NOTICE OF PUBLIC MEETING
ARIZONA SEX OFFENDER MANAGEMENT BOARD
JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

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 Juvenile Guidelines and Standards Subcommittee** (the "Subcommittee") and to the general public that the Subcommittee will hold a meeting, open to the public, on **August 27, 2026**.

The **August 27, 2026,** Subcommittee 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 **August 27, 2026,** Subcommittee meeting:

Thursday, August 27, 2026 1:30 p.m. – 3:30 p.m.
Arizona State Capitol
1700 West Washington Street (**First Floor** Conference Room)
Phoenix, Arizona

Virtual Meeting Access
Microsoft Teams Meeting:
https://teams.microsoft.com/meet/278458705218009?p=BMeWSMphQnXOqow6YY
Meeting ID: 278 458 705 218 009
Passcode: KE3Dw2BG
Dial in by phone**:** +1 480-536-7328,,840592908#
Phone conference ID: 840 592 908#

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

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

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

Pursuant to A.R.S. § 38-431.03(A)(2), the Subcommittee 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 Subcommittee may vote to convene in executive session, which will not be open to the public, for legal consultation and advice concerning any item on the agenda.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Ms. Ashlesha Naik at 602-223-2611 or via email at

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

DATED AND POSTED this 20th Day of August 2026.

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

ARIZONA SEX OFFENDER MANAGEMENT BOARD
JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE
THURSDAY, AUGUST 27, 2026
Regular Session

1:30 PM

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

THE AGENDA AND BACKGROUND MATERIAL ARE PROVIDED TO BOARD MEMBERS ELECTRONICALLY (WITH THE EXCEPTION OF MATERIAL RELATING TO POSSIBLE EXECUTIVE SESSIONS) AND POSTED ON THE ARIZONA PUBLIC MEETING WEBSITE AT 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 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. **MATTERS FOR DISCUSSION AND POSSIBLE ACTION**

    a. Presentation on AOC Procurement/Contracts for Psychosexual Evaluations
    b. Old Business:
        i. Discussion and Potential Recommended Adoption of Revised Juvenile Guiding Principles
        ii. Discussion of Framework and Format for PsychoSexual Evaluation Reports

    b. Discussion of Standard Procedures to Evaluate Juveniles who have committed Sexual Offenses
    c. Discussion of Guidelines and Standards to Treat Juveniles who have committed Sexual Offenses
    d. Discussion of Home Reunification of Juveniles who have committed Sexual Offenses: Safety Assessment and Placement Determination
    e. Call for Future Agenda Items (Deadline to Submit – September 15, 2026 @ Noon)

3. **THE SUBCOMMITTEE 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: September 24, 2026, 1:30 p.m. - 3:30 p.m.

BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

August 27, 2026

DRAFT JUVENILE GUIDING PRINCIPLES

V 08032026

Juvenile Guiding Principles

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

1. **The highest priority of these Juvenile Standards and Guidelines is to maximize community safety through the effective delivery of quality developmentally appropriate evaluation, assessment, treatment, and management supervision of juveniles who engage in commit sexually abusive behaviors. offenses.**[4]

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

   Sexually 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.[2] Research and clinical experience indicate that victims of sexually abusive behaviors e often face long-term impact and continue to struggle for recovery over the course of their lifetime.[3] 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 sexual offendersjuveniles should be alert to how offenders'understand how a juvenile's behaviors may inflict further harm on persons they have previously victimized.[4]

3. **Community safety and the rights and interests of victims and their families , as well as potential victims, require paramount attention when developing and**

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

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

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

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

implementing age appropriate assessment, treatment and supervision of juveniles who ~~have committed~~engage in sexually abusive behavior. ~~offenses.~~[5]

~~When assessing the needs of a juvenile who has committed a sexual offense community safety must be achieved.~~ 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. In the event of a conflict~~, between the two,~~ the Multi-disciplinary Team (MDT) ~~shall~~ should be used to 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 well-being of victims ~~and potential victims is~~are a priority for the ~~Multidisciplinary Team (~~MDT~~).~~**[6]

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

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

6. **Treatment and supervision decisions should be informed by a comprehensive evaluation**[7] **and ongoing assessments.**[8]

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

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

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

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

[8] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders
What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Oneal, B. J., Burns, L. G., Kahn, T. J., Rich, P., & Worling, J. R. (2008). The Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA). Sexual Abuse: A Journal of Research and Treatment, 20(2), 161–187.

placement, treatment and opportunities for positive growth and development of juveniles.

