
**SEX OFFENDER
CORRESPONDENCE
REHABILITATION
CURRICULUM**

Developed By
Safeguard Atone Validate Educate
(SAVE)

2018

ACKNOWLEDGEMENTS

The Rehabilitation Components are a compilation of those found in the Association for the Treatment of Sexual Abusers. The Curricula selected for provision of rehabilitation under each of these components are taken from the following sources:

NAVCONBRIG - Developed by Peg Edel, Ph.D., Craig Nelson, Ph.D., Dale Arnold, Ph.D. and Tina Marian, Ph.D. Naval Consolidated Brig Miramar, San Diego, California.

The correspondence course was prepared based on the standards of the National Institute of Corrections. This sex offender program was designed for individuals from the uniformed services who are seeking rehabilitation for inappropriate and illegal sexual behavior (such as child molesting or rape). The purpose of this program is to help individuals find ways to avoid committing other sex offenses in the future.

Pathways 3rd Edition - Kahn, Timothy (2001). Safer Society

The correspondence course is based in part on “Pathways”. Offenders learn about the thinking and feelings that are part of their sexual behavior problems. Pathways explore the assault cycle and relapse prevention methods as weapons for proactive prevention and intervention. Pathways provides us with the capacity to help offenders look at the maintenance behaviors that keep them revolving through the doors of resentment, retaliation, and other regressive feelings that triggers their misguided thoughts. Training toward the most appropriate approach and straightforward sexuality material helps offenders to make amends for their past sins and social deficits. Victim empathy issues are addressed in every lesson, including a family resolution plan homework assignment – exploring WHAT THE OFFENDER DID, WHY IT WAS DONE, and WHY IT WILL NEVER HAPPEN AGAIN.

Facing the Shadow: A Guided Workbook for Understanding and Controlling Sexual Deviance - Barbara K. Schwartz, Ph.D and Gregory M.S. Canfield, MSW.

Offenders are required to read: FACING THE SHADOW, which is used in most comprehensive sex offender programs. SAVE is committed to using psycho-educational materials to complement other rehabilitation modalities i.e. correspondences lessons which introduces offenders to lived experience principles of rehabilitation and sets a groundwork for them to grow and gain the most fruit from the garden of lived experience. It is an inclusive approach that supports a range of rehabilitation modalities including behavioral, cognitive, and relapse prevention.

Arousal Reconditioning Procedures – Cedric Dean Holdings, Inc.

Exploration of data has exposed the fact that the degrees of deviant sexual arousal is clearly correlated with the likelihood of sexual re-offense. Arousal reconditioning helps to form the notion of not only fighting to decrease deviant arousal, but also to escalate encouragement to good or godly sexual scenarios.

EVIDENCE BASED APPROACH

The SAVE Sex Offender Rehabilitation Correspondence Course is a virtual means in preventing future victimization. It contrasts considerably from in-person mental health rehabilitation and involves collaboration among lived experience professionals involved in sex offender rehabilitation. Emergent practice embraces the significance of having these offenders involved in sex offender-correspondence rehabilitation as a precautionary measure. In the same vein as non-correspondence sex offender-specific rehabilitation methods, we focus on:

- * REHABILITATION – Self Empowerment Rehabilitation
- * REMORSE – Cognitive-Behavioral Therapy
- * REENTRY – Pre-release short/long-term planning

The most important mode of correspondence rehabilitation with sex offenders is cognitive behavioral (applied in a virtual family group setting – zooms with family, with the offender calls in)*. Cognitive-behavioral correspondence rehabilitation addresses both cognitions – that is, the thoughts – and the behavior of offenders.

Since our primary goal is to reduce sex offender recidivism, we rely on quite a few meta-analyses (Aos et. al, 2001; Hall, 1995; Hanson et al., 2002; and Redondo et al, 2002), which have all proven to be a very effective rehabilitation in the form of cognitive-behavioral practices. (The SAVE sex offender correspondence curricula employ these practices in different ways.) It should be noted that many researchers challenge the results of these meta-analyses in regards to correspondence delivery systems due to the lack of boards in the studies these meta-analyses use. Currently there is significant debate about the effectiveness of correspondence rehabilitation on reducing recidivism, with some support for long-term rehabilitation (more than two years) and almost no support for short-term rehabilitation. Rice and Harris (2003) indicated there is “no convincing evidence” that rehabilitation is effective in reducing recidivism. More measured studies are required.

- * Association for the Treatment of Sexual Abusers, 2005; Becker and Murphy, 1998, Laws, Ward and Hudson, 2003; Marshall, Anderson, and Fernandez, 1999 and Schwartz, 2003.

Correspondence Rehabilitation Components

OBJECTIVE

To develop a sex offender correspondence rehabilitation approach, which addresses evidence based sex offending risk factors and reliably and accurately assesses an individual's progress in sex offender rehabilitation.

