

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 **September 28, 2026**.

The **September 28, 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 **September 28, 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/271473046858174?p=8cxzhqMqhAyoziEdcN>

Meeting ID: 271 473 046 858 174

Passcode: Zt74Hi6y

Dial in by phone: [+1 480-536-7328,,994055003#](tel:+14805367328994055003)

Phone conference ID: 994 055 003#

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

A copy of the meeting agenda is attached. The Board reserves the right to change the order of items on the agenda. 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. Requests should be made as early as possible to allow time to arrange the accommodation(s).

The **September 28, 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/271473046858174?p=8cxzhqMqhAyoziEdcN>

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, September 25, 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, September 25, 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, September 25 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 24th Day of September, 2026.

By *Jenna G. Mitchell*

Jenna G. Mitchell

Major Jenna G. Mitchell

AZSOMB Program Manager

ARIZONA SEX OFFENDER MANAGEMENT BOARD
Monday, September 28, 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. 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(I), 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. Old Business

- i. Discussion and Potential Adoption of Revised Juvenile Guiding Principles**
- ii. Discussion on Early Termination of Lifetime Sex Offender Probation Protocol and Proposed Amendments**
- iii. Discussion on Overview of Sex Offender Probation Supervision and Proposed Amendments**

b. Discussion and Review of Future Board Meeting Dates and Frequency of Meetings

c. Discussion Regarding Call To The Public: Written Public Comment Content, Format, and Length

d. Discussion of Proposed Definitions and Terms Utilized in the Juvenile Guiding Principles – Multi-Disciplinary Team and Juveniles Who Commit Sexual Offenses/Problematic Sexual Behavior/Sexually Abusive Behavior/Children With Sexual Behavior Problems

- e. **Discussion on Feasibility of Establishing Additional Subcommittees:**
 - i. **Intellectual Developmental Disabilities**
 - ii. **Sex Offender Community Notification Risk Assessment**
- f. **Board Membership Updates**
 - i. **Resignation from Board – Mr. Jeff McClure as the Urban County Board of Supervisors Representative**
 - j. **Appointment of Dr. Catharina Johnson to succeed Ms. Colette Chapman as the Public School System Representative**
- g. **Discussion of Sex Offender Registration Statute Potential Revisions – Ben Cook**
- h. **Subcommittee Reports, Including Review of:**
 - i. **Early Termination of Lifetime Sex Offender Probation Protocol**
 - ii. **Overview of Sex Offender Probation Supervision**
- i. **Discussion on Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adults Who Have Committed Sexual Offenses Draft from the Adult Guidelines and Standards Subcommittee**
- j. **Call for Future Agenda Items (Deadline to Submit – October 20, 2026 @ Noon):**

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
 October 26, 2026 1:30 p.m. – 5 p.m.
 Arizona State Capitol
 Second Floor Conference Room
 1700 West Washington Street
 Phoenix, Arizona 85007



BACKGROUND MATERIAL

September 28, 2026



BACKGROUND MATERIAL

September 28, 2026

REVISED JUVENILE GUIDING PRINCIPLES

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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.¹

2. Sexually abusive behavior offenses 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 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 offenders juveniles 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.

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implementing age appropriate assessment, treatment and supervision of juveniles who ~~have committed~~engage in sexually abusive behavior.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~~reatment must address all types of abusive behaviors and not just the legally-defined delinquent behavior(s) for which they were adjudicated.
6. Treatment and supervision decisions should be informed by a comprehensive evaluation⁷ and ongoing assessments.⁸

It is important to understand that risk assessment measures have limitations and that findings need to be used appropriately (i.e. within the scope of their empirically established limits). The evaluation and ongoing assessment of juveniles who have committed-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,

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.

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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 onto~~ the juvenile's assessed risks and needs.¹¹

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-

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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 teamMDT.

12. Assessment of ~~the degree of progress in~~ 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

~~Many-jJ~~ 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.

