

TRAINING CERTIFICATE



has completed the required

Employee Training
in

Medication Administration (6.0 hours)

and is hereby granted the rights and privileges belonging to that training and achievement.

(This training is good for 1 year.)



RN Industries

Training by:

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4/10/2018

Trainer: Shaina N. Crudup, RN, BSN
American Heart Association
RN#: 152774

Date

Quality Care III LLC

QP quarterly monitoring sheet for Residential Supports/AFL

Date/ Time of Visit	Home Name:		Staff Present
Interior/ Clinical	Yes	No	Comments
Daily Books/Household chores			
Were all books documented in daily according to company policy			
Was the FL-2 present and current			
Were there consent forms and the date			
What is the date of the most recent ISP, and were there any updates			
Were all goals being ran at appropriate times, and did staff show good skills while running the goal.			
Were meal served at the appropriate time, and did the individual have a say so in what was being served.			
Where there any emergency food present.			
Were there food present, and properly labeled			
Were fire and disaster drills completed according to company policy			
Were there proper lighting throughout the house			
Were the floors clean throughout the house.			

Were there any broken items that needed to be repaired.			
Was the yard clean and safe from debris			
Was the porch clean and safe.			
Was the gutter clean			
Does the home need painting			
Medication			
Were initials present on all medication in the MAR			
Where medication given at appropriate time according to staff initials.			
Were there any medication changes during the month.			
Were there any expired medications present, if who was documented as disposing medication			
Did the doctor write a new order, and if so what was the order for.			
Did all prescriptions match with the medications that were present.			
Were there any controlled drugs in stock			
Were medication locked appropriately			
Were there any upcoming doctor appointments			

Were there any canceled appointments that need to be rescheduled.			
Was staff able to demonstrate good skills while dispensing medication			
Were there an emergency contact list on file			
Basic Assurance			
Does the individual feel safe			
Is The individual happy with the services they receive			
Is the individual aware of who manages their personal funds			
Is the individual interested in obtaining information on being their own Payee.			
Were the individuals happy with their home			
Were there consents forms signed and up to date			
Were signatures present on all documents			
Has anyone ever discussed with you regarding who manages your money.			
What natural supports has been obtain since the last quarter, and what support were present?			
Was staff trained on what are natural supports.			
Was the individual aware of how to obtain information on being their own guardian.			

Were all bedrooms clean and personalized			
Comment:			

Quality Care III LLC

Training Tool

How to recognize the signs of a predator.

Note: Here are some common definitions that you should recognize when being face with someone who has a history of having indecent liberties against a minor.

Definitions:

- a) Pedophile
- b) Pedophilia
- c) Pedophilic Disorder
- d) Infantophilia
- e) Molestation
- f) Hebephilia
- g) Nepiophilia
- h) Child Predator
- i) Sexual Abuse

- Pedophile- I someone who is sexually attracted to children, some pedophiles also rape molest children. There is nothing much worse than a pedophile. There are a lot of dangerous and sick types of people in the world, but someone who sexually assaults children is probably the worst of the worst.
- Pedophilia- Is a psychiatrist disorder in which a adult or older adolescent experiences a primary or exclusive sexual attraction to children. Although girls typically begin the process of puberty at 10 or 11, and boys at age 11 or 12 criteria for pedophilia extend the cut off point for prepubescence to age 13 a person who is diagnosed with pedophilia must be at least 16 years old, and atleast five years older that prepubescent child for the attraction to the diagnosed as pedophilia.
- Pedophilic Disorder- Is defined intense and recurrent sexual urges towards and fantasies about children that have either been acted upon or which cause the person with the attraction distress or interpersonal difficulty
- Infantophilia-It is used to refer to a sexual preference for children under the age of 5 (especially infants and toddlers)
- Molestation_

- **Nepiophilia**-is a subtype of pedophilia describing a sexual preference for children less than 5 years old (including toddlers and infants). Pedophilia is a psychological disorder in which an adult or older adolescent experiences a sexual preference for prepubescent children.
- **Child Predator**- is a person seen as obtaining or trying to obtain **sexual** contact with another person in a metaphorically "predatory" or abusive manner. Analogous to how a **predator** hunts down its prey, so the **sexual predator** is thought to "hunt" for his or her **sex** partners.
- **Sexual Abuse**-also referred to as **molestation**, is usually undesired sexual behavior by one Abuse, sexual (child): generally **defined** as contacts between a child and an adult or other person significantly older or in a position of power or ...

