

COLORADO SEX OFFENDER MANAGEMENT BOARD

SEXUAL BEHAVIOR DISCLOSURE PACKET

February 2018

SOMB Sexual Behavior Disclosure Packet

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Introduction

The SOMB Sexual Behavior Disclosure Packet is designed to provide a structure for the treatment provider to assist the client in disclosing, organizing, and documenting relevant (i.e., specific to risk and treatment needs) information about the client's sexual behavior. An accurate and thoughtful approach to sexual behavior disclosure benefits the treatment process by focusing treatment on dynamic/criminogenic needs related to sex offense recidivism and aids in the identification of the client's risk areas. The completion of the Sexual Behavior Disclosure Packet is a collaborative process between the therapist and client. The Sexual Behavior Disclosure Packet is a working document in which the therapist should continue to work with the client in the understanding that additional information and/or disclosures may occur throughout the process. The therapist will have open and continuous communication with the polygraph examiner in areas that should be addressed. It is the responsibility of the polygraph examiner to formulate questions in consultation with the CST. It is incumbent upon the client to consistently bring written material into the treatment setting for discussion. Likewise, the therapist is responsible for collaborating with the client and for thoroughly discussing the client's work within a therapeutic setting using the treatment modality the therapist deems most appropriate for the individual client.

This SOMB Sexual Behavior Disclosure Packet is divided into two categories:

- Sexual History Development: The goal of this section is to assist clients in exploring how they learned about sexuality and how that impacted their sexual development and eventual sexually abusive/assaultive behaviors.
- Sexual Offense History: This portion of the packet is designed to assist clients in taking inventory of their sexually abusive/assaultive behaviors. It is an opportunity to learn about these behaviors so that the client can live a life offense-free.

Each category is followed by sections to assist in safety planning and treatment plan formulation. They are as follows:

- Risks and Needs: This section is for the therapist to complete during treatment sessions with the client. It should not be handed to the client to complete. This section addresses risk domains covering sexual interests and attitudes. This section is used in conjunction with Part 1 in order to identify protective factors, risks and needs.
- Responsivity: This section is for the therapist and client to use collaboratively to continue the process of identifying how to use identified protective factors and client strengths to prevent re-offense. This is also an opportunity to work on safety planning, trigger management and treatment planning.

Definitions

This section includes terms that are repeatedly used throughout this packet. Additionally, as terms are introduced they will be further explained and defined. It is the therapist's responsibility to discuss these definitions with each client as they begin working on this packet.

Minor Child: Any person under the age of 18.

Protective Factors: Personal strengths and positive building blocks you have or can establish in your life. Research shows protective factors can reduce your risk of recidivism.

Relative/Family Member: Include all persons related by blood, marriage (excluding spouse or someone in a spousal role) or adoption (e.g., mother, father, sister, brother, aunt, uncle, grandparents, grandchildren, cousins, nieces, nephews, step-children, in-laws).

Safety Plan: A written document derived from the process of planning for community safety. The document identifies potential high-risk situations and addresses ways in which situations will be handled without the offender putting others at risk. The plan requires the approval of the therapist and supervising officer(s).

Physical Sexual Contact: Refers to rubbing or touching another person's sexual organs (i.e., breasts, buttocks, genitalia) whether over or under clothing, if for the purpose of sexual arousal, sexual gratification, sexual stimulation or sexual "curiosity." This includes having, allowing, or causing another person to rub or touch one's own sexual organs, whether over or under clothing, for purposes of sexual arousal, sexual gratification, sexual "curiosity," or sexual stimulation. This may not include parental contact with children's private areas in the form of diapering, wiping, bathing, dressing, or changing, unless done for the purpose of sexual arousal or stimulation.

Discussion Point: The therapist is responsible for thoroughly discussing this definition and its application to the sexual behavior disclosure process with each client. Arousal is a significant factor of this component. The type of contact described above may have occurred with no sexual arousal and it is therefore likely that such contact would not be considered sexual contact.

Sexually Abusive/Assaultive

Behaviors: Forced or manipulated unwanted sexual contact that occurs without consent. This also includes non-contact sexual behaviors such as exhibitionism, voyeurism, public masturbation, child pornography, or other non-contact sexual behaviors.¹

Stranger Victim: A victim is considered a stranger if the victim did not know the offender 24 hours before the offense. Victims contacted over the Internet are not normally considered strangers unless a meeting was planned for a time less than 24 hours after initial communication.²

Victim: Any person against whom sexually abusive behavior has been perpetrated or attempted.

