believe our experience and expertise would provide valuable perspective to the Board's important work.

We serve as directors of Arizonans for Rational Sex Offense Laws (AZRSOL), the Arizona affiliate of the National Association for Rational Sexual Offense Laws (NARSOL). For almost two decades, our organization has been dedicated to evidence-based approaches to sexual offense policy through three primary focuses:

Education: We provide factual information to the public and legislature regarding sexual offense recidivism rates, challenging common misconceptions while highlighting the broader societal impacts of sex offender registries on families, communities, and those required to register.

Advocacy: We work directly with legislators to promote reforms to Arizona's sexual offense statutes, seeking balanced approaches that prioritize public safety while respecting constitutional rights and human dignity.

Support: We offer guidance and resources to individuals and families navigating the challenges posed by registration requirements and related legal obligations.

Our commitment to constructive dialogue was demonstrated through our conference at Arizona State University titled "New Directions in Sexual Offense Policy." This event successfully brought together diverse stakeholders—including a representative from the Governor's office, the Arizona Coalition to End Sexual and Domestic Violence, probation officers, defense attorneys, individuals on the registry, and other professionals—to examine evidence-based practices that prevent sexual violence while safeguarding the constitutional rights of all parties involved.

We believe our nearly two decades of advocacy experience, our commitment to data-driven policy, and our unique perspective representing affected individuals and families would bring valuable insight to the Sex Offender Management Board. Our participation would ensure that board decisions are informed by comprehensive community input and grounded in research and practical experience.

We would welcome the opportunity to discuss this appointment further at your convenience and are happy to provide additional information about our organization's work and qualifications.

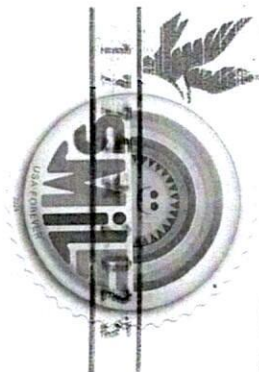
Thank you for your consideration.

Respectfully,

Patricia + Jerry Borden

AZRSOL
P.O. Box 10551
Phoenix AZ 85064

PHOENIX AZ 852
14 OCT 2025 PM 9 L



*Arizona Department of Public Safety
c/o Air Support Management Base
3000 W. Camelback Blvd.*

95009-284299 



ARIZONA DEPARTMENT OF PUBLIC SAFETY

2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

"Courteous Vigilance"

KATIE HOBBS Governor JEFFREY GLOVER Director

November 10, 2025

Mrs. Patricia Borden and Mr. Terry Borden
P.O. Box 10551
Phoenix, Arizona 85064

Dear Mrs. Patricia Borden and Mr. Terry Borden:

The Arizona Department of Public Safety received your letter dated October 14, 2025, requesting consideration for appointment to the Arizona Sex Offender Management Board (AZ SOMB).

The AZ SOMB brings together a diverse group of professionals from across Arizona, representing both urban and rural communities. Members are appointed from the judicial, corrections, law enforcement, education, public safety, and health sectors, along with licensed mental health experts, victim advocates, and community representatives. This multidisciplinary board ensures that a broad range of perspectives guide the development of effective, evidence-based policies for managing, monitoring, and treating adult and juvenile sex offenders – including those with intellectual and developmental disabilities and serious mental illness.

The Board was formally established by Arizona Senate Bill 1630 (SB 1630). It was signed into law on June 21, 2024, by Governor Katie Hobbs. The criteria for appointment to the board are specified in statute ARS 13-3828, which can be reviewed at: www.azleg.gov

Thank you for your interest in the AZ SOMB. Your letter will be provided to Chairwoman Goulden and the members of the Board at the next scheduled meeting.

Sincerely,

A handwritten signature in cursive script that reads "Jenna Mitchell".

Jenna Mitchell, Major
AZ SOMB Program Manager

Caution: The following message contains information provided by an anonymous user through an online form. Please treat the below message with caution, avoid clicking links, downloading attachments, or replying with personal information.



Arizona Department of Public Safety

2222 W. Encanto Blvd.
Phoenix, AZ 85009

Submitted on Thu, 11/13/2025 - 04:17

Submitted by: Anonymous

Submitted values are:

Your Name

Joan [REDACTED]

Email Address

[REDACTED]

What part of the agenda does your written comment relate to?

An item on the Consent or General Session portion of the agenda.

Please provide your written comment in the field below.

I would like to thank the board for undertaking this issue. I think that we can all agree, the safety of children is paramount. I am hopeful that we can also agree that some offenders need strict supervision, others can very likely get back into society and be productive members. However, for this to happen, they need to be released into a situation that prohibits them from succeeding. I have experience working with persons released from incarceration and know of some of the barriers they face, such as:

- 1- not being able to have a phone or internet access- this isolates people and makes things such as work much more difficult. Most jobs today- one needs to apply online. Without a computer, they cannot do this. Perhaps allowing access and monitoring this could be done. They cannot go to libraries, so they cannot use computers there. Even something as simple as getting the sale price at the grocery store is not feasible.
- 2- Housing- Almost impossible when they have to register and inform the community, the bias that if created with this is huge. In Europe. registering can mean registering with the local authorities. I think many people would be open to electronic surveillance and monitoring, allowing them to have one of the most basic needs- housing. I am sure you know, studies show that without basic support and human needs being met, recidivism is high. That is not productive for anyone.

Thank you for reading this email

I understand this notice

YES, I Understand this Notice

Arizona Department of Public Safety



BACKGROUND MATERIAL

November 17, 2025

DRAFT BYLAWS

ARIZONA SEX OFFENDER MANAGEMENT BOARD

BYLAWS



Arizona Department of Public Safety
AZ SOMB | 2222 W. ENCANTO BOULEVARD, PHOENIX, ARIZONA 85009
WEBSITE: [HTTPS://WWW.AZDPS.GOV/SEX-OFFENDER-MANAGEMENT-BOARD](https://www.azdps.gov/sex-offender-management-board)
(602) 223-2611

DRAFT NOVEMBER 2025

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DRAFT

ARTICLE 1: NAME, AUTHORITY, PURPOSE AND DUTIES

1.1 NAME:

The official name of this entity is the Arizona Sex Offender Management Board.

