Resource A1
Sex Offender Quiz Responses

1. Sex offense rates are higher than ever and climbing rapidly.

Answer: False. Sex offense rates dropped between 1990 and 2000.

2. About 1 in 10 girls and 1 in 15 boys will be victims of sexual assault before they turn 18.

Answer: False. Experts suggest that 1in 3 females and 1 in 7 males will be victims of sexual violence before turning 18.

3. The motive for rape is often the result of uncontrollable sexual urges.

Answer: False. Sex offenders are not motivated by uncontrollable sexual urges. Most experts believe that offenders are unable to control feelings of anger and helplessness. Offenders commit their acts to assert power over victims.

4. Most sex offenders seek out their victims in the streets, schools, and churches.

Answer: False. Most sex offenses are committed in the home.

5. Most adolescent sex offenders are sexual predators.

Answer: False. Most are not predators.

6. About 25% of all convicted sex offenders serve a felony probation or parole term.

Answer: False. Actually, about 60% of sex offenders serve a felony probation or parole term.

7. Because of their predispositions and addiction, research shows that older sex offenders recidivate more often than younger sex offenders.

Answer: False. Younger offenders are more likely to reoffend than older offenders.

8. Sexual deviance and criminal lifestyle are not reliably linked with sex offender recidivism risk.

Answer: False. Some experts believe these two factors are the most significant predictors of recidivism.

9. Research shows that probation officers working in specialized sex offender units are less likely than other probation officers to file violations of probation petitions for treatment non-compliance.

Answer: False. Research by Stalans and her colleagues shows that probation officers are more likely to file violations of probation petitions for treatment noncompliance. This same research found that probation officers working in specialized sex offender units made more predictable decisions to file violations of probation petitions and paid more attention to sexual deviancy and extrafamilial victims when making decisions.

10. Most sexual assault victims don't know their offenders.

Answer: False. Most victims know their attackers. Estimates suggest that at least two-thirds of sexual assaults are committed by someone the victim knows.

11. Compared to adult sex offenders, few sex offenses are committed by adolescents.

Answer: False. Approximately one-third of sex offenses committed against children are committed by adolescents.

12. Research shows that probation officers and sex offenders have similar thoughts, habits, and beliefs.

Answer: False. They have different habits, views of the criminal justice system, perceptions of sex, and perceptions of the role of the criminal justice system.

13. When adolescents are sex offenders, they tend to commit the offenses because of a curiosity about sexuality.

Answer: False. Sexual assaults by young people are often about power and control.

14. More than 75% of adolescent sex offenders were sexually abused as children.

Answer: False. Estimates suggest that between 22% to 50% of adolescent sex abusers were molested as children. Experts believe, however, that rates of physical abuse are particularly high among adolescent sex offenders.

15. Research shows that some sex offenders can be cured of their problem through intensive treatment and supervision.

Answer: False. Experts recommend focusing on “self-control” rather than a cure.

16. Out of all inmates (males and females) incarcerated in the United States, 1 out of 100 are female sex offenders.

Answer: True: While sex offenses more often involve males sexually assaulting females, in some cases females sexually assault males.

17. Sex offenders have higher reoffending rates than most other offenders.

Answer: False.

Research suggests that they are less likely than other offenders to reoffend. Also, note that among sex offenders, re-offense rates vary.

18. Nearly 90% of substantiated rapes are committed by offenders against victims of the same race;

Answer: True. Stereotypes have perpetuated a myth that rapes tend to be inter-racial offenses.

19. It is impossible to evaluate change in risk among sex offenders.

Answer: False. Various scales can be used to assess risk and changes in risk.

20. Characteristics of the victim can help determine supervision levels of offenders, particularly among juveniles.

Answer: True.

21. Adolescent sex offenders differ from adult sex offenders in several ways.

Answer: True. Adolescent sex offenders have lower recidivism rates, commit fewer abusive acts over a shorter timeframe, and commit less aggressive sexual offenses.

22. In terms of cost, it is cheaper to treat and supervise a sex offender in the community than it is to incarcerate them in prison or jail.

Answer: True. It costs $22,000 to incarcerate a sex offender, but between $5,000-15,000 to supervise them in the community.

23. A recent study of 900 convicted sex offenders found that "under the right set of conditions, probation is the *most appropriate* criminal sanction for some types of sex offenders"

Answer: True. Research by Meloy (2005, p. 241) substantiated this claim.

24. Research shows that participating in training programs will result in more favorable attitudes about sex offenders among probation and parole officers.

Answer: False. Training makes officers more confident, but it takes longer than one training session to change attitudes that have been embedded into individuals.

Source: Adapted from various sources including Center for Sex Offender Management, www.csom.com; City of Fargo *Myths and Facts about Sex Offenders*, Available online at www.cityoffargo.com; Craig (2005). Gerdes et al. (1995); National Center on Sexual Behavior of Youth, *NCSBY Fact Sheet, Adolescent Sex Offenders: Common Misconceptions versus Current Evidence.*; Pennsylvania Coalition Against Rape (2006) *Online Quiz*. Available online at www.pcar.org.; Meloy (2005), and Stalans et al. (2004). Orlando (1998); Hanson and Harris, 2001; Virginia Crime Sentencing Commission, 2001).

Points to make:

Do not make assumptions about sex offenders. What works for one won't work for another one.

"Scientific findings…are often in conflict with public perceptions" (Meloy, 2006, p. 10).

"The appeal of these myths about the offender, the offense, and the victim is that they reduce a very complex behavior to a very simple, single motive. It is frustrating to conceptualize and grasp the many complex, interrelated factors operating in rape and then to find a clear, practical and effective solution to the problem" (Groth, 1979).

Resource A2
Principles of Sex Offender Supervision

GUIDING PRINCIPLES

1. Sexual offending is a behavioral disorder which cannot be "cured".

Sexual offenses are defined by law and may or may not be associated with or accompanied by the characteristics of sexual deviance which are described as paraphilias. Some sex offenders also have co-existing conditions such as mental disorders, organic disorders, or substance abuse problems.

Many offenders can learn through treatment to manage their sexual offending behaviors and decrease their risk of re-offense. Such behavioral management should not, however, be considered a "cure," and successful treatment cannot permanently eliminate the risk that sex offenders may repeat their offenses.

