

## **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 **June 22, 2026**.

The **June 22, 2026**, Board meeting will be a hybrid-access meeting. This means that the public has the opportunity to participate in person or virtually. Information on how the public may attend is outlined below.

Please note the location of the **June 22, 2026**, Board meeting:

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

Virtual Meeting Access: Microsoft Teams Meeting:

<https://teams.microsoft.com/meet/233406172543385?p=YjnTvVrqR5sCrRuZ0g>

Meeting ID: 233 406 172 543 385

Passcode: QY2zd97u

Dial in by phone: [+1 480-536-7328,,72022703#](tel:+1480536732872022703)

Phone conference ID: 720 227 03#

The boardroom will be open to members of the public at 9:15 a.m.

A copy of the meeting agenda is attached. The Board reserves the right to change the order of items on the agenda. One or more members of the Board may participate virtually.

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](mailto:AZSOMB@AZDPS.GOV). Requests should be made as early as possible to allow time to arrange the accommodation(s).

The **June 22, 2026**, Board meeting will be a hybrid-access meeting. Please see below on how to access the meeting and provide public comment on agenda items, regardless of the chosen access method.

**To access the Board meeting virtually:**

**To watch the Board meeting via computer or a smartphone with a data plan:**

- Click on the following link:  
<https://teams.microsoft.com/meet/233406172543385?p=YjnTvVrqR5sCrRuZ0g>  
OR
- Open a web browser on your device (Google Chrome, Safari, Internet Explorer, Firefox). Then, type or copy the above link into the address or search bar on your browser and press “Enter”.

**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 3230, 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 Friday, June 19, at 1 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.
- **Virtual Verbal Public Comments.** A virtual public comment is a public comment provided during the meeting via Microsoft Teams and wherein the person giving the public comment is not physically in person during the regular Board meeting:
  - Individuals planning to submit a virtual public comment **must submit a** request to speak form available at <https://www.azdps.gov/form/somb-call-to-the-public-inperson> to provide a virtual verbal public comment at the meeting during the Call to the Public agenda item.
  - **The deadline to submit a request to speak form to provide a virtual verbal comment is Friday, June 19 at 1 p.m.**
  - During the Call to the Public agenda item, those who submitted a request to speak form will be called on to speak virtually. The name in which you submit the form **MUST** match the name on the account when signing into the meeting to speak.

Prior to the meeting, you may need to download the Microsoft Teams application to your device and create an account to ensure name matching. Individuals who submit the form after the deadline on **Friday, June 19 at 1 p.m.** will not be provided the opportunity to give virtual verbal public comment at the meeting.

- **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.
  - Staff will not switch your registration to virtual if you fail to attend the meeting in person.

#### **All Public Comments**

- All Board policies in regard to public comment at in-person meetings are transferable to virtual verbal public comment for meetings.
- Both virtual and 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 or registering for an in-person or virtual public comment, please contact the Board's office at (602) 223-2611 and a staff member will assist you.

DATED AND POSTED 17th Day of June, 2026.

*By Jenna G. Mitchell*

**Major Jenna G. Mitchell**  
**AZSOMB Program Manager**

**ARIZONA SEX OFFENDER MANAGEMENT BOARD**  
**Monday, June 22, 2026**  
**Regular Session**

**9:30 AM**

**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 <https://publicmeetings.az.gov/>. ADDITIONALLY, A HARD COPY OF THE AGENDA IS AVAILABLE AT 2222 WEST ENCANTO BLVD., PHOENIX, AZ. PLEASE EMAIL [AZSOMB@AZDPS.GOV](mailto: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. 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.

**3. MATTERS FOR DISCUSSION AND POSSIBLE ACTION**

- a. Statement from Chairwoman Goulden – AZSOMB Board Member Appointments and Board Structure**
- b. Old Business**
  - 1. Update on Pending Legislation – HB2870, HB2966, SB1829, SB1240, SB1239, and SB1709**
  - 2. Discussion and Potential Adoption of Adult Guiding Principles**
  - 3. Discussion and Update on Standardized Pre-sentence Investigation and Sex Offender Specific Evaluation Protocol**
  - 4. Reminder Proposed Revisions to A.R.S. § 13-3828 (Due by August 3, 2026 @ Noon)**
- c. Discussion of Draft Victim Impact and a Victim-Centered Approach**
- d. Discussion of Juvenile Psychosexual Evaluation Assessments By County**
- e. Subcommittee Reports**
- f. Call for Future Agenda Items (Deadline July 28, 2026 @ Noon)**

- Sex Offender Registration and Notification Act (SORNA) Presentation Scheduled for Next Month

**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.)

#### **4. ADJOURNMENT**

##### **NEXT MEETING:**

Arizona Sex Offender Management Board  
August 3, 2026 1:30 p.m. – 5 p.m.  
Arizona State Capitol  
Second Floor Conference Room  
1700 West Washington Street  
Phoenix, Arizona 85007



# BACKGROUND MATERIAL

June 22, 2026



# BACKGROUND MATERIAL

June 22, 2026

## DRAFT ADULT GUIDING PRINCIPLES

Version: 06/15/2026

# ARIZONA SEX OFFENDER MANAGEMENT BOARD

## Adult 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 develop a statewide system to maximize community safety<sup>1</sup> through the development and implementation of evidence-based policies, standards, and practices for effective delivery of quality interventions, assessment, evaluation, treatment, monitoring, and management of individuals who have committed sexual offenses while promoting system and offender accountability.<sup>2</sup>
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,<sup>3</sup> as well as social, family, economic, and spiritual harm.<sup>4</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>5</sup> 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.<sup>6</sup> Professionals working with people who have sexually offended should be alert to how offenders' behaviors may inflict further harm on persons they have previously victimized.<sup>7</sup>

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<sup>1</sup> 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.