1.2 AUTHORITY:

The Arizona Sex Offender Management Board (hereinafter Board) derives its existence and authority from Arizona Revised Statutes (A.R.S.) § 13-3828.

1.3 PURPOSE AND DUTIES:

The purpose of the Board is as follows: The purpose and duties of the Board are those delegated in A.R.S. § 13-3828, as well as other acts the Board believes are necessary to carry out these legislative duties. Consistent with A.R.S. § 13-3828, the Board ensures that a broad range of perspectives guide the development of effective, evidence-based policies for managing, monitoring, and treating adult and juvenile sex offenders — including those with intellectual and developmental disabilities and serious mental illness and enhance community safety through research-driven standards and practices that reduce recidivism and prioritize victim protection. It develops and recommends statewide procedures for evaluating, treating, and supervising sex offenders—both adults and juveniles—using the risk-need-responsivity model and other proven evidence-based correctional models. The board also advises the legislature, collaborates with state agencies to create consistent treatment guidelines, supervision standards, and educational resources for schools and communities. Through this collaborative, evidence-based approach, the board works to promote accountability, rehabilitation, and lasting public safety.

ARTICLE 2: MEMBERSHIP

2.1 MEMBERS:

The Board shall consist of appointed members as specified in A.R.S. § 13-3828.A.

2.2 TERM OF APPOINTMENT

Initial members of the Board shall assign themselves by lot to terms of two, three, and four years. All subsequent members serve four-year terms of office.

2.3 NOMINATION AND APPOINTMENT:

New Board members will be appointed by the Appointing Authority identified in the Board statute (A.R.S. § 13-3828.A).

2.4 COMPENSATION:

Board members are not eligible to receive compensation, but are eligible for reimbursement of expenses pursuant to title 38, chapter 4, article 2.

2.5 RELINQUISHMENT OF APPOINTMENT:

Board members are appointed to represent a designated profession, agency, membership, or population. Board members leaving their designated profession, agency, membership, or population, and therefore no longer meeting the criteria by which they were appointed to the Board, shall relinquish their appointment effective the date they no longer hold that position.

ARTICLE 3: CHAIR AND VICE CHAIR

3.1 APPOINTMENT OF THE CHAIR:

The members of the Board shall nominate and elect the Chair by a simple majority vote of a quorum of the Board. The Chair shall serve for a term of two years and may be reelected so long as their Board term has not expired. Elections of the Chair shall occur at a regularly scheduled meeting, each October of odd-numbered years. Any vacancy occurring in the Chair's position shall be filled by the Board as specified in this section, and the appointee shall fulfill the term remaining by the previous Chair.

3.2 DUTIES OF THE CHAIR:

The duties of the Chair shall include:

- A. Presiding over Board meetings;
- B. Signing appropriate documents and correspondence;
- C. Calling special meetings as necessary;
- D. Establishing subcommittees and appointing the initial chairs of subcommittees;
- E. Speaking to the public and media on behalf of the Board; the Chair may delegate this duty to another as needed; (AZ SOMB staff shall also be authorized to speak on behalf of the Board, and shall be the preferred media contact person);
- F. Nomination of a Vice Chair;
- G. And such other duties as designated by these bylaws.

3.3 APPOINTMENT OF THE VICE CHAIR:

The Board Chair shall nominate, and the Board shall approve a Vice Chair by a simple majority vote of a quorum of the Board, who shall serve for a term of two years and who may be reelected so long as their Board term has not expired. Any vacancy occurring in the Vice Chair's position shall be filled by the Board as specified in this section 3.1, and the appointee shall fulfill the term remaining of the previous Vice Chair.

3.4 DUTIES OF THE VICE CHAIR:

Shall be the same as those of the Chair, when the Chair is absent or has a conflict of interest on any matter taken up by the Board. When the Vice Chair is serving in the role of Chair, this shall be documented in meeting minutes.

3.5 CHAIR AND VICE CHAIR ABSENCE:

If both the Chair and the Vice Chair are absent, the Board shall determine a presiding officer by a simple majority vote of a quorum of the remaining members of the Board.

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ARTICLE 4 MEETINGS

4.1 REGULAR MEETINGS:

The Board shall conduct regular meetings at least bi-monthly (every other month), and more often as needed. Notice shall be supplied to Board members of the date, time, and location of the meeting at least seven (7) days in advance of the meeting.

4.2 SPECIAL MEETINGS:

Special meetings may be called by the Chair on an as needed basis with a minimum of three (3) working days' notice to Board members.

4.3 SUBCOMMITTEES:

Subcommittees of the Board shall be governed by Article 7 of these bylaws. Recommendations of subcommittees shall be ratified by a majority of a quorum of the Board members at a regular or special meeting, unless authority for decision-making is otherwise delegated to the subcommittee by a majority of a quorum of the Board. Any such delegation shall be recorded as provided in Article 8.

4.4 ATTENDANCE:

Board members are expected to attend every regular meeting. In the event a Board member cannot attend, they shall notify the staff liaison in a timely manner.

4.5 ABSENCES:

Three absences during a calendar year period of time shall trigger a review of the ability of the Board member to participate in the Board's duties and responsibilities. After review, the Chair and the Director of the Department of Public Safety shall have the option of asking the Board member to resign and initiating the process to replace the Board member.

4.6 AGENDA:

The conduct of business will be pursuant to an agenda prepared by the staff liaison with approval of the Chair. The agenda will be made a matter of record.

4.7 ADDITIONS TO AGENDA:

Any Board member may add an agenda item to a regular or special meeting of the Board by notifying the staff liaison at least seven (7) working days in advance of the meeting

4.8 MINUTES:

Minutes shall be kept of all regular and special meetings of the Board, and shall be approved at the next appropriate meeting. Minutes of all subcommittees shall be kept and made available to the public.

4.9 OPEN MEETINGS:

All Board meetings, regular or special, shall be subject to the Open Meeting Law (A.R.S. § 38-431.01). If held remotely, the Board shall ensure public access.