2. Sex offenders are dangerous.

When a sexual assault occurs there is always a victim. Both the literature and clinical experience suggest that sexual assault can have devastating effects on the lives of victims and their families.

There are many forms of sexual offending. Offenders may have more than one pattern of sexual offending behavior and often have multiple victims. The propensity for such behavior is often present long before it is detected. It is the nature of the disorder that sex offenders' behaviors are inherently covert, deceptive, and secretive. Untreated sex offenders also commonly exhibit varying degrees of denial about the facts, severity and/or frequency of their offenses.

Prediction of the risk of re-offense for sex offenders is in the early stages of development. Therefore, it is difficult to predict the likelihood of re-offense or future victim selection.

Some offenders may be too dangerous to be placed in the community and other offenders may pose enough risk to the community to require lifetime monitoring to minimize the risk.

3. Community safety is paramount.

The highest priority of these standards and guidelines is community safety.

4. Assessment and evaluation of sex offenders is an on-going process. Progress in treatment and level of risk are not constant over time.

The effective assessment and evaluation of sexual offenders is best seen as a process. In Colorado, criminal sexual offenders are first assessed and referred for a mental health sex offense-specific evaluation during the pre-sentence investigation conducted by the Probation Department. Assessment of sex offenders' risk and amenability to treatment should not, however, end at this point. Subsequent assessments must occur at both the entry and exit points of all sentencing options, i.e. probation, parole, community corrections and prison. In addition, assessment and evaluation should be an ongoing practice in any program providing treatment for sex offenders.

In the management and treatment of sex offenders there will be measurable degrees of progress or lack of progress. Because of the cyclical nature of offense patterns and fluctuating life stresses, sex offenders' levels of risk are constantly in flux. Success in the management and treatment of sex offenders cannot

be assumed to be permanent. For these reasons, monitoring of risk must be a continuing process as long as sex offenders are under criminal justice supervision. Moreover, the end of the period of court supervision should not necessarily be seen as the end of dangerousness.

5. Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors.

Sex offenders on community supervision must agree to intensive and sometimes intrusive accountability measures which enable them to remain in the community rather than in prison. Offenders carry the responsibility to learn and demonstrate the importance of accountability, and to earn the right to remain under community supervision.

6. Sex offenders must waive confidentiality for evaluation, treatment, supervision and case management purposes.

All members of the team managing and treating each offender must have access to the same relevant information. Sex offenses are committed in secret, and all forms of secrecy potentially undermine the rehabilitation of sex offenders and threaten public safety.

7. Victims have a right to safety and self-determination.

Victims have the right to determine the extent to which they will be informed of an offender's status in the criminal justice system and the extent to which they will provide input through appropriate channels to the offender management and treatment process. In the case of adolescent or child victims, custodial adults and/or guardians ad litem act on behalf of the child to exercise this right, in the best interest of the victim.

8. When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweighs any parental or family interests.

All aspects of the community response and intervention system to child sexual abuse should be designed to promote the best interests of children rather than focusing primarily on the interests of adults. This includes the child's right not to live with a sex offender, even if that offender is a parent. In most cases, the offender should be moved or inconvenienced to achieve the lack of contact, rather than further disrupting the life of the child victim.

9. A continuum of sex offender management and treatment options should be available in each community in the state.

Many sex offenders can be managed in the community on probation, community corrections, and parole. It is in the best interest of public safety for each community to have a continuum of sex offender management and treatment options. Such a continuum should provide for an increase or decrease in the intensity of treatment and monitoring based on offenders' changing risk factors, treatment needs and compliance with supervision conditions.

10. Standards and guidelines for assessment, evaluation, treatment and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems, not just sex offender treatment providers, apply the same principles and work together.

It is the philosophy of the Sex Offender Management Board that setting standards for sex offender treatment providers alone will not significantly improve public safety. In addition, the *process* by which sex offenders are assessed, treated, and managed by the criminal justice and social services systems should be coordinated and improved.

11. The management of sex offenders requires a coordinated team response.

All relevant agencies must cooperate in planning treatment and containment strategies of sex offenders for the following reasons:

- Sex offenders should not be in the community without comprehensive treatment, supervision, and behavioral monitoring
- Each discipline brings to the team specialized knowledge and expertise
- Open professional communication confronts sex offenders' tendencies to exhibit secretive, manipulative and denying behaviors, and
- Information provided by each member of an offender case management team contributes to a more thorough understanding of the offender's risk factors and needs, and to the development of a comprehensive approach to treating and managing the sex offender.

12. Sex offender assessment, evaluation, treatment and behavioral monitoring should be non-discriminatory and humane, and bound by the rules of ethics and law.

Individuals and agencies carrying out the assessment, evaluation, treatment and behavioral monitoring of sex offenders should not discriminate based on race, religion, gender, sexual orientation, disability or socioeconomic status. Sex offenders must be treated with dignity and respect by all members of the team who are managing and treating the offender regardless of the nature of the offender's crimes or conduct.

13. Successful treatment and management of sex offenders is enhanced by the positive cooperation of family, friends, employers and members of the community who have influence in sex offenders' lives.

Sexual issues are often not talked about freely in families, communities and other settings. In fact, there is often a tendency to avoid and deny that sex offenses have occurred. Successful management and treatment of sex offenders involves an open dialogue about this subject and a willingness to hold sex offenders accountable for their behavior.

Source: Colorado Sex Offender Management Board. (2006). *Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Sex Offenders.* Denver, CO: Department of Public Safety.

Resource A3
Managing Adult Sex Offenders in the Community Article

U.S. Department of Justice
Office of Justice Programs
National Institute of Justice

National Institute of Justice

Research in Brief

Jeremy Travis, Director

January 1997

Issues and Findings

Discussed in this Brief: Results of a national telephone survey identifying how probation and parole agencies managed adult sex offenders and a description of a model management process for containing sex offenders serving community sentences. The model process evolved from insights gleaned from field research in six States.

Key issues: In 1994, State prisons held 88,100 sex offenders compared to 20,500 in 1980. Most will return to the community, many supervised by parole officers. Many persons convicted of sexual assault felonies are sentenced to probation. The distinctive characteristics of sex offenders and the unique trauma they inflict require use of more than routine, one-size-fits-all methods of supervision. How can sex offenders be managed in community settings in ways that enhance public safety and victim protection?