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

Assessment and intervention with a juvenile who has ~~committed-aengaged 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-aengaged 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.**

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.

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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

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*

ARIZONA SEX OFFENDER MANAGEMENT BOARD

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

September 28, 2026

PROPOSED CHANGES TO
EARLY TERMINATION DOCUMENTS
PROVIDED BY
MS. KATIE KREJCI

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

All Sex Offender Early termination (ET) filings and responses should be in accordance with the “Early Termination Considerations for Probationers with Sex Offender Conditions.” The following guidelines are to be followed and each topic covered when writing and submitting an ET or filing a response to an ET to the Court for probationers who are on a Sex Offender caseload.

- Why are you writing the memo, i.e. “This memo is forwarded at the Court’s request reference the above captioned individual’s petition to terminate ~~lifetime~~ probation supervision.”
- **Index Offense:** Provide a summary of the index offense; include behaviors and victims, including dismissed counts. The index offense is the sexual offense for which the person is on probation. Include the date of when the offense occurred, the age of the probationer and victim(s) at the time of the offense, and the amount of time that has lapsed since the offense occurred.
- **Sexual History:** Provide a summary to include additional victims and their ages, their gender and their relationship to the offender. Summarize any sexual behaviors this offender has engaged in, including the age he/she first began to offend and the length of time the offending went on. Clarify whether that behavior was with the index victim or additional victims. Indicate whether or not the probationer has successfully passed (no deception indicated) or resolved the Sex History Polygraph including the date.
- **Treatment Status:** Provide a summary of the probationer’s treatment history and status. Include any and all discharge information and/or successful completion of treatment – dates are important, please include all dates. Include the therapist’s recommendation. If you do not have a recommendation from the therapist indicate why.
- **ABEL Assessment:** Include ABEL results as summarized by the treatment provider, including the date any ABEL assessments were taken.
- **MSI II Results:** Include ~~pre and post~~ MSI II results summarized by the treatment provider, include dates of any MSI assessments ~~taken~~.
- **Other Treatment Assessments:** Provide information and/or summaries of any other assessments that have been completed by a treatment provider (MMPI, MCMI, PCLR, LOOK, MIDSA, etc.) including dates of assessments taken.
- Indicate whether or not the defendant has been clinically diagnosed by an approved evaluator or treatment provider of A). Pedophilia, B). Psychopathy or Mental Abnormality or C). Sexual Sadism (see ET criteria for more information). This is not your assessment of the probationer; this is a clinical diagnosis and should be provided by the treatment provider.
- **Polygraph History:** Provide a summary of the probationer’s polygraph history and include whether the probationer has successfully passed or resolved all maintenance, monitoring or specific issue polygraphs with no major admissions and/or multiple admissions for the past two years. Include dates of when the polygraphs were taken, the time period covered by the polygraph, and the relevant topics covered when summarizing them in your memo.
- **Risk Assessments:** FROST, Static 99R, SOTIPS. These assessments should be current assessments using the current coding rules. Indicate the date each of the assessments were scored and whether they were scored by a treatment provider or adult probation. Include the results of

Commented [KK1]: These are sometimes administered more than twice, or not at all depending on the county.

other Static, Dynamic, and Protective risk factor tools that may have been scored such as Static 2002, Stable 2007, SAPROF-SO, PROFESOR, etc.