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ARTICLE 5: QUORUM

5.1 DEFINITION:

The minimum number of Board or subcommittee members required to be present so that the decisions and proceedings are valid. The quorum for the Board and subcommittees is 50% of the appointed members plus one appointed member.

5.2 DETERMINATION OF A QUORUM:

A quorum is determined by 50% of appointed members, plus one member. If a quorum is not present at the scheduled time of the meeting, business may be provisionally transacted, to be ratified upon the establishment of a quorum. If following the declaration of a quorum, one or more appointed Board or subcommittee members leave, no longer establishing a present majority, the quorum is lost.

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ARTICLE 6: VOTING AND DEVELOPMENT OF CONSENSUS

6.1 VOTING:

The Board and subcommittees will work to develop consensus on issues under consideration by the Board. If consensus is reached and no formal vote is taken, the consensus decision will be noted in the meeting minutes for the record. When consensus is not possible, a simple majority vote of a quorum of the Board or subcommittee members, on a motion, which has been seconded, shall be the official decision of the Board or subcommittees. All votes of the Board and subcommittees will be recorded in meeting minutes, identifying how each individual member voted on each decision item, including abstentions. Board members abstaining from a vote, does not impact the establishment of a quorum.

6.2 PROXY VOTES:

Board members may not vote by proxy.

6.3 CONFLICT OF INTEREST:

A Board member shall abstain from voting when it has been determined by the Board member or by a vote of the remaining Board members that they have a conflict of interest, or appearance of a conflict of interest.

6.4 VOTE OF THE CHAIR:

The Chair shall vote on all motions before the Board.

ARTICLE 7: SUBCOMMITTEES

7.1 APPLICABILITY OF BYLAWS TO SUBCOMMITTEES:

To the extent applicable, and unless specifically noted, the bylaws of the Board extend to the operations of each subcommittee.

7.2 SUBCOMMITTEES:

A permanent or ad hoc sub-group of the Board formed for a specific purpose established by A.R.S. § 13-3828 and by the Chair or Vice Chair pursuant to Article 3.

7.3 STANDING SUBCOMMITTEES:

The Board may have two or more standing subcommittees as established by A.R.S. § 13-3828 and the Chair pursuant to Article 3. Such subcommittees shall be governed by a charter that must include, at a minimum, the scope of the work delegated to the committee, the membership, and voting procedures. The charter must be approved by a simple majority of a quorum of the Board and be reviewed by the subcommittee chair on an annual basis. Votes shall be conducted in accordance with the charter, meetings shall be open to the public (unless conducted in Executive Session), and meeting minutes shall be available to the public.

7.4 CHAIR OF SUBCOMMITTEES:

Each standing subcommittee and interim committee shall have a designated Chair. The Chair of the Board will appoint the initial Chair of the subcommittee for a term as specified in the subcommittee charter. Following the initial term of the Chair, committee members can then re-elect a Chair of the subcommittee for subsequent terms. The appointed Chair of a subcommittee must be a currently appointed Board member, where possible and appropriate.

7.5 APPOINTED MEMBERS OF SUBCOMMITTEES

For subcommittees with appointed membership, the Chair of the subcommittee shall either appoint members or identify, in the subcommittee charter, the process to be used for the appointment of members.

7.6 REPORT TO THE BOARD:

Reports to the Board on activities from standing and ad hoc subcommittees shall be made in accordance with the subcommittee charter.

7.7 ADVISORY NATURE OF SUBCOMMITTEES:

Unless otherwise indicated, each subcommittee is advisory to the Board.

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ARTICLE 8: ARIZONA DEPARTMENT OF PUBLIC SAFETY STAFF LIAISON

8.1 PROVISION OF STAFF LIAISON SERVICES:

Within the fiscal resources available, the Arizona Department of Public Safety (AZ DPS) shall provide the staff liaison to the Board, designated by the AZ DPS Director.

8.2 DUTIES AND RESPONSIBILITIES:

In addition to other assigned duties, it shall be the duty of the staff liaison or designee to attend all regular and special meetings of the Board and assigned subcommittee meetings, provide administrative staff functions for the Board, and coordinate with the Chair, other Board members, and members of the public on behalf of the Board.

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ARTICLE 9: CONSULTATION TO THE BOARD

9.1 USE OF CONSULTANTS AND TRAINERS:

In recognition of the complexity of the fields of sex offender treatment and management, the Board or any committee of the Board, with the permission of the Chair, may consult with experts to supplement the expertise of the Board and to assist in making informed decisions, to present to the Board, and testify upon request.

9.2 INPUT FROM NON-BOARD MEMBERS:

The Board may also request or receive expertise and input from non-Board members on matters of general standards development, research, or implementation of its mandates.

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ARTICLE 10: ROBERT’S RULES OF ORDER

10.1 PARLIAMENTARY MATTERS:

All matters not covered by the bylaws, or policies and procedures that have been approved by the Board, shall be governed by the most recently published version of Robert’s Rules of Order.

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ARTICLE 11: AMENDMENT OF BYLAWS

11.1 PROCESS TO AMEND BYLAWS:

These bylaws may be amended at any regular or special meeting of the Board by a two-thirds (2/3) majority vote of the Board, after a proposed amendment has received one (1) reading at a regular meeting. Proposed amendments shall be distributed to Board members at least thirty (30) days preceding the meeting at which the vote for modification will take place.

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BACKGROUND MATERIAL

November 17, 2025

DRAFT ADULT GUIDING PRINCIPLES

Guiding Principles

Purpose of the Guiding Principles is to establish the core foundation principles 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...¹ through the effective delivery of quality evaluation, treatment and management of sex offenders...²
2. Sexual offenses are traumatic and can have a devastating impact on the victim and 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...³ as well as social, family, economic, and spiritual harm...⁴ 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...⁵ 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...⁶ Professionals working with sexual offenders should be alert to how offenders' behaviors may inflict further harm on persons they have previously victimized...⁷

¹ Center for Sex Offender Management (2007). *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners*. Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs, 2005-WP-BX-K179 and 2006-WP-BX-K004; Colorado Revised Statutes 16.11.7-101, "To protect the public and to work toward the elimination of sexual offenses, it is necessary to comprehensively evaluate, identify, treat, manage and monitor convicted adult sex offenders who are subject to the criminal justice system..."