Key findings: The survey and field research yielded the following results and suggestions:

- The most commonly reported special conditions for sex offenders on probation or parole were court- or officer-ordered treatment requirements and no-contact-with-victim provisions.

continued . . .

Managing Adult Sex Offenders in the Community—A Containment Approach

by Kim English, Suzanne Pullen, and Linda Jones

Of the many factors that underscore the critical importance of effectively managing sex offenders on probation, parole, or under other forms of community supervision, none is more compelling than the devastating trauma[1] visited on victims of sexual assault.

Such trauma falls disproportionately on children under age 18 if data obtained in 1991 from sex offenders in State prisons are any indication: about two-thirds of them committed their crimes against children under age 18, with about 58 percent being under age 13.[2] Less than 10 percent of the inmates incarcerated for sexual assault of children reported that victims had been strangers to them.[3]

Components of the trauma associated with sexual assault include shame, self-blame, fear, developmental crises, post-traumatic stress disorder, and the threat or actuality of physical violence, terror, and injury. Most profound in its traumatic implications is the violation of trust that occurs if, as in most sexual assault victimizations,[4] offenders are known to victims. Trauma and the length and level of recovery seem linked to trust violation more than to many other factors.[5] Thus, what might be regarded by some as a relatively minor type of sexual assault (e.g., "just fondling") can be extremely traumatic to a victim who trusted the perpetrator.

The accelerating influx of sex offenders into the criminal justice system further heightens the need for effective sex offender supervision and management practices, both in and out of prisons. The number of adults convicted annually of rape, child molestation, or other forms of sexual assault and sentenced to State prisons more than doubled between 1980 (8,000) and 1992 (19,100, almost 5 percent of all State prison admissions that year).[6]

State prisons held 20,500 sex offenders in 1980, 75,900 in 1992, 81,100 in 1993, and 88,100 in 1994.[7] The majority will return to the community, many under supervision by parole officers. In 1992, States paroled 7,382 prisoners convicted of sex offenses.[8]

In addition, many—more in some States than others—of those convicted of sexual assault felonies are sentenced to probation or to other forms of community

Issues and Findings

continued. . .

- Probation and parole agencies with specialized caseloads were more likely to report use of such community-safety approaches as emphasis on after-hours monitoring of offenders and an orientation focusing on victim protection.

- More than 80 percent of probation and parole respondents stated that mental health treatment is mandated for sex offenders under community supervision.

- The model process for managing and containing sex offenders on probation or parole values public safety, victim protection, and reparation for victims as paramount.

- The model process seeks to contain offenders in a triangle of supervision: treatment to teach sex offenders to develop internal control over deviant thoughts; supervision and surveillance to control offenders' external behaviors; and polygraph examinations to help design, and to monitor conformance to, treatment plans and supervision conditions.

- Other aspects of the process are (1) collaborative strategies relying on intra-agency, interagency, and interdisciplinary teams to develop a unified approach to sex offender management; (2) consistent public policies supportive of sex offender-specific containment practices; and (3) quality control measures that include monitoring and evaluation to guide continuous improvement in sex offender management.

Target audience: Probation and parole officers and supervisors, treatment providers, victim services personnel, law enforcement officials, prosecutors, judges, social services personnel, State and local policymakers.

supervision.[9] For example, in Colorado in 1990, of those convicted of sexual assault (5 percent of all felony convictions), courts sentenced 60 percent to probation, 4 percent to halfway houses, and 36 percent to prison.[10] In one notable area, Maricopa County, Arizona, about 500 of the 1,300 sex offenders on probation are serving lifetime probation sentences.[11]

Clinical practice and research, and data obtained from probation and parole officers nationwide, indicate that adults who commit sex crimes should be managed, treated, and supervised differently from other criminals.

Although community safety is the central purpose of sex offender management, characteristics of the sex offenders themselves dictate the form and style of treatment that will be most effective. Not all sex offenders share all the following characteristics, and the absence of a particular characteristic does not mean the individual is not a sex offender.

- Sex crimes flourish in secrecy. Sex offenders have secretive and manipulative lifestyles, and many of their sexual assaults are so well planned that they appear to occur without forethought.[12] The skills used to manipulate victims have also been employed to manipulate criminal justice officials.[13]

- Many sex offenders are otherwise highly functioning people who use their social skills to commit their crimes.[14]

- Sex offenders typically have developed complicated and persistent psychological and social systems constructed to assist them in denying and minimizing the harm they inflict on others, and often they are very accomplished at presenting to others a facade designed to hide the truth about themselves.[15]

- Many sex offenders commit a wide range and large number of sexually deviant acts during their lives and show a continued propensity to reoffend.[16] In a study of 561 compulsive adult subjects, rapists reported a lifetime average of 7 incidents and exhibitionists more than 500. In this sample of 561 voluntary subjects, about 54 percent reported having at least two paraphilias; 20 percent participated in deviant behavior without regard to victim gender; and 23.3 percent reported offending against both family and nonfamily victims.[17]

Knowledge of the actual dynamics of sex offending is not widespread, but the public's awareness of sex offenders is increasing and is often manifested as outrage at particularly heinous sexual assaults, especially those committed by offenders under community supervision. In many States, victim and family outrage is fueling legislation requiring registration of convicted sex offenders with law enforcement agencies, and enactment of community notification and sexual predator laws.

What is being done to manage sex offenders in the community to contain them and thereby protect victims and the public? Research sponsored by the National Institute of Justice (NIJ) and conducted by the Colorado Division of Criminal Justice addressed those questions through (1) a national telephone survey of 732 probation and parole supervisors and (2) field research in six States (see "Research Methods").

The telephone survey focused on identifying how probation and parole agencies managed adult sex offenders (see "Telephone Survey: Selected Findings"). Field research uncovered specific, targeted methods for managing sex offenders and led to insights that culminated in a detailed proposal—a model containment process—for the management of adult sex offenders serving community sentences.

Five-part model containment process

The model process for managing adult sex offenders in the community is a containment approach that seeks to hold offenders accountable through the combined use of both offenders' internal controls and external control measures (such as the use of the polygraph and relapse prevention plans). A containment approach requires the integration of a collection of attitudes, expectations, laws, policies, procedures, and practices that have clearly been designed to work together. This approach is implemented through interagency and interdisciplinary teamwork.