<sup>2</sup> A.R.S. §13-3828(D); Harper C. A., Hogue T. E., Bartels R. M. (2017). Attitudes towards sexual offenders: What do we know, and why are they important? *Aggression and Violent Behavior*, 34, 201-213; Harris A. J., Socia K. M. (2016). What's in a name? Evaluating the effects of the "sex offender" label on public opinions and beliefs. *Sexual Abuse*, 28(7), 660-678; Mingus W., Burchfield K. B. (2012). From prison to integration: Applying modified labeling theory to sex offenders. *Criminal Justice Studies*, 25(1), 97-109.

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

<sup>4</sup> Dworkin et al (2017); Mason et al (2017); O'Leary et al (2017); Pérez-Fuentes et al (2013).

<sup>5</sup> 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; Dworkin 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).

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

<sup>7</sup> 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

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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 policies, standards, and practices for the intervention, assessment, evaluation, treatment, monitoring and management of people who have committed sexual offenses.<sup>8</sup>
4. People who have committed sexual offenses are capable of change.

Responsibility for change ultimately rests with the offender. Individuals are responsible for their attitudes and behaviors and are capable of eliminating abusive behavior through personal ownership of a change process. While responsibility for change is the offender's, the therapeutic alliance between the offender and the therapist is a predictive and important facet of responsivity leading to behavioral change.<sup>9</sup> 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.<sup>10</sup>

The treatment and management of people who have committed a sexual offense requires a coordinated response by the probation and treatment team and will be most effective if treatment providers and the entirety of the criminal justice and social services systems apply the same principles and work together.<sup>11</sup>

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 supervision and treatment members respect the individual roles and mutually agree upon their goals, the offender can be treated and managed more effectively.<sup>12</sup>

5. Community supervision and probation are opportunities, the success of which is dependent upon the individual who committed a sexual offense's willingness and ability to cooperate with treatment and supervision, and be accountable for their

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

<sup>8</sup> Campbell et al (2009); Cuevas et al (2010); Dworkin et al (2017)

<sup>9</sup> 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).

<sup>10</sup> 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).

<sup>11</sup> 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.

<sup>12</sup> Alexander (2010); Palmiotto & MacNichol (2010).

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behaviors.<sup>13</sup> Accordingly, members of the supervision and treatment team should employ practices designed to maximize offender participation and accountability.<sup>14</sup>

6. Treatment and supervision are most effective when they are individualized, and incorporate evidence-based and research informed practices.<sup>15</sup>
7. Risk for future sexual offending varies and may increase or decrease. The intensity, timing, and duration of treatment and supervision should respond to these variations in risk.<sup>16</sup>

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 be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse and to be informed and to provide input to the supervision and treatment team.<sup>17</sup>

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.<sup>18</sup> Victim impact

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<sup>13</sup> 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.

<sup>14</sup> D'Orazio et al. (2014); Wolgast, 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.

<sup>15</sup> 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.

<sup>16</sup> 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., & Gijssels, L. (2017). The predictive properties of dynamic sex offender risk assessment instruments: A meta-analysis. *Psychological Assessment*, 1-13. Day, A., Ross, S., Casey, S., Vess, J., Johns, D., & Hobbs, G. (2019). The Intensity and Timing of Sex Offender Treatment. *Sexual Abuse*, 31(4), 397-409.

<sup>17</sup> Ariz. Const. art. 2, §2.1(A)(1); AZ ST Code of Jud. Admin., § 6-103

<sup>18</sup> 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.

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

The supervision and treatment team 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. Victims are empowered to determine their level of participation.

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

Treatment, management, and supervision decisions including intervention, assessment, evaluation, and monitoring should be guided by empirical findings when research is available. Since there is 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.

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

12. Successful treatment and management of sex offenders is enhanced when the supervision and treatment models and encourages family, friends, employers and other members of the community in pro-social support of the offender.<sup>18</sup>

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.<sup>19</sup>

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

Sexual offense-specific treatment is not conducted with the same degree of confidentiality as non-mandated treatment.<sup>20</sup> Sex offenders waive confidentiality with

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<sup>19</sup> 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*, 83(4), 72-79.

<sup>20</sup> 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.

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regard to therapeutic and/or public safety goals. When sensitive and private information is shared, the dignity and humanity of all involved must be respected.

14. Sex offense-specific intervention, assessment, evaluation, treatment, monitoring and management should be humane, non-discriminatory and bound by the rules of ethics and law.<sup>21</sup>
15. The individualization of interventions, evaluations, assessments, treatment and supervision requires particular attention to factors including social, cultural, and intellectual and developmental abilities. Recognition of these factors are essential when interacting with clients from different social, cultural, intellectual, and religious backgrounds. A basic premise is to recognize the client's culture, your own culture, and how both affect the client-provider relationship.

This premise extends to all professional members of the supervision and treatment team and positive support persons and is essential in creating an equitable and inclusive environment regardless of differences in culture or lifestyle.

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<sup>21</sup> 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.



BACKGROUND MATERIAL

June 22, 2026

SUGGESTED CHANGES TO  
ADULT GUIDING PRINCIPLES.