² Mann, R. (2009). Sex offender treatment: The case for manualization. *Journal of Sexual Aggression*, 15(2): 121-131; Schmucker, M. & Losel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11(4):597-630.

³ Chen et al. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85, 618-629; Dworking, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, 56, 65-81; Mason, F. & Lodrick, Z. (2013). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 27, 27-37; O'Leary, P., Easton, S. D., & Gould, N. (2017). The effect of child sexual abuse on men: Toward a male sensitive measure. *Journal of Interpersonal Violence*, 32(2), 423-445; Pérez-Fuentes, G., Olsson, M., Villegas, L., Morcillo, C., Wang, S., & Blanco, C. (2013). Prevalence and correlates of child sexual abuse: A national study. *Comprehensive Psychiatry*, 54, 16-17; Walsh et al. (2012). National prevalence of posttraumatic stress disorder among sexually re-victimized adolescent, college, and adult household-residing women. *Archives of General Psychiatry*, 69(9), 935-942; Wilson, D. (2010). Health Consequences of Childhood Sexual Abuse. *Perspectives in Psychiatric Care*, 46(1), 56-64.

⁴ Dworking et al (2017); Mason et al (2017); O'Leary et al (2017); Pérez-Fuentes et al (2013).

⁵ Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*, 10, 225-246; Cuevas, C. A., Finkelhor, D., Clifford, C., & Ormrod, R. K. (2010). Psychological distress as a risk factor for re-victimization in children. *Child Abuse & Neglect*, 34, 235-243; Dworking et al (2017); Finkelhor, D. (2009). The Prevention of Childhood Sexual Abuse. *Future of Children*, 19(2), 169-194; Mason et al (2017); O'Leary et al (2017); Pérez-Fuentes et al (2013).

⁶ Whittle et al. (2015). A Comparison of Victim and Offender Perspectives of Grooming and Sexual Abuse. *Deviant Behavior*, 36(7), 539-564.

⁷ Hanson, R. K. & Yates, P. M. (2013). Psychological treatment of sex offenders. *Current Psychiatry Reports*, 15(3), 1-8; Littleton, H. (2010). The impact of social support and negative disclosure reactions on sexual assault victims: A cross-sectional and longitudinal investigation. *Journal of Trauma & Dissociation*, 11, 210-227; Patterson, D. (2011). The linkage between secondary victimization by law enforcement and rape case outcomes. *Journal of Interpersonal Violence*, 26(2), 328-347; Watson, R., Daffern, M., & Thomas, S. (2017). The impact of interpersonal style and interpersonal complementarity on the therapeutic alliance between therapists and offenders in sex offender treatment. *Sexual Abuse: A Journal of Research and Treatment*, 29(2), 107-127; Watson, R., Thomas, S., & Daffern, M. (2015). The impact of interpersonal style on ruptures and repairs in the

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.⁸
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 responsibility leading to behavioral change.⁹ A warm, direct, and empathic therapeutic approach contributes to an offender's motivation to change, as does the supervising officer's positive working alliance with the offender.¹⁰

The treatment and management of sex offenders requires a coordinated response by the Community Supervision Team (CST) and will be most effective if SOMB providers and the entirety of the criminal justice and social services systems apply the same principles and work together.¹¹

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 an offender's risk to the community. When the CST members respect the individual roles and mutually agree upon their goals, the offender can be treated and managed more effectively.¹²

5. Community supervision is an opportunity, the success of which is dependent upon a sexual offender's willingness and ability to cooperate with treatment and supervision, and be accountable for their behaviors.¹³ Accordingly, members of the Community Supervision Team should employ practices designed to maximize offender participation and accountability.¹⁴

therapeutic alliance between offenders and therapists in sex offender treatment. *Sexual Abuse: A Journal of Research and Treatment*, 1-20.

⁸ Campbell et al (2009); Cuevas et al (2010); Dworking et al (2017)

⁹ Blasko, B., & Jeglic, E. (2014). Sexual offenders' perceptions of the client-therapist relationship: The role of risk. *Sexual Abuse: A Journal of Research and Treatment*, 28(4):1-20; Kozar, C. J. & Day, A. (2012). The therapeutic alliance in offending behavior programs: A necessary and sufficient condition for change? *Aggression and Violent Behavior*, 17, 482-487; Watson et al. (2017); Watson et al. (2015).

¹⁰ Kozar et al (2012); Labrecque, R. M., Schweitzer, M., & Smith, P. (2014). Exploring the perceptions of the offender-officer relationship in a community supervision setting. *Journal of International Criminal Justice Research*, 1, 31-46; Watson et al. (2017); Watson et al. (2015).

¹¹ Alexander, R. (2010). Collaborative supervision strategies for sex offender community management. *Federal Probation*, 74(2), 16-19; Palmiotto, M. & MacNichol, S. (2010). Supervision of sex offenders: A multi-faceted and collaborative approach. *Federal Probation*, 74(2), 27-30.

¹² Alexander (2010); Palmiotto & MacNichol (2010).

¹³ Hönig, M., Vogelvang, B., & Bogaerts, S. (2017). "I am a different man now" - Circles of Support and Accountability: A prospective study. *International Journal of Offender Therapy and Comparative Criminology*, 61(7), 751-772.

¹⁴ D'Orazio et al (2014); Woldgabreal, Y., Day, A., & Ward, T. (2016). Linking positive psychology to offender supervision outcomes: The mediating role of psychological flexibility, general self-efficacy, optimism, and hope. *Criminal Justice and Behavior*, 43(6), 697-721.

6. Treatment and supervision are most effective when they are individualized, and incorporate evidence-based and research informed practices.¹⁵
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.¹⁶

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.

8. Victims have the right to safety, to be informed and to provide input to the Community Supervision Team (CST).

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.¹⁷ Victim impact is substantially reduced when victims are believed, protected and adequately supported.

The CST 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 team.¹⁸ 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.