Consistent with the clinical treatment literature and with dozens of local protocols developed for managing cases of sexual assault, the model process consists of five components, discussed below: an overall philosophy and goal of community and victim safety, sex offender-specific containment strategies, interagency and interdisciplinary collaboration, consistent public policies, and quality control.

1. Overall philosophy and goal: community and victim safety. At the heart of the model process is a philosophy that values public safety, victim protection, and reparation for victims as the paramount objectives of sex offender management. Protection and recovery of the victim and the well-being of the community are concerns that guide policy development, program implementation, and actions of professionals working with sexual assault victims and perpetrators.

In this approach to sex offender management, the client is the community. Under this philosophy, treatment and supervision modalities give priority to community protection and victim safety. Orders for no contact with the victim are sought at the earliest opportunity. Whenever possible, the perpetrator rather than the victim is removed from the home in cases of incest. Confidentiality is limited, and information is shared freely among the management team. And the importance of employment for sex offenders yields to public safety considerations when prospective jobs are high-risk because of the access they give offenders to potential victims—as would employment as a school bus driver or as apartment-complex superintendent with keys to each unit. The energy and commitment of the probation and parole officer is thereby devoted to assisting the sex offender to remain safely in the community.

2. Sex offender-specific containment: individualized case management system. This component of the model process focuses on a containment approach to case processing and case management that can be tailored to the individual sex offender and his or her deviant sexual history. This approach rests on the dual premise that sex offenders are 100 percent responsible for the damage they inflict and that they must constantly and consistently be held accountable for the inappropriate thoughts and feelings that precede their crimes as well as for their illegal actions. Three elements work together to contain the sex offender:

- Sex offender-specific treatment to help offenders learn to develop internal control. Trained and skilled therapists treat sex offenders in cognitive-behavioral group therapy to help them achieve personal control of their deviant sexual impulses, thoughts, feelings, and behaviors. Sex offenders are expected to understand and learn

Research Methods

The research question: How are the Nation's probation and parole agencies managing adult sex offenders? Field research and a national telephone survey were the primary research approaches used to address that question.

Encompassing 49 States (South Dakota was not included) and the District of Columbia, the telephone survey sample was stratified by population density and geography. During June-October 1994, interviewers contacted 758 probation and parole supervisors, of whom 732 (96.6 percent) agreed to hour-long interviews. The survey obtained basic information about policies and procedures related to sex offender case management, treatment and other court orders, staff training, and interagency collaboration.

Conducted in 1994, field research involved more than 100 interviews in 13 jurisdictions located in Arizona, Colorado, Louisiana, Ohio, Oregon, and Texas. Researchers interviewed probation and parole officers, defense and prosecuting attorneys, law enforcement personnel, social service workers, sex offender treatment providers, sexual assault victim treatment providers, polygraph examiners, judges, correctional administrators, parole authorities, victim advocates, and sex offenders.

Other research included a review of the research and theoretical literature on victim trauma and sex offender management and treatment, a content analysis of sex offense statutes in 50 States, and a systematic document review (manuals, protocols, policies, etc.).

to interrupt their individual offense cycles. The effort to promote and monitor internal control with an approach that overtly identifies dangerous thoughts, fantasies, and feelings as critical treatment and management issues is an important departure from traditional criminal justice intervention with sex offenders.

• Official supervision and monitoring to exert external control over offenders. Probation and parole agencies apply pressure—through clear expectations and through use or threatened use of sanctions—to ensure that the offender complies with specialized treatment and supervision conditions. This pressure to participate in sex offender-specific treatment for purposes of public safety inextricably links the mental health community and criminal justice system.

• Polygraph examinations to obtain complete sexual history information and to monitor the offender's deviant fantasies and external behaviors—particularly access to victims. Data obtained during the polygraph examination provide vital management and compliance feedback to the treatment provider and probation/parole officer.

Maintaining close communication and acting as a team, the treatment provider, probation/parole officer, and polygraph examiner form a triangle of supervision, with the offender contained in the middle (see "Containing the Sex Offender in the Supervision Triangle"). Sex offenders must waive confidentiality of the information they divulge because containment depends on the constant sharing of information by and among team members, other criminal justice professionals, family members, and others, such as employers and church officials.

Telephone Survey: Selected Findings

Findings based on the responses of 732 probation and parole supervisors to a nationwide telephone survey are presented in terms of seven supervision issues that field research identified as vital components of an effective sex offender containment strategy.*

1. Specialized units or caseloads. Almost one-third of the probation and parole agencies had specialized caseloads. Those agencies were more likely to report the use of such community safety-related approaches as imposition of special supervision conditions on sex offenders, emphasis on after-hours monitoring of offenders, and an orientation focusing on victim safety.

2. Availability of victim information for case management purposes. Seventy-eight percent of probation agencies and 63 percent of parole agencies represented in the survey included a victim impact statement in the sex offender's case file, and about 30 percent had procedures for informing victims of significant changes in the status of the sex offender's case.

3. Sex offender management practices and special conditions. The most commonly reported special conditions of probation and parole were court- or officer-ordered treatment requirements and no-contact-with-victim provisions. About 10 percent of the probation and parole agencies reported electronic monitoring of sex offenders; the same percent reported use of the polygraph for treatment or supervision purposes. Supervision contacts with sex offenders were more frequent than with nonsex offenders in most of the probation and parole agencies surveyed.

4. Sanctioning and revocation practices. Respondents indicated that supervising officers required a range of sanctions to "tighten the reins" on adult sex offenders when they began to exhibit high-risk behavior patterns or to fail to comply with supervision or treatment conditions. Agencies following a specialized approach to managing sex offenders were more likely to use short-term confinement (jails or halfway houses) as a prerevocation sanction than to use electronic monitoring or to increase supervision contacts. Sanctions that could be imposed in less than 24 hours were the ones most likely used, suggesting the need for methods of immediate intervention.

5. Sex offender treatment. Treatment is commonly required of sex offenders under community supervision. More than 80 percent of probation and parole respondents reported that mental health treatment is mandated. Sixty percent of respondents used an approved list of treatment providers; 26 percent stated that sex offender treatment services were in short supply.