History:

- In the United States, approximately 1 out of every 4 girls and 1 out of every 6 boys is sexually abused
- Seventy to 73% of child sexual abusers report experiencing sexual abuse in their own childhood.
- Approximately 60% of sexual abusers are known to the child but are not family members, such as family friends, babysitters, or neighbors.^[4]
- Approximately 30% of sexual abusers are family members, such as fathers, mothers, brothers, uncles, or cousins.
- It is estimated that less than half of all sexual assaults on children are reported to the police.^[7]
- A man in Melbourne, Australia, raped his daughter every day for 30 years from the 1970s until 2007. He fathered her four children, all who had severe birth defects. An Austrian man, Josef Fritz, kept his daughter imprisoned in a basement for 24 years and fathered seven children with her.
- The World Health Organization reports that 150 million girls and 73 million boys under 18 experienced forced sexual intercourse and other forms of sexual violence globally in 2002.
- According to the APA, women are the abusers in about 14% of cases reported among boys and 6% of cases reported among girls.
- Researchers note that some disabled children may not be able to distinguish between appropriate and inappropriate touching of their body, which leaves them particularly vulnerable to sexual abuse.
- While the murder rate for minors is twice as high in low-income countries than in higher income countries, sexual abuse in the home is found in all countries. In many industrialized countries, as many as 36% of women and 20% of men said they have been the victim of sexual abuse as children, mostly within the family circle.¹
- According to WHO, 1.8 million children are involved in pornography and prostitution. Over 1.2 million children have been trafficked.
- Francis Phillip Tullier, a 78-year-old convicted child molester who faced hundreds of molestation counts involving young girls, underwent surgical castration in order to be released from prison on parole. He had to pay for the surgery himself.

- The generally lower rate for male sex abuse may be largely inaccurate due to underreporting. Because men are traditionally encouraged to be physically strong and competitive, male victims may be more hesitant to report sexual abuse because they feel they are “less of a man.”
- Child sex abuse includes body contact, such as kissing and oral, anal, or vaginal sex. Sex abuse can also include “flashing” or showing private parts, forcing children to watch pornography, voyeurism (trying to look at a child’s naked body), pressuring children for sex, having sex in front of children, and exploiting children for pornography or prostitution.
- South Africa has one of the highest rates of child abuse and baby rape. Researchers report that the belief that sexual intercourse with a virgin will cure a man of AIDS has led to such high numbers. It is estimated that every one out of eight people in South Africa has AIDS. An estimated 40,000 children in South Africa are infected with HIV each year.^[8]
- Most children do not tell anyone they have been abused, and those who do tell often have to tell several people before any action is taken.[†] Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul.
- Child-on-child sexual abuse” occurs when a prepubescent child is abused sexually by another child or children. Often, the child perpetrator has been sexually victimized by an adult previously. “Inter-sibling abuse” occurs when one sibling molests his/her own sibling.[†]
- Nineteen percent (375 million) of the world’s children live in India, which is the largest number of minors in a country. India also has the world’s largest number of sexually abused children, an astonishing 69%, or 276 million children.
- Children who are victims of sexual abuse can suffer many serious health effects, such as post-traumatic stress disorder, eating disorders, somatization, neurosis, chronic pain, sexualized behavior, learning problems, animal cruelty, self-destructive behavior, suicide, antisocial behavior, sleeping difficulties and/or nightmares, angry outbursts, not wanting to be left alone, and further victimization into adulthood. However, not all victims show behavioral changes.
- Child abusers often do not use physical force but instead “groom” or use manipulative tactics, such as buying gifts, arranging special activities, exposing children to pornography, and roughhousing to keep a child engaged with and often confused about the abuser’s motives.
- Children living with a single parent or a parent living with an unmarried partner are most at risk for child maltreatment, which is over eight times the rate of children living with married biological parents.
- Children may not reveal sexual abuse because they feel shame or guilt, they worry no one will believe them, they fear being removed from their home, and they or their family may have been threatened. Very young children may not have the language skills to report the abuse or may not understand they are being abused.
- In his book *Dirty Diplomacy*, Craig Murray claims that the president of Uzbekistan, Islam Karimov, tortured and raped children in front of prisoners to make them offer false confessions.^[5]
- Researchers report that the vast majority of sexually abused children do not grow up to be offenders and that the “cycle of sexual abuse” does not fully explain why a person would molest children.
- Girls are more likely to disclose sexual abuse than boys.