7. **Risk assessment of juveniles who have ~~committed~~ engaged in sexually abusive behaviors ~~offenses~~ should be based on an empirically supported protocol.**[9]

   The risk assessment protocol, including the selection of instruments, should be tailored to the unique characteristics of the juvenile. A juvenile's level of risk should not be based solely on the sexually abusive behavior for which they are ~~offense(s) of adjudication~~adjudicated~~/deferred judgement~~. Other assessments designed to assess matters of general delinquency should also be considered.

8. **A ~~multidisciplinary team~~MDT will be convened, and is responsible for ~~the~~ post-disposition evaluation, treatment, care and supervision of juveniles who ~~commit~~ engage in sexually abusive behavior ~~offenses~~.**[10]

   The adoption of these standards and guidelines ~~significantly improves~~will support public safety outcomes when all agencies and parties are working cooperatively and collaboratively. Further, the Juvenile Court is an essential partner within the MDT 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 ~~available~~ current research and best practice.**

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

10. **Treatment and supervision should be individualized, developmentally appropriate, and responsive ~~based on~~to the juvenile's assessed risks and needs.**[11]

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

[10] Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs*, 2005-WP-BX-K179 and 2006-WP-BX-K004; Center for Juvenile Justice Reform (2012). Addressing the Needs of Multi-System Youth - Strengthening the Connection between Child Welfare and Juvenile Justice, Georgetown Public Policy Institute, Washington, D.C.; Lobanov-Rostovsky, C. & Hansen, J. (2013).

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

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

11. **Evaluation, ongoing assessment, treatment and supervision of juveniles who have ~~committed~~ engaged in sexually abusive behavior ~~offenses~~ should be non-discriminatory, humane and bound by the law and applicable professional code of ethics ~~and law~~.**[12]

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

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.**[13]

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.**[14]

~~Many j~~Juveniles who ~~commit~~ engage in sexually abusive behavior ~~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.[15] Assessment and treatment ~~must~~ plans should be comprehensive, trauma informed, and mitigate the risk of both sexually abusive behavior and other delinquent behavior while ~~address areas of strengths, risks and deficits to increase the juvenile's abilities to be successful and to decrease the risks of further abusive or criminal behaviors. Treatment plans should specifically address the risks of further sexual offending, other risks that might jeopardize safety and successful pro-social functioning.[16] Treatment plans should also reinforce~~ reinforcing developmental and environmental assets.

163; Worling J. R. (2013). Desistence for adolescents who sexually harm (Unpublished document). Retrieved from http://www.erasor.org/new-protective-factors.html.

12 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.

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

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

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

~~16 Perry, G., & Ohm, P. (1999). The role healthy sexuality plays in modifying abusive behaviours of adolescent sex offenders: Practical considerations for professionals. *Canadian Journal of Counseling, 32*(2):157-169.~~

14. **Evaluation, ~~A~~assessment, treatment and supervision should be viewed through an ecological framework of Development.**[17]

    Assessment and intervention with a juvenile who has ~~committed a~~engaged in sexually abusive behavior ~~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.**[18]

    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~~engaged in sexually abusive behavior ~~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.[19] It is expected that the MDT will work with the family/primary caregiver to help them support the juvenile through cooperative involvement.

16. **Treatment and supervision decisions regarding juveniles who have ~~committed~~ engaged in sexually abusive behavior ~~offenses~~ should minimize caregiver disruption and maximize exposure to positive peer and adult role models.**

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

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

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

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.[20]

17. **A continuum of care for treatment and supervision options should be available and utilized as needed.**[21]

    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 family reunification can only occur after careful consideration of all the potential risks.**[22]

    The ability of parents to provide informed supervision in the home must be assessed in relation to the ~~particular~~ presenting 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.**[23]

    It is imperative in understanding, treating and intervening with juveniles who ~~commit~~ engage in sexually abusive behavior ~~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.[24] Not all

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

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

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

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

[24] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. Sexual Abuse: A Journal of Research and Treatment, 23(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and

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.**[25]

youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders

What is Next? International Journal of Offender Therapy and Comparative Criminology, 57(2):208-228.