¹ Adapted from PSCOT Policy Manual – will complete reference if maintained

² McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The sex offender treatment intervention and progress scale (SOTIPS): Psychometric properties and incremental predictive validity with static-99 R. *Sexual Abuse: A Journal of Research and Treatment, 24*(5), 431-458.

Part 1: Sexual Development

A. Introduction

To the Client: This portion of the packet is designed to assist you in exploring how you learned about sexuality, and how that impacted your sexual development and eventual sexually abusive/assaultive behaviors. This part of the packet is designed to be completed on your own time. Once you have completed a section, you will need to bring it back to your treatment provider to discuss within the therapeutic setting. You and your treatment provider can establish expectations for how frequently this should occur.

This will be difficult work. It may bring up difficult memories, and trigger memories and difficult emotions related to your own victimization. It is important, for your own well-being, that you speak about these feelings and memories with your therapist. Although difficult work, it is necessary and helpful as you work to create a lifestyle free of sexually abusive/assaultive behaviors. As you work through sections, you may not be able to recall specific dates or ages. In these situations it is okay to estimate to the best of your ability. If you are unclear about the expectations or definitions in this packet, ask your therapist for assistance.

To the Therapist: This portion of the packet will assist you in learning about your client's sexual development. It will also assist in identifying those protective factors that will be important in strengthening the client's skills to remain a safe member of the community. This is a collaborative process with the expectation that written work will be thoroughly discussed with the client in whatever treatment modality you find most appropriate. If you determine the client's needs dictate that the information be gathered via a different method (e.g., a client unable to write may need a scribe) that is fine. It is important that the client's words be captured and then processed within the therapeutic alliance you have established with that client.

B. Sex Education

Sexuality is an integral part of who we are, what we believe, what we feel, and how we respond to others. Please respond to the following statements. When you cannot recall specific information (i.e., age, date, etc.) it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

- Describe when you learned about sexuality. This may have occurred at different times and from different sources. Please be as thorough in your answer as possible.
- Describe where you learned about sexuality.
- Describe from whom you learned about sexuality.

C. Childhood Sexual Experiences

In this section, please describe your childhood sexual experiences. This may include exploration and curiosity driven behaviors as well as experiences in which you felt you had no ability to stop. The point of this section is not to identify behaviors and experiences as abusive or non-abusive, but to simply identify those experiences and be prepared to discuss them with your therapist. In your narrative, please include relationship, if any, to the other person as well the ages of yourself and the other person. When you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

D. Masturbation Habits

List history of masturbation including age of onset, frequency (including changes over time), types of fantasy, and places (i.e., bedroom, bathroom, or outside of your residence). Please specifically note masturbation where you could view others or could possibly be observed by others while masturbating, including public restrooms, workplace/school settings, vehicles, and others' homes.

Include use, theft, or purchase of underwear, undergarments, or personal property for masturbation or sexual arousal. Include taking or keeping undergarments from sexual partners, relatives, friends, or strangers for masturbation or sexual arousal. Also include all incidents in which you returned someone's underwear or undergarments after using them for masturbation or sexual arousal.

Lastly, include masturbation to non-pornographic sexually stimulating images.

When you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

E. **Pornography History**

Include all activities related to use of pornography, including themes and interests. Include any sharing and/or requesting of nude or semi-nude images of yourself or others with another person (e.g., Sexting). If you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

F. Consensual Sexual Activity

Discuss your first consensual experience including ages of you and your partner, how you met, what types of activities you did together, how you communicated, how the sexual contact began and progressed through the duration of the relationship. In your discussion, please include information regarding the use of dating sites, chat rooms and other forms of social media.

When thinking back about subsequent or additional consensual sexual experiences you have had, what thoughts and feeling do you experience? What about those relationships has been impactful or influential regarding your current approach and engagement in consensual sexual relationships? As you look back, do any themes repeat themselves?

If you believe you have not had consensual sexual activity, describe what you think a healthy sexual relationship looks like.

When you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

Part I: Risks and Needs

Note to Therapist: This section is for the therapist to complete during the treatment process with the client. It should not be handed to the client to complete outside of the therapeutic setting.