SEX OFFENDER REHABILITATION EMPHASIS

McGrath and Cumming (2004) emphasize that there are three pre-conditions for sexual offending. These are:

- 1) Motives (Sexual interest, Emotional Closeness, Power and Control, and Anger/Grievance)
- 2) Willingness (Cognitive Distortions, Substance Abuse, Stress, Psychopathy, etc.)
- 3) Opportunity (Planned-Opportunistic and Manipulation-Force)

In order to ensure that this correspondence course is effective, we individually assess both areas. After the variable risk factors that are directly linked to an offender's criminal behavior have been identified they should be targeted in rehabilitation and supervision. Issues related to rehabilitation responsivity should also be addressed employing cognitive-behavioral techniques, relapse prevention strategies, and environmental management in a therapeutic environment, emphasizing positive reinforcement, active participation, non-confrontational challenge and skill development. The rehabilitation components listed below are a combination of the Association for the Treatment of Sexual Abusers (ATSA) rehabilitation standards and various sex offender rehabilitation curriculums. Each component is considered to be a general area of rehabilitation emphasis that will be individualized and measured to define how the person is progressing in rehabilitation.

RATING SYSTEM

Each offender will be rated utilizing a five-point scale every 30 days on each of the 9 rehabilitation components. A zero score is also provided to rate those individuals who are not actively working on a particular rehabilitation module. Behavioral anchors are used on the rating scale to serve as a standard for raters so that reliable and truthful ratings of rehabilitation progress can be scored.

Rehabilitation Components Ratings with Remorse and Reentry Correspondence Curriculum Outline

REHABILITATION RESPONSIBILITY

This component emphasizes on making sexual offenders reentry-ready instead of recidivism-ready in order to change their thinking and behaviors to live productively in the community. It assumes that a change in lifestyle is necessary to do so, but that the offender may not currently be prepared to do so, and that lifelong behavior changes are challenging. The phase of enthusiasm of the offender is assessed and addressed in preparation for the next components of rehabilitation.

A. RATINGS

0 = Not completing assignments and/or complying with conditions of correspondence program.

1 = In the process of completing assignments.

3 = Completed all assessments and complying with conditions of correspondence program.

5 = Admits/discloses offense(s) and has made commitment to begin rehabilitation.

B. CURRICULUM OUTLINE (Introduction to Rehabilitation and Responsibility Components – Sections in Bold from NavconBrig))

Section 1. Introduction

Facing the Shadow - Chapter 1

Looking at Deviance

- Was it worth it?
- What is sexual assault?
- What about the victim?
- How did you get into this mess?
- Your relapse prevention plan.
- Recognizing your deviant cycle.

Section 2. Why Enter Rehabilitation

- Pathways - Who am I? -
Chapter 1
- Why am I in Rehabilitation?

Pathways –

- Who am I? –
Chapter 2
- Am I different?

Section 3. What is Rehabilitation?

Pathways –

- Who am I? - Chapter 3
- What is an evaluation?

Pathways - Who am I? - Chapter 4
What is rehabilitation?

Pathways - Who Am I? - Chapter 5
How do I work on my problems?

Section 4. Autobiography

Section 5. Blocks to rehabilitation

Pathways - Who Am I? - Chapter 10
Your Deviant Cycle

Pathways - Who Am I? - Chapter 11
Relapse Prevention Model

Pathways - Who Am I? - Chapter 12
The stages of Recovery

Learning Tools

Facing the Shadow

Pathways - *Who Am I and Why Am I in Rehabilitation?*

Bible Verse

1 John 3:18 – “Dear children, let us not love with words or speech but with actions and in truth.”

VICTIM AWARENESS/EMPATHY ENHANCEMENT

The main emphasis of this rehabilitation component is to introduce offenders to the different levels of victim awareness, including cognizance, consideration, and concern, each of which is progressively more challenging for an offender to complete. Additionally, the offender learns how victim awareness can help reduce one's chance of re-offending by shrinking the link between the offense and a sense of pleasure. Victim empathy can serve as a booster against future offenses since many offenders have the ability to cultivate empathy. The level to which they are conscious and cognizant of the injury their actions has upon others may help to control their behavior.

Empathy for victims symbolizes a significant source of enthusiasm for the offender's rehabilitation and maintenance. Victim empathy should be developed prior to the introduction of Relapse Prevention.

A. RATINGS

- 0 = Demonstrates no regard for victim/s or others
- 1 = Able to take another person's perspective
- 3 = Recognizes emotional distress in others and takes responsibility for sexual offenses without blaming others
- 5 = Demonstrates concern for others, including a clear understanding of the diverse impact of his/her actions on victims

B. CURRICULUM OUTLINE (Victim Awareness Components – Sections in Bold from NavconBrig))

- Section 1. Introduction**
Pathways - Empathy - Chapter 1
What is Empathy?