¹⁵ Gallo et al. (2014); Hanson, R. K., Bourgon, G., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders. *Criminal Justice and Behavior*, 36(9), 865-891; Levenson, J. (2014). Incorporating trauma-informed care into evidence-based sex offender treatment. *Journal of Sexual Aggression*, 20(1), 9-22; Seewald, K., Rossegger, A., Gerth, J., Urbaniok, F., Phillips, G. & Endrass, J. (2017). Effectiveness of a risk-need-responsivity-based treatment program for violent and sexual offenders: Results of a retrospective, quasi-experimental study. *Legal and Criminological Psychology*, 23, 85-99; Ward, T. & Gannon, T. (2014). Where has all the Psychology Gone: A Critical Review of Evidence-Based in Correctional Settings. *Aggression and Violent Behavior*, 19(4):435-446; Ward, T., Gannon, T., & Yates, P. (2008). The treatment of offenders: Current practice and new developments with an emphasis on sex offenders. *International Review of Victimology*, 15(2), 183-208.

¹⁶ Bonta, J., & Wormith, J. S. (2013). Applying the risk-need-responsivity principles to offender assessment. In L.A. Craig, L. Gannon, L., & T. A. Dixon (Eds.), *What works in offender rehabilitation: An evidence-based approach to assessment and treatment* (pp. 71-93). Hoboken, NJ: Wiley-Blackwell; Gallo et al. (2014); Hanson et al. (2009); Parent, G., Guay, J., & Knight, R. (2011). An assessment of long-term risk of recidivism by adult sex offenders: One size doesn't fit all. *Criminal Justice and Behavior*, 38(2), 188-209; Seewald et al. (2017); van den Berg, J. W., Smid, W., Schepers, K., Wever, E., van Beek, D., Janssen, E., & Gijs, L. (2017). The predictive properties of dynamic sex offender risk assessment instruments: A meta-analysis. *Psychological Assessment*, 1-13.

¹⁷ Beaver, W. R. (2017). Campus sexual assaults: What we know and what we don't. *The Independent Review*, 22(2), 257-268; Hayes, R. M., Abbott, R. L., & Cook, S. (2016). It's her fault: Student acceptance of rape myths on two college campuses. *Violence Against Women*, 22(13), 1540-1555; Littleton, H. (2010). The impact of social support and negative disclosure reactions on sexual assault victims: A cross-sectional and longitudinal investigation. *Journal of Trauma & Dissociation*, 11(2), 210-227; Najdowski, C., & Ullman, S. E. (2011). The effects of re-victimization on coping in women sexual assault victims. *Journal of Traumatic Stress*, 24(2), 218-221; Paige, J. & Thornton, J. (2015). Healing from intrafamilial child sexual abuse: The role of relational processes between survivor and offender. *Children Australia*, 40(3), 242-259; Patterson, D. (2011). The linkage between secondary victimization by law enforcement and rape case outcomes. *Journal of Interpersonal Violence*, 26(2), 328-347; Rennison, C. M. & Addington, L. A. (2014). Violence against college women: A review to identify limitations in defining the problem and inform future research. *Trauma, Violence, and Abuse*, 15(3), 159-169; Ullman & Peter-Hagene (2016). Longitudinal relationships of social reactions, PTSD, and re-victimization in sexual assault survivors. *Journal of Interpersonal Violence*, 31(6), 1074-1094; Yung, C. R. (2015). Concealing campus sexual assault: An empirical examination. *Psychology, Public Policy, and Law*, 21(1), 1-9.

¹⁸ Center for Sex Offender Management (2007). *The Role of the Victim and Victim Advocate in Managing Sex Offenders* (training curriculum). Silver Spring, MD.

10. The SOMB Standards and Guidelines are based on current and emerging research and best practices.¹⁹

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.

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.²⁰

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 Community Supervision Team (CST) models and encourages family, friends, employers and other members of the community in pro-social support of the offender.²¹

Families, friends, employers and members of the community who have influence in the lives of 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.²²

13. Information sharing among CST 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.²³ 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.

¹⁹ Colorado Revised Statutes 16-11.7-103(e)(I), "The board shall research, either through direct evaluation or through a review of relevant research articles and sex offender treatment empirical data, and analyze, through a comprehensive review of evidenced-based practices, the effectiveness of the evaluation, identification, and treatment policies and procedures for adult sex offenders developed pursuant to this article."

²⁰ Boer, D. (2013). Some essential environmental ingredients for sex offender reintegration. *International Journal of Behavioral Consultation and Therapy*, 8(3-4), 8-11; Scoones, C., Willis, G., & Randolph, G. (2012). Beyond static and dynamic risk factors: The incremental validity of release planning for predicting sex offender recidivism. *Journal of Interpersonal Violence*, 27(2), 222-238.

²¹ Miller (2015). Protective strengths, risk, and recidivism in a sample of known sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 27(1), 34-50; de Vries Robbe, M., Mann, R. E., Maruna, S., & Thornton, D. (2015). An exploration of protective factors supporting desistance from sexual offending. *Sexual Abuse: A Journal of Research and Treatment*, 27(1), 16-33; Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma, Violence & Abuse*, 14(2), 133-67.

²² Wilson, R., & McWhinnie, A. (2013). Putting the 'Community' back in community risk management of persons who have sexually abused. *International Journal of Behavioral Consultation and Therapy*, 8(3-4), 72-79.

²³ Levinson J. & Prescott, D. (2010). Sex offender treatment is not punishment. *Journal of Sexual Aggression*, 16(3): 275-285; McGrath et al. (2010). *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press; Sawyer, S. & Prescott, D. (2011). Boundaries and dual relationships. *Sexual Abuse: A Journal of Research and Treatment*, 23(3), 365-380.

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...²⁴
15. The individualization of evaluations, assessment, treatment and supervision requires particular attention to social and cultural factors. Recognition of these factors are 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 CST and positive support persons and is essential in creating an equitable and inclusive environment regardless of differences in culture or lifestyle...²⁵

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²⁴ Birgden, A. & Cucolo, H. (2011). The treatment of sex offenders: Evidence, ethics, and human rights. *Sexual Abuse: A Journal of Research and Treatment*, 23(3), 295-313; Harrison, K. & Rainey, B. (2013). *Legal and ethical aspects of sex offender treatment and management*, Chichester, K, John Wiley & Sons, Ltd.