- Only a fraction of abusers are caught and convicted for their crimes. Most of those who are caught are eventually released back to the community, albeit under probation or parole supervision.
- According to the United States Department of Health and Human Services, 63,527 children were sexually abused in the U.S. in 2010, a drop from 150,000 in 1992. While some researchers were surprised that the recession did not cause more cases of sexual abuse, others note that the drop may reflect methodological changes of counting reports as well as lower levels of abuse.^[7]
- Africa has the highest prevalence of child sexual abuse (34.4%). Europe has the lowest rate of abuse (9.2%). America and Asia have rates between 10.1% and 23.9%.
- Sexual abuse, or any kind of abuse, negatively and permanently affects the physical development of a child's brain. These physical changes result in psychological and emotional problems in adulthood.¹
- Women who were sexually abused as children reported significantly lower SAT test scores than women who were not abused.
- Approximately 23% of reported cases of child sexual abuse are perpetrated by individuals under the age of 18.
- Not all pedophiles are child molesters, and some child molesters do not meet the clinical definition of pedophile. Pedophilia is a clinical term that describes a person who has had repeated arousing fantasies, sexual urges, or behaviors related to sexual activities with children for at least six months. Pedophiles do not necessarily have to act on their urges. Child molesters have the same attraction to children, but they act on their urges.
- Child pornography is one of the fastest growing Internet businesses, increasing at an average 150% per year for each of the last 10 years. The National Center for Missing and Exploited Children (NCMEC) reports that it has reviewed more than 51 million child pornography images and videos.
- Of the arrests for the possession of child pornography during 2000-2001 in the U.S., 83% had pornographic materials of children between ages 6 and 12, 39% had material involving children between ages 3 and 5, and 19% had material of toddlers under the age of 3 or infants.¹ There is
- According to the World Health Organization, an estimated 100-140 million women and girls around the world have been victims of female genital mutilation, including 92 million in Africa.^[6]
- Researchers stress that it is crucial to respond in a supportive manner if a child discloses abuse. Children who disclose abuse and receive a negative reaction or no reaction at all suffer more from general trauma symptoms, dissociation, and PTSD than those who had supportive responses.
- Approximately 1.3 million children in America are sexually assaulted each year. There are an estimated 60 million survivors of childhood sexual abuse in America.^[5]
- Researchers estimate that 20 million Americans have been victims of parental incest as children.
- A 2004 study revealed that 9.6% of public school children, accounting for 4.5 million students, have experienced sexual misconduct, from being told sexual jokes to sexual intercourse by educators. Offenders include teachers (18%), coaches (15%), substitute teachers (13%), principals (6%), and student counselors (5%).
- Ninety-five percent of molested children know their molesters.^[11]

- The 1992 film *The Boys of St. Vincent* is a docudrama based on real events about sexual abuse at a Roman Catholic orphanage and its cover up.^[5]
- Most child sex abuse offenders are 10 or more years older than the victim. More than half of child molesters are under the age of 35.
- Gerald Arthur “Jerry” Sandusky, famed Penn State football assistant coach, was arrested in November 2011 and charged with 40 counts of sexual abuse of young boys. The choice of his attorney, Joe Amendola, has been questioned because Amendola himself impregnated a 16-year-old in the 90s.
- The 2010 documentary *Dancing Boys of Afghanistan* reveals a custom prevalent in the area called *bacha bazi* (Boy for Play) where men buy young boys from impoverished families for sexual slavery. The young boys are forced to dress in women’s clothes and dance before being taken away by men for sex. One warlord reported having over 30,000 boys over 20 years, though he was married and had two sons. Some scholars note that repression of sexuality and widespread gender apartheid in the region contributes to homosexual pederasty.
- U.S. researchers have found that women who were sexually abused as girls repeatedly have a 62% percent higher risk of heart problems later in life compared with other women who were not abused. Much of the risk was related to coping strategies, such as alcohol abuse, overeating, and drug abuse.
- Child molesters come from all backgrounds and social classes. However, most molesters (1) are male, (2) work in an environment surrounded by children, (3) befriend the parents first and then gain the child’s trust, and (4) attend events such as sports, camping, and video arcades.
- Between 250,000-500,000 child molesters reside in the U.S. today.
- Male offenders who abused girls have an average of 52 victims each. Men who molested boys had an average of 150 victims each.
- Up to 20,000 children were sexually abused by 800 Roman Catholic workers in the Netherlands since 1945.
- In November 2011, Christopher Jarvis, a Catholic Church pedophile abuse investigator, admitted to possessing, making, and distributing indecent images of children. Hired by the church as a child safety coordinator in 2002, he had more than 4,000 images of primarily boys, including rape, from ages 10-12 on his camera memory stick and laptop.
- The Society of Jesus’ Pacific Northwest unit and its insurers agreed to pay a record \$166.1 million to about 470 people, mainly Native American children, who were sexually and psychologically abused as children by Jesuit priests from the 1940s to the 1990s. The settlement was the largest settlement by a religious order in the history of the world.
- The Catholic pedophile scandal in the U.S. broke in 2002 when it was reported that many leaders of the archdiocese had moved priests who had abused minors to new parishes rather than reporting them or defrocking them. The scandal has involved almost every US Catholic diocese, including 4,400 priests and 110,000 children who were abused between 1950 and 2002.
- Child marriages are legal in several countries. For example, in Yemen, more than a quarter of girls are married before the age of 15. As recently as 2010, a 12-year-old child bride in Yemen died from internal bleeding following intercourse. Additionally, it is not uncommon in Saudi Arabia for a 12-year-old girl to be married to an 80-year-old man.

- According to the FBI, approximately 1 in 10 men have molested a child, with little chance of being caught (3%). Additionally, the FBI estimates that a child has almost a 25% chance of being molested.
- The FBI estimates that there is a sex offender living in every square mile in the United States.^[14]
- According to Dr. Herbert Wagemaker, an estimated 4% of the population suffers from sexual attraction toward children.
- The re-arrest rate for convicted child molesters is 52%.
- There is just a small subset of child sexual abusers who are exclusively attracted to just children. A majority of people who abuse children are or have been attracted to adults as well.