➤ **PERFORMANCE WHILE ON PROBATION:**

- Indicate whether or not the probationer has any pending Court matters (pending PTR, criminal charges, outstanding warrants).
- Summarize the probationer's progress and regress since being placed onto probation including their stability with housing and how they are financially supported (social security, employment, etc.).
- Include whether any permissions have been given to the probationer and when such permission was granted, such as permissions to use the internet, have a smart phone, travel, have contact with minors, engagement in community activities, etc.
- Include whether or not the probationer has completed all standard and specialized conditions of probation and treatment as directed by APD (community restitution hours, treatment, drug testing, deferred jail, etc.).
- Include the probationer's financial status in regards to Court ordered fines, fees and restitution.
- Provide a summary of how long has passed since the probationer has completed treatment and how they have progressed/regressed since being out of treatment.
- Indicate whether or not the probationer has demonstrated control over all known paraphilic behaviors/sexual deviancies for a significant period of time if they were given a clinical diagnosis by the treatment provider.
- **Chaperone Status:** Indicate whether or not they were determined to need a chaperone. If they have a chaperone indicate have a chaperone or support person. ~~And~~ if this person(s) is current with the treatment provider on their refresher classes. Indicate if they have any offense informed support persons in addition to or in lieu of a chaperone.
- **Sex Offender Registration Status:** This section should be used to advise the Court of the probationer's registration status and current notification level if applicable. Indicate whether this probationer is required to register as a sexual offender per current statute. Any outstanding or deferred registration issues should be discussed in this section and a recommendation be made regarding registration when applicable.
- **Victim Input:** Indicate whether or not the victim is opted in. If they are opted in, provide your attempts to contact them if you were unable to contact them. If you contacted them, provide their position on the request and address any concerns they raise.
- **Discussion and Evaluation/Recommendation:** Provide a recommendation and summarize and support the reasons for your recommendation. Discuss risk, goals for offender to achieve an early termination if that is not currently recommended. ~~or do~~ Discuss with the Court how this person may not ever be a candidate for ET and why or why not.
- **Submission:** Because e-filing does not allow the document to be dated when submitting the memo, please include the following statement at the end of your memo: "This memo is being submitted by Officer Smith (insert officer name) on August 4, 2019 (insert date of submission)." This is so the Court has a clear understanding of when the document was submitted.

EARLY TERMINATION CONSIDERATIONS for SEX OFFENDERS

The following are criteria considerations for an early termination of sex offender probation to include lifetime supervision. These criteria apply to offenders who were adult males at the time of their offense, not to female or juvenile offenders. Officers will consider suitability of early termination on a case by case basis to determine if a probationer is eligible. Risk level will be considered in each case. Probationers deemed a low risk may be placed on a minimum caseload.* Additional factors may be taken into account such as; victims, offending history, and sexual paraphilia. Each circumstance/case will be staffed on a case-by-case basis with supervisors to determine proper course of action such as those cases where medical issues are present or advanced age. Neither necessarily means an early termination will be facilitated or appropriate, but risk will be taken into account in each case. Should a probationer be interested in an early termination, that person is encouraged to talk with their probation officer to determine if or when it may be possible that they may be a suitable candidate and discuss any outstanding case plan goals:

1. No pending criminal charges and/or outstanding warrants.
2. The probationer has completed more than half of their original probation grant if not on lifetime probation. If they were sentenced to lifetime probation prior for a DCAC offense prior to 1/1/2026 or they were not convicted of a DCAC offense they have completed at least the minimum term of probation in A.R.S. 13-902(A) (i.e.: F2, 7 yrs.; F3, 5 yrs.; F4, 4 yrs.; F5 & F6, 3 yrs.). If they were sentenced to lifetime probation for a DCAC offense on or after 1/1/2026 they are prohibited from early termination (See ARS 13-901).
3. The probationer has completed all standard and specialized conditions of probation (community restitution hours, treatment, drug testing, deferred jail, etc.).
4. The probationer has not had a petition to revoke in the past two years.
5. The probationer owes no financial restitution to the victims.
- ~~5-6. The probationer has balance and has no other supervision issues other than the payment of fines and/or fees financial assessments (if a balance is owed, it may be converted to a criminal restitution order at the time of discharge). there are CRO implications).~~
- ~~6-7. Probationer has successfully completed all aspects of Primary treatment, Relapse Prevention and/or Maintenance treatment if applicable unless they were evaluated and it was determined that their risk to sexually reoffend may not be further reduced by participation in a treatment program.~~
- ~~7. Probationer has admitted to offense behavior and accepts responsibility for his/her actions.~~
8. All known paraphilic behaviors (sexual deviancies) have been demonstrated to be under control for a significant period of time.
9. Successfully passed (no deception indicated) or resolved the Sex History Polygraph if able to take a polygraph.
10. Has successfully passed or resolved all maintenance or specific issue polygraphs with no major admissions and/or multiple admissions for the past two years if able to take polygraphs.