²⁵ Ratified by the SOMB 05/21/2021



BACKGROUND MATERIAL

November 17, 2025

DRAFT JUVENILE GUIDING PRINCIPLES

Juvenile Guiding Principles

Purpose of the Guiding Principles is to establish the core foundation principles 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 juveniles who commit sexual offenses.¹
2. Sexual offenses are traumatic and can have a devastating impact on the victim and 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.² 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.³ 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 persons they have previously victimized.⁴

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 supervision of juveniles who have committed sexual offenses.⁵

¹ Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs*, 2005-WP-BX-K179 and 2006-WP-BX-K004.

² Mason, F. & Lodrick, Z. (2013). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 27(1):27-37; Tjaden, P. & Thoennes, N. (2006). Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey. *Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, National Institute of Justice*; Walsh et al. (2012). National prevalence of posttraumatic stress disorder among sexually revictimized adolescent, college, and adult household-residing women. *Archives of General Psychiatry*, 69(9):935-942; Wilson, D. (2010). Health Consequences of Childhood Sexual Abuse. *Perspectives in Psychiatric Care*, 46(1): 56-64.

³ Chen et al. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7):618-629.

⁴ Feiring, C., & Taska, L. (2005). The Persistence of Shame Following Sexual Abuse: A Longitudinal Look at Risk and Recovery. *Child Maltreatment*, 10(4):337-349; Lodrick, Z. (2010). Victim guilt following experience of sexualized trauma: investigation and interview considerations. *The Investigative Interviewer*, 1:54-57; Patterson, D. (2010). The Linkage Between Secondary Victimization by Law Enforcement and Rape Case Outcomes. *Journal of Interpersonal Violence*, 26(2):328-347; Tamarit, J., Villacampa, C., and Filella, G. (2010). Secondary Victimization and Victim Assistance. *European Journal of Crime, Criminal Law and Criminal Justice*, 18(3):281-298.

⁵ Briere & Scott (2006). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. Thousand Oaks, CA: Sage Publications; Morrison (2007). Caring about sexual assault: the effects of sexual assault on families, and the effects on victim/survivors of family responses to sexual assault. *Family Matters*, 76:55-63; O'Doherty, T., McLaughlin, S., Deirdre O'Leary, D. (2001). Recovery work with child victims of sexual abuse: A framework for intervention. *Child Care in Practice*, 7(1):78-88.

When assessing the needs of a juvenile who has committed a sexual offense community safety must be achieved. In the event of a conflict between the two, the MDT shall determine how to meet the needs of the juvenile in a manner that does not compromise or negatively impact community safety.

4. Safety, protection, developmental growth and the psychological wellbeing of victims and potential victims is a priority for the Multidisciplinary Team (MDT).⁶

Victims have the right to safety, to be informed and to provide input to the MDT.

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

6. Treatment and supervision decisions should be informed by a comprehensive evaluation⁷ and ongoing assessments.⁸

It is important to understand that risk assessment measures have limitations and that findings need to be used appropriately (i.e. within the scope of their empirically established limits). The evaluation and ongoing assessment of juveniles who have committed sexual offenses is a process. Ongoing assessment must constantly consider changes in the juvenile, family and community in order to make decisions concerning restrictions, intensity of supervision, placement, treatment and opportunities for positive growth and development of juveniles.

7. Risk assessment of juveniles who have committed sexual offenses should be based on an empirically supported protocol.⁹

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 judgement.

⁶ Gootschall et al. (2015). Value, Challenges, and Solutions in Incorporating Victim Impact Awareness in Offender Rehabilitation - The Results of Qualitative Interviews with Stakeholders. *Victims & Offenders: An International Journal of Evidence-based Research, Policy, and Practice*, 10(3):293-317.

⁷ Chu, M., & Thomas, S. (2010). Adolescent Sexual Offenders: The Relationship Between Typology and Recidivism. *Sexual Abuse: A Journal of Research and Treatment*, 22(2):218-233; Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ryan, G., Leversee, T. F., & Lane, S. (2010). Juvenile sexual offending: Causes, consequences, and correction, (3rd ed.). Wiley; Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirrotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. *Children and Youth Services Review*, 47 (Part 1), 1-9; Wijk, A. P., Mali, B. R., Bullens, R. A., & Vermeiren, R. R. (2007). Criminal Profiles of Violent Juvenile Sex and Violent Juvenile Non-Sex Offenders: An Explorative Longitudinal Study. *Journal of Interpersonal Violence*, 22(10), 1340-1355.

⁸ Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment*, 23(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), *Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems* (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders

What is Next? *International Journal of Offender Therapy and Comparative Criminology*, 57(2):208-228; Oneal, B. J., Burns, L. G., Kahn, T. J., Rich, P., & Worling, J. R. (2008). The Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA). *Sexual Abuse: A Journal of Research and Treatment*, 20(2), 161-187.

⁹ Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ryan, G., Leversee, T. F., & Lane, S. (2010). Juvenile sexual offending: Causes, consequences, and correction, (3rd ed.). Wiley; Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirrotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. *Children and Youth Services Review*, 47 (Part 1), 1-9.

8. A multidisciplinary team will be convened, and is responsible for the evaluation, treatment, care and supervision of juveniles who commit sexual offenses.¹⁰

The adoption of these standards and guidelines significantly improves public safety outcomes when all agencies and parties are working cooperatively and collaboratively.

9. Treatment and supervision decisions should be guided by available research and best practice.¹¹

Research with this population continues to emerge, leading to changes of these Guiding Principles and Standards. In the absence of research, decisions should be made cautiously and in accordance with best practices to minimize unintended consequences.

10. Treatment and supervision should be individualized and responsive based on the juvenile's risks and needs.¹²

Juveniles who commit sexual offenses vary in ways such as; age, development, gender, culture, background, strengths, protective factors, pattern(s) of offending and numbers of victims.