The following section addresses risk domains from common risk assessment tools (e.g. VASOR-2 and SOTIPS) that are normed on males who have been convicted of a sexual offense. The specific domains in this section address sexual interests and attitudes. This section is used in conjunction with Part I: Sexual Development to identify protective factors, risks and needs. This section should also be combined with a dynamic risk assessment on an on-going basis when assessing risk and need.

Areas to be explored include:

Sexual Attitudes and Beliefs³

1. Viewing oneself as sexually entitled
2. Viewing women with hostility
3. Viewing others as objects for sexual pleasure
4. Viewing sexual urges as uncontrollable
5. Believing children can consent to sexual acts
6. Believing sexual activity with children are not harmful
7. Viewing oneself more emotionally congruent with children than adults

This next section identifies risk domains pertinent to females who have been convicted of a sexual offense. While there is no normed risk assessment for this population, these risk domains are consistent with existing research.⁴

For female clients, the following risk factors should be explored:⁵

1. Prior child abuse behavior
2. Distorted cognitions about sexual offending/abuse

³McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The sex offender treatment intervention and progress scale (SOTIPS): Psychometric properties and incremental predictive validity with static-99 R. *Sexual Abuse: A Journal of Research and Treatment, 24*(5), 431-458.

⁴ For additional information on risk assessment and female offenders see the Appendix M: Female Sex Offender Risk Assessment of the Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders.

⁵ Clark, D., & Howden-Windall, J. (2000). A retrospective study of criminogenic factors in the female prison population. London: Her Majesty's Prison Service; Denov, M. S., & Cortoni, F. (2006). Adult female sexual offenders. In C. Hilarski & J. Wodarski (Eds.) *Comprehensive mental health practices with sex offenders and their families* (pp. 71-99). New York: Hawthorne Press; Cortoni, F., Anderson, D., & Bright, D. (2002). Locus of control, coping and sexual offenders. In B. A. Schwartz & C. Cellini (Eds.), *The sex offender* (Vol. 4). Kingston, NJ: Civic Research Institute; Gannon, T. A., & Cortoni, F. (2010). *Female sexual offenders: Theory, assessment, and treatment*. Hoboken, NJ: John Wiley & Sons; Gannon, T. A., Rose, M. R., & Ward, T. (2008). A descriptive model of the offense process for female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 20*(3), 352-374.

3. Intimacy deficits and problematic relationship(s)
4. Use of sex to regulate emotional state or fulfill need for intimacy
5. Sexual gratification and instrumental goals such as revenge or humiliation
6. Puts needs of co-offending partner above self and/or child(ren) and/or victim
7. Evidence of deviant sexual interest
8. Impulsivity

Part I: Responsivity

Note to Client & Therapist: This section is for the therapist and client to use collaboratively in session to begin the process of identifying the protective factors and strengths that can prevent a re-offense. This is also an opportunity to work on safety planning and treatment planning.

Part II: Sexual Offense History

A. Introduction

To the Client: This section is designed to assist you in gaining greater insight into your choice(s) to engage in sexually abusive/assaultive behavior. You will not be asked to provide names of the victims or specific locations where the behaviors occurred. You will be asked to be thoughtful and honest about your actions. It will be difficult work. Reach out to your therapist and peers for support. Be as truthful as you can be, although at times that may be painful. In doing so, you strengthen your resolve to not create another victim. When you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges.

To the Therapist: This section of the packet was developed after a review of specific risk factors for sexual re-offense. Risk factors were identified from the Static-99(R), Sex Offender Treatment Intervention and Progress Scale (SOTIPS) and the Vermont Assessment of Sex Offender Risk – 2 (VASOR-2) manuals to identify specific risk areas related to sexual recidivism.

This is a collaborative process with the expectation that written work will be thoroughly discussed with the client in whatever treatment modality you find most appropriate. If you determine the client's individual needs dictate that the information be gathered via an alternative method (e.g., a client unable to write may need a scribe) that is fine and the CST should be consulted on such accommodations. It is important that the client's words be captured and then processed within the therapeutic alliance you have established with that client.

