

COLORADO SEX OFFENDER MANAGEMENT BOARD

SEXUAL BEHAVIOR HISTORY PACKET

Revised 2023

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PROVIDER INSTRUCTIONS AND GUIDANCE

This portion of the packet can be removed when giving the packet to the client.

Guidance for Providers:

This section of the packet may be removed prior to starting the packet