- Section 2. Spectrum of Sexual Abuse**

- Section 3. Victim Knowledge**
Pathways - Empathy - Chapter 2
How My Sexual Behavior Affects Others

- Section 4. Victim Sympathy**
Shared Readings

- Section 5. Victim Empathy**
Pathways - Empathy - Chapter 3
How to Build Empathy
Bible Verse *Psalm 119:30 "I have chosen the way of faithfulness; I have set my heart on your laws."*

Section 6. The Relationship Triangle
Pathways - Empathy - Chapter 4
Four Poisons to Empathy

Pathways - Empathy - Chapter 5
Compassionate Action
It's all relative (Jan Hindman)

Section 7. Clarification, Victims' Letters
Pathways - Empathy - Chapter 6
Becoming a Better Person

Learning Tools

Pathways – “*Empathy and Compassionate Action*”

Readings

- Outgrowing the Pain - Survivor of childhood abuse
- I Know Why the Caged Bird Sings - Sex Abuse
- Victims No Longer - Survivor
- I Never Told Anyone - Sex Abuse children
- Men Surviving Incest - Sex Abuse
- Kiss Daddy Goodnight - Incest
- Incest and Sexuality: A Guide to Understanding Healing
- I Never Called It Rape – Date/Acquaintance Rape

Bible Verse

- *1 John 1:9 “If we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness.*

Victim Impact Panel

Assessment Tools - Carich, Adkerson

Victim Empathy and Remorse Scale (Post test)

Empathy Scale (Post test)

COGNITIVE STREAMLINING

This module embraces the philosophy that offenders often misrepresent their thoughts about truth in order to escape the blame and shame connected to most of their actions. They also misrepresent cognition to give themselves consent to misbehave in many ways. It is essential for offenders to become comfortable with contemplating about how they consider things in life. Irrational thinking refers to self-talk made by offenders that permit them to contradict, criticize, condemn, and defend their actions. Offenders need to be vulnerable to the notion of controlling and changing their thoughts. Essential in the context of this correspondence course is that considerations are under virtual control. They need to absorb how to consider, control and change their own thoughts. Cognitive streamlining normalizes views, virtues and values that are cures for psycho-sexual conduct using established cognitive therapy practices as part of a correspondence program. Each part of rehabilitation is intended to modify ordinary ways of thinking.

A. RATINGS

- 0 = Invalidates the fact that others are not responsible for actions and attitudes
- 1 = Validates the fact that others are not responsible for feelings and behaviors
- 3 = Recognizes misguided thoughts that certifies criminal conduct
- 5 = Shows the capacity to consider, control and change his/her own thoughts

B. CURRICULUM OUTLINE (Cognitive Streamlining Components – Sections in Bold from NavconBrig)

- Section 1. Thinking About Thinking**
Pathways – Chapter 1 – *Why Did I do it Again?*
Understanding Cycles

- Section 2. Setting the Stage to Interrupt**
Pathways – Chapter 2 – *Why Did I do it Again?*
Perceptions: *Trigger in your environment*

- Section 3. Thinking Errors**
Pathways – Chapter 3 – *Why Did I do it Again?*
Thinking Links

- Section 4. Common Mental Misrepresentations**
Pathways – Chapter 4 – *Why Did I do it Again?*
Feeling

- Section 5. Recognizing Your Cognitive Distortions**
Pathways – Chapter 5 – *Why Did I do it Again?*
Values Clarification

Section 6. Linking Your Thinking

Pathways – Chapter 6 – *Why Did I do it Again?*

Links that Maintain Your Cycle.

Section 7. Modifying Deviant Thoughts

Pathways – Chapter 7 – *Why Did I do it Again?*

Your Deviant Cycle

Learning Tools -Pathways *Why Did I Do It Again?*

Assessment Tools - Bumby *Cognitive Distortion Scale*

MANAGING DEVIANT SEXUAL AROUSAL

The crux of this component is to recognize the difference between deviant and nondeviant arousal, to dispute common myths offenders often hold regarding sexual arousal, and to understand that arousal patterns can be rehabilitated. Use of cognitive-behavioral methods have established efficacy at reducing deviant sexual interest and arousal, increasing moral sexual interest and arousal, improving self-control/supervision of sexual instincts and teaching offenders to decrease contact with persons or predicaments that induce or increase their deviant interests and arousals. The offender should be shown and stimulated to use tactics that will support normalization of everyday life.