B. Informed Consent

As you engage in this process, it is important to work with your peers and treatment provider to gain an understanding of informed consent within the context of a sexual relationship. Informed consent means that a person has knowledge of what is happening *and* gives permission (verbal or non-verbal) for it to occur. There are **three rules** to informed consent:

Rule #1: Both parties must be able to say “Yes” or “No” without fear of penalty or harm. This may be done verbally, but there are non-verbal ways to say “Yes” or “No,” as well.

For example, if a person sets up a video camera and records in a public bathroom, there is no informed consent from the person in the public restroom, as they have no knowledge that this is occurring.

Now, in order for this to be an option for both parties, there must be a decision point at which time the parties are able to consent or not consent. For example, if someone streaks across the football field at half-time, the people in the bleachers have no opportunity to say “Yes” or “No” to viewing this behavior and as a result, there is no ability to provide informed consent.

Think back on your experiences and identify the non-verbal cues that you interpreted as “Yes.” Please also identify the non-verbal cues that you believe meant “No.”

Rule #2: Both parties must know what they are consenting to *and* both parties must understand the outcomes and consequences of that decision.

This means both parties must have similar knowledge levels of what they are consenting to and understand what could possibly happen as a result of that decision. Part of this similar knowledge and understanding is about how the parties will feel about the decision years later as they mature and gain more in-depth understanding of the choice and resulting consequences.

Think back on your experiences and discuss a situation when this element was relevant and you and the other party equally understood the outcomes and consequences of the decision.

Rule #3: The two parties must have equal power.

This element is not only referring to use of physical strength. While it does include physical size and strength, it also includes if one party is in a position of

authority or has some kind of power over the other party. For example, if one party makes a threat to kick the other party out of the residence for not complying.

Family Relationships Discussion

Additionally, sexual relationships within families are forbidden for a few reasons:

1. There are unfortunate biological consequences when closely matched DNA is combined for procreation.
2. Society imposes such rules because families are ideally a safe place for children and adults to thrive and develop without the complications of sexual relationships.
3. Within the structure of a family there is often an inherent power differential (e.g., parent to child, older sibling to younger sibling, aunt/uncle to niece/nephew, etc.)

C. Index Crime

It is important that your treatment and supervision team understand the events and behaviors regarding your index offense. The index offense refers to the sexually abusive/assaultive behaviors that resulted in your conviction. While you may have pleaded or been found guilty at trial of a different crime, it is important to identify what actually happened. Please take time to write about the following:

1. The nature of your relationship with the victim of the crime;
2. Length of time you knew that person;
3. Include gender and age of each victim(s);
4. Describe the sexual contact you engaged in;
5. Discuss the duration, frequency and location of the sexual assault;
6. Describe how you gained compliance from the victim(s);
7. Identify what elements of consent were non-existent;
8. Discuss how you convinced the victim(s) to keep the sexual abuse/assault a secret;
and
9. Explain how you got caught.

D. Sexual Contact with Minor Children

1. Since turning 18 years old, how many children have you had sexual contact with that were younger than 15 years old? _____
 - a. How old was the youngest victim? _____
 - b. How old was the oldest victim? _____
 - c. How many victims were male children? _____
 - i. How old was the youngest male victim? _____
 - ii. How old was the oldest male victim? _____
 - d. Were any of these children 12 years old or younger?⁶ Yes No

2. Prior to age 18, how many children have you had sexual contact with that were 4 or more years younger than yourself? _____
 - a. How old was the youngest victim? _____
 - b. How old was the oldest victim? _____
 - c. How many victims were male children? _____
 - i. How old was the youngest male victim? _____
 - ii. How old was the oldest male victim? _____

3. Since turning 25 years old, how many children have you had sexual contact with that were ages 15 or 16 years old? _____
 - a. How old was the youngest victim? _____
 - b. How old was the oldest victim? _____
 - c. How many victims were male children? _____
 - i. How old was the youngest male victim? _____
 - ii. How old was the oldest male victim? _____
 - d. Were any of these children 12 years old or younger? Yes No

4. Of the victims accounted for in the above questions:
 - a. Were any of the victims children who were strangers?⁷ Yes No
 - b. Were any of the victims children who trusted you and for whom you had a caretaking or authoritative role over? Yes No
 - c. Were any of the children related to you? Yes No

⁶ The age of 12 or younger is based on the distinction between pubescent and pre-pubescent development stages. There is disagreement in the current research regarding the onset of puberty, and the SOMB recognizes the limitations of defining the criteria based on a specific age.