PROVIDED BY

MS. KATIE KREJCI

# ARIZONA SEX OFFENDER MANAGEMENT BOARD

## Adult 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 develop a state wide system —is to maximize community safety<sup>1</sup> through the development and implementation of evidence-based policies, standards, and practices for effective delivery of quality interventions, assessment, evaluation, treatment, monitoring, and management of sex-offenders individuals who have committed sexual offenses while promoting system and offender accountability.<sup>2</sup>
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,<sup>3</sup> as well as social, family, economic, and spiritual harm.<sup>4</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>5</sup> 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.<sup>6</sup> Professionals working with people who

**Commented [KK1]:** The Center for Sex Offender Management and therefore their resource center was dissolved in 2019.

<sup>1</sup> 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.

<sup>2</sup> A.R.S. §13-3828(D); Harper C. A., Hogue T. E., Bartels R. M. (2017). Attitudes towards sexual offenders: What do we know, and why are they important? *Aggression and Violent Behavior*, 34, 201–213; Harris A. J., Socia K. M. (2016). What’s in a name? Evaluating the effects of the “sex offender” label on public opinions and beliefs. *Sexual Abuse*, 28(7), 660–678; Mingus W., Burchfield K. B. (2012). From prison to integration: Applying modified labeling theory to sex offenders. *Criminal Justice Studies*, 25(1), 97–109.

<sup>3</sup> 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.

<sup>4</sup> Dworking et al (2017); Mason et al (2017); O’Leary et al (2017); Pérez-Fuentes et al (2013).

<sup>5</sup> 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).

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

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## ARIZONA SEX OFFENDER MANAGEMENT BOARD

have sexually offended sexual-offenders should be alert to how offenders' behaviors may inflict further harm on persons they have previously victimized.<sup>7</sup>

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 policies, standards, and practices for the intervention, assessment, evaluation, treatment, monitoring and management of people who have committed sexual offenses. sex-offenders.<sup>8</sup>
4. Offenders-People who have committed sexual offenses 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.<sup>9</sup> 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.<sup>10</sup>

The treatment and management of people who have committed a sexual offensesex offenders requires a coordinated response by the probation and treatment team and will be most effective if SOMB-treatment providers and the entirety of the criminal justice and social services systems apply the same principles and work together.<sup>11</sup>

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 supervision and treatment members respect the individual roles and mutually agree upon their goals, the offender can be treated and managed more effectively.<sup>12</sup>

5. Community supervision and probation are-is an opportunities, the success of which is dependent upon an individual who committed a sexual offense sexual-offender's

<sup>7</sup> 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 therapeutic alliance between offenders and therapists in sex offender treatment. *Sexual Abuse: A Journal of Research and Treatment*, 1-20.

<sup>8</sup> Campbell et al (2009); Cuevas et al (2010); Dworking et al (2017)

<sup>9</sup> 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).

<sup>10</sup> 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).

<sup>11</sup> 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.

<sup>12</sup> Alexander (2010); Palmiotto & MacNichol (2010).

## ARIZONA SEX OFFENDER MANAGEMENT BOARD

willingness and ability to cooperate with treatment and supervision, and be accountable for their behaviors.<sup>13</sup> Accordingly, members of the supervision and treatment team should employ practices designed to maximize offender participation and accountability.<sup>14</sup>

6. Treatment and supervision are most effective when they are individualized, and incorporate evidence-based and research informed practices.<sup>15</sup>
7. Risk for future sexual offending varies and may increase or decrease. The intensity, timing, and duration of treatment and supervision should respond to these variations in risk.<sup>16</sup>

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 treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or safety, abuse and to be informed and to provide input to the supervision and treatment team.<sup>17</sup>

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.<sup>18</sup> Victim impact

**Commented [KK2]:** Does this also apply to interventions, assessment, evaluation, monitoring, and management?

<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> 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), 805-891; 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., Urbanik, 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.

<sup>16</sup> 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., Jansen, E., & Gijls, L. (2017). The predictive properties of dynamic sex offender risk assessment instruments: A meta-analysis. *Psychological Assessment*, 1-13. Day, A., Ross, S., Casey, S., Vess, J., Johns, D., & Hobbs, G. (2019). *The Intensity and Timing of Sex Offender Treatment. Sexual Abuse*, 31(4), 397-409.

<sup>17</sup> Ariz. Const. art. 2, §2.1(A)(1); AZ ST Code of Jud. Admin., § 6-103

<sup>18</sup> 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.

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## ARIZONA SEX OFFENDER MANAGEMENT BOARD

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

The supervision and treatment team 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.<sup>19</sup> Victims are empowered to determine their level of participation.

9. When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweighs any conflicting parental or family interests.
10. The AZSOMB is committed to creating Standards and Guidelines that are based on current and emerging research and best practices.

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

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

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

12. Successful treatment and management of sex offenders is enhanced when the supervision and treatment models and encourages family, friends, employers and other members of the community in pro-social support of the offender.<sup>18</sup>

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.<sup>20</sup>

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

Sexual offense-specific treatment is not conducted with the same degree of confidentiality as non-mandated treatment.<sup>21</sup> Sex offenders waive confidentiality with

**Commented [KK3]:** The Center for Sex Offender Management and therefore their resource center was dissolved in 2019. The other materials cited do not appear to be readily available online.

**Commented [KK4]:** This is the first time we use this acronym in these principals, should we define it here?

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<sup>19</sup> Center for Sex Offender Management (2007). *The Role of the Victim and Victim Advocate in Managing Sex Offenders (training curriculum)*. Silver Spring, MD.

