



# BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

June 11, 2026

SUGGESTED CHANGES  
TO  
JUVENILE GUIDING PRINCIPLES  
PROVIDED BY  
MR. JOSEPH KELROY

Ashlesha Naik

---

**From:** Kelroy, Joseph [REDACTED]  
**Sent:** Wednesday, June 3, 2026 2:43 PM  
**To:** Arizona Sex Offender Management Board  
**Subject:** Recommended revisions to AZSOMB Juvenile Guiding Principals  
**Attachments:** Guiding Principles\_emv4.docx

**Categories:** Juvenile Guidelines and Subcommittee Background Material, Background Material for Board Packet

Good afternoon

Please find attached the edited version of the AZSOMB guiding principals from the courts. Input was received from juvenile presiding judges and juvenile court directors. Suggested changes were due today. Thank you

Joseph Kelroy  
Director  
Juvenile Justice Services Division  
Administrative Office of the Courts  
Arizona Supreme Court  
[REDACTED]

# Guiding Principles for Juveniles

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 the Juvenile Standards and Guidelines is to maximize community safety through the effective delivery of quality developmentally appropriate quality evaluation, assessment evaluation, treatment and supervision management of juveniles who engage in sexually abusive behavior offenses.

2. Sexual abusive behaviors offenses are traumatic and can have a devastating impact on the victim and victim's family.

Sexual abusive behavior 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.<sup>7</sup> 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.<sup>8</sup> The impact of sexually abusive behavior 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 juveniles sexual offenders should understand how a juvenile's be alert to how offenders' behaviors may inflict further harm on persons 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 age appropriate assessment, treatment and supervision of juveniles who engage in sexually abusive behavior, have committed sexual offenses.

Community safety includes consideration of future potential victims who could be at risk of future harm, with the understanding that effective treatment, supervision, family engagement, and developmental supports are intended to promote safety and positive outcomes for all involved. 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 Multi-disciplinary Team DT should be used to 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).

Victims should have an opportunity to be heard and informed when decisions pertain to their safety. When feasible and requested, this should include the ability to the right to safety, to be informed and to provide input to the MDT.

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

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

**6. Treatment and supervision decisions should be informed by a comprehensive evaluation<sup>12</sup> and ongoing assessments.**

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 engaged in sexually abusive behaviors ~~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, supervision levels, intensity of supervision, placement, treatment and opportunities for positive growth and development of juveniles.

Formatted: Strikethrough

**7. Risk assessment of juveniles who have engaged in sexually abusive behavior ~~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 sexually abusive behavior for which they are l-offense(s) of adjudicated. Other assessments designed to assess matters of general delinquency should also be considered. ~~ion/deferred judgement.~~

**8. A multidisciplinary team will be convened, and is responsible for post-disposition the evaluation, treatment, care and supervision of juveniles who engage in sexually abusive behavior. ~~commit sexual offenses.~~**

The adoption of the Standards and Guidelines ~~ese standards and guidelines~~ will support significantly ~~improves~~ public safety outcomes when all agencies and parties are working cooperatively and collaboratively. Further, the Juvenile Court is an essential partner within the multidisciplinary framework and contributes to coordinated treatment, supervision, accountability, and rehabilitation efforts through judicial oversight and decision-making authority established by law. In Arizona, juvenile courts may utilize specialized court models and oversight practices that support treatment engagement, family involvement, community safety, and positive long-term outcomes for juveniles."

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

Research with this population continues to emerge, which may leading to changes of the Standard and Guidelines se 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, developmentally appropriate, and responsive to based on the juvenile's assessed risks and needs.**

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

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

Professionals responsible for the evaluation, assessment, treatment and supervision of juveniles who have engaged in sexually abusive behavior 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.

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

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.

Many juveniles Juveniles who engage in sexually abusive behavior commit sexual offenses may present other co-occurring issues 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.<sup>21</sup> Assessment and treatment plans must should be comprehensive, trauma informed and address areas of strengths, risks and deficits to increase the juvenile's abilities to be successful and to mitigate the risk of both sexually abusive behavior and other delinquent behavior while 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.<sup>22</sup> Treatment plans should also reinforce ing developmental and environmental assets.

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

Assessment and intervention with a juvenile who has engaged in sexually abusive behavior 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.

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

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.<sup>25</sup> 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 engaged in sexually abusive behavior ~~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.

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

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.

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

The ability of parents to provide informed supervision in the home must be assessed in relation to the presenting 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 sexually abusive ~~offending~~ behavior defines them.**

It is imperative in understanding, treating and intervening with juveniles who engage in sexually abusive behavior ~~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.<sup>30</sup> 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.**