6. Training. About two-thirds of the probation and parole supervisors reported they had received training in sex offender management, but less than half had received it within the last year.

7. Interagency collaboration. One-third of the respondents reported that an interagency group meets regularly to discuss sex offender issues. Most frequently named as participants in interagency teams were law enforcement officers and treatment providers.

*See English, K., S. Colling-Chadwick, S. Pullen, and L. Jones, *How Are Adult Felony Sex Offenders Managed on Probation and Parole?* Denver: Colorado Division of Criminal Justice, Department of Public Safety, 1996.

In pursuing safe and effective **treatment** of sex offenders in the community, therapists must obtain full disclosure of offenders' sexual histories. Sex offenders must examine carefully their lives and recognize as dysfunctional the situations, relationships, emotional states, attitudes, and behaviors that they may be considering as "normal." Use of the polygraph helps ensure that offenders fully reveal their sexual histories—information that is essential to the development of effective treatment programs.[18] To the observation that polygraph results may not always be accurate, the rejoinder is that they have been found to be significantly more reliable, on average, than offenders' self-reported histories.

In jurisdictions identified by field research as employing the containment approach, the treatment intervention was group therapy, for which offenders were nearly always required to pay at least a portion of the cost. Individual therapy may occur for specific issues and in limited contexts but provides too much opportunity for image management. Only in group therapy are offenders exposed to the type of valuable, perceptive, and corroborating confrontation that occurs with fellow sex offenders.

A "cure" for sex offending is no more available than is a cure for epilepsy or high blood pressure. But use of a variety of interventions can help manage these disorders. A realistic objective of treatment is to provide sex offenders with the tools to manage their inappropriate sexual arousal and behavior. A therapist can, in many cases, teach offenders self-management by developing skills for avoiding high-risk situations through identification of decisions and events that precede them and through correction of their thought distortions. Treatment focuses on recognizing and managing deviant sexual behavior and offenders' thoughts and attitudes that promote it.

Research reveals that deviant thoughts and fantasies by sex offenders are precursors to sexual assault and, therefore, are an integral part of the assault pattern.[19]

By instilling in offenders the dictum that deviant attitudes and fantasies reinforce deviant behavior and are not acceptable, treatment providers and supervising officers are prepared to intervene—set limits—at the incipient stages of reoffending patterns. Although such thoughts and feelings are not crimes, they are signals that constitute good reasons—based on empirical research and clinical experience—to increase supervision and "tighten the reins" on an offender. This increased surveillance often results in detecting preassault behaviors that can be interrupted or, conversely, lead to revocation.

Using thoughts and feelings—the stuff of therapy—as a starting point for risk management is a marked departure from traditional criminal justice supervision. Once a sex offender reveals thoughts and feelings that are part of the assault pattern, criminal justice officials can use that information to develop and, if necessary, continuously update an individualized treatment, **supervision, and surveillance** plan. The top priority of such a plan is to eliminate opportunities for reoffense—to protect victims and the general public. In that regard, sex offender-specific probation or parole conditions, such as those that follow, play a crucial role:

- Your employment must be approved by the probation/parole agency.
- You shall participate in treatment with a therapist approved by the probation/parole department.
- You shall participate in periodic polygraph examinations.
- You shall not have contact with children under age 18.
- You shall not frequent places where children congregate, such as schoolyards, parks, playgrounds, and arcades.
- You shall maintain a driving log (mileage; time of departure, arrival, return; routes traveled and with whom; etc.).
- You shall not drive a motor vehicle alone without prior permission of your supervising officer.
- You shall not possess any pornographic, sexually oriented, or sexually stimulating visual, auditory, telephonic, or electronic media and computer programs or services that are relevant to your deviant behavior pattern.
- You shall reside at a place approved by the supervising officer, including supervised living quarters.
- You shall abide by a curfew imposed by the supervising officer and comply with electronic monitoring, if so ordered.
- You shall not have contact, directly or through third parties, with your victims.
- You shall abstain from alcoholic beverages and participate in periodic drug testing.

• You shall not have a post office box number without the approval of your supervising officer.

• You shall not use fictitious names.

Specialized surveillance officers can also help determine compliance with conditions by monitoring offenders through intensive field work. Duties of surveillance officers may include searching the residences and vehicles of offenders, monitoring their activities, making arrests, attending therapy groups, and discussing high-risk issues with offenders and assessing their mental states.[20]

The goal of the **polygraph examination** is to obtain information necessary for risk management and treatment, and to reduce the sex offender's denial mechanisms. The examiner evaluates answers to carefully developed questions as truthful, deceptive, or inconclusive. Deceptive results flag areas of concern that the treatment provider and supervising officer need to investigate further. Every effort is made to assist the offender in obtaining a positive evaluation so that treatment can be informed and relevant. To this end, polygraph data should be used in conjunction with other information when making decisions about case management of sex offenders.[21]

Use of the polygraph raises questions about granting limited immunity from prosecution to offenders who disclose new crimes. Jurisdictions vary regarding immunity policies. Some jurisdictions, like Colorado, do not offer limited immunity, but prosecutors make thoughtful decisions about further prosecution on a case-by-case basis. Decisionmakers in one jurisdiction visited during the field research concluded that to prosecute all reported offenses would infringe on Fifth Amendment rights and thus prohibit therapeutic use of the polygraph.[22] Another study site grants limited immunity for similar past offenses if the offender meets several containment conditions, including actively participating in an approved treatment program, pleading guilty, and gaining employment that meets the approval of the probation or parole officer.[23]

Ultimately, success of the containment system depends on the caliber of the last three elements of the model process: collaborative implementation strategies, consistent public policies, and quality control.

3. Collaboration: a multidisciplinary approach. The creation of intra-agency, interagency, and interdisciplinary teams to develop, implement, and monitor policies, procedures, and protocols forges a unified and comprehensive approach to sex offender management. Examples of such teams include the following:

• Interagency policy and protocol committees.

• Law enforcement/child protection partnerships.

• Case management supervision teams of probation/parole officers, treatment providers, and polygraph examiners, among others.

• Intra-agency networks of specialized probation and parole officers.

Members of interagency teams, for example, may include law enforcement officers, child protection personnel, rape crisis center counselors, prosecuting attorneys, probation and parole officers, medical doctors, treatment providers, polygraph operators, and prison officials. In some cases, members may also include school counselors, crime victim advocates, and medical staff specializing in child sex abuse.