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

BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

August 27, 2026

DRAFT JUVENILE GUIDING PRINCIPLES

V 08032026 (NO Mark-Up)

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1. **The highest priority of the Juvenile Standards and Guidelines is to maximize community safety through the effective delivery of quality developmentally appropriate evaluation, assessment, treatment, and supervision of juveniles who engage in sexually abusive behaviors.**

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

   Sexually abusive behavior can lead to common and serious consequences across all areas of victims' lives, including chronic and severe mental and physical health symptoms, as well as social, family, economic, and spiritual harm.[2] Research and clinical experience indicate that victims of sexually abusive behaviors often face long-term impact and continue to struggle for recovery over the course of their lifetime.[3] The impact of sexually abusive behavior varies based on numerous factors. By holding offenders accountable, victims may experience protection, support and recovery. Professionals working with juveniles should understand how a juvenile's behaviors may inflict further harm on persons they have previously victimized.[4]

3. **Community safety and the rights and interests of victims and their families require paramount attention when developing and implementing age appropriate assessment, treatment and supervision of juveniles who engage in sexually abusive behavior.**[5]

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

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

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

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

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. In the event of a conflict, the Multi-disciplinary Team (MDT) should be used to determine how to meet the needs of the juvenile in a manner that does not compromise community safety.

4. **Safety, protection, developmental growth, and the psychological well-being of victims are a priority for the MDT.**[6]

   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 provide input to the MDT.

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

6. **Treatment and supervision decisions should be informed by a comprehensive evaluation**[7] **and ongoing assessments.**[8]

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

7. **Risk assessment of juveniles who have engaged in sexually abusive behaviors should be based on an empirically supported protocol.**[9]

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

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

[8] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders
What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Oneal, B. J., Burns, L. G., Kahn, T. J., Rich, P., & Worling, J. R. (2008). The Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA). Sexual Abuse: A Journal of Research and Treatment, 20(2), 161–187.

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

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 adjudicated. Other assessments designed to assess matters of general delinquency should also be considered.

8. **A MDT will be convened, and is responsible for post-disposition evaluation, treatment, care and supervision of juveniles who engage in sexually abusive behavior.**[10]

   The adoption of these standards and guidelines will support public safety outcomes when all agencies and parties are working cooperatively and collaboratively. Further, the Juvenile Court is an essential partner within the MDT 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 research and best practice.**

   Research with this population continues to emerge, which may lead to changes of these Guiding Principles. 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 the juvenile's assessed risks and needs.**[11]

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

[10] Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs*, 2005-WP-BX-K179 and 2006-WP-BX-K004; Center for Juvenile Justice Reform (2012). Addressing the Needs of Multi-System Youth - Strengthening the Connection between Child Welfare and Juvenile Justice, Georgetown Public Policy Institute, Washington, D.C.; Lobanov-Rostovsky, C. & Hansen, J. (2013).

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

11. **Evaluation, ongoing assessment, treatment and supervision of juveniles who have engaged in sexually abusive behavior should be non-discriminatory, humane and bound by the law and applicable professional code of ethics.**[12]

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

12. **Assessment of treatment progress should be based on the juvenile's application of relevant changes in their daily functioning.**[13]

    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.**[14]

    Juveniles who engage in sexually abusive behavior may present other co-occurring issues and areas of risk. Research indicates that juveniles are at greater risk for non-sexual re-offenses than for sexual re-offenses.[15] Assessment and treatment plans should be comprehensive, trauma informed, and mitigate the risk of both sexually abusive behavior and other delinquent behavior while reinforcing developmental and environmental assets.

14. **Evaluation, assessment, treatment and supervision should be viewed through an ecological framework of Development.**[17]

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

[12] 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.

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

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

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

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

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.**[18]

    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 engaged in sexually abusive behavior. 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.[19] 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 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.[20]

17. **A continuum of care for treatment and supervision options should be available and utilized as needed.**[21]

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

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

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

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

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 family reunification can only occur after careful consideration of all the potential risks.**[22]

    The ability of parents to provide informed supervision in the home must be assessed in relation to the presenting 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 behavior defines them.**[23]

    It is imperative in understanding, treating and intervening with juveniles who engage in sexually abusive behavior 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.[24] 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.**[25]