⁷ A victim is considered a stranger if the victim did not know the offender 24 hours prior to the sexually abusive/assaultive behavior.

5. As of today, do you have an ongoing relationship with any of the people you had sexual contact with when they were (or are) children? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Voyeurism

Definition: Voyeurism refers to behaviors (including attempts) which involve looking into someone's home, bedroom or bathroom or any other place they assume is private, for the purposes of your sexual gratification.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If yes:
 - a. How many were 12 years old or younger? _____ How many were male? _____
 - b. How many were 13 years or older? _____ How many were male? _____
2. How many of the victims were 18 year old or older? _____ How many were males? _____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How many of the victims were intimate partners? _____
6. How old were you when you started? _____
7. How old were you the last time you did this? _____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
11. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
12. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Electronic Voyeurism

Definition: Using electronic devices to engage in voyeurism. Voyeurism refers to behaviors (including attempts) which involve looking into someone's home, bedroom or bathroom or any other place they assume is private, for the purposes of your sexual gratification. In this section, please include the taking of photos or video of people in various states of undress or sexual activity without their permission or knowledge. If you don't know if they were aware, assume they did not know and include them in your thoughts as you answer the following questions.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If yes:
 - a. How many were 12 years old or younger? _____ How many were male? _____
 - b. How many were 13 years or older? _____ How many were male? _____
2. How many of the victims were 18 year old or older? _____ How many were males? _____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How many of the victims were intimate partners? _____
6. How old were you when you started? _____
7. How old were you the last time you did this? _____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g. 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
11. As best you can, identifying your thoughts and feelings during this time.
12. What did you do with those images once they were in your possession? Where are they now?
13. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Exhibitionism or Exposing Behaviors

Definition: Include all incidents in which you accidentally or intentionally exposed (including attempts) your bare private parts (including in a vehicle) to unsuspecting persons in public places or in private places. Include incidents when you wore loose or baggy clothing that allowed your sexual organs to become exposed to others. Also include mooning, streaking or flashing behavior, having sex in a public place and public urination while in view of others.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If yes:
 - c. How many were 12 years old or younger? _____ How many were male? _____
 - d. How many were 13 years or older? _____ How many were male? _____
2. How many of the victims were 18 years old or older? _____ How many were males? _____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How old were you when you started? _____
6. How old were you the last time you did this? _____
7. Why did you stop?
8. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
9. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
10. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
11. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Exposing Behaviors via the Internet

Definition: Incidents in which images (photo or video) of bare sexual organs are exposed over the internet during chats or via email or web link.

Have you ever engaged in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were 18 year old or older? ____ How many were males? ____
3. How many of the victims were strangers? _____
4. How old were you when you started? _____
5. How old were you the last time you did this? _____
6. Why did you stop?
7. Please write about engaging in this behavior. Describe how and in what context you exposed yourself via the internet. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and other common factors. Detail is important so you and your therapist can better understand the context(s) in which you engaged in these behaviors.
8. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
9. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Frottage

Definition: Opportunistic sexual rubbing, bumping or touching against strangers or unsuspecting persons inside or outside the home. This includes sexual touching (including attempts) of others' private parts during any play, sexual hugging, horseplay, bathing, diaper changing, lap sitting, wrestling or athletic activities of unsuspecting persons in private or public places (e.g., babysitting, school, work, stores, gym, crowds.) All such behaviors are to be considered if done for the purpose of sexual gratification.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were 18 years old or older? ____ How many were males? ____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How old were you when you started? _____
6. How old were you the last time you did this? _____
7. Why did you stop?
8. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in frottage. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
9. Did you take photos or videos while engaged in frottage? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
10. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Sexual Contact Involving Force, Including Violence, Intimidation and/or Weapons

Definition: Force includes sexual contact (including attempts) with any person whom you physically hit or struck, physically restrained using your body strength or any object, or use of weapons, including implied or improvised weapons, posing a threat, continues after stating “no” or “stop” in order to prevent the person from resisting or escaping. Force may also include threats of harm against a victim's family members, pets and includes threats of destruction of personal property.