*Criteria for eligibility on a minimum caseload includes scoring as a low risk on the FROST, Static 99R/2000R and/or the SOTIPS or other dynamic and protective factor assessments, if eligible. Questions about offender risk level should be directed to the assigned probation officer.

**Disclaimer: The Court makes the final decision with regard to the termination of probation in all cases.

Commented [KK1]: Research does not support denial as a risk factor (see Ruth E. Mann, R. Karl Hanson and David Thornton "Assessing Risk for Sexual Recidivism: Some Proposals on the Nature of Psychologically Meaningful Risk Factors, Sexual Abuse, 2010). Additionally this can create issues when there are various versions of the offense behavior such as what was written in a Presentence Report, what was admitted to in Court, what the results of instant offense polygraphs support.

EARLY TERMINATION CONSIDERATIONS for SEX OFFENDERS

11. ~~Will have completed a recent (within the previous 12 months) MSI II, which sustains the defendant has internalized treatment and is capable of self-regulating his/her behavior. (Note: If the offender is already in Maintenance Treatment, the MSI will be at the discretion of the supervising team.) This will not apply to those successfully terminated from treatment.~~
 12. Probationer will have completed all ~~additional~~ testing and/or assessments, as required by the treatment and supervision team.
 13. Probationer has a proper chaperone and/or support person if applicable.
 14. The probationer has demonstrated stability in dynamic risk factors such as cooperation with supervision, sexual preoccupation, etc.
 15. The probationer has protective factors such as stable housing, pro-social support, sobriety (if a substance abuse disorder was present), etc.
- ~~13.~~

Commented [KK2]: They are already required to have successfully completed treatment so the treatment provider will send them for necessary testing prior to successful discharge.

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BACKGROUND MATERIAL

September 28, 2026

PROPOSED CHANGES TO
EARLY TERMINATION CONSIDERATION FOR SEX OFFENDER
AND
TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION
RESPONSES/FILINGS

PROVIDED BY
ADULT SUBCOMMITTEE

EARLY TERMINATION CONSIDERATIONS for SEX OFFENDERS

The following are criteria considerations for an early termination of sex offender probation to include lifetime supervision. These criteria apply to offenders who were adult males at the time of their offense, not to female or juvenile offenders. Officers will consider suitability of early termination on a case by case basis to determine if a probationer is eligible. Risk level will be considered in each case. Probationers deemed a low risk may be placed on a minimum caseload.* Additional factors may be taken into account such as; victims, offending history, and sexual paraphilia. Each circumstance/case will be staffed on a case-by-case basis with supervisors to determine proper course of action such as those cases where medical issues are present or advanced age. Neither necessarily means an early termination will be facilitated or appropriate, but risk will be taken into account in each case. Should a probationer be interested in an early termination, that person is encouraged to talk with their probation officer to determine if or when it may be possible that they may be a suitable candidate and discuss any outstanding case plan goals:

1. No pending criminal charges and/or outstanding warrants.
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6. ~~The probationer has balance and has no other supervision issues other than the payment of fines and/or fees financial assessments (if a balance is owed, it may be converted to a criminal restitution order at the time of discharge). there are CRO implications).~~
- 6.7. Probationer has successfully completed all aspects of Primary treatment, Relapse Prevention and/or Maintenance treatment if applicable unless they were evaluated and it was determined that their risk to sexually reoffend may not be further reduced by participation in a treatment program.
7. ~~Probationer has admitted to offense behavior and accepts responsibility for his/her actions. The individual demonstrates a high level of personal responsibility for sexual offending as opposed to focusing on external causes.~~
8. All known paraphilic behaviors (sexual deviancies) have been demonstrated to be under control for a significant period of time.
9. Successfully passed ~~(no deception indicated)~~ or resolved the Sex History Polygraph if able to take a polygraph.