<sup>20</sup> 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*, 83-4), 72-79.

<sup>21</sup> 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*

## ARIZONA SEX OFFENDER MANAGEMENT BOARD

regard to therapeutic and/or public safety goals. When sensitive and private information is shared, the dignity and humanity of all involved must be respected.

14. Sex offense-specific intervention, assessment, evaluation, treatment, behavioral monitoring and supervision-management should be humane, non-discriminatory and bound by the rules of ethics and law.<sup>22</sup>
15. The individualization of interventions, evaluations, assessments, treatment and supervision requires particular attention to factors including social, -and-cultural, and intellectual and developmental abilities -factors. Recognition of these factors are essential when interacting with clients from different social, cultural, intellectual, and religious backgrounds. A basic premise is to recognize the client's culture, your own culture, and how both affect the client-provider relationship.

This premise extends to all professional members of the supervision and treatment team and positive support persons and is essential in creating an equitable and inclusive environment regardless of differences in culture or lifestyle.

DRAFT

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*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.

<sup>22</sup> 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.



BACKGROUND MATERIAL

June 22, 2026

SUGGESTED CHANGES

TO

PSI PROTOCOL PROPOSAL

PROVIDED BY

MS. KAROLYN KACZOROWSKI

Suggested changes to “Proposal for Implementation of Standardized Presentence Investigation and Sex Offense-Specific Evaluation Protocol”

First I would like to say that I believe that making recommendations for evaluating and treating sex offenders who are still in the criminal justice process is beyond the scope of our duties as outlined in A.R.S. §13-3828. Instead, as I read the statute, we should be focusing on the evaluation and treatment of offenders who are already subject to sex offender treatment. With that caveat, I make the following suggestions. As a former prosecutor, I have elaborated on the areas in which I felt I could contribute the most.

- Recognize that the Guiding Principles of the AZSOMB include respecting the rights, interests, and the impact of sexual offenses on victims and protecting the safety of the community, in addition to providing evaluation and treatment of sex offenders.
- Recognize the current availability of PSE providers and make recommendations to improve access
- Discuss current laws and Rules of Criminal Procedure to identify the impact and interplay our recommendations will have on them.
- Have different recommendations based upon how the PSE is intended to be used (to inform sentencing and/or treatment).
- Have different recommendations depending upon the sentencing options available to the Court
- Similar to “Guiding Principles”, recognize that all behavior needs to be addressed – not simply the behaviors of the offense for which the person has been conviction
- Identify current opportunities for treatment while incarcerated post-sentencing and make recommendations to improve
- Discuss what areas our recommendations would impact and how – probation departments, courts, DOC, Victims, prosecution and defense offices, etc.
- Clarify that these are ideal principles and are not to be used in court to challenge the sufficiency of services provided to sex offenders

## Legal Considerations

### 1. Victims' Rights

- The Arizona Constitution recognizes a crime victim's right "[t]o a speedy trial or disposition and prompt and final conclusion of the case after the conviction and sentence." Ariz. Const. art. 2, §2.1(10).
- The victim has the Right to Be Heard (by the Court) at Sentencing, Probation Revocation Dispositions, Modification of Probation proceedings that it involves contact or safety of victim, restitution, or incarceration, [and others not impacted by this Protocol] and the victim determines the form of the statement – oral, written, audio, video, digital, or in person. A.R.S. §§13-4424, 13-4426, 13-4426.01, 13-4427, and 13-4428; Ariz. R. Crim. Pro. Rules 1.3, 39(b)(7), and 39(c).
- The victim has the right to provide input to the probation department for the pre-sentence report. A.R.S. §13-4424.
- The victim of sexual offenses may obtain a lifetime injunction prohibiting contact from the defendant. A.R.S. §13-719.

### 2. Timelines

- Normally, sentencing must take place 15-30 days after determination of guilt. Ariz. R. Crim. P. Rule 26.3(a)(1)(A).
- While a defendant may waive speedy sentencing time, the Rules of Criminal Procedure outline how long that can be, and the victim still has a right to speedy sentencing.
  - The Sentencing date may be extended for up to 60 days for mitigation and/or aggravation hearing to take place. Ariz. R. Crim. P. Rules 26.3(b) and 26.7.
  - An additional 10 days may be granted to allow for further investigation. Ariz. R. Crim. P. Rule 26.7(c).
- This means that sentencing is required to take place within 70 days of the finding of guilt – either through a plea agreement or verdict at trial.
- It is unrealistic to believe that all PSEs will be able to comply with this deadline, especially if they have been mandated throughout the state on every conviction for a sexual offense.

### 3. Sentencing laws

- Dangerous Crimes Against Children – certain offenses committed against children under 15 years old – have their own mandatory sentencing scheme,

most of which require prison sentences ranging from five years to life imprisonment with no possibility of release for thirty-five years. A.R.S. §13-705. (See Attachment).

- Other sexual offenses have their own sentencing schemes which include mandatory incarceration. (See Attachment).
- Some offenses require imprisonment for repetitive offenses.