Through systematic cooperation and collaboration, such teams are an antidote to traditionally fragmented intervention efforts. Teams improve interagency communication, facilitate case-specific information sharing, promote the exchange of expertise and ideas, help break down traditional turf barriers, minimize duplication of effort, maximize resources, and often reduce staff burnout.

Some intra-agency teams consist of probation and parole officers who specialize in the management of sex offenders. Teams such as these are facilitated by job specialization—the assignment of one or more persons to deal solely with sex offender cases. Specialization may occur at the organizational level by formally creating a unit to manage sexual assault cases, at the line level by specializing work assignments of identified staff, or at both levels by a combination of those approaches. Specialization enhances skills, increases communication, and tends to improve consistency at all stages of sex offender management, and is a fundamental component of the collaboration process.

4. Consistent public policies. No matter how good the design and implementation of sex offender-specific containment practices, these cannot function at peak effectiveness without the support of informed, clear, and consistent public policies—the fourth element of the model process.

Ideally, local criminal justice practitioners should work with State legisla-

tures, governors, and officials from State judicial and corrections departments to develop policies reflecting the latest thinking about the management of sex offenders. Whenever possible, practitioners should help shape legislative mandates, executive orders, and agency policies and protocols that support and advance the public safety priority of sex offender management. Clear and consistent policies define agency responsibilities and reinforce practices that, when operating effectively, will interrupt any attempt by sex offenders to manipulate the management plan.

Particularly important is the development of policies that prohibit pleas or dispositions that reinforce sex offenders' frequent refusal to admit their crimes, to acknowledge the seriousness of their actions, or to take responsibility for the harm they have caused. The greater such denial, the more the offender resists (or even escapes) treatment and the more difficult the task of establishing appropriate external controls. Continued denial on the part of the offender is also uniquely disempowering to the victim. The following are pleas and dispositions that contribute to and reinforce a sex offender's denial or minimization of the sexual assault:

• Alford and no contest pleas. These pleas allow sex offenders to avoid a direct admission of guilt. An Alford plea is a guilty plea that permits a sex offender to verbally maintain his or her innocence at conviction. A no contest plea is a guilty plea in which an offender neither admits nor denies the charges. Such pleas grant sex offenders official justification to continue denying their offending behavior after conviction.

Containing the Sex Offender in the Supervision Triangle

Within the limits set by the supervision triangle of probation officer, therapist, and polygraph examiner, Jim was serving 4 years on probation for molesting the 7-year-old daughter of a woman he was dating. He had met the mother of the victim at church.

Although this was Jim's first conviction, he admitted he had long been attracted to young girls. Jim told his therapy group that, over the years, he attended church to "meet people." When pressed, he told the group that he had dated several women from the church and that all of them had young daughters. But he denied that this was a pattern that had preceded abuse.

The therapist called a team meeting with the probation officer and polygraph examiner to discuss Jim's pattern of accessing children. The probation officer petitioned the court to modify probation orders to prohibit Jim from attending church unsupervised. The polygraph examiner then added the question "Have you gone to any church or religious services unsupervised since the last polygraph exam?" to the next examination.

The therapist and therapy group continued to work with Jim until he understood that going to church alone was, for him, a high-risk activity that placed him dangerously close to children.*

*See Strate, D.C., L. Jones, S. Pullen, and K. English, "Criminal Justice Policies and Sex Offender Denial," in English, K., S. Pullen, and L. Jones (eds.), *Managing Adult Sex Offenders: A Containment Approach*, Lexington, Kentucky: American Probation and Parole Association, 1996:4.9.

• Pleas that change sex offenses to nonsex offenses. Pleas to nonsex offenses minimize what the offender did and reinforce denial. Further, if the official record does not reflect that the original charge was a sex offense, this critical information is lost to those who subsequently make public safety decisions about the offender.

• Deferred judgments and sentences. Such dispositions are important options but are inappropriate for most sex offenders. Such dispositions imply that the offense was not that important, a one-time mistake, and if the offender behaves for a couple of years, the court will forget about it and dismiss the case, leaving an incomplete official record. Also, public safety may be jeopardized: in some jurisdictions, deferred judgments for sex offenses are not counted as convictions for the statewide sex offender registry.

• Referrals to diversion programs. Applied to sex offenders, this alternative to filing a criminal charge further dilutes the seriousness of the crime, reinforces offender denial, and may distort the criminal history record.

Development of consistent interagency policies on family reunification is also very important—especially between probation/parole agencies and agencies whose mission is generally keeping the family intact or reunifying it at the earliest opportunity. For example, family reunification in incest cases should not occur prior to the disposition of the criminal case. Subsequent decisions on family reunification should be made only after consultation

with the victim's therapist, the offender's therapist, and the supervising officer.

The well-being of the victim—and the potential for other children and adults to become victimized—should be the fundamental criterion applied by all agencies to family unification decisions. The rigorous use of clear protocols for family reunification—protocols that fully explore the offender's risk to other children in the household—may be the most important way the criminal justice system can intervene to protect children from sexual assaults by known sex offenders.

Additional critical policies on which to obtain jurisdictionwide agreement are, among others: selection criteria for treatment providers; prevention of offenders from changing therapists without permission of supervising officers (i.e., "treatment shopping"); third-party liability (e.g., the duty to warn potential victims); use of polygraph data; prerevocation sanctions; revocation criteria; and sex offender community notification.

5. Quality control. As the final component of the model containment process, quality control encompasses (1) monitoring to determine whether the prescribed implementation strategies and interagency policies and practices are in place and functioning as intended and (2) evaluating to assess whether what is in place is producing an impact and, if so, its magnitude. Quality control, therefore, can provide an objective means of documenting program success, identifying implementation and operational problems, and guiding program refinements.

Because the sex offender containment approach requires a long-term, consistent, systemwide response to sexual assault, a model process for managing sex offenders is one that continuously improves. Such improvement is highly unlikely to occur without implementation of quality control measures. When systematic monitoring and evaluation are accorded appropriate priority, program staff and administrators are continuously prepared with objective data to demonstrate the value of their work and to modify the program, when necessary, according to empirical feedback.