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Commented [BB2]: The SOTIPS Manual (McGrath, Cumming, Lasher, 2013) includes "Sex Offense Responsibility" as the first of 16 statistically-derived dynamic risk items. This item "concerns the degree to which the individual believes that his sexual offending behavior is the result of his personal decisions and behavior as opposed to external causes. For example, the individual may blame the system, the courts, social workers, police, teachers, friends or associates, alcohol, drugs, pornography, a spouse or partner, or the victim." It is NOT required that the individual admit to all of the sexual offending behaviors for which he was convicted in. "Rather, he needs to identify a high level of personal responsibility for sexual offending, as opposed to focusing on causes that he believes are outside of his control."

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EARLY TERMINATION CONSIDERATIONS for SEX OFFENDERS

10. Has successfully passed or resolved all maintenance or specific issue polygraphs with no ~~major admissions and/or multiple admissions~~ risk-relevant admissions for the past two years if able to take polygraphs.
11. ~~Will have completed a recent (within the previous 12 months) MSI II, which sustains the defendant has internalized treatment and is capable of self-regulating his/her behavior. (Note: If the offender is already in Maintenance Treatment, the MSI will be at the discretion of the supervising team.) This will not apply to those successfully terminated from treatment.~~
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TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

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- **Sexual History:** Provide a summary to include additional victims and their ages, their gender and their relationship to the offender. Summarize any sexual behaviors this offender has engaged in, including the age he/she first began to offend and the length of time the offending went on. Clarify whether that behavior was with the index victim or additional victims. Indicate whether or not the probationer has successfully passed ~~(no deception indicated)~~ or resolved the Sex History Polygraph including the date.
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Commented [JM1]: Per discussion in Adult Guidelines and Standards Subcommittee and recommendation from Jim Hanratty

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other Static, Dynamic, and Protective risk factor tools that may have been scored such as Static 2002, Stable 2007, SAPROF-SO, PROFESOR, etc.

➤ **PERFORMANCE WHILE ON PROBATION:**

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- **Victim Input:** Indicate whether or not the victim is opted in. If they are opted in, provide your attempts to contact them if you were unable to contact them. If you contacted them, provide their position on the request and address any concerns they raise.
- **Discussion and Evaluation/Recommendation:** Provide a recommendation and summarize and support the reasons for your recommendation. Discuss risk, goals for offender to achieve an early termination if that is not currently recommended. ~~or do~~ Discuss with the Court how this person may not ever be a candidate for ET and why or why not.
- **Submission:** Because e-filing does not allow the document to be dated when submitting the memo, please include the following statement at the end of your memo: "This memo is being submitted by Officer Smith (insert officer name) on August 4, 2019 (insert date of submission)." This is so the Court has a clear understanding of when the document was submitted.



BACKGROUND MATERIAL

September 28, 2026

DRAFT DEFINITION OF MULTIDISCIPLINARY TEAM (MDT)

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

Please see draft MDT definition below. This was derived out of the Colorado work.

The Multidisciplinary Team (MDT) is a collaborative group formed after a juvenile has been adjudicated or given a deferred adjudication and referred to probation, parole, or out-of-home placement. The team is built around each individual juvenile and may change over time as their needs evolve. Core members typically include the supervising officer, treatment provider, DHS caseworker, victim representative, school personnel, parents or caregivers, and the juvenile, with additional members added when necessary—such as polygraph examiners, therapeutic providers, or specialists supporting developmental or intellectual disabilities. Each member contributes unique information and perspectives to support a coordinated approach to evaluation, treatment, supervision, and accountability.