Facts:

- If a child reveals that he or she has been sexually abused, it is crucial that adults listen non-judgmentally to the child and report it immediately. If the abuse is within the family, report it to the local Child Protection Agency. If the abuse is outside the family, report it to the police or district attorney's office. Parents should also consult a pediatrician and a child/adolescent psychiatrist. It is important the child understands that the abuse is not his or her fault. A child should never be blamed for the abuse.
- Classic signs of sexual abuse include odd injuries, ripped clothes or underwear, depression, alcohol and drug abuse, hyper-sexuality, withdrawal, exceptional fear of a person or certain places, unreasonable fear of a physical exam, drawings that are scary or that use a lot of black and red, and attempts to get other children to perform sexual acts.
- Most sexual assaults are committed by the same race as the victim. An exception to this is Native Americans. Those who commit a sexual crime against Native Americans are usually not Native American.
- Prison inmates are more likely to assault fellow prisoners who have been convicted of sex crimes against children. Many inmates refer to molesters as "dirty" prisoners and that assaulting or killing them is doing a service to society. In the prison hierarchy, snitches and molesters are usually the most hated.
- Parents can help prevent sexual abuse by educating themselves and their children about what sexual abuse is and by staying alert to the classic signs of sexual abuse. Parents also need to teach their children about the privacy of body parts, listen to their children, and be aware of where and with whom their children are spending their time.

SUPERVISION OF SEX OFFENDERS IN THE COMMUNITY:
A Training Curriculum

Outline of Section 1: Supervision of Sex Offenders in the Community: An
Overview

Time Allotment: 1 hour, 15 minutes

Subject Matter: This section provides an overview of victims, offenders, and the key elements of emerging supervision practices around the nation.


Learning Activities: There are discussion questions in the presentation but there are no separate learning activities in this module.




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Page 1	TOPIC: Introduction	5 min.
Page 2	TOPIC: The Need for a Training Curriculum on the Management of Sex Offenders in the Community <ul style="list-style-type: none">♦ The Presence of Sex Offenders in the Community♦ Consequences to the Victim and the Community of Re-offense	5 min.
Page 3	TOPIC: Victims of Sexual Assault <ul style="list-style-type: none">♦ Introduction♦ Who are the Victims of Sex Offenses?♦ Consequences of Sexual Assault	15 min.
Page 8	TOPIC: Sex Offenders <ul style="list-style-type: none">♦ Who are Sex Offenders?♦ What do Sex Offenders Do?♦ Typology of Sex Offenders	20 min.
Page 16	TOPIC: An Emerging Approach to Sex Offender Supervision <ul style="list-style-type: none">♦ Challenges and Responses	30 min.

SECTION 1: SUPERVISION OF SEX OFFENDERS IN THE COMMUNITY: AN OVERVIEW

1 hour, 15 minutes

Presentation Content	Teaching Notes
 <p>TOPIC: INTRODUCTION (5 minutes)</p> <p>LEARNING OBJECTIVES At the conclusion of this section, you will be able to —</p> <ul style="list-style-type: none">▪ Identify the rationale for a specialized approach to the supervision of sex offenders in the community;▪ Articulate the goals and learning objectives of this training curriculum and outline its content;▪ Summarize the state of knowledge regarding sex offenders and their victims; and▪ Identify the core elements of sex offender supervision approaches emerging around the nation.	<p>Note: Presenters/trainers should take a few moments to introduce themselves as the session begins.</p> <p>➤Use slide 1: Learning Objectives</p>

Presentation Content	Teaching Notes
<p>TOPIC: THE NEED FOR A TRAINING CURRICULUM ON THE MANAGEMENT OF SEX OFFENDERS IN THE COMMUNITY (5 minutes)</p> <p> THE PRESENCE OF SEX OFFENDERS IN THE COMMUNITY Despite legislative changes and sentencing practices that increase the likelihood and length of incarceration for those convicted of sex offenses, many offenders are supervised in the community. A recent U.S. Department of Justice study reports that approximately 265,000 sex offenders are under the care, custody, or control of correctional agencies in the United States. Of those, almost 60 percent were under some form of community supervision.¹ In fact, most sex offenders will be released into the community at some point—either directly following sentencing, or after a term of incarceration in jail or prison. These offenders present myriad challenges to probation/parole agencies that are primarily responsible for supervising them on a daily basis.</p> <p> CONSEQUENCES OF RE-OFFENSE TO THE VICTIM AND THE COMMUNITY Because of the often volatile community response to sex offenses and the irrefutable harm that a re-offense would cause potential victims, the many issues surrounding the community supervision of sex offenders and how best to ensure public safety are of critical importance to both criminal justice agencies and the public.</p>	<p> Refer to handout: Cite or draw participants' attention to NIJ Research in Brief <i>Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault, 1997</i>. The complete text can be found among the Section 1 participant materials included with this short version of the curriculum.</p>




