

Office of Sex Offender Sentencing, Monitoring, Apprehending,
Registering, and Tracking (SMART)
FY 2010 Comprehensive Approaches to Sex Offender Management Newsletter
August 2012

Introduction

This edition of the newsletter for CASOM grantees features:

- An overview of responses and prevention tips related to recent high profile media cases, including the Sandusky verdict;
- Self-care tips about how professionals can take care of themselves in light of being inundated with information from the media about sexual abuse cases;
- Information about the new advice column offered by Stop it Now!;
- Highlights of new research pertaining to assessing recidivism risk with adults and juveniles who have committed sex offenses; and
- Important dates of and information about sex offender management related events.

Responding to the Sandusky Verdict

A recent independent [report](#) commissioned by the Penn State Board of Trustees revealed significant and longstanding mishandling of allegations against Jerry Sandusky, a Penn State assistant football coach and leader of a community charity that provided him with ongoing access to young children and adolescents. The investigation revealed that "Our most saddening and sobering finding is the total disregard for the safety and welfare of Sandusky's child victims by the most senior leaders at Penn State," said former FBI Director Louis Freeh, who led the investigation, "The most powerful men at

Penn State failed to take any steps for 14 years to protect the children who Sandusky victimized."

[Stop It Now!](#), the [Association for the Treatment of Sexual Abusers \(ATSA\)](#), the [National Sexual Violence Resource Center \(NSVRC\)](#) and the [Pennsylvania Coalition Against Rape \(PCAR\)](#), among other organizations, have issued statements in response to the guilty [Sandusky verdict](#) and the independent report (hereafter referred to as the "Freeh Report). Stop It Now! has also developed a document that provides information about how the Penn State case and the Freeh report can be instructional about how to move prevention efforts forward. This piece is excerpted below and can be found in its entirety [here](#).

Moving Forward from the Sandusky Case: Tips for Prevention

The Freeh report highlights how Penn State's leaders, like many adults, behaved in ways that favored protecting themselves, their reputations and their institutions, over protecting children.

From our years of work on child sexual abuse prevention, Stop it Now! knows that this inaction and culture of silence and disregard for children is all too common in families, communities and all our institutions when it comes to the issue of child sexual abuse.

We agree with the Freeh Report's recommendations on policies and practices, but urge Penn State and other institutions

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to go further. Compliance with mandatory reporting statutes, whistleblower policies, and background checks are important steps to dealing with abuse but set a low bar for protecting children. Because they respond only *after* a child has already been harmed, these guidelines and practices do not proactively target unidentified risks to a child.

We want the Penn State case to be the tipping point in favor of children's safety from sexual abuse everywhere. But for that to happen, the lesson we must take away is that we - as individuals, institutions and as a society - must go further to create safety for children and foster a culture of prevention. We cannot just promote actions and policies that assume the inevitability of children being sexually abused, and then be surprised when another child is harmed. Therefore we applaud the Freeh Report's emphasis on the culture change that is needed to protect children.

So what can Penn State - and all of us - do to truly create a culture of prevention in which adults speak out and create safety before harm? Here is some of what we have learned from our 20 years of work on child sexual abuse prevention:

1) We can understand and overcome the barriers to speaking up about abuse.

In our research with adults, we have discovered that none of us thinks we're the person who does nothing when we are worried that someone we know has

sexually abused a child. And yet, too many of us, when faced with that situation in our own lives, are paralyzed and don't know what to say or do, especially when we don't have "proof" that someone has already harmed a child. Do you know whom to call with your concerns? Have you thought through what words you'll say to protect a child's boundaries? How would you handle a situation where a respected leader is behaving suspiciously?

2) We can get comfortable speaking up about very small things that may increase the risk of a child being sexually abused, and not just signs that someone is thinking of sexually abusing children.

- We can decide ahead of time what is okay and not okay around children and we can proactively set boundaries. Once boundaries are defined, it becomes more apparent when behaviors violate those boundaries.
- We need to learn to speak up immediately when we see boundaries ignored or violated.

3) We can create a plan of action so that when we're confronted with a situation that worries us, we'll know what to do. And we're not talking about a stranger at the playground or someone trying to lure a child into their car. We're talking about:

- The nice youth worker who seems to hug the girls a lot more than the boys;
- The uncle with the roaming hands;

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- The neighbor with the latest video games who encourages kids to stop by after school, or even;
- The respected coach who takes kids on overnight trips to see professional football games.

4) We can also ask basic questions of the institutions and organizations that work with our kids.

- We can learn in advance what their policies are and how they are implemented.
- We can ask what training our schools, youth groups and faith communities offer to staff and volunteers.
- We can speak up to those in leadership roles—whether it concerns the newest volunteer or the winningest coach.

This work is not easy. There may be risks – friendships lost, family support withdrawn, loss of donors and advertisers, and even more. But as one of our supporters says: *It's better to offend an adult than fail a child.*

We can and must all learn to “be that adult” - the adult who is there for children and young people, who recognizes warning signs, and who’s a broken record when it comes to speaking out about concerning behaviors.