Definition of Intimidate: To frighten or instill fear in another, especially in order to make them do what one wants.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If Yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were 18 year old or older? ____ How many were males? ____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How many of the victims were intimate partners? _____
6. How old were you when you started? _____
7. How old were you the last time you did this? _____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would use violence, intimidation or weapons. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
11. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
12. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Sexual Contact Involving Coercion

Definition: Coercion includes sexual contact (including attempts) with any person whose compliance you obtained through any non-violent form of manipulation despite the person's stated or unstated unwillingness to participate, including after the individual says "no" or "stop." Common forms of coercion include bribery, manipulation, threats, gifts, trickery, money, drugs, alcohol and friendship.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If Yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were 18 year old or older? ____ How many were males? ____
3. How many of the victims were strangers? ____
4. How many of the victims were relatives? ____
5. How many of the victims were intimate partners? ____
6. How old were you when you started? ____
7. How old were you the last time you did this? ____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and how you would coerce your victims into compliance. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
11. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
12. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Sexual Contact with Helpless or Incapacitated Victims

Definition of incapacitated: Temporarily or permanently impaired by drugs, alcohol, or mental and/or physical deficiency or disability. This person is unable to provide informed consent due to such impairment.

Definition of helpless: Physically helpless means unconscious, asleep, or otherwise unable to indicate willingness to act. This person is unable to defend him/herself or unable to access assistance to prevent the assault/abuse.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If Yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were 18 years old or older? ____ How many were males? ____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How many of the victims were intimate partners? _____
6. How old were you when you started? _____
7. How old were you the last time you did this? _____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g. 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior, including if you purposely drugged or otherwise rendered someone incapable of stopping the sexual contact. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
11. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
12. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Sexual Contact While in a Position of Trust over the Victim.

Definition: Position of Trust means you have or have had authority over (e.g., babysitter, coach, younger relative, volunteer, tutor, mentor, institutional staff, etc.) another person.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No

If Yes:

a. How many were 12 years old or younger? ____ How many were male? ____

b. How many were 13 years or older? ____ How many were male? ____

2. How many of the victims were 18 years old or older? ____ How many were males? ____

3. How many of the victims were strangers? _____

4. How many of the victims were relatives? _____

5. How old were you when you started? _____

6. How old were you the last time you did this? _____

7. Why did you stop?

8. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.

9. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and how you would gain compliance from your victims. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.

10. Did you take photos or videos while engaged in this behavior? Yes No

If yes:

a. What did you do with those images once they were in your possession?

b. Where are they now?

11. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Electronic Solicitation of a Minor

Definition: Includes all attempts to meet or actually having made arrangements to meet, a person under the age of 18 years old via electronic devices including computers, cell phones, text messages, e-mails, chat rooms, cyber-sex, live web-cams, electronic bulletin board systems, Internet Relay Chat, DCC chat channels, private bulletin boards or other user groups.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No

If yes:

- a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were strangers? _____
 3. How many of the victims were relatives? _____
 4. How old were you when you started? _____
 5. How old were you the last time you did this? _____
 6. Why did you stop?
 7. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
 8. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and why you chose them. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
 9. Do you have screen shots or records of these electronic conversations? Did you send or receive photos or videos? Yes No
If yes:
 - a) What did you do with those images once they were in your possession?
 - b) Where are they now?
 10. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Viewing of Child Sexual Abuse Images (aka child pornography).

Definition: Child Sexual Abuse Images are any visual depiction of sexually explicit conduct involving a minor (persons less than 18 years old). Images of child sexual abuse are also referred to as child pornography.⁸

Illegal images may contain a nude picture of a child that is deemed sexually suggestive.

There may be times when it was difficult to identify the ages of the victims captured in the images. If such instances exist, please talk to your therapist prior to completing this section. It may be beneficial to complete this section regardless of a clear yes/no answer.

Did you engage in this type of behavior? Yes No I'm not sure

If yes, please answer the following questions:

1. How many were 12 years old or younger? ____ How many were male? ____
2. How many were 13 years or older? ____ How many were male? ____
3. How old were you when you started? _____
4. How old were you the last time you did this? _____
5. Why did you stop?
6. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
3. Please write about your experiences engaging in this behavior. Include specific themes and images for which you searched. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in this behavior.
7. Where did you store images you found? What did you do with those images once they were in your possession? Where are they now?
8. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

⁸ Definition retrieved from the following website: <https://www.justice.gov/criminal-ceos/child-pornography>.