Presentation Content	Teaching Notes
<p>TOPIC: VICTIMS OF SEXUAL ASSAULT (15 minutes)</p> <p>INTRODUCTION</p> <p>Before we proceed to a discussion of supervision, it is important to begin with a focus on the victims of sex offenses. Sexual assault is a destructive crime. It is often shrouded in shame, secrecy, and denial. People who have been sexually assaulted, whether as children or as adults, often struggle for years and decades to achieve a sense of safety and well-being following the assault. As professionals working with people who perpetrate sexual assault, we have the power to promote victim healing in our interactions with victims, as well as the power to help prevent re-offense, in part by hearing what victims have to say about offenders.</p> <p>A primary concern facing professionals working with sex offenders under supervision or in treatment is preventing sexual re-offense by the offender. Jurisdictions across the country that apply a multidisciplinary model of sex offender management are learning that <i>no single entity can prevent sexual assault alone</i>. Only through the use of collaborative approaches can those responsible for sex offender management contain these offenders and minimize the risk of future sexual victimization. Victims and victim advocates are an essential part of this equation. When probation and parole officers and offender treatment providers engage victims and victim advocates in their work, the goal of victim and community safety is served.</p> <p>Sex offender management asks us to reconsider the role of victims. The question is not only “what we are obligated to do for crime victims?” but “what can working with victims of sexual assault teach us?”</p>	



Presentation Content	Teaching Notes
<p>WHO ARE THE VICTIMS OF SEX OFFENSES?</p> <p>The picture of the victims may be surprising to many of us. Sexual victimization is perhaps more prevalent in our society than we realize. Many victims are assaulted in their own homes by people they know. Children—both boys and girls—are just as much at risk of sexual assault as adults are. In addition, many victims remain reluctant to come forward and report the abuse to the criminal justice system. The experience of victimization is a life-altering event. Victims must learn to live with fear.</p> <p>For many years, our knowledge about the incidence of sexual assault and its victims was ill-founded in fact and research, but that picture is changing. The information under review today comes primarily from three studies: <i>Rape in America; Prevalence, Incidence, and Consequences of Violence Against Women</i>; and the <i>National Survey of Adolescents</i>. These studies are based on victim surveys and clearly indicate that, contrary to what we might believe, sexual assault is a widespread phenomenon that reaches into every socioeconomic group and into all age groups—particularly the young. Every single hour, 78 rapes of adult women take place.² One in four young girls and one in six young boys will be assaulted by age 18.³ The NVAW Survey indicates that 1 in 6 U.S. women and 1 in 33 U.S. men have experienced an attempted or completed rape as a child and/or as an adult⁴ (rape is defined as “an event that occurred without the victim’s consent and involved the use of force or threat of force, and involved sexual penetration of the victim’s vagina, mouth, or rectum”⁵).</p> <p>Although the typical victim of sexual assault is often thought to be an adult woman, these studies also reveal that sexual assault is a major threat to children and young people. <i>Rape in America</i> found that 62 percent of victims of sexual assault were under age 18 at the time of their first victimization. The NVAW</p>	<p>➤Use slide 2: Who Are Victims?</p> <p>➤Use slides 3-4: Findings</p> <p>➤Use slides 5-6: Findings</p>

Presentation Content	Teaching Notes
<p>Survey found that 22 percent of victims were under age 12 and 32 percent of victims were between ages 12 and 17 at the time of their first assault. The <i>National Survey of Adolescents</i>⁶ found that 8.1 percent of adolescents reported experiencing at least one sexual assault in their lifetime – that translates to 1.8 million adolescents assaulted in their lifetime (based on 1995 U.S. Census data). Sexual assault is a tragedy of youth in America.</p> <p>Many of us also imagine the “typical” rape or assault to be one perpetrated by a stranger in an unfamiliar, inherently dangerous setting. Contrary to the myth of the “dangerous stranger” as the typical assailant, these surveys document that 78 percent of adult women who were assaulted knew their perpetrators. Ninety percent of children under age 12 who were assaulted knew their offender.⁷ The <i>National Survey of Adolescents</i> found that nearly 75 percent of perpetrators were someone the victim knew well. Almost 33 percent were friends of the victim and about 20 percent were family members. Only 23 percent were strangers to the victim.</p> <p>In the <i>National Survey of Adolescents</i>, more than 30 percent of assaults were reported to have taken place in the victim’s own home, 23.8 percent in the victim’s neighborhood, and 15.4 percent at the victim’s school. The experience of being assaulted by a known person in one’s own home or another familiar place can increase the trauma of assault. Such a violation of trust may make it all the more difficult to feel any degree of safety again, even in seemingly safe surroundings or with trusted friends.⁸</p> <p>Despite efforts to make the system more responsive to the needs of victims, according to the FBI, only about 10 percent of sexual assault victims report their victimization to authorities. <i>Rape in America</i> indicates that 84 percent of those assaulted never</p>	<p>➤ Use slides 7-9: Relationship Between Victim and Offender</p> <p>➤ Use slide 10: Location of Sexual Abuse</p> <p>➤ Use slide 11: Reporting of Sexual Abuse</p>