11. Evaluation, ongoing assessment, treatment and supervision of juveniles who have committed sexual offenses should be non-discriminatory, humane and bound by the professional code of ethics and law.¹³

Professionals responsible for the evaluation, assessment, treatment and supervision of juveniles who have committed sexual offenses must not discriminate based on race, religion, gender, sexual orientation, disability or socio-economic status. Juveniles who have committed sexual offenses and their families shall be treated with dignity and respect by all members of the multidisciplinary team.

¹⁰ Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs, 2005-WP-BX-K179 and 2006-WP-BX-K004*; Center for Juvenile Justice Reform (2012). Addressing the Needs of Multi-System Youth - Strengthening the Connection between Child Welfare and Juvenile Justice, Georgetown Public Policy Institute, Washington, D.C.; Lobanov-Rostovsky, C. & Hansen, J. (2013). Evaluation of Policies and Procedures for Juvenile Offenders and Best Practices for the Treatment and Management of Adult Sex Offenders and Juveniles who have Committed Sexual Offenses, Denver, CO: Colorado Department of Public Safety.

¹¹ Bumby, K. M., & Talbot, T. B. (2007). Treating Juveniles who Commit Sex Offenses: Historical Approaches, Contemporary Practices, and Future Directions. In M. C. (Ed.), *Working with Children and Youth who Sexually Abuse: Taking the Field Forward* (pp. 245-261). Lyme Regis, UK: Russell House; Mears, D., & Bacon, S. (2009). Improving criminal justice through better decision making: Lessons from the medical system. *Journal of Criminal Justice, 37*(2):142-154.

¹² Brogan, L., Haney-Caron, E., NeMoyer, A. & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. *Criminal Justice Review, 40*(3):277-302; Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders: What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Hoge, R. D. (2016). Risk, need, and responsivity in juveniles. In K. Heilbrun (Ed.) *APA Handbook of Psychology and Juvenile Justice* (pp. 179-196). Washington D.C.: APA; Lipsey, M. W. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims and Offenders, 4*(2):124-147; Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ronis, S. & Borduin, C. (2007). Individual, Family, Peer, and Academic Characteristics of Male Juvenile Sexual Offenders. *Journal of Abnormal Child Psychology, 35*(2):153-163; Worling J. R. (2013). Desistence for adolescents who sexually harm (Unpublished document). Retrieved from <http://www.erasor.org/new-protective-factors.html>.

¹³ Birgden, A. & Cucolo, H. (2011). The Treatment of Sex Offenders Evidence, Ethics, and Human Rights. *Sexual Abuse: A Journal of Research and Treatment, 23*(3):295-313.

12. Assessment of the degree of progress in treatment is based on the juvenile's application of relevant changes in their daily functioning.¹⁴

Treatment should include measurable outcomes that will demonstrate progress and successful completion of treatment.

13. Treatment should be holistic and enhance overall health and protective factors.¹⁵

Many juveniles who commit sexual offenses have multiple problems and areas of risk. Research indicates that juveniles are at greater risk for non-sexual re-offenses than for sexual re-offenses.¹⁶ Assessment and treatment must address areas of strengths, risks and deficits to increase the juvenile's abilities to be successful and to decrease the risks of further abusive or criminal behaviors. Treatment plans should specifically address the risks of further sexual offending, other risks that might jeopardize safety and successful pro-social functioning.¹⁷ Treatment plans should also reinforce developmental and environmental assets.

14. Assessment, treatment and supervision should be viewed through an ecological framework of Development.¹⁸

Assessment and intervention with a juvenile who has committed a sexual offense recognizes the nature of adolescent development and the dependence on and influence by social-ecological factors, including family, peer group, community and school. This focus seeks to decrease risk factors and increase protective factors in the juvenile's ecology.

The individualization of evaluations, assessment, treatment and supervision requires particular attention to social and cultural factors. Recognition of these factors are 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 MDT and positive support persons and is essential in creating an equitable and inclusive environment regardless of differences in culture or lifestyle.

¹⁴ Hempel, I., Buck, N., Cima, M., Marle, H. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders: What is Next? *International Journal of Offender Therapy and Comparative Criminology*, 57(2):208-228.

¹⁵ Leverage, T., & Powell, K. (2012). Beyond Risk Management to a More Holistic Model for Treating Sexually Abusive Youth. In B. K. Schwartz, *The Sex Offender* (Chapter 19). Kingston, NJ: Civic Research Institute.

¹⁶ Caldwell, M. (2010). Study Characteristics and Recidivism Base Rates in Juvenile Sex Offender Recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 54(2):197-209; McCann, K., & Lussier, P. (2008). Antisociality, Sexual Deviance, and Sexual Reoffending in Juvenile Sex Offenders. A Meta-Analytic Investigation. *Youth Violence and Juvenile Justice*, 6(4):363-385; Worling, J. R., & Langstrom, N. (2006). Risk of Sexual Recidivism in Adolescents Who Offend Sexually: Correlates and Assessment. In H. E. Barbaree & W. L. Marshall (Eds.), *The Juvenile Sex Offender* (2nd ed.) (pp. 219-247). New York: Guilford Press.

¹⁷ Perry, G., & Ohm, P. (1999). The role healthy sexuality plays in modifying abusive behaviours of adolescent sex offenders: Practical considerations for professionals. *Canadian Journal of Counseling*, 32(2):157-169.

¹⁸ Borduin et al. (2009). A Randomized Clinical Trial of MST with Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity, *Journal of Consulting and Clinical Psychology*, 77(1):26-37; Pullman et al. (2014). Examining the developmental trajectories of adolescent sexual offenders, *Child Abuse & Neglect*, 38(7):1249-1258.

15. Family members/Primary Caregivers should be considered an integral part of evaluation, assessment, treatment and supervision.¹⁹

The families'/primary caregivers' abilities to provide informed supervision and support positive changes are critical to reducing risk of re-offense.

Cooperative involvement with family members/primary caregivers enhances juvenile's prognosis in treatment. Family members/primary caregivers possess invaluable information about the juvenile who has committed a sexual offense. Family members can be an important part of the juvenile's support system through the course of treatment and supervision.

Conversely, non-cooperative family members may impede the juvenile's progress.²⁰ It is expected that the MDT will work with the family/primary caregiver to help them support the juvenile through cooperative involvement.