A. RATINGS

- 0 = Refuses to utilize techniques to reduce deviant arousal
- 1 = Agrees to abstain from problematic sexual behavior
- 3 = Utilizes cognitive-behavioral methods to reduce deviant arousal
- 5 = Demonstrates no deviant sexual beliefs or problematic sexual behavior for one year and/or a non-deviant arousal as measured morally

B. CURRICULUM OUTLINE (Managing Deviant Sexual Arousal Components)

Navcon Brig Deviant Arousal Section

Monarch's Arousal Reconditioning

RELAPSE PREVENTION

The crux of this component is to give offenders a cognitive or intellectual understanding of the Relapse Prevention Model. It is important for offenders to recognize that the objective of rehabilitation is control not "cure". RPM teaches them to control their connection to risky predicaments, to change their outlook in a morally acceptable way, to mature more and to provide them with the abilities required to achieve these options.

Relapse prevention empowers offenders and helps them analyze common courses of events, including external environments, views and values, and behavioral reactions preceding their sexual offense with cognitive behavioral methods intended to assist offenders with cultivating customized plans for avoiding relapse, based specifically upon recognizing the value of working with offenders on goals which they should strive to achieve.

A. RATINGS

- 0 = Unable to describe SAVE relapse prevention model
- 1 = Able to describe the SAVE relapse prevention model
- 3 = Can recognize patterns of behavior utilizing the relapse prevention model
- 5 = Developed and implemented a comprehensive individualized Relapse Prevention Plan

B. CURRICULUM OUTLINE (Relapse Prevention Components – Sections in Bold from NavconBrig))

Section 1. Introduction

Pathways – Chapter 10 – *Why Did I do it Again?*

General Interventions

Pathways – Chapter 1 – *How Can I Stop?*

Building a Foundation for Change Pathways

– Chapter 2 – *How Can I Stop? Breaking my*

Deviant Cycle

Section 2. Case Examples

Pathways – Chapter 3 – *How Can I Stop?*

Containing my Environment

Pathways – Chapter 4 – *How Can I Stop?*

Avoidance Strategies

Section 3. The Cycle of Abuse

Deviant Cycle - Putting it all together

Pathways – Chapter 8 – *Why Did I do it Again?*

Justification Phase

Section 4. Building a Behavior Offense Chain

Section 5. Adding Thoughts to the Offense Chain

Section 6. Adding Coping Responses to the Chain

Section 7. Immediate Gratification

Section 8. Having High Risk Elements

Section 9. Guided Lapse Story

Section 10. Relapse Prevention

Section 11. Relapse

Section 12. Relapse

Section 13. Relapse Prevention Plan - Examples

Learning Tools

- Relapse Prevention Pathway - *Why Did I Do It Again?*
- Pathway - *How Can I Stop?*

Assessment Tools

- Relapse Prevention Post Test
- Participant Evaluation
- Facilitator Evaluator
- SO Assessment and Rehabilitation Post Test

Bible Verse: *Colossians 3:5 “Put to death, therefore, whatever belongs to your earthly nature: sexual immorality, impurity, lust, evil desires and greed, which is idolatry.”*

SEXUALITY

The crux of this component is to recognize vital views regarding sexuality that contributed to offending, to raise consciousness of the fundamentals of indecent sexual thoughts, theories, and tenets, and to extract ease in discussing sexual thoughts, theories, and tenets. Recognizing and reshaping misguided thoughts related to sexual miseducation, dating skills, and relationship development is essential to cultivate a purposeful lifestyle and avoid re-offending. Many married and single sexual abusers suffer from anxiety, inaccurate sexual facts, insufficient intimacy skills, and sexual dysfunction. Empowerment and education in these areas are a needed component of sexual abuser rehabilitation. Sexual dysfunction should be assessed, accurately recognized, and appropriate rehabilitation provided. The focus should be placed on recognizing and retaining moral and mutual relationships based on common interests and ideologies.

A. RATINGS

- 0 = Unable to discuss fundamental views and values, which laid the groundwork for sex offending
- 1 = Able to discuss fundamental views and values, which laid the groundwork for sex offending
- 3 = Recognizes misguided thoughts, theories and tenets that caused the sex offense(s)
- 5 = Validates concern for victims, including a clear understanding of the varied impact of his/her actions on victims

B. CURRICULUM OUTLINE (Sexuality Components from Navcon Brig)

Section 1. Sex and Sexuality

Section 2. Sexual Anatomy and Physiology

Section 4. Responsible Sexual Behavior

Section 5. Male Sexual Myths

Section 6. Attraction, Infatuation, Love & Intimacy

Section 7. Sexual Dysfunctions and Disorders

Learning Tools - Sexuality Components from Navcon Brig

Readings

Is It A Choice

New Male Sexuality

Bible Verse: *Psalm 119:113 "Direct my footsteps according to your word; let no sin rule over me."*

RELATIONSHIP & INTERPERSONAL SKILLS

The crux of this component is to provide offenders with an understanding and the ability:

- to recognize the differences between passive, aggressive and assertive behavior
- to be able to articulate the costs and benefits of behaving in each of those ways
- to be able to recognize and relay the phases one can take to recover from assertive behavior skills, and
- to understand how behaving in assertive ways helps reduce the risk of sexual offending.