Presentation Content	Teaching Notes
<p>report their offense, and for those who do not report within the first 24 hours after an assault, the chance that they will ever report drops off dramatically.⁹ The <i>National Survey of Adolescents</i> also found that 86 percent of those assaulted did not report the assault to authorities. Only 13 percent were reported to police, 5.8 percent to child protective services agencies, 5 percent to school authorities, and 1.3 percent to other authorities.</p> <p>As many as 70 percent of the victims of sexual assault do not experience visible injury. This does not mean, however, that the trauma associated with the assault is insignificant. Victims who have no obvious physical injuries may experience extensive trauma related to the guilt associated with not having the physical injuries to prove that they resisted and are not “at fault” for the assault perpetrated on them. Indeed, some of the most devastating effects on victims include guilt, shame, embarrassment, powerlessness, fear, anger, and a sense of betrayal.¹⁰ A typical reaction of someone who has been sexually assaulted is denial that the abuse occurred and a great desire to forget about the incident.¹¹</p> <p>CONSEQUENCES OF SEXUAL ASSAULT</p> <p>The experience of being involved with the criminal justice system—having to discuss one’s experience, appear in public, and testify in court—may result in a victim reexperiencing some of the stages of trauma that Burgess and Holmstrom outline.¹²</p> <p><i>Rape in America</i> indicates that women and girls who have been victims of sexual assault are much more likely to experience serious consequences later (e.g., prostitution, psychiatric problems, homelessness, HIV, eating disorders, suicide, substance abuse, self-esteem problems, and teen pregnancy) than women</p>	<p> Refer to handout: Cite or draw participants’ attention to the NIJ Research in Brief <i>Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey, 1998</i>, which is included among the participant materials for Section 1 of this short version of the curriculum. <i>Rape in America: A Report to the Nation, 1992</i> is also worth referencing. It is available from the National Victim Center in Arlington, VA, for \$10.</p> <p>Note: Burgess and Holmstrom coined the term “rape trauma syndrome” to refer to the long- and short-term physical and psychological responses common to female victims of forcible rape. Trainers are encouraged to reference the article from the <i>American Journal of Psychiatry</i>.</p> <p>➤ Use slide 12: Consequences of Sexual Assault for Victims</p>

Presentation Content	Teaching Notes
<p>who have not experienced sexual victimization.¹³ Secondary victimization—impact on the family, friends, and partners of victims—may also occur. Nonoffending parents and siblings of incest victims are often resistant and confused and need specialized supportive services.</p> <p>The <i>National Survey of Adolescents</i> found that adolescents who are the victims of sexual assault experience long-term risk of experiencing post-traumatic stress disorder (PTSD) and other consequences, such as substance abuse and a greater likelihood of becoming involved in delinquent activities. That study documented the initial and long-term effects of child sexual abuse on its victims. Initial effects include fear, anxiety, low self-esteem, depression, anger and hostility, sexual behavior problems, aggressive/delinquent behavior, substance use/abuse/dependency, impaired social functioning, distorted cognitive schemata, and impaired affective processing.</p> <p>Long-term mental health effects include sexual disorders, PTSD, depression, suicide attempts, anxiety disorders, substance use/abuse/dependency, sleep disorders, personality disorders, dissociative disorders, low self-esteem, impaired social relationships, and increased vulnerability to other victimizations and traumatic experiences.</p> <p>Victims' concerns can better be addressed through collaborative approaches to supervision that involve victim advisory councils and focus groups, training and cross-training among different agencies and professions, consistent information and referral, program evaluation and performance measures that change to reflect victim concerns, and the development of victim/offender programming (this approach must be pursued with extreme caution, always respecting the victim's right not to participate).</p>	<p>➤Use slide 13: Sexual Assault and Post-Traumatic Stress Disorder</p> <p>➤Use slide 14: Initial Mental Health Effects of Child Sexual Abuse</p> <p>➤Use slide 15: Long-Term Mental Health Effects of Child Sexual Abuse</p> <p>Note: For additional information on this topic, see CSOM's forthcoming curriculum module <i>The Role of Victims and Victim Advocates in Managing Sex Offenders</i>.</p>