Whether it’s the general risk of child sexual abuse or a specific concern, we can use this question to guide our next steps: “Whose needs are most important?” If we act on a belief that the needs of children are

paramount, then our priorities will be held where they need to be.

[Self-Care Tips in Light of Prolonged Exposure to High Profile Cases](#)

Child sex abuse cases have permeated the media as of late. Hearing the details of these cases – and others on which we are working on an ongoing basis – can have a considerable negative impact. Thank you to our Washington State CASOM site for sharing the following self-care article as a reminder that professionals need to take care of themselves, too. For those of you who work with victims of sexual assault, these may be helpful tips that you can share with them as well.

Getting Through Sexual Abuse Scandals and Depression (by Olga Trujillo)

The child sexual abuse scandals at Penn State and Syracuse University can be hard to hear for anyone. For those, like me, who have been sexually abused by people we trusted it can have a profound impact. It may remind us of our own abuse, bring up flashbacks, nightmares, grief and mourning. Depression is usually where I end up. When depression strikes I gradually feel worse and worse about myself. My thoughts turn to all the things I don't like about myself: everything that I cannot do. When our resilience is lowered in these ways, some of the easiest things can become very difficult to accomplish. Depression can build on itself, making it hard even to make it through normal daily routines. I try a

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number of strategies to get through these times.

- I limit how much I watch and hear about these scandals. I stop watching news stories about the sex abuse and avoid reading articles about them as well.
- I try to anticipate the hard times so that they don't catch me off guard. For some reason, if I anticipate that I may have depression, I experience it more gracefully and with less disappointment.
- I remind myself that I survived the abuse and that although it may feel like it's happening today, it's not.
- My thinking changes when I am triggered and depressed and I become negative and critical of myself. In these times I try to remember that these are just thoughts, they may not be the truth.
- I try to reach out to friends and let them know that I'm depressed, why, and what it feels like to me. They often want to help in some way. Mostly I ask for their patience and ask that they try not to take my emotional and physical absence personally.
- I try to remember the good things in my life. My partner, the people who helped me survive as a child, my home, my favorite dog.
- I try to set small goals for myself each day. Each accomplishment helps me feel a little better.
- Similarly, when the day feels too hard to face, I try to break it down into manageable increments—

sometimes as short as 5-minute increments on especially difficult days. Instead of contemplating the overwhelming amount of worries and tasks that one day can contain, I'll focus instead on one time-limited thing. When I've accomplished that one thing, I'll let myself think about the next.

- I try to remember that depression is an illness. Thinking this way helps to minimize the guilt and self-blame that always come hand-in-hand with the despair. Sometimes I tell myself that I just have the flu. I try to manage depression like I would any other illness: eat well, sleep lots, and listen to my body.
- I try to do things that I really enjoy—things that I can do even while depressed, like walking our dogs. Although sometimes it's hard, I try to walk them each day. We live on a farm with lots of space to race around and wrestle each other. They so clearly love the walks, and watching them enjoy themselves so much makes me feel good.
- Hopelessness, like self-criticism, is another uninvited friend of depression. It's the aspect of depression that leaves me feeling like the despair will never end. I'm afraid that I'll always feel this awful. I try to approach it objectively. I hold the fear with the reminder to myself that I have been through this before and the depression has always ended. It will pass. It always does.

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Stop It Now! Launches Advice Column

Stop it Now! has launched the [Ask Now! column](#) to get advice to stop child sexual abuse. The Ask Now! advice column offers users facts, guidance and resources to keep kids safe from sexual abuse. Users can ask a question directly or browse through prior questions and answers for their own information. Stop it Now's hope is that by sharing questions about the sexual abuse of children, adults can learn from each other and feel less isolated. Facing this issue together can bring hope and empowerment for all adults working to stop the sexual abuse of all children. The replies contain information, resources, and guidance and Stop It Now! staff continuously reviews and updates information and resources. This resource does not offer therapy, legal advice or investigative services. Ask Now! responses may contain general information about these matters but they do not replace consultations with professionals.

Highlights of New Research Pertaining to Assessing Sex Offender Recidivism Risk

Prospective Validity of the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) (Worling, Bookalam, and Littlejohn, [2012](#))

Data from the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen) were collected for a sample of 191 adolescent males who had offended sexually. Adolescents were aged 12 to 19 years ($M = 15.34$; $SD = 1.53$) at the time of their

participation in a comprehensive assessment. The ERASOR was completed by 1 of 22 clinicians immediately following each assessment. Forty-five adolescents were independently rated by pairs of clinicians, and significant interrater agreement was found for the ERASOR risk factors, the clinical judgment ratings (*low, moderate, or high*), and a total score. Recidivism data (criminal charges) were subsequently collected from three sources that spanned a follow-up period between 0.1 and 7.9 years ($M = 3.66$; $SD = 2.08$). Overall, 9.4% (18 of 191) of the adolescents were charged with a subsequent sexual offense over this time period. A shorter follow-up interval of up to 2.5 years ($M = 1.4$; $SD = 0.71$) was also examined. Recidivism data for the shorter follow-up interval were available for a subgroup of 70 adolescents, with a comparable recidivism rate of 8.6% (6 of 70). Clinical judgment ratings, the total score, and the sum of risk factors rated as *present* were significantly predictive of sexual reoffending for the short follow-up period. The total score and the sum of risk factors were predictive of sexual reoffending over the entire follow-up interval. These results add to the emerging research supporting the reliability and validity of structured risk assessment tools for adolescent sexual recidivism.