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

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

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

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

BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

August 27, 2026

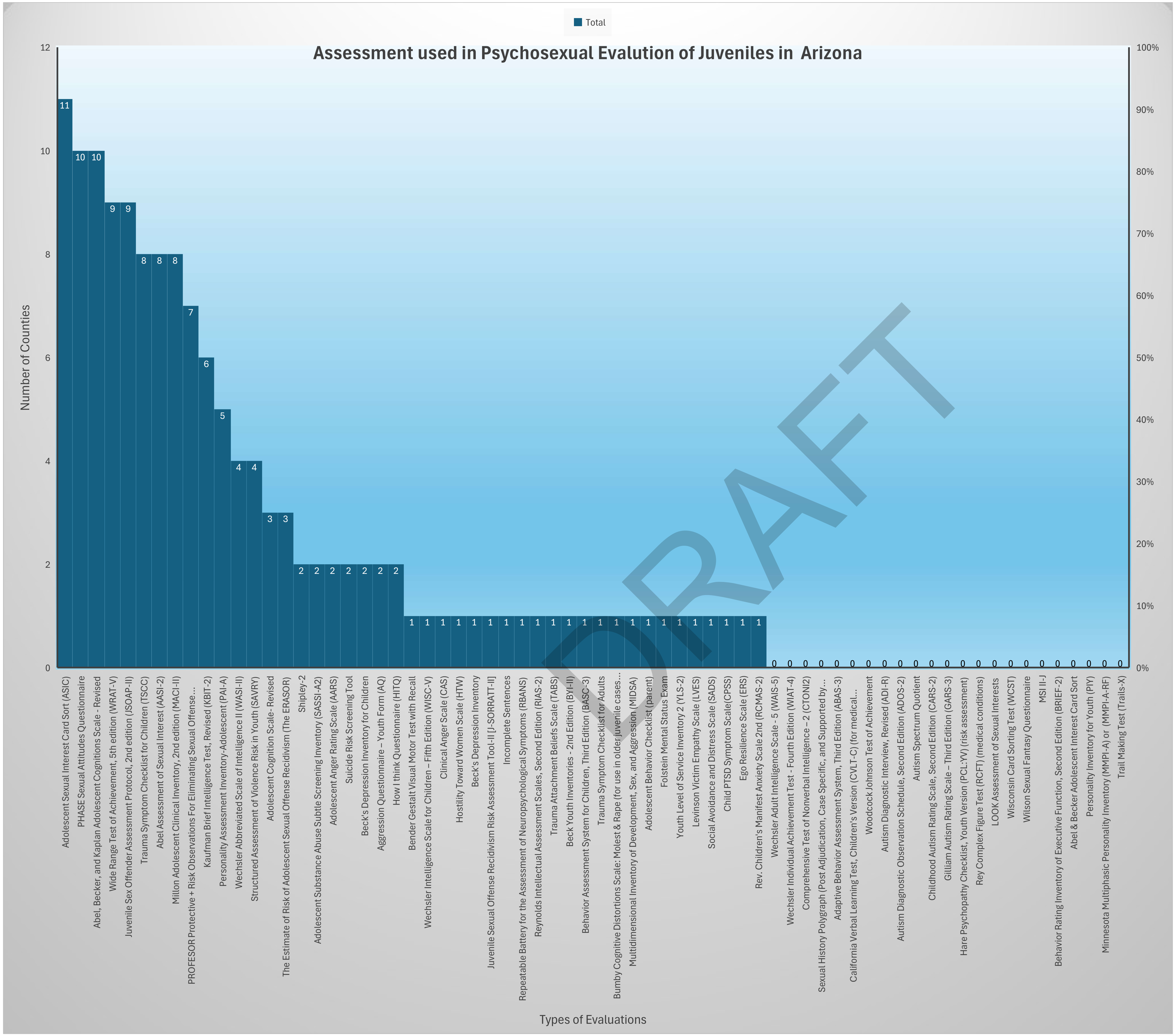
DRAFT LIST OF ASSESSMENTS USED IN PSYCHOSEXUAL EVALUATIONS FOR JUVENILE IN ARIZONA