Behavior: Create and Distribute Child Sexual Abuse Images

As you work on this section please exclude any sexting as a youth with a same age peer on a consensual basis. If you have questions, please consult your therapist.

Did you create images of the sexual abuse of children? Yes No

Did you distribute images of the sexual abuse of children? Yes No

If yes, please answer the following questions:

1. How many were 12 years old or younger? ____ How many were male? ____
2. How many were 13 years or older? ____ How many were male? ____
3. How old were you when you started? _____
4. How old were you the last time you did this? _____
5. Why did you stop?
6. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
7. Please write about creating and/or distributing sexually abusive images of children. Include information about how you obtained victims and adult offenders for the creation of the images. Discuss why you chose the specific images and themes to produce and/or distribute. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in this behavior.
8. Do you now possess sexually abusive images of children? What did you do with those images once they were in your possession? (If previously discussed in #4, please state so. There is no need to repeat the information.) Where are the images now?
9. Are you currently benefiting, financially or otherwise, from any of the images you created and/or distributed?
10. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

Behavior: Plan, Prepare, Assist and/or Provide a Victim for Someone Else to Sexually Assault.

Definition: Sex trafficking involves the coercion of an individual to engage in commercial sex against their will. It is important to note that, according to federal and state law, any person under the age of eighteen years of age induced into commercial sex is a victim of sex trafficking.⁹

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If Yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years old or older? ____ How many were male? ____
2. How many victims were 18 years old or older? ____ How many were male? ____
3. How many victims were strangers? ____
4. How many victims were relatives? ____
5. How many of the victims were intimate partners? ____
6. How old were you when you started? ____
7. How old were you the last time you did this? ____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
11. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
12. Are you currently benefiting, financially or otherwise, from such behavior? Yes No
13. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

⁹Definition adapted from the following website: <https://sites.google.com/a/state.co.us/cdps-prod/home/human-trafficking-council/resources/basics>.

Behavior: Pay (currency, goods or services) Someone to Engage in a Sexual Act.

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

1. Were any of the victims under the age of 18? Yes No
If Yes:
 - a. How many were 12 years old or younger? ____ How many were male? ____
 - b. How many were 13 years or older? ____ How many were male? ____
2. How many of the victims were 18 years old or older? ____ How many were male? ____
3. How many victims were strangers? _____
4. How many victims were relatives? _____
5. How old were you when you started? _____
6. How old were you the last time you did this? _____
7. Why did you stop?
8. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
9. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.
10. Did you take photos or videos while engaged in this behavior? Yes No
If yes:
 - a. What did you do with those images once they were in your possession?
 - b. Where are they now?
11. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist **now** and schedule a time so you may discuss this further.

If there are other sexual behaviors not included above but that you have engaged in, please briefly identify here and then contact your therapist for further discussion (e.g., paraphilias, sexual sadism, bestiality).

E. Insights

What insights have you gained from this written journey?

Part II: Risks and Needs

Note to Therapist: This section is for the therapist to complete during the treatment process with the client. It should not be handed to the client to complete outside of the therapeutic setting.

The following section addresses risk domains from common risk assessment tools (e.g. VASOR-2 and SOTIPS) that are normed on males who have been convicted of a sexual offense. The specific domains in this section address sexual interests and attitudes. This section is used in conjunction with previously completed sections of this packet to identify protective factors, risks and needs. This section should also be combined with a dynamic risk assessment on an on-going basis when assessing risk and need.

Areas to be explored include:¹⁰

1. Viewing oneself as sexually entitled
2. Viewing women with hostility
3. Viewing others as objects for sexual pleasure
4. Viewing sexual urges as uncontrollable
5. Believing children can consent to sexual acts
6. Believing sexual activity with children is not harmful
7. Viewing oneself more emotionally congruent with children than adults

This next section identifies risk domains pertinent to females who have been convicted of a sexual offense. While there is no normed risk assessment for this population, these risk domains are consistent with existing research.¹¹

For female clients, the following risk factors should be explored:¹²

1. Prior child abuse behavior
2. Distorted cognitions about sexual offending/abuse
3. Intimacy deficits and problematic relationship(s)
4. Use of sex to regulate emotional state or fulfill need for intimacy

¹⁰ McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The sex offender treatment intervention and progress scale (SOTIPS): Psychometric properties and incremental predictive validity with static-99 R. *Sexual Abuse: A Journal of Research and Treatment, 24*(5), 431-458.