Secondary trauma

Management of adult sex offenders in community settings often exacts a significant toll on those charged with managing cases, including probation and parole officers and their supervisors. Secondary trauma refers to the emotional and psychological experience of professionals who expose themselves to a world of unthinkable acts. Effective case management requires that these professionals understand each victim's trauma and the specific types of sex offender manipulation leading to that trauma. They also generally experience a variety of manipulative behavior during interactions with offenders.

To offset the experience of secondary trauma, sex offender management must be conducted in an environment where the dynamics of sex offending and secondary trauma are understood by coworkers and managers. That understanding will provide vital professional support.

Managers and staff must create an emotionally safe environment for personal discussion of all aspects of sexual assault and offender management. Specifically, working together and discussing feelings and problems as a team can provide the empathy and validation so vital to reducing isolation and burnout among sex offender practitioners. Agencies should make every effort to provide counseling and other resources to help relieve officer stress. Data from field interviews suggest that interagency collaboration and networking may help prevent burnout.

Part of the remedy for burnout is training. According to a Texas parole supervisor interviewed, "Being pulled into an offender's manipulation is the biggest problem. Because offenders are so manipulative, officers need constant training."[24]

Training

The complex nature of sex-offending behavior and the potential dangerousness of offenders mandate frequent training (such as annually) for probation and parole officers—both specialized and nonspecialized—and their supervisors. Training topics should include, among others, the following:

- Dynamics of victimization—trauma, shame, self-blame, and fear.
- Dynamics of sexual offending—psychopathy, blame, impulsiveness, and denial.
- Risk assessment—secrets, manipulation, grooming, and conscious and unconscious assault planning.
- Issues about family reunification.
- Offender lifestyle issues, such as leisure time and access to victims.
- Relevant laws.
- Safety of field officers.

• Sex offense-specific therapy and medical assessments.

• Surveillance and use of the polygraph.

• Characteristics of sex offenders.

• Investigative methods, including sexual assault crime scene investigation.

• Management of secondary trauma and professional burnout.

In addition to direct training, cross-training among criminal justice practitioners, child protection workers, victim advocates, private treatment providers, and other professionals is important. "Cross-training allows physicians to learn the evidentiary issues prosecutors face, law enforcement officers and prosecutors to learn about common reactions to trauma from rape crisis counselors, and victim advocates to learn more about the criminal justice system, so they can better help victims prepare for court."[25]

Operational and research suggestions and needs

Besides the model process itself, a number of operational suggestions for consideration flow from a comparison of findings from the national telephone survey with data obtained from the field research and from extensive reviews of the research and theoretical literature on sex offender management, treatment, and victim trauma. Among them are the following:

• Make training, including cross-training, in sex offender management a priority at the Federal[26] and local levels.

• Design individualized supervision plans for adult sex offenders according to their particular risk factors.

• Implement special supervision conditions for adult sex offenders that restrict specified activities, including barring employment that facilitates access to victims.

• Develop a variety of immediate, short-term, prerevocation sanctions for adult sex offenders who place themselves in high-risk situations. Those sanctions include 72-hour mental health holds, short-term jail confinement, additional counseling sessions, day fines, and halfway-house confinement.

• Create within criminal justice agencies specialized sex offender crime units.

• Facilitate collaboration across disciplines and across agencies, including victim advocate agencies.

• Require sex offenders under supervision of the criminal justice system to participate fully in treatment programs that are approved by probation and parole agencies and that include cognitive-behavioral therapy, group therapy, polygraph monitoring, and waiver of confidentiality.

• Consider imposition of long-term, even lifetime, supervision sentences.

Research needs also are apparent, including the need to conduct process and outcome evaluations of containment strategies implemented in a variety of communities. Not only should the model process and its constituent parts be evaluated but research questions such as the following should be addressed as well:

What types of sex offenders are best suited to the containment approach?

Do different subgroups of sex offenders respond differently to different aftercare programs?

How can community notification procedures be designed to enhance public safety?

What are the best assessment tools to classify sex offenders into categories that are meaningful for supervision purposes?

What jurisdiction-specific actuarial risk assessment tools can predict sex offender dangerousness?

What would a carefully conducted cost-benefit analysis of a containment approach tell us?

Conclusion

The five-part model process to contain adult sex offenders establishes a framework within which agencies and communities can develop specific practices to better promote public safety and victim protection and assistance. Just as the stringency of the supervision triangle should be tailored to the individual characteristics of each sex offender, so should the method of implementing the model process vary according to the needs of each community.

Incremental improvement in the model process and in underlying case management practices will flow from new research findings and feedback from the field. But the bottom line of sex offender management in community settings should not change: public and victim safety first.

Notes

1. Wyatt, G.E., and G.J. Powell (eds.), *The Lasting Effects of Child Sexual Abuse*, Newbury Park, California: Sage Publications, 1988.

2. Greenfeld, L.A., *Child Victimizers: Violent Offenders and Their Victims*, Washington, D.C.: Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention, March 1996:1-2.

3. Ibid, 11.

4. Two-thirds of victims (age 12 or older) of rape or other sexual assault in 1994 knew their assailants. Sexual assault victimizations totaled 433,000 in 1994. Differences in victimization rates by age were large: 4.4 sexual assaults per 1,000 persons under age 25, 2.1 for those ages 25 to 49, and 0.1 for those age 50 or older. Perkins, C., and P. Klaus, *Criminal Victimization 1994*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, April 1996:1-2, 6-7.

5. Hindman, J., *Just Before Dawn*, Boise, Idaho: Northwest Printing, 1989:96-97.

6. Brown, J.M, D.K. Gilliard, T.L. Snell, J.J. Stephan, and D.J. Wilson, *Correctional Populations in the United States, 1994*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, June 1996:18. See also Perkins, C., *National Corrections Reporting Program, 1992*, Washington, D.C., U.S. Department of Justice, Bureau of Justice Statistics, October 1994:86.

7. Brown, J.M., et al., op. cit., 10.

8. Perkins, C., op. cit., 58.

9. A content analysis of State statutes as of 1992 found that first-time offenders convicted of incest or other sexual assault on a child were eligible to serve sentences of probation and parole in 47 States. First-time offenders convicted of first-degree sexual assault were eligible for probation in 28 States.

10. Colorado Division of Criminal Justice, *1990 Court Data Analysis Summary*, Denver: Colorado Department of Public Safety, April 1992.