### **Use of PSEs for Mitigation**

While I agree that the Court should have all available information at the time of sentencing, I find the argument that mandating PSEs for all offenses in order to inform the length of sentence unpersuasive for the following reasons:

1. Treatment is not a primary factor in determining the appropriate sentence.
  - The purposes of the Criminal Code are set out in A.R.S. §13-101. Treatment and rehabilitation of offenders are not one of those purposes. Punishment and prevention are, so arguably treatment could fall under prevention.
  - Arizona's sentencing scheme was created "to differentiate on reasonable grounds between serious and minor offenses and to prescribe proportionate penalties for each." Therefore, the sentencing ranges are set based upon the egregiousness of the crime for which the defendant is convicted. The most egregious crimes carry the highest sentences.
  - In setting the appropriate punishment within each range, the Court is required to take into consideration aggravating and mitigating circumstances, the latter of which includes circumstances "relevant to the defendant's character or background". As explained below, a PSE may be helpful in this regard, but there are already provisions in place for the court or the defendant to receive a PSE if it is felt by either that it would be beneficial.
  - Courts are required to weigh the aggravating circumstances against the mitigating circumstances. Often, in the most egregious offenses, the harm to the victim is great and weighs heavily in favor of at least the presumptive sentence. Remorse, age and mental capacity are sometimes mitigating factors that may reduce this.
  - Recidivism is not a consideration in sentencing. People are sentenced for crimes already committed, not the fear that they may reoffend.

- Information on a PSE is treated with skepticism because it is based primarily on self-reporting and information provided by family members supportive of the defendant. The objective tests that are completed generally go to predilections that are informative for treatment, but in the context of sentencing, they generally only harm defendants. It is sometimes helpful to have other mental health diagnoses explored.
2. PSEs are already an available option for sentencing.
    - The Court may already order an evaluation [which is due at the same time as the presentence report (2 days before sentencing)] if it feels the need for such an evaluation. Ariz. R. Crim. P. Rule 26.5.
    - The defendant may request an evaluation if s/he believes it will inform the Court of positive information. If this is the case, the defense attorney requests it, and the report is privileged under attorney work-product unless/until it is determined to be useful to the defendant.
    - The State is not permitted to request such an evaluation in a criminal case. Rule 15.2(a)(1). Because these Rules are promulgated by the Judicial Branch, we have to be mindful of Separation of Powers issues. Similarly, we must remember that probation departments are arms of the Court.
  3. The interests of the parties conflict with the idea of requiring a PSE pre-sentencing.
    - Reports created post-conviction but pre-sentencing are not permitted to be redacted by the defendant prior to disclosure to the state, thus mandating such an evaluation places the defendant in a position to either waive his/her Right to Remain Silent or refuse to participate in the evaluation. Furthermore, these reports are public record and must be furnished to the victim upon request. This further impacts the willingness of the defendant to fully and honestly participate in the evaluation. Rule 26.6.
    - Most criminal cases are resolved through the plea negotiation process. During this process, the State confers with the victim and defense counsel to determine a mutually-agreeable resolution. The Court's only role is to accept or reject the plea. For all involved, there are many factors that are taken into consideration, only one of which is the treatment of the defendant post-conviction. Paramount is compliance

with the Constitutions and laws of Arizona. For the State, represented by the prosecution, the best interests of the community and the needs of the victim are the next highest priorities. Justice mandates the prosecution take into account the individualized characteristics of the defendant when determining appropriate sentences when compared with other similarly-situated defendants; however, the State cannot generally obtain information on the defendant without his/her consent during this process. If the defendant has information that s/he believes would inform the plea offer, s/he readily provides it.

- A defendant convicted at trial has different concerns than a defendant who has already accepted responsibility through entering into a plea agreement - such as maintaining claims of innocence and appeal rights.

Given all of these factors, we need to assess whether a Protocol requiring a PSE prior to sentencing would even be useful in determining sentencing. In order to do that, we need to identify specific information that should be considered as mitigation – if any – and make recommendations as to how that information should be considered.

## ATTACHMENT

### Sentencing Requirements for Sexual Offenses Requiring a Term of Imprisonment

<b>Statute(s)<sup>1</sup></b>	<b>Offense</b>	<b>Mandatory Prison Sentencing Range<sup>2</sup></b>	<b>Flat time?</b>
13-1406	Sexual Assault	5.25 – 14	yes
13-1406	Sexual Assault involving Serious Physical Injury	5.25 – 14; may receive a life sentence	yes
13-1428	Sexual Extortion, at least 15 yo <sup>3</sup>	2 – 8.75	yes
13-3552	Commercial Sexual Exploitation of a Minor, 15-17 years old	13 – 27	yes
13-1405; 13-702	Sexual Conduct with a Minor, 15-17 yo; Offender in a Position of Trust	3 – 12.5	yes
13-3212(A)	Child Sex Trafficking, 15-17 yo	13 – 27	yes
13-3212(B)(2)	Child Sex Trafficking, 15-17 yo; Offender engages in prostitution s/he knows or shk the victim is 15-17 yo	7 – 21	yes
13-1214	Unlawful Mutilation, 15-17 yo	5.25 – 14	yes
13-3560; 13-702	Aggravated Luring a Minor for Sexual Exploitation, 15-17 yo	3 – 12.5	yes
13-3554	Luring a Minor for Sexual Exploitation, 15-17 yo	2 – 8.75	yes
13-1405	Sexual Conduct with a Minor, 12 and under, involving Serious Physical Injury	Natural life	yes
13-1406; 13-705(B)	Sexual Assault of a Minor, 12 and under; Offender at least 18 years old	Life, no possibility of release before 35 years	yes
13-1405; 13-705(B)	Sexual Conduct with a Minor, 12 and under; Offender at least 18 years old; excluding masturbatory contact	Life, no possibility of release before 35 years	yes
13-1405; 13-705(C)	Sexual Assault of a Minor, Under 12	13-27; may receive a life sentence	yes
13-1406; 13-705(E)	Sexual Assault of a Minor, 12-14 yo	13 – 27	yes
13-3203; 13-705(E)	Taking a Child for Prostitution	13 – 27	yes
13-3212; 13-705(E)	Child Sex Trafficking	13 – 27	yes

<sup>1</sup> All statutes are Arizona Revised Statutes – 2026; however, the statutes in effect at the time the offense is committed is the applicable statute.