¹¹ For additional information on risk assessment and female offenders see the Appendix M: Female Sex Offender Risk Assessment of the Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders.

¹² Clark, D., & Howden-Windall, J. (2000). A retrospective study of criminogenic factors in the female prison population. London: Her Majesty's Prison Service; Denov, M. S., & Cortoni, F. (2006). Adult female sexual offenders. In C. Hilarski & J. Wodarski (Eds.) *Comprehensive mental health practices with sex offenders and their families* (pp. 71-99). New York: Hawthorne Press; Cortoni, F., Anderson, D., & Bright, D. (2002). Locus of control, coping and sexual offenders. In B. A. Schwartz & C. Cellini (Eds.), *The sex offender* (Vol. 4). Kingston, NJ: Civic Research Institute; Gannon, T. A., & Cortoni, F. (2010). *Female sexual offenders: Theory, assessment, and treatment*. Hoboken, NJ: John Wiley & Sons; Gannon, T. A., Rose, M. R., & Ward, T. (2008). A descriptive model of the offense process for female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 20*(3), 352-374.

5. Sexual gratification and instrumental goals such as revenge or humiliation
6. Puts needs of co-offending partner above self and/or child(ren) and/or victim
7. Evidence of deviant sexual interest
8. Impulsivity

Part II: Responsivity

Note to Client & Therapist: This section is to be used collaboratively to continue building on identified protective factors and client strengths to prevent re-offense. This is also an opportunity to work on meaningful safety planning and to further individualize treatment planning. As you further discuss sexual risk management the following areas should be explored:

1. Management of emotional states
2. Substance use
3. Comments, thought and behaviors supportive of sexual offending
4. Sexual arousal to offense to inappropriate stimuli

Part III: Talley Sheet

SOMB Required Areas of Sexual Offense Disclosure Process

Behavior	Yes (Check Box)	Number of Victims	How Many Victims Were Minors?
Sexual contact with underage persons (persons younger than age 15 while the offender is age 18 or older)	<input type="checkbox"/>		N/A
Sexual contact with relatives whether by blood, marriage, or adoption, or where a relationship has the appearance of a family relationship (a dating or live-in relationship exists with the person(s) natural, step or adoptive parent)	<input type="checkbox"/>		
Use of violence to engage in sexual contact including physical restraint and threats of harm or violence toward a victim or victim's family members or pets, through use of a weapon, or through verbal/non-verbal means	<input type="checkbox"/>		
Sexual offenses (including touching or peeping) against persons who appeared to be asleep, were drugged, intoxicated or unconscious, or were mentally/physically helpless or incapacitated.	<input type="checkbox"/>		

Other Areas of Potential Concern

Behavior	Yes (Check Box)	Number of Victims	How Many Victims Were Minors?
Sexual Contact Since Turning 25 years old, with a Minor 15 or 16 years old	<input type="checkbox"/>		N/A
Sexual Contact Before Turning 18 years old with a Person 4 or More Years Younger	<input type="checkbox"/>		N/A
Sexual Contact Involving Coercion	<input type="checkbox"/>		
Voyeurism	<input type="checkbox"/>		
Electronic Voyeurism	<input type="checkbox"/>		
Exhibitionism or Exposing Behaviors	<input type="checkbox"/>		
Exposing Behaviors via the Internet	<input type="checkbox"/>		
Frottage	<input type="checkbox"/>		
Sexual Contact while in a Position of Trust	<input type="checkbox"/>		
Electronic Solicitation of a Minor	<input type="checkbox"/>		N/A
Viewing Images of Child Sexual Abuse (often referred to as child [pornography])	<input type="checkbox"/>		N/A

Behavior	Yes (Check Box)	Number of Victims	How Many Victims Were Minors?
Create and Distribute Images of the Sexual Abuse of Minors	<input type="checkbox"/>		N/A
Plan, Prepare, Assist and/or Provide a Victim for Someone Else to Sexually Assault	<input type="checkbox"/>		
Pay Someone to Engage in a Sexual Act	<input type="checkbox"/>		