16. Treatment and supervision decisions regarding juveniles who have committed sexual offenses should minimize caregiver disruption and maximize exposure to positive peer and adult role models.

As juveniles move through the continuum of services emphasis should be given to maintaining positive and consistent relationships, including both in and out of a school setting. Research indicates that association with delinquent peers, the absence of pro-social adult role models, and the disruption of caregiver relationships increase the risk of delinquent development.²¹

17. A continuum of care for treatment and supervision options should be available and utilized as needed.²²

Decisions about level of care and supervision are informed by the youth's risk and need, taking into consideration the least restrictive environment while prioritizing community safety. Adjustments in the level of treatment and supervision should be made based on changes in risk and need, and continuity of services across these levels of care should be ensured. Whenever possible, priority should be given to the juveniles residing with their families or within the community in which their family resides.

¹⁹ Schroeder, R., Osgood, A., Oghia, M. (2010). Family Transitions and Juvenile Delinquency. *Sociological Inquiry*, 80(4):579-604; Spice, A., Viljoen, J., Latzman, N., Scalora, M., and Ullman, D. (2012). Risk and Protective Factors for Recidivism Among Juveniles Who Have Offended Sexually. *Sexual Abuse: A Journal of Research and Treatment*, 25(4):347-369; Thorton et al. (2008). Intrafamilial adolescent sex offenders: Family functioning and treatment. *Journal of Family Studies*, 14(2-3):362-375; Yoder et al. (2015). The Impact of Family Service Involvement on Treatment Completion and General Recidivism Among Male Youthful Sexual Offenders. *Journal of Offender Rehabilitation*, 54(4):256-277.

²⁰ Baker, A., Tabacoff, R., Tornusciolo, G., Eisenstadt, M. (2003). Family Secrecy: A Comparative Study of Juvenile Sex Offenders and Youth with Conduct Disorders. *Family Process*, 42(1):105-116.

²¹ Burton, D. & Duty, K. & Leibowitz, G. (2011). Differences between sexually victimized and non-sexually victimized male adolescent sexual abusers: Developmental antecedents and behavioral comparisons. *Journal of Child Sexual Abuse*, 20(1):77-93; Miner & Munns (2005). Isolation and Normlessness - Attitudinal Comparisons of Adolescent Sex Offenders, Juvenile Offenders, and Nondelinquents. *International Journal of Offender Therapy and Comparative Criminology*, 49(5):491-504; Righthand, S. & Welch, C. (2004). Characteristics of youth who sexually offend. *Journal of Child Sexual Abuse*, 13(3-4):15-32.

²² Hunter, J. A., Gilbertson, S. A., Vedros, D., & Morton, M. (2004). Strengthening community based programming for juvenile sex offenders: Key concepts and paradigm shifts. *Child Maltreatment*, 9(2):177-189; Silovsky, J. F., Swisher, L. M., Widdifield Jr., J., & Burris, L. (2011). Clinical considerations when children have problematic sexual behavior. In P. Goodyear-Brown (Ed.). *Handbook of child sexual abuse: Identification, assessment, and treatment*. New Jersey: John Wiley & Sons.

18. For juveniles who have been removed from the home family reunification can only occur after careful consideration of all the potential risks.²³

The ability of parents to provide informed supervision in the home must be assessed in relation to the particular risks of the juvenile. Reunification of the juvenile with the family should occur only after the parents/primary caregivers can demonstrate the ability to provide protection and support of the victim(s) and other children in the home, as well as address the needs and risks of the juvenile.

19. Juveniles shall not be labeled as if their sexual offending behavior defines them.²⁴

It is imperative in understanding, treating and intervening with juveniles who commit sexual offenses to consider their sexual behavior in the context of the many formative aspects of their personal development. As juveniles grow and develop their behavior patterns and self-image constantly change. Research suggests that most juveniles will not go on to offend sexually as adults.²⁵ Not all juveniles who have engaged in sexually abusive behavior require extensive or intensive interventions in order to reduce their risk for reoffending because identity formation is a significant developmental task during adolescence, labeling juveniles based solely on sexual offending behavior may cause potential damage to long-term pro-social development.

20. Successful completion of treatment and supervision depends upon a juvenile's willingness and ability to cooperate. Accordingly, members of the MDT should employ practices designed to maximize the juvenile's participation and accountability.²⁶

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²³ Hackett et al. (2014). Family Responses to Young People Who have Sexually Abused: Anger, Ambivalence and Acceptance, *Children & Society*, 28(2):128-139; Silovsky et al. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. *Children and Youth Services Review*, 33(8):1435-1444; Swisher, L., Silovsky, J., Stuart, R., & Pierce, K. (2008). Children with Sexual Behavior Problems. *Juvenile and Family Court Journal*, 59(4):49-69; Harper, B. (2012). Moving Families to Future Health: Reunification Experiences After Sibling Incest. Doctorate in Social Work (DSW), Dissertations. Paper 26; Price, D. (2004). Rebuilding Shattered Families: Disclosure, Clarification and Reunification of Sexual Abusers, Victims, and Their Families, *Sexual Addiction & Compulsivity*, 11(4):187-221.

²⁴ Miner et al. (2006). Standards of Care for Juvenile Sexual Offenders of the International Association for the Treatment of Sexual Offenders, *Sexual Offender Treatment*, 1(3); Schultz, C. (2014). The Stigmatization of Individuals Convicted of Sex Offenses: Labeling Theory and The Sex Offense Registry. *Themis: Research Journal of Justice Studies and Forensic Science*, 2(4):64-81.

²⁵ Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment*, 23(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), *Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems* (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders

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²⁶ Brogan, L., Haney-Caron, E., NeMoyer, A. & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. *Criminal Justice Review*, 40(3):277-302; Englebrecht et al. (2008). "It's not my fault": Acceptance of responsibility as a component of engagement in juvenile residential treatment, *Children and Youth Services Review*, 30(4):466-484; Reicher (2013). Denying Denial in Children with Sexual Behavior Problems, *Journal of Child Sexual Abuse*, 22(1):32-51.