In an effort to assist offenders in establishing and erecting steady, pro-social relationships with others who are significant to them, rehabilitation should target modeling of appropriate behaviors and practice with specific skills. If safe and appropriate partners, family members, and other support persons are encouraged to actively participate in the rehabilitation process and to address issues related to risk. Offenders should address patterns of abusive and controlling behaviors with partners and other family members.

A. RATINGS

- 0 = Unable to recognize the key components in effective communication skills, as well as needed lifestyle changes
- 1 = Able to recognize the key components in effective communication skills, as well as needed lifestyle changes
- 3 = Exhibits ability to appropriately disclose feelings with others and give, receive and solicit appropriate feedback from others in rehabilitation
- 5 = Exhibits effective communication skills, risk reducing lifestyle changes and pro-social relationships with significant others

B. CURRICULUM OUTLINE (Relationship & Interpersonal Skills Sections from Navcon Brig)

Section 1. Passivity, Aggression and Assertiveness

Section 2. Listening Skills

Section 3. Expressing Yourself

Section 4. Social Skills

Section 5. Family Relationships

Section 6. Dealing With Conflict

Section 7. Dating Skills

Learning Tools - Relationship & Interpersonal Skills Sections from Navcon Brig

Readings

- Don't - A Woman's Work
- When Your Wife Says No
- Man to Man - When Your Partner Says No
- Fire In The Belly
- Healing The Shame That Binds You

Emotional Management

The crux of this component is to assist offenders in recognizing, managing and learning to self-manage emotional states that support or contribute to their sexual offending. Identification and intervention into emotional states such as anger, or underlying mental health concerns such as anxiety or depression, which may have contributed to the sexual offending are important to effective rehabilitation.

A. RATINGS

- 0 = Refuses to identify or manage emotional states
- 1 = Able to identify both effective and ineffective emotional management strategies
- 3 = Utilizes cognitive-behavioral interventions for emotional management
- 5 = Consistently demonstrates a variety of effective emotional management strategies. Is able to demonstrate effective emotional management strategies in new and unique circumstances.

B. CURRICULUM OUTLINE

Family and Other Support Networks

The crux of this component is to assist offenders in encouraging partners, family members and other support persons to actively participate in the rehabilitation process and address issues related to risk. The offender should be encouraged to develop a support network which can assist them in attaining appropriate goals.

A. RATINGS

- 0 = Unable to identify ongoing support system once primary program is completed
- 1 = Recognized ongoing support system including any additional substance abuse/mental health/physical rehabilitation as well as housing and employment once primary program completed.
- 3 = Provides ongoing updates to their support network maintains regular contact with existing individuals in their support network.
- 5 = Exhibits the ability to actively build upon their support network as additional needs arise. Support network is well established and positive in assisting the individual in attaining appropriate

B. CURRICULUM OUTLINE

CONTINUING CARE

Every rehabilitation correspondence program should include a plan for behavioral maintenance following primary program completion. The plan should address review of the Family Resolution Plan, establishment of social support networks, identification of employment and appropriate housing. Behavioral maintenance should be a component of all discharge planning.

A. RATINGS

- 0 = Unable to identify ongoing support system once primary program is completed
- 1 = Recognized ongoing support system including any additional substance abuse/mental health/physical rehabilitation as well as housing and employment once primary program completed.
- 3 = Provides ongoing updates of relapse prevention plan and continued abstinence from sexually deviant behavior.
- 5 = Exhibits an overall effective dynamic relapse prevention strategy.

B. CURRICULUM OUTLINE (Continuing Care Components)

Navcon Brig - Part 8 of Maintenance Section

APPENDIX A

ADDITIONAL SOURCES

Paths to Wellness - Freeman-Longo (2001). Safer Society Press.

“Paths to Wellness” helps individuals learn how to identify unhealthy and problematic cycles, how to identify the detailed parts of these cycles, how to begin correcting unhealthy cycles, and how to get back on the path to wellness and leading a healthy lifestyle. This workbook focuses on ways to improve the quality of one’s life by improving the four aspects of life: the spiritual part, the emotional part, the physical part, and the mental part.