11. Arizona law (A.R.S. 13-604.01 [I]) authorizes lifetime probation for certain sex offenders subsequent to their serving prison terms and for offenders whose sex crimes were uncompleted (attempts). According to a spokesperson for the Maricopa County Probation Department, about 500 sex offenders currently in prison are scheduled for eventual release to the county to serve sentences of lifetime probation; approximately two-thirds of the State's offenders are based in Maricopa County, Arizona's largest county.

12. Pithers, W.D., "Relapse Prevention with Sexual Aggressors: A Method for Maintaining Therapeutic Gain and Enhancing External Supervision," in Marshall, W.L., D.R. Laws, and H.E. Barbaree (eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, New York City: Plenum Press, 1990.

13. English, K., S. Pullen, and L. Jones (eds.), *Managing Adult Sex Offenders: A Containment Approach*, Lexington, Kentucky: American Probation and Parole Association, January 1996.

14. Ibid.

15. Strate, D.C., L. Jones, S. Pullen, and K. English, "Criminal Justice Policies and Sex Offender Denial," in English, K., S. Pullen, and L. Jones (eds.), op. cit.

16. Knapp, M., "Treatment of Sex Offenders," in English, K., S. Pullen, and L. Jones (eds.), op. cit.

17. Abel, G., and J.L. Rouleau, "The Nature and Extent of Sexual Assault," in Marshall, W.L., D.R. Laws, and H.E. Barbaree (eds.), op. cit.

18. The Association for the Treatment of Sexual Abusers has stated that therapists should not rely on offender self-report to determine treatment compliance and that treatment providers should use the polygraph to encourage sex offenders to disclose prior sexual history. Association for the Treatment of Sexual Abusers, *The ATSA Practitioner's Handbook*, Lake Oswego, Oregon: ATSA, 1993:4-5.

19. Amir, M., *Patterns of Forcible Rape*, Chicago: University of Chicago Press, 1971.

20. See Pettett, J., and D. Weirman, "Monitoring with Surveillance Officers," in English, K., S. Pullen, and L. Jones (eds.), op. cit.

21. Pullen, S., S. Olsen, G. Brown, and D. Amich, "Using the Polygraph," in English, K, S. Pullen, and L. Jones (eds.), op. cit., 15.11.

22. Knapp, M., op. cit., 13.9.

23. English, K., S. Pullen, L. Jones, and B. Krauth, "A Model Process: A Containment Approach," in English K., S. Pullen, and L. Jones, (eds.), op. cit., 2.25.

24. Texas parole supervisor, telephone interview, July 25, 1994. Jones, L., S. Pullen, K. English, J. Crouch, S. Colling-Chadwick, and J. Patzman, "Summary of the National Telephone Survey of Probation and Parole Supervisors," in English, K., S. Pullen, and L. Jones (eds.), op. cit., 3.10.

25. Epstein, J., and S. Langenbahn, *The Criminal Justice System and Community Response to Rape*, Washington, D.C.: National Institute of Justice, U.S. Department of Justice, 1994:850. Cited in English K., S. Pullen, and L. Jones (eds.), op. cit., 2.10.

26. The Office of Justice Programs, U.S. Department of Justice, has initiated steps to help shape and promote training in sex offender management.

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Kim English presented an NIJ-sponsored seminar on the results of her and her colleagues' research before an audience of researchers and criminal justice practitioners. A 60-minute videotape of her presentation, *Managing Adult Sex Offenders in Community Settings: A Containment Approach*, is available from NCJRS for $19 ($24 in Canada and other foreign countries). Ask for NCJ 159740.

Related Reading

Listed below are selected Office of Justice Programs publications related to the subject addressed by this Research in Brief. They may be obtained free from the National Criminal Justice Reference Service (NCJRS): phone 800-851-3420, e-mail askncjrs@ncjrs.org, or write NCJRS, Box 6000, Rockville, MD 20849-6000. When free publications are out of stock, photocopies are available for a minimal fee or through interlibrary loan. Publications may also be available electronically; contact NCJRS for more information.

Epstein, J., Esq., and S. Langenbahn. *The Criminal Justice and Community Response to Rape*. Issues and Practices. National Institute of Justice. 1994. 142 pp. NCJ 148064. Describes organizational and procedural changes in several urban jurisdictions that have assisted criminal justice and victim service agencies in combating rape.

Greenfeld, L.A. *Child Victimizers: Violent Offenders and Their Victims*. Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention. 1996. 28 pp. NCJ 153258. Presents national statistics that throw new light on the most serious types of child abuse and victimization, including sexual assault.

Prentky, R., R.A. Knight, and A.F.S. Lee, *Child Sexual Molestation: Research Issues*. Research Report. National Institute of Justice. Forthcoming (January 1997). NCJ 163390.

Whitcomb, D. *When the Victim Is a Child*. Second Edition. Issues and Practices. National Institute of Justice. 1992. 176 pp. NCJ 136080. Overview of the state of the art in the investigation and adjudication of child sexual abuse cases.

Widom, C.S. *Victims of Childhood Sexual Abuse—Later Criminal Consequences*. Research in Brief. National Institute of Justice. 1995. 8 pp. NCJ 151525. Summary of a research study examining childhood sexual abuse and its possible association with criminal behavior later in life.

Study Reports

This Research in Brief is based on the study supported by award 92-IJ-CX-K021 from the National Institute of Justice. The study resulted in two reports.

Managing Adult Sex Offenders: A Containment Approach (1996) is available for a fee from the American Probation and Parole Association. Call 606-244-8207 for cost information.

How Are Adult Felony Sex Offenders Managed on Probation and Parole? (1996) presents findings of the researchers' national telephone survey of probation and parole supervisors.

While supplies last, the publication is available for $10 from the Colorado Division of Criminal Justice (Attn.: Office of Research), 700 Kipling Street, Suite 3000, Denver, Colorado 80215. Alternatively, a photocopy of the publication is available, for a fee, from the National Criminal Justice Reference Service (NCJRS). Call 800-851-3420 for cost information. Ask for NCJ 163388.

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Points of view expressed in this report are those of the authors and do not necessarily represent the official position or policies of the Colorado Division of Criminal Justice, Department of Public Safety, or of the U.S. Department of Justice.

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