BACKGROUND MATERIAL

September 28, 2026

PROPOSED DEFINITION OF PROBLEMATIC
SEXUAL BEHAVIOR PROVIDED BY
MR. SCOTT NAEGELE,
CHAIRMAN, JUVENILE SUBCOMMITTEE

AZSOMB Juvenile Subcommittee proposed definition

Problematic Sexual Behavior (PSB) refers to actions involving sexual body parts in children and youth under 18, both adjudicated and non-adjudicated, that exceed typical, age-appropriate sexual development (such as standard curiosity or "playing doctor") and cause—or carry a risk of causing—harm to the individual or others. Said youth are a diverse population who engage in such behavior for a variety of reasons.

Key Characteristics

- **Developmental Inappropriateness:** Manifests as intrusive, frequent, or persistent behaviors that do not align with typical developmental stages and do not respond to standard parental guidance or intervention.
- **Coercion & Power Imbalances:** Involves aggressive or intrusive actions, non-consensual behavior, or interactions between youth of significantly disparate ages, sizes, or developmental abilities.
- **Harmful & Non-Consensual Acts:** Encompasses non-consensual sexual acts, sexual behavior with someone substantially younger, excessive pornography consumption, and the viewing, sending, or sharing of nude photographs of oneself or another minor.
- **Underlying Complexities:** Rarely occurs in isolation; it is frequently tied to broader emotional or behavioral challenges within a diverse population of youth.



BACKGROUND MATERIAL

September 28, 2026

PROPOSED DEFINITION OF
MULTIDISCIPLINARY TEAM (MDT)

PROVIDED BY

MR. SCOTT NAEGELE,
CHAIRMAN, JUVENILE SUBCOMMITTEE

Multidisciplinary Team Proposed Definition

A Multidisciplinary Team (MDT) for youth with problematic sexual behaviors is an integrated, collaborative group of professionals from diverse fields alongside the youth and their family, who pool specialized expertise to assess, plan, and deliver a unified treatment and supervision response.

- **Core Purpose:** To collaboratively develop, coordinate, and reach consensus on the type and intensity of care required to address problematic sexual behaviors in children and youth, including those who are juvenile justice-involved or wards of the state.
- **Team Composition:** Includes the child/youth and their parents or legal guardians, alongside key professionals such as therapists, caseworkers, and juvenile probation officers. Input from additional specialists—such as school staff or psychiatric providers—is included as needed.
- **Collective Accountability:** Members share mutual responsibility for assisting the youth and family in reaching treatment goals through a highly coordinated, integrated response.



BACKGROUND MATERIAL

September 28, 2026

ATSA DEFINITION OF CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS

PROVIDED BY
HON. ANNA YOUNG,
PRESIDING JUVENILE COURT JUDGE

Here's a section of the definition from page 1 of the Children with Sexual Behavior Problems, 2nd edition (2023):

Children with sexual behavior problems are defined as those aged 12 and younger who initiate sexualized behaviors that are developmentally inappropriate or potentially harmful to themselves or others. The phrase "sexual behavior problems" does not refer to a medical or psychological condition or a particular diagnosable disorder. Instead, it encompasses a range of behaviors that can be directed at oneself or directed toward others and that fall outside of acceptable societal limits. These behaviors could also be associated with technology or social media apps.

The range of behaviors involved is wide and can vary in terms of severity and potential to cause harm. Although the term "sexual" is used, the intentions and motivations for these behaviors are multifaceted and could be related to curiosity, anxiety, imitation, attention seeking, self-calming, sexual stimulation, or other reasons (Chaffin, 2006; Silovsky & Bonner, 2003)



BACKGROUND MATERIAL

September 28, 2026

DRAFT

STANDARDS FOR PSYCHOSEXUAL EVALUATIONS

PROVIDED BY

DR. BRECKEN BLADES

CHAIRWOMAN, ADULT SUBCOMMITTEE

ARIZONA SEX OFFENDER MANAGEMENT BOARD

DRAFT — FOR AZSOMB CONSIDERATION

Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adults Who Have Committed Sexual Offenses

Standards for Psychosexual Evaluations

Drafting note: This document is a proposed draft and should not be represented as an adopted AZSOMB standard unless and until formally approved.