Predicting Reoffense for Community-Based Sexual Offenders: An Analysis of 30 Years of Data (Romine et. al, [2012](#))

This study contributes to the area of risk prediction by exploring whether the Static-99R is useful for predicting reoffense in community-based samples, and for noncontact offenders with and without

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identified victims. A total of 744 participants drawn from an outpatient sex offender treatment program in a large metropolitan area were followed for a period of up to 30 years. Multiple Cox Regressions were run; covariates included length of treatment, status in treatment, Static-99R items, and number of technical probation violations. Overall, reoffending was an infrequent occurrence in this sample regardless of how it was defined, with sexual reoffenses identified in 13% of the sample and any criminal reoffense identified in 20% of the sample. Consistent with previous research, the Static-99R was a better predictor of sex-related reoffenses than of nonsexual reoffenses. However, in no case were more than a couple of the items significantly related to reoffending and these items differed depending on reoffense definition.

[Utilization and Implications of the Static-99 in Practice \(Storey, Watt, Jackson, and Hart, 2012\)](#)

The Static-99 is the most commonly used risk assessment instrument for sexual violence in North America and its results can affect highly consequential decisions made in the criminal and civil justice systems. Despite its influence, few studies have systematically examined how the Static-99 is used by clinicians in practice. The current study compares the Static-99 ratings of clinicians to those of researchers for 100 adult males who completed an outpatient sex offender treatment program and were followed up over an average of about 4 years. Results showed good agreement between the ratings of clinicians

and researchers for total scores on the Static-99, as well as for most individual items. Ratings by clinicians tended to be slightly lower than those made by researchers. The predictive validity of ratings made by clinicians and researchers was very similar and moderate in terms of effect size. In 30 cases, clinicians used discretion to “override” or adjust the Static-99 ratings when making final risk judgments, but the predictive validity of the clinical adjusted ratings was worse than that of the original Static-99 ratings made by clinicians. The need for quality assurance and training are discussed along with the need for clear empirically supported guidelines regarding overrides.

[Dynamic Risk Assessment in Sexual Offenders Using STABLE-2000 and the STABLE-2007: An Investigation of Predictive and Incremental Validity \(Ehler et al., 2012\)](#)

The predictive accuracy of STABLE-2000 and STABLE-2007 was examined within a prospective research design in a German-speaking sample of 263 adult male prison-released sexual offenders followed up for an average of 6.4 years. The STABLE-2007 was significantly related to all outcomes (AUC = 0.67-0.71), whereas the STABLE-2000 demonstrated only weak predictive accuracy for sexual reoffense (AUC = 0.62). Supporting the results of the construction sample, the STABLE-2007 incrementally added to the predictive accuracy of the STATIC-99 for violent and general reoffense (conviction and incarceration). Moreover, the STABLE-2007 total scores and the nominal risk/need categories made

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significant incremental contributions over the SORAG for predicting sexual reoffense.

Important Upcoming Dates and Events

Upcoming Webinar for CASOM Grantees

Our second of three scheduled webinars for CASOM grantees, on *Using Technology in the Management of Sex Offenders*, will be convened on Wednesday, October 1, 2012 from 1-2:30 pm ET. More information is forthcoming!

National Sexual Assault Conference

The National Sexual Assault Conference is a two and a half day, advocacy-based conference providing advanced training opportunities and information regarding sexual violence intervention and prevention. This event will be held from August 22-24, 2012 at the Chicago Sheraton Hotel and Towers. See http://icasa.org/docs/misc/2011%20ad_lay_out%201.pdf for more information about the conference and how to register.

Association for the Treatment of Sexual Abusers (ATSA) Annual Research Conference

ATSA's 31st Annual Research and Treatment Conference will be held from October 17 - 20, 2012 at the Sheraton in downtown Denver, Colorado. This conference will offer symposia, workshop presentations, poster sessions, discussion groups, and advanced clinics relating to issues in both victim and perpetrator

research and treatment. Each presentation will provide information and training based on cutting edge research development and clinical application. The format is designed to best facilitate interaction with and learning from some of the most advanced practitioners in the field of sexual abuse. All sessions, with the exception of posters, have been approved for Continuing Education credits. In addition to the three-day Conference schedule, ATSA will offer a selection of intensive half- and/or full-day Pre-Conference Clinics. These Clinics are designed to provide participants with extensive training and skills enhancement. For more information about this event, visit <http://www.atsa.com/atsa%E2%80%99s-31st-annual-conference>.

Next Newsletter

The next newsletter for CASOM grantees will be published in Fall 2012.



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