<sup>2</sup> Length of time in years. For first-time offender. Longer sentences are required for repetitive offenses.

<sup>3</sup> All ages refer to the age of the victim unless otherwise noted.

13-3552; 13-705(E)	Commercial Sexual Exploitation of a Minor	13 – 27	yes
13-1405; 13-705(E)	Sexual Conduct of a Minor, 12-14 yo	13 – 27	yes
13-1214; 13-705(F)	Unlawful Mutilation, under 15	10 – 24	yes
13-1410; 13-705(F)	Molestation of a Child	10 – 24	yes
13-3553; 13-705(F)	Sexual Exploitation of a Minor	10 – 24	yes
13-3560; 13-705(F)	Aggravated Luring of a Minor for Sexual Exploitation, under 15 yo	10 – 24	yes
13-3554; 13-705(G) <sup>4</sup>	Luring a Minor for Sexual Exploitation, under 15 yo	5 – 15	yes
13-1428; 13-705(G) <sup>4</sup>	Sexual Extortion, under 15 [note – this statute has been changed by HB 2666, effective later 2026]	5 – 15	yes
13-1417; 13-705(I)	Continuous Sexual Abuse of a Child	39 – 81	yes

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<sup>4</sup> Offenses listed in A.R.S. §13-705(G) are probation-eligible; however, recent changes to the defining statutes call that into question.



## BACKGROUND MATERIAL

June 22, 2026

VICTIM IMPACT AND A VICTIM-CENTERED  
AZSOMB

(V3: 06/15/2026)

## ARIZONA SEX OFFENDER MANAGEMENT BOARD

### Victim Impact and a Victim-Centered Approach

Sexual violence and abuse are problems in Arizona. As communities are forced to face the issue of sexual violence and abuse, many efforts are directed towards issues other than the victim who has been violated, the child robbed of their childhood, and the recovery and healing of the victims and their families. Despite constitutional and statutory protections,<sup>1</sup> victims can be overlooked as the criminal justice system focuses on the legal issues and the needs of the offender. Victim healing increases when victims feel a sense of inclusion and empowerment, that their voices count and when they are treated with dignity and respect<sup>2</sup>. A victim's experience with the justice system often "means the difference between a healing experience and one that exacerbates the initial trauma."<sup>3</sup>

The Standards set by the Arizona Sex Offender Management Board are designed to address the assessment, evaluation, treatment, and monitoring of adult and juvenile sex offenders. In order to accomplish the mission of effective management of adult and juvenile sexual offenders and eliminating sexual re-offense, professionals must first start with understanding the trauma and suffering of victims. This section provides some information for professionals working with adult sex offenders and juveniles who have committed sexual offenses on the impact of sexual assault and the needs of victims.

In Arizona, an estimated 1 in 3 women (36.2%) and 1 in 5 men (17.6%) will experience a sexual assault or attempted sexual assault in their lifetime<sup>4</sup>. Most victims first experience sexual abuse and violence as children or adolescents. Sexual abuse and violence is the most under reported crime in the United States. Only an estimated 19 – 23% of sexual crimes are reported to law enforcement.<sup>5</sup> Far fewer are prosecuted. Research indicates the younger the victim and the closer the relationship, the less likely a victim will report<sup>6</sup>. Sexual abuse and violence violate victims. Victims may experience chronic and severe mental and physical health symptoms, as well as social, familial, economic and spiritual harm. These symptoms cross over into all aspects of victims' lives, and victims often face long term impact and continue to struggle for recovery over

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<sup>1</sup> Purpose of the Victims' Bill of Rights to ensure that all crime victims are provided with basic rights of respect, protection, participation and healing of their ordeals. 1991 Ariz. Sess. Laws, ch. 229, § 2(2).

<sup>2</sup> Jorge, *What Works for Crime Victims: criminal justice, victims support centers and the emotional well-being of crime victims*, (Book) 2020.

<sup>3</sup> Parsons & Bergin, *The Impact of Criminal Justice Involvement on Victims' Mental Health*, 23 J. Traum. Stress at 182.

<sup>4</sup> Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>5</sup> Marchetti, C. A. (2012). Regret and police reporting among individuals who have experienced sexual assault. *Journal of the American Psychiatric Nurses Association*, 18(1), 32-39.; *Criminal Victimization, 2016 (NCJ 251150)*. Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics.