The Road to Freedom - Worin, John and Levenson, Jill (2002). Oklahoma City, Oklahoma: Wood ‘N’ Barnes Publishing & Distribution

“The Road to Freedom” is the only sex offender workbook to incorporate the latest developments in Relapse Prevention Training. It features the four-path R-P model and invites offenders to examine their own approach to offending, addressing the high risk factors that trigger and maintain that approach. This workbook is comprehensive in scope and looks beyond the cognitive and behavioral linchpins of offending to the powerful emotional needs that energize deviant sex. The authors believe that only by learning to meet these needs in healthy ways can offenders attain the positive reinforcements that lead to maintaining important lifestyle changes.

Skills Training Manual for Treating Borderline Personality Disorder. Marsha Linehan, Guilford Press 1995

This is used to teach emotion regulation. Pages 139-179.

Unmasking Sexual Con Games. Herron, R., Sorenson, K., 1997. Boystown Press. Provides good examples of letters that men use to con young teenagers.

Connections Workbook. Levenson, J. and Morin, J., 2001, Sage Publications.

This is used to teach sex offenders about sexual abuse affects for the victim, and all the secondary victims.

Developmentally Disabled Persons with Sexual Behavior Problems: Rehabilitation, Management and Supervision. Blasingame, G., 2001. Wood “N” Barnes Publishing.

Workbook for Developmentally Disabled Persons with Sexual Behavior Problems: Rehabilitation, Management and Supervision. Blasingame, G., 2001. Wood “N” Barnes Publishing.

Del Camino Relapse Prevention Model (Spanish)

Out of the Shadows (Sexual Addiction)

Family Fallout (A handbook for families of adult sexual abuse survivors)

APPENDIX B

TERMS AND CONCEPTS RELATED TO SEX OFFENDER-SPECIFIC REHABILITATION

Introduction

This document contains brief definitions of a number of terms and concepts that are referenced and used in the Center for Sex Offender Management's (CSOM) training curriculum: *Overview of Sex Offender Treatment for a Non-Clinical Audience*. Many of the definitions contained herein have been deliberately tailored specifically to be relevant to the rehabilitation of sex offenders.

Abel Assessment of Sexual Interest (ASSI): A visual reaction time test designed to assess the sexual interests of adult males. The examinee is asked to view numerous slides of clothed children and adults of different ages, both genders, and multiple races by pressing a key on a computer keyboard. While doing so, he is also asked to rate his sexual arousal to each slide on a 7-point scale ranging from 1 (highly sexually disgusting) to 7 (highly sexually arousing). For example, if someone spends more time looking at slides with 7-10 year old boys than any other category and rates 7-10 year old boys as "highly sexually arousing", it may be concluded that he has a sexual "preference" for that age and gender. A paper and pencil questionnaire is also coupled with the computerized test to provide details about the examinee's history of sexual interests.

Aftercare Rehabilitation: Rehabilitation that occurs in the community after an individual has completed a correspondence sex offender rehabilitation program. Aftercare rehabilitation can also refer to rehabilitation sessions that are provided on a periodic basis after community-based sex offense-specific rehabilitation has been completed. These are often referred to as "booster sessions."

Androgen: A steroid hormone, produced chiefly by the testes, that influences masculine sex characteristics and sex drive.

Anti-Androgen: A substance that lowers serum testosterone (male sex hormone) in the bloodstream. The anti-androgens used most frequently in the United States with sex offenders are medroxyprogesterone acetate (Depo-Provera) and depo-leuprolide acetate (Depo-Lupron).

Aversive Conditioning: A behavioral technique designed to reduce deviant sexual arousal by pairing unpleasant stimuli, such as aversive imagery or an unpleasant order, with the deviant sexual arousal.

Castration: Removal of sex glands-the testicles in men and the ovaries in women. "Chemical castration" refers to the use of medications to inhibit the production of hormones in the sex glands.

Cognition: Refers to mental processes such as thinking, visualizing, and memory functions.

Cognitive Distortion: An irrational thought that a sex offender may use to excuse, justify, or minimize his sexually abusive behavior.

Cognitive Streamlining: A rehabilitation technique wherein sex offenders are taught to become aware of and change their distorted thinking and attitudes that support offending behavior.

Covert Sensitization: An aversive behavioral technique designed to reduce deviant sexual arousal by pairing deviant sexual thoughts with unpleasant ones. Typically, a sex offender imagines performing a chain of behaviors that are associated with his sexual offending behavior. Prior to imagining the commission of a sex offense, he interrupts the chain by thinking about an aversive consequence.

Criminogenic Need: A dynamic risk factor that is a relatively stable, but nevertheless potentially changeable, feature of an individual and closely linked to his offending behavior. Examples of criminogenic needs that are addressed in sex offender-specific rehabilitation include: deviant sexual interests, attitudes supportive of offending, empathy deficits, and difficulty recognizing relevant risk factors.

Crossover: A sexual behavior pattern revealing that a sex offender is aroused by-or acts on urges involving--more than one type of deviant sexual behavior (e.g., multiple victim ages, both genders, and multiple paraphilias).