Arizona Sex Offender Management Board

Data As of: July 22, 2026

List of assessments used in psychosexual evaluations for Juvenile cases:	Number of Counties using Assessment	Yuma	Yavapai	Mohave	Pinal	Greenlee	Pima	Maricopa	Navajo	Coconino	Gila	Cochise	Apache	La Paz	Graham	Santa Cruz
COGNITIVE, INTELLECTUAL TESTING & MENTAL STATUS																
Bender Gestalt Visual Motor Test with Recall	1	✓														
Kaufman Brief Intelligence Test, Revised (KBIT-2)	6	✓	✓			✓		✓			✓	✓				
Shipley-2	2	✓			✓											
Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V)	1								✓							
Wechsler Adult Intelligence Scale - 5 (WAIS-5)																
Wechsler Individual Achievement Test - Fourth Edition (WIAT-4)																
Wechsler Abbreviated Scale of Intelligence II (WASI-II)	4				✓		✓			✓	✓					
Wide Range Test of Achievement, 5th edition (WRAT-V)	9	✓	✓	✓		✓		✓	✓	✓	✓	✓				
Comprehensive Test of Nonverbal Intelligence – 2 (CTONI2)																
Woodcock Johnson Test of Achievement																
California Verbal Learning Test, Children's Version (CVLT-C) (for medical conditions e.g., head trauma, stroke)																
Adolescent Cognition Scale- Revised	3	✓			✓						✓					
ASSESSMENT OF RISK & PROTECTIVE FACTORS																
Juvenile Sex Offender Assessment Protocol, 2nd edition (JSOAP-II)	9	✓	✓	✓		✓		✓		✓	✓	✓	✓			
Juvenile Sexual Offense Recidivism Risk Assessment Tool-II [J-SORRATT-II]	1			✓												
PROFESOR Protective + Risk Observations For Eliminating Sexual Offense Recidivism	7	✓		✓	✓		✓	✓		✓	✓					
The Estimate of Risk of Adolescent Sexual Offense Recidivism (The ERASOR)	3						✓			✓	✓					
PSYCHOLOGICAL ASSESSMENTS (Personality, Depression, Trauma, etc.)																
Beck's Depression Inventory	1	✓														
Beck's Depression Inventory for Children	2	✓								✓						
Incomplete Sentences	1	✓														
Millon Adolescent Clinical Inventory, 2nd edition (MACI-II)	8	✓	✓	✓		✓		✓			✓	✓	✓			
Minnesota Multiphasic Personality Inventory (MMPI-A) or (MMPI-A-RF)																
Personality Inventory for Youth (PIY)																
Personality Assessment Inventory-Adolescent (PAI-A)	5	✓			✓		✓		✓	✓						
Repeatable Battery for the Assessment of Neuropsychological Symptoms (RBANS)	1						✓									
Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)	1			✓												
Trauma Attachment Beliefs Scale (TABS)	1						✓									
Trauma Symptom Checklist for Adults	1	✓														
Beck Youth Inventories - 2nd Edition (BYI-II)	1									✓						
Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2)																
Behavior Assessment System for Children, Third Edition (BASC-3)	1										✓					
Trauma Symptom Checklist for Children (TSCC)	8	✓	✓	✓		✓		✓		✓	✓	✓				
SEXUAL HISTORY, INTEREST & AROUSAL TESTING																
Abel Assessment of Sexual Interest (AASI-2)	8	✓	✓	✓		✓		✓			✓	✓	✓			
Abel, Becker, and Kaplan Adolescent Cognitions Scale - Revised	10	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓			
Abel & Becker Adolescent Interest Card Sort																
Adolescent Sexual Interest Card Sort (ASIC)	11	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓			
Bumby Cognitive Distortions Scale: Molest & Rape (for use in older juvenile cases only)										✓						
MSI II-J																
Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)							✓									
PHASE Sexual Attitudes Questionnaire	10	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓			
Sexual History Polygraph (Post Adjudication, Case Specific, and Supported by Court Directive)																
LOOK Assessment of Sexual Interests																
Wilson Sexual Fantasy Questionnaire	1	✓														
NON SEX OFFENSE RISK ASSESSMENTS, TOOLS & INSTRUMENTS																
Adolescent Behavior Checklist (parent)	1	✓														
Aggression Questionnaire – Youth Form (AQ)	2				✓				✓							
Folstein Mental Status Exam	1						✓									
How I think Questionnaire (HITQ)	2				✓					✓						
Structured Assessment of Violence Risk in Youth (SAVRY)	4	✓			✓					✓	✓					
Suicide Risk Screening Tool	2	✓								✓						
Youth Level of Service Inventory 2 (YLS-2)	1						✓									
Adaptive Behavior Assessment System, Third Edition (ABAS-3)																
Adolescent Anger Rating Scale (AARS)	2								✓	✓						