Presentation Content	Teaching Notes
<p>TOPIC: SEX OFFENDERS (20 minutes)</p> <p>WHO ARE SEX OFFENDERS? Another important aspect of sex offender supervision is understanding the population of criminal offenders with whom we are working. Although it is important to understand that sex offenders as a group may be different than other criminal offenders under community supervision, it is also critical to recognize that all sex offenders are not alike.</p> <p>Most people are quick to identify child sexual abuse as a sex offense, and child molesters are often the first to come to mind when we think of sex offenders, but the definition is really much broader. A sex offense is <i>any sexual behavior with a child, a nonconsenting adult, or anyone who is unable to give consent</i> due to physical condition (e.g. intoxication) or mental capacity (e.g. developmental disability). It includes crimes of penetration with a body part or other object, crimes of contact (like fondling), and crimes of noncontact (like exhibitionism). It can also include crimes related to the production and consumption of certain types of pornography, especially child pornography.</p> <p>One of the first questions that we often ask when we are attempting to develop the capacity to identify particular kinds of criminal offenders is: “What is their profile?” In other words, are specific characteristics (e.g., physical, mental, psychological, personality, emotional, etc.) common to all or most of a subpopulation of criminal offenders? Unfortunately, there is no such thing as a profile of a sex offender. Sex offenders vary significantly in age and represent all races, ethnicities, and socioeconomic classes. A treatment provider or supervision agent who works with sex offenders</p>	<p>➤Use slide 16: What Is a Sex Offense?</p> <p>➤Use slide 17: Overview of Sex Offenders</p>

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<p>would probably tell you that the men in this room look like an average group of sex offenders. Although some sex offenders may display behavior and characteristics that are similar to those exhibited by other types of criminal offenders (e.g., a lack of education; unstable employment and residence; drug and alcohol abuses that interfere with daily life; frequent altercations with families, friends, and strangers; and an overall resistance to authority figures), most of them do not have extensive criminal histories or “traditional” criminal lifestyles.</p> <p>The vast majority of sex offenders are not mentally ill and do not commit their sex crimes because of such an affliction. Perhaps as few as 4 percent of sex offenders have a severe mental illness. A subset of sex offenders display signs of less serious mental problems such as anxiety disorder and narcissism. Sex offenders engage in their abusive and criminal behavior for diverse and complex reasons, and they often create complex facades to conceal their crimes.¹⁴</p> <p> WHAT DO SEX OFFENDERS DO?</p> <p>Sex offenses do not just happen. Extremely few offenders commit their crimes without any forethought or planning. For most offenders, the offense is planned hours, days, weeks, or even months before the actual sex crime is physically perpetrated. The vast majority of sex offenders (with the exception of those who are seriously mentally ill) know that their abusive behavior is against the law and that it conflicts with the behavioral norms and ethics they have been exposed to and taught. Although most sex offenders do not believe sexually abusive behavior is acceptable, they manage during their offense cycle to rationalize their behavior. When they perpetrate their sexual abuse, these offenders are likely to have convinced themselves that they are not really committing a sex offense.</p>	<p>➤ Use slide 18: Offense Cycle</p>



Presentation Content	Teaching Notes
<p>Several attempts have been made to create typologies of offenders—categories that provide some framework to classify offenders by their behaviors, their victims, their reasons for offending, and their risk of re-offense. Unfortunately, most typologies either are extremely complex or have little empirical basis (that is, there is no research to confirm that the way in which they separate different types of sex offenders is accurate). There are some distinctions, however, that may be helpful.</p> <p>Before we go any further into a discussion of typology, however, there's an important caution we need to make. Recent research has demonstrated a predominance of “crossover” behavior among sex offenders; that is, regardless of whatever primary sexual interest or preference or M.O. (modus operandi) an offender has, most offenders also engage in other types of offenses or against other categories of victims. Any insight we gain from using typologies has to be balanced against this information about crossover.</p> <p>TYPOLGY OF SEX OFFENDERS</p> <p>There are a number of typologies that have been developed to allow us to study and respond to sex offenders. We will use a well-known and well-researched typology for adult male sex offenders that was developed by Dr. Nicholas Groth in 1979¹⁵. It breaks down adult male sex offenders into two categories—the Child Molester and the Rape Offender.</p> <p><i>Child Molester</i></p> <p>Child molesters often utilize persuasion and/or manipulation to perpetrate the sexual abuse. They typically begin their involvement with children by using grooming behavior.¹⁶ Grooming behavior is intended to make the victim or potential victim or victim's guardians feel comfortable with the molester and even interested in interacting with him.</p>	<p>➤Use slide 19: Typology of Sex Offenders</p>

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<p>In addition, the molester often convinces himself that the child wants to be involved in a sexual relationship with him and that his involvement with the child will meet his adult emotional needs. The molester is usually not interested in hurting the child and wants the child to enjoy the experience. The molester often projects thoughts and feelings he wants the child to have about him onto the child. He interprets the child's positive responses to the grooming and manipulation as acceptance of his behavior and convinces himself that the abusive behavior is not hurtful or damaging.</p> <p>According to the Groth Typology, there are two different types of child molesters.</p> <p>1. Fixated or Pedophile Pedophilia is a clinical diagnosis that appears in the DSM-IV*. A diagnosis of pedophilia is made when an individual who is over the age of 16 has a primary or overarching sexual attraction to prepubescent children. An individual does not have to act on his primary or overarching sexual attraction to prepubescent children in order to be diagnosed as a pedophile.</p> <p>When we describe someone as a fixated child molester, therefore, we are describing men who have a primary or overarching sexual attraction to children. These offenders often see their attractions as permanent and report that they have had them for as long as they can remember.</p> <p>Fixated child molesters' offenses tend to be planned and carefully carried out over a period of time. In other words, these offenders do not act impulsively and without forethought.</p> <p>2. The Regressed or Situational Child Molester According to the Groth Typology, the second type of</p>	<p><i>*American Psychiatric Association Diagnostic and Statistical Manual, Version 4</i></p>