<sup>6</sup> Kilpatrick, D., & McCauley, J. (2009). *Understanding National Rape Statistics*. National Resource Center on Domestic Violence; 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; Tjaden, P. & Thoennes, N. (2006). *Extent, Nature and Consequences of rape victimization: Findings from the National Violence Against Women Survey*. U.S. Department of Justice.

the course of their lifetimes. Trauma from sexual assault changes the victim's world view, self-perception and sense of power and control. Family members of victims and communities as a whole are also negatively impacted by sexual abuse and violence. While the effects of sexual abuse and violence on victims are unique and may vary over time, common consequences include:

fear  
anxiety  
hypervigilance  
self-blame  
guilt  
shame  
depression  
anger  
irritability  
avoidance  
intrusive thoughts  
flashbacks  
nightmares and sleeping problems  
panic attacks  
Post-Traumatic Stress Disorder  
dissociative disorders  
physiological effects, such as headaches/chronic pain  
memory impairment  
disordered eating  
sexual behavior problems  
substance abuse  
self-injuring behaviors  
suicidal ideation and attempts  
failure to identify their experience as sexual assault or a crime  
minimization of their experience  
loss of trust  
low self-esteem  
impaired sense of self and identity  
difficulty with and loss of relationships and intimacy  
isolation  
loss of independence  
financial loss  
increased vulnerability to others  
Victimizations

Often, victims report significant distress over not being believed and feelings of intense guilt and shame. Many victims and their family members have been subjected by the offender to long-term and intentional grooming behaviors. Large, long-term studies show that survivors of childhood sexual abuse face higher risks of cardiovascular disease, chronic illness, mental health disorders, suicide, injury, and premature mortality.<sup>7</sup> These effects persist even after accounting for lifestyle behaviors. The harm to victims is substantially reduced when victims are believed, protected, and adequately supported. Acknowledging and addressing the impact to victims can aid in their long-term health and recovery. Recovery and healing of victims is possible and enhanced when teams operate with a victim-centered approach.

The supervision team should operate with a victim-centered approach. A victim-centered approach means that the needs and interests of victims require paramount attention by professionals working with sexual offenders. Individuals and programs working with sexual offenders should always have the victim and potential victims in mind. This means a commitment to protecting victims, not re-victimizing, being sensitive to victim issues, and being responsive to victim needs. A victim-centered approach requires an avenue to receive victim input and provide information to victims. This balanced approach has many benefits, including improved treatment and supervision of the offender, increased accountability, enhanced support for victims, and a safer community. Collaboration and information sharing enhance the supervision team's ability to maintain a victim-centered approach. Understanding these offenses from the victim's perspective is important for comprehending the gravity of the offending behavior and seeing the full picture. Awareness of the impact of sexual assault and violence is necessary for providers to operate with a victim-centered approach. Professionals must recognize the harm done to victims, and apply this knowledge, to work effectively with offenders to internalize and demonstrate long-term behavioral change. The impact on the victim informs and guides the decision-making process and assists professionals in prioritizing the safety and needs of victims of sexual crimes.

The supervision team should help inform victims regarding the treatment and supervision process and share information on how this process demonstrates the commitment towards victim recovery, community safety, and no new victims.

The supervision team should respect the victims' wishes regarding their level of involvement and also understand that their interest may change over time. When communicating with victims, teams should consider what information regarding the defendant can be shared and explain that not all information of a defendant's file can be shared and why, and what information shared by the victim with the team will be communicated to the defendant and/or their representative.

The supervision team should discuss what information can and should be shared, taking into

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<sup>7</sup> BMJ 2023, 381: e073613; JAMA 2001, 286 (24): 3089-3096; Nat. Med. 2023, 29; 3243-3258; *Commun. Med.* 5, 287 (2025); ACE Study (Felitti et al.) *Am. J. Prev. Med.* 1998;14(4).

account what information is valuable for the victim, for the victim to feel safe, and for the victim to feel that the community as a whole is being protected. The supervision teams have legal and ethical considerations when determining what information is appropriate for sharing with victims and should exercise good professional judgment. Victims are assisted by understanding why decisions are made in the interest of public safety. Even with support systems in place, the criminal justice system is still difficult for victims. The supervision teams can honor and contribute to justice for victims by operating with a victim-centered approach.

Ongoing training regarding sexual victimization is recommended for all supervision team members and required by these standards to be an approved evaluator, polygraph examiner or treatment provider. Teams should (shall for juveniles) include a victim representative on the supervision team to ensure a victim-centered approach is being implemented.

### **Arizona Statutes and Guidance Pertaining to Victims**

In accordance with Arizona Revised Statute (A.R.S.) § 13-3828, the Arizona Sex Offender Management Board shall develop and recommend methods of intervention for adult and juvenile sex offenders. The methods must prioritize the physical and psychological safety of victims and potential victims. The methods must also be appropriate to the assessed needs of the particular adult or juvenile sex offender, so long as there is no reduction in the safety of victims and potential victims.”

### **Arizona Constitution – Victims’ Bill of Rights**

#### **Arizona Constitution, Article II, Section 2.1**

This constitutional amendment, approved by Arizona voters in 1990, establishes fundamental rights for crime victims, including:

- The right to be treated with fairness, respect, and dignity.
- The right to be free from intimidation, harassment, or abuse.
- The right to be present and heard at critical court proceedings.
- The right to confer with the prosecution.
- The right to refuse defense interviews.
- The right to prompt restitution.

### **Arizona Revised Statutes – Crime Victims’ Rights**

#### **A.R.S. Title 13, Chapter 40 (§§ 13-4401 through 13-4440)**

These statutes implement and protect the constitutional rights provided in Arizona's Victims' Bill of Rights.

Some commonly cited statutes include:

- **A.R.S. § 13-4401** – Definitions of victim and victims' rights.
- **A.R.S. § 13-4405** – Information and notice that must be provided to victims by law enforcement.
- **A.R.S. § 13-4419** – Victim's right to confer with the prosecutor.
- **A.R.S. § 13-4426** – Victim's right to be heard at sentencing.
- **A.R.S. § 13-4434** – Victim's right to privacy and protection of identifying information.
- **A.R.S. § 13-4437** – Standing to enforce victims' rights and seek remedies for violations.
- **A.R.S. § 13-804** – Restitution to victims.