List of assessments used in psychosexual evaluations for Juvenile cases:	Number of Counties using Assessment	Yuma	Yavapai	Mohave	Pinal	Greenlee	Pima	Maricopa	Navajo	Coconino	Gila	Cochise	Apache	La Paz	Graham	Santa Cruz
Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)	2									✓	✓					
Autism Diagnostic Interview, Revised (ADI-R)																
Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)																
Autism Spectrum Quotient																
Childhood Autism Rating Scale, Second Edition (CARS-2)																
Gilliam Autism Rating Scale – Third Edition (GARS-3)																
Hare Psychopathy Checklist, Youth Version (PCL:YV) (risk assessment)																
Rey Complex Figure Test (RCFT) (medical conditions)																
Trail Making Test (Trails-X)																
Wisconsin Card Sorting Test (WCST)																
Social Avoidance and Distress Scale (SADS)	1									✓						
Child PTSD Symptom Scale(CPSS)	1									✓						
Ego Resilience Scale (ERS)	1									✓						
Rev. Children's Manifest Anxiety Scale 2nd (RCMAS-2)	1									✓						
Clinical Anger Scale (CAS)	1									✓						
Hostility Toward Women Scale (HTW)	1									✓						
Levinson Victim Empathy Scale (LVES)	1									✓						


Assessment used in Psychosexual Evalution of Juveniles in Arizona
Total
Number of Counties
Types of Evaluations
Adolescent Sexual Interest Card Sort (ASIC)
PHASE Sexual Attitudes Questionnaire
Abel, Becker, and Kaplan Adolescent Cognitions Scale - Revised
Wide Range Test of Achievement, 5th edition (WRAT-V)
Juvenile Sex Offender Assessment Protocol, 2nd edition (JSOAP-II)
Trauma Symptom Checklist for Children (TSCC)
Abel Assessment of Sexual Interest (AASI-2)
Millon Adolescent Clinical Inventory, 2nd edition (MACI-II)
PROFESOR Protective + Risk Observations For Eliminating Sexual Offense…
Kaufman Brief Intelligence Test, Revised (KBIT-2)
Personality Assessment Inventory-Adolescent (PAI-A)
Wechsler Abbreviated Scale of Intelligence II (WASI-II)
Structured Assessment of Violence Risk in Youth (SAVRY)
Adolescent Cognition Scale - Revised
The Estimate of Risk of Adolescent Sexual Offense Recidivism (The ERASOR)
Shipley-2
Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
Adolescent Anger Rating Scale (AARS)
Suicide Risk Screening Tool
Beck's Depression Inventory for Children
Aggression Questionnaire – Youth Form (AQ)
How I think Questionnaire (HITQ)
Bender Gestalt Visual Motor Test with Recall
Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V)
Clinical Anger Scale (CAS)
Hostility Toward Women Scale (HTW)
Beck's Depression Inventory
Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRATT-II)
Incomplete Sentences
Repeatable Battery for the Assessment of Neuropsychological Symptoms (RBANS)
Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)
Trauma Attachment Beliefs Scale (TABS)
Beck Youth Inventories - 2nd Edition (BYI-II)
Behavior Assessment System for Children, Third Edition (BASC-3)
Trauma Symptom Checklist for Adults
Bumby Cognitive Distortions Scale: Molest & Rape (for use in older juvenile cases…
Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)
Adolescent Behavior Checklist (parent)
Folstein Mental Status Exam
Youth Level of Service Inventory 2 (YLS-2)
Levinson Victim Empathy Scale (LVES)
Social Avoidance and Distress Scale (SADS)
Child PTSD Symptom Scale(CPSS)
Ego Resilience Scale (ERS)
Rev. Children's Manifest Anxiety Scale 2nd (RCMAS-2)
Wechsler Adult Intelligence Scale - 5 (WAIS-5)
Wechsler Individual Achievement Test - Fourth Edition (WIAT-4)
Comprehensive Test of Nonverbal Intelligence – 2 (CTONI2)
Sexual History Polygraph (Post Adjudication, Case Specific, and Supported by…
Adaptive Behavior Assessment System, Third Edition (ABAS-3)
California Verbal Learning Test, Children's Version (CVLT-C) (for medical…
Woodcock Johnson Test of Achievement
Autism Diagnostic Interview, Revised (ADI-R)
Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)
Autism Spectrum Quotient
Childhood Autism Rating Scale, Second Edition (CARS-2)
Gilliam Autism Rating Scale – Third Edition (GARS-3)
Hare Psychopathy Checklist, Youth Version (PCL:YV) (risk assessment)
Rey Complex Figure Test (RCFT) (medical conditions)
LOOK Assessment of Sexual Interests
Wisconsin Card Sorting Test (WCST)
Wilson Sexual Fantasy Questionnaire
MSI II-J
Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2)
Abel & Becker Adolescent Interest Card Sort
Personality Inventory for Youth (PIY)
Minnesota Multiphasic Personality Inventory (MMPI-A) or (MMPI-A-RF)
Trail Making Test (Trails-X)
DRAFT