Arizona law allows a trial court and a defendant to request a psychosexual evaluation (PSE) prior to sentencing. It is the position of AZSOMB that voluntary pre-sentencing evaluations should be utilized in all appropriate cases due to the importance of the initial assessment information to subsequent sentencing, supervision, and treatment.

Post-sentencing, each convicted adult sex offender who is to be considered for probation shall be required to submit to an evaluation for treatment, risk and needs, procedures required for monitoring of behavior to protect victims and potential victims.

Purpose and Scope of a Psychosexual Evaluation

The purpose of a PSE is to assess an individual's need for treatment, determine what type of treatment is needed, and identify the risk level and any additional needs the person may have. Specifically, the PSE should identify risk and needs related to sexually abusive behavior; inform the need for, type, intensity, and focus of intervention; identify responsivity factors, strengths, and protective factors; and provide information that can assist with appropriate treatment, management, monitoring, supervision, and case planning.¹

An evaluation should provide a clinically and forensically appropriate conceptualization of the individual's sexual offending behavior, relevant criminogenic and non-criminogenic needs, factors associated with sexual and general recidivism, responsivity considerations, and protective factors. The evaluation should be sufficiently comprehensive to support individualized recommendations rather than relying on a single test score, historical label, or offense characteristic.²

Evaluations should inform, as appropriate, treatment planning and progress monitoring, supervision and behavioral monitoring, case management, transition and reentry planning, and decisions for which a current risk and needs assessment is relevant.⁴ The evaluation is one component of a broader multidisciplinary decision-making process and should not be treated as the sole basis for a legal or clinical disposition.

1. McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In A. Phenix & H. M. Hoberman (Eds.), *Sexual Offending: Predisposing antecedents, assessments and management* (pp. 265–278). Springer; Wormith, J. S. & Zidenberg, A. M. (2018). The historical roots, current status, and future applications of the

Risk-Need-Responsivity Model (RNR). In E. L. Jeglic & C. Calkins (Eds.), *New frontiers in offender treatment: The translation of evidence-based practices to correctional settings* (pp. 11–41). Springer.

2. Olver, M. E. (2017). The risk-need-responsivity model: Applications to sex offender treatment. In D. P. Boer et al. (Eds.), *The Wiley handbook on the theories, assessment, and treatment of sexual offending* (pp. 1313–1329). Wiley Blackwell; Olver, M. & Wong, S. (2016). Assessing treatment change in sexual offenders. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 787–810). Wiley-Blackwell; Thaker, J. (2016). Case formulation. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 737–751). Wiley-Blackwell; Ware, J. & Matsuo, D. (2016). Risk assessment and treatment planning. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 717–736). Wiley-Blackwell; Van den Berg et al. (2018). The predictive properties of dynamic sex offender risk assessment instruments: A meta-analysis. *Psychological Assessment*, 30(2), 179–191; Wilson, R. J., Sandler, J. C., & McCartan, K. (2020). Community dynamic risk management of persons who have sexually offended. In J. Proulx et al. (Eds.), *The Wiley handbook of what works with sexual offenders: Contemporary perspectives in theory, assessment, treatment, and prevention* (pp. 247–263). John Wiley & Sons.

3. Ariz. Rev. Stat. § 13-3828(D)(1); see also § 13-3828(D)(4).

4. McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In A. Phenix & H. M. Hoberman (Eds.), *Sexual Offending: Predisposing antecedents, assessments and management* (pp. 265–278). Springer; Ware, J. & Matsuo, D. (2016). Risk assessment and treatment planning. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 717–736). Wiley-Blackwell.

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