Arizona voters overwhelmingly approved the constitutional amendment adding Crime Victim's Bill of Rights on November 6, 1990. This Victims' Bill of Rights is part of the Arizona Constitution and ensures that victims have a right to be treated with fairness, respect and dignity and have a right to be heard when relevant, informed and present at all critical stages of the criminal justice system. This constitutional amendment ensures all victims of and witnesses to crimes are honored and protected by law enforcement agencies, prosecutors, and judges in a manner no less vigorous than the protection afforded criminal defendants. All post-sentencing agencies have obligations under the Crime Victim's Right amendment though victims must "opt in" to receive notification after sentencing.

### **Supporting Victims**

The following are common needs of sexual abuse and violence victims and ways in which members of the community supervision team can support victims and contribute to their healing and recovery:

Needs:

- Caring, compassionate response
- Physical and psychological safety/protection
- Being believed
- Therapy and other resources
- Opportunities for input
- Information regarding the offender management, supervision, and treatment
- Accurate information being provided to the offender's and victim's support systems
- Information regarding safety planning (i.e. availability of protective orders and/or lifetime no contact injunction)

Support:

- Listen to victims and allow them to be heard
- Provide information about team members' roles and responsibilities
- Reassure victims that the abuse was not their fault
- Hold the offender fully accountable
- Validate the victims' experience
- Acknowledge victims' strengths and ability to heal/recover
- Be clear regarding what information can and cannot be shared
- Be willing to repeat information
- Be sensitive to where victims are in their recovery process
- Advocate, as needed, for therapy for victims
- Recognize the impact of the trauma on the victims' behaviors, beliefs and emotions, and how those may be expressed
- Thank victims for reporting and going through the very difficult criminal justice process
- Recognize the importance of how clarification, contact or reunification are implemented

### **Common Victim Concerns and Safety Issues**

- Location of the offender
- The negative impact of the victim encountering the offender in the community, especially in intra-familial cases, such as family functions
- The offender being able to manipulate the probation and treatment members in the same ways he/she manipulated the victim and victim's family
- Lack of trust that information regarding the offender's treatment and supervision is being provided
- The conditions of supervision, such as allowing contact with minors
- The offender continuing to deny, minimize or blame the victim for the abuse
- Whether or not the offender is demonstrating engagement in treatment and changing their behavior
- Whether or not the offender is telling the truth, demonstrating honesty through polygraphs or other means, and compliant on supervision
- Whether or not the offender is expressing genuine remorse for the abuse



## BACKGROUND MATERIAL

June 22, 2026

### LIST OF ASSESSMENTS USED IN PSYCHOSEXUAL EVALUATIONS FOR JUVENILE CASES

## Arizona Sex Offender Management Board

As of: 06/16/2026

List of assessments used in psychosexual evaluations for juvenile cases:	Yuma	Yavapai	Mohave	Pinal	Greenlee	Pima	Maricopa
Adolescent Sexual Interest Card Sort (ASIC)	✓	✓	✓		✓	✓	✓
Millon Adolescent Clinical Inventory, 2nd edition (MACI-II)	✓	✓	✓		✓		✓
Abel Assessment of Sexual Interest (AASI-2)	✓	✓	✓		✓		✓
Abel, Becker, and Kaplan Adolescent Cognitions Scale	✓	✓	✓		✓		✓
Adolescent Behavior Checklist (parent)	✓						
Adolescent Cognition Scale- Revised	✓			✓			
Aggression Questionnaire – Youth Form (AQ)				✓			
Beck's Depression Inventory	✓						
Beck's Depression Inventory for Children	✓						
Bender Gestalt Visual Motor Test with Recall	✓						
Folstein Mental Status Exam						✓	
How I think Questionnaire (HITQ)				✓			
Incomplete Sentences	✓						
Juvenile Sex Offender Assessment Protocol, 2nd edition (JSOAP-II)	✓	✓	✓		✓		✓
Juvenile Sexual Offense Recidivism Risk Assessment Tool-II [J-SORRATT-II]			✓				
Kaufman Brief Intelligence Test, 2nd edition (KBIT-2)	✓	✓			✓		✓
Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)						✓	
Personality Assessment Inventory-Adolescent (PAI-A)	✓			✓		✓	
PHASE Sexual Attitudes Questionnaire	✓	✓	✓		✓		✓
PROFESOR Protective + Risk Observations For Eliminating Sexual Offense Recidivism	✓		✓	✓		✓	✓
Repeatable Battery for the Assessment of Neuropsychological Symptoms (RBANS)						✓	
Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)			✓				
Shibley-2	✓			✓			
Structured Assessment of Violence Risk in Youth (SAVRY)	✓			✓			
Suicide Risk Screening Tool	✓						
The Estimate of Risk of Adolescent Sexual Offense Recidivism (The ERASOR)						✓	
Trauma Attachment Beliefs Scale (TABS)						✓	
Trauma Symptom Checklist for Adults	✓						
Trauma Symptom Checklist for Children (TSCC)	✓	✓	✓		✓		✓
Wechsler Abbreviated Scale of Intelligence II (WASI-II)				✓		✓	
Wide Range Test of Achievement, 5th edition (WRAT-V)	✓	✓	✓		✓		✓
Wilson Sexual Fantasy Questionnaire	✓						
Youth Level of Service Inventory 2 (YLS-2)						✓	