Detumescence: The process of a fully or partially erect penis becoming flaccid as a result of drainage of blood from the erectile tissue.

Deviant Sexual Arousal: Sexual arousal to thoughts, fantasies, or activities, which-if acted upon--constitute criminal behavior. These include arousal to non-consenting partners, non-age appropriate partners, violence, suffering, or humiliation.

Disinhibitors: Internal or external motivators that decrease or lower inhibitions against engaging in deviant sexual activities. An example of an internal disinhibitor is a cognitive distortion (e.g., "that 8 year old is coming on to me," or "she is saying no, but she really wants to have sex with me"). Alcohol and drug use are examples of external disinhibitors.

Empathy: The capacity for recognizing, caring about, and properly responding to the feelings of others.

External, Supervisory Dimension: The dimension of relapse prevention that, enhances the ability of probation/parole officers and significant others (e.g., employer, family members, and friends) to monitor and respond to a sex offender's risk factors.

Family Reunification: The gradual process of reuniting a family unit after it has been separated because a member of the family committed a sex offense. Reunification should consider the needs of the victim, the needs of the other family members, and the progress of the offender.

Family Systems Rehabilitation Model: The primary emphasis is on family therapy and the inclusion of family members in the rehabilitation process. The approach employs a variety of counseling theories and considers the ways in which interactions among family members are related to their various problem behaviors.

Graduation or Discharge Readiness: The stage in a sex offender's rehabilitation when he has met his rehabilitation goals.

Grooming: The process of manipulation often utilized by child molesters to reduce a victim's (or potential victim's) resistance to sexual abuse. Typical grooming activities include gaining the child victim's trust by giving compliments, attention, or presents; or gradually escalating boundary violations of the child's body in order to desensitize the victim to further abuse.

Hare Psychopathy Checklist-Revised (PCL-R): A 20 item clinical rating checklist for assessing psychopathy. It is completed on the basis of a semi-structured interview and a review of available records. The total score provides an estimate of the extent to which an individual's characteristics match those of a prototypical psychopath. Administration yields two sub-scores, Factor 1 and Factor 2. The sub-score Factor 1 measures enduring interpersonal and affective personality symptoms that are concerned with the selfish, callous, and remorseless use of others. The sub-score Factor 2 measures socially deviant behavior symptoms that are concerned with a chronic and unstable antisocial lifestyle. Higher degrees of psychopathy are associated with higher rates of failure on conditional release, general criminal recidivism, sexual recidivism, and nonsexual violent recidivism.

Incest: Sexual contact between close relatives, such as a father and daughter, a mother and son, or a sister and brother.

Individual Rehabilitation Plan: A document that articulates a plan for addressing a sex offender's rehabilitation needs. It typically includes the problems to be addressed, the rehabilitation methods to be used, the staff that will provide the rehabilitation, and the relevant time frames.

Internal, Self-Management Dimension: The aspect of relapse prevention that allows a sex offender to recognize and control his risk factors on his own.

Lapse: An emotion, fantasy, thought, or behavior that is part of a sex offender's abuse cycle (or relapse pattern). Lapses are not sex offenses, but they often lead to--or come before--sex offenses. They are used by rehabilitation providers and probation/parole officers as learning opportunities for offenders.

Maladaptive Coping Response: An effort to deal with a risk factor or lapse that causes a sex offender to get closer to--rather than further from--a relapse (e.g., an angry rapist who decides to take a drive and picks up a female hitchhiker, or a child molester who knows that he has a problem with alcohol and decides to have a drink because he is upset).

Masturbatory Satiation: A behavioral extinction technique designed to reduce deviant sexual arousal. Using this technique, an individual typically masturbates while repeatedly verbalizing his abusive sexual fantasies until the sexually arousing aspects of the fantasies become boring. Often, immediately prior to beginning the satiation procedure, the individual is instructed to masturbate to

orgasm using an appropriate sexual fantasy. In so doing, he practices pairing orgasm with appropriate fantasies and begins the satiation procedure when his sexual arousal is low.

Paraphilia: A sexual disorder characterized by recurrent and intense sexually arousing fantasies, urges, or behaviors that are illegal or cause the individual significant problems in his (or her) functioning.

Pedophilia: A sexual disorder characterized by recurrent and intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with prepubescent children.

Penile Plethysmograph: A device that measures changes in a male's erection response, typically while he views slides or listens to an audio-tape that depicts a variety of appropriate and inappropriate sexual activities.

Psychopathy: A personality disorder characterized by enduring interpersonal and affective personality symptoms that are concerned with the selfish, callous, and remorseless use of others and socially deviant symptoms that are related to a chronic and unstable antisocial lifestyle.

Psychotropic Medications: Medications that are used to alter an individual's problematic behavior, affect, or cognitions.

Recidivism: The commission of a crime after an individual has been criminally adjudicated for a previous crime; a reoffense.

Relapse: The commission of a sex offense after an individual has been criminally adjudicated for a previous sex offense.

Relapse Prevention: A multi-modal rehabilitation approach designed to help sex offenders and those that are responsible for supervising them to manage offenders' emotional, cognitive, and behavioral antecedents to sexual offending.

Risk Factors: Personal characteristics or environmental conditions that place an individual at increased risk for committing a sex offense.

Risk Factors-Static: Risk factors that are based on an individual's past and cannot change. These include number of prior sex offenses, number of prior victims, and a history of childhood problems.

Risk Factors-Dynamic: Risk factors that are changeable. Those that are closely linked to an individual's sex offending behavior are called criminogenic needs.

Selective Serotonin Reuptake Inhibitors (SSRIs): A class of antidepressant drugs typically used to treat depression and obsessive-compulsive disorders. They can also be used to decrease an individual's sexual urges and fantasies.

Sexual Assault: Forced or manipulated unwanted sexual contact between two or more people.

Sexual Assault Cycle: The typical pattern of thoughts, feelings, behaviors, and situations that precede an individual's sex offenses.

Sexual Predator (or Sexually Violent Predator): A term typically used to describe highly dangerous sex offenders who are subject to special civil commitment procedures.

Specialized Assessment: The process of collecting and critically analyzing information about a sex offender in an ongoing and collaborative fashion so that more informed decisions can be made regarding sentencing, supervision, and rehabilitation.

Probation/parole officers, rehabilitation providers, and others who share responsibility for sex offender management are involved in this process.

Rehabilitation Contract: A document explained to and signed by a sex offender that outlines the purpose and nature of rehabilitation.

Victim Impact Statement: A statement taken while interviewing a victim during the course of the pre-sentence investigation report, or at the time of pre-release. Its purpose is to discuss the impact of the sex offense on the victim.

SAVE MISSION

MISSION/BELIEFS/VALUES

SAFEGUARD ATONE VALIDATE EDUCATE (SAVE)

501c3 NONPROFIT ORGANIZATION MISSION STATEMENT

We make Charlotte community children job-ready instead of jail-ready.

FOUNDATIONAL BELIEFS

1. Children are priceless, worthy of being saved and have the capability to change.
2. Character education is the crux and is essential for eternal effectiveness.
3. Parenting is a responsibility, built on a foundation of character. Principled parenting promotes passionate positivism.
4. Engaged and involved parenting provides prevention.
5. Safeguarding, atoning, validating and educating are the essential elements of retooling the minds of the misguided.

VALUES

1. **SAFEGUARD:** WE organize to end the genocidal level of violence within urban communities.
2. **ATONE:** WE strive to help misguided young people make amends to their communities and families.
3. **VALIDATE:** WE unite to reduce high-risk behavior associated with low self-esteem, peer pressure and bullying.
4. **EDUCATE:** WE promote educational empowerment and positive growth and development.

REHABILITATE INTEGRATE STIMULATE EDUCATE (RISE) PROGRAM

REHABILITATE INTEGRATE STIMULATE EDUCATE (RISE) 501c3 Nonprofit Organization PROGRAM

PROGRAM DESCRIPTION - The Rehabilitate Integrate Stimulate Educate (RISE) program is designed to provide inmates with the opportunity to participate in a social/civic program and to encourage the successful reentry of ex-offenders into society. Participants are encouraged to partake in scheduled activities with mentors, sponsors, and volunteers for character education and values enhancement. They work/study/reflect together in small groups in accordance with the objective of their specific reentry needs.

TIME FRAME - Program length varies with the facility and the complexity of the reentry needs.

ADMISSION CRITERIA - An applicant must agree to develop and adopt a code of positive principles and learn the bylaws and constitution, mission, goals, and schedules for his/her reentry planning.

PROGRAM CONTENT - Program content focuses on the development of metrics to measure compliance and effectiveness of RISE training, awareness, prevention, and intervention response policies and programs. RISE prepares members to become community assets, critical thinkers, effective communicators, and responsible leaders by providing academically challenging, principle-centered content from the context of focusing on families and communities.

EMPIRICAL SUPPORT - Evidence shows a relationship between correctional education program participation before release lower odds of recidivating after release (Davis et al. 2014; Saylor and Gaes, 1996; Aos, Phipps, Barnoski and Lieb, 2001). In a study conducted in Maryland, Minnesota and Ohio, correctional education participants had lower recidivism rates in the categories of re-arrest, re-conviction, and re-incarceration (Steurer, Smith and Tracy, 2001) There is some evidence that in-prison vocational education is effective in improving individuals likelihood of post-release employment (Davis et al, 2014).

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