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<p>child molester is known as regressed (or situational). Their primary sexual attraction is to adult females. That is, if you asked them the question about the ideal sexual partner, they would more than likely describe an age-appropriate member of the opposite sex.</p> <p>The regressed or situational offender's sexual involvement with children often develops as a result of their responses to external stress and situational difficulties that they experience. In other words, these molesters usually turn to children as a way to cope with the stress they are dealing with in their lives – as a way to feel better about their situations and themselves.</p> <p>Unlike the victims of fixated molesters, the victims of regressed/situation molesters are usually female. Most, though not all, incest offenders fit the description of regressed/situation molesters. In general, regressed/situational molesters' victims may be a little older than those of the fixated molester. In addition, while the sexually abusive behavior may begin prior to the time when the victim enters puberty, it may continue after the victim enters puberty. Also, and unlike the fixated molester, the regressed molester typically is involved in consensual, age- appropriate sexual behavior, or has been at some point in his life.</p> <p><i>Rapists</i></p> <p>The other major form of sexual assault behavior is rape, in which the victims are usually, <i>though not exclusively</i>, post-pubescent. Rape is associated with very aggressive though not necessarily physically violent behavior on the part of the perpetrator. He attacks, threatens, and uses hostility and/or physical force to intimidate and overpower his victim.</p> <p>While this type of offender may use physical force, he may also use threats and intimidation as a</p>	<p>Note: The language here can be confusing. It is important to note that the use of the term "rape" here is not the same as its use in common speech or criminal justice arenas. Child molesters can rape their child victims (that is, engage in coerced penetration), but their typological category would depend on other characteristics of the assault and their behavior.</p>

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<p>method of forcing his victim into sexual activity. It is important to understand this because, as we discussed earlier in our discussion of victims, rape behavior often does not result in physical injury.</p> <p>When an individual commits rape, he is interested in overpowering and possessing complete control and dominance over his victim. Victims are often viewed by the rapists as weak and easily dominated. Rapists do not care about the emotions of their victims (as some child molesters do), and their primary interests are self-gratification, dominance, and control. Another difference between child molesters and rapists is that some rapists will victimize an individual once, then move on to others, which is much less likely with child molesters. Finally, rapists engage in penetration or specific sexual acts with their victims, as opposed to the high incidence of fondling that is commonly associated with child molestation.</p> <p>Groth identified three different kinds of rapists in his typology.</p> <p>1. Anger Rapists</p> <p>Anger rapists, as one would assume, are very angry men. Although they may be angry at women in general, or may react angrily to specific behavior of their victim, they are more often angry about a variety of issues in their lives. They cannot and will not face the difficult issues in their lives directly and in a pro-social manner.</p> <p>Anger rapists tend to use a significant amount of physical force when they subdue their victims—in most cases, far more force than is necessary to perpetrate the abuse. This often leaves victims severely battered and bruised on various areas of their bodies. Anger rapists also tend to be verbally abusive during their assaults—which are short in duration and very explosive in nature.</p>	

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<p>Anger rapists tend not to plan their specific offenses. Rather, they act impulsively to take advantage of situations that have presented themselves. Victim choice depends solely upon whom anger rapists see as vulnerable and available at the moment they decide they want to offend. Between 25% and 40% of known rapes are committed by men who are considered anger rapists.</p> <p>2. Power Rapists The second type of rapist in the Groth typology is the power rapist. Power rapists – like anger rapists – use sexual assault as a way to feel powerful and in control. They do not, however, discharge anger during their offenses and they only use the physical force necessary to perpetrate the offense. If power rapists can gain control through threat and psychological coercion (rather than physical intimidation), they will do so. As a result, the physical injuries usually associated with anger rapists are less common with power rapists.</p> <p>The offenses themselves may last over a longer period of time than those committed by anger rapists, and may be repetitive in nature. Domestic violence offenders who commit sexual assaults against their partners are often power rapists.</p> <p>Power rapists, like anger rapists, often look for potential victims that seem vulnerable. Unlike anger rapists, however, they consider how much intimidation and force are necessary to gain control. Their preference is to attack potential victims who are both physically vulnerable and relatively easy to intimidate. Power rapists usually plan their offenses and may fantasize about how they are going to “look” and “feel.”</p> <p>3. The Sadistic Rapist Finally, sadistic rapists are individuals who have an erotic attraction to power, anger or violence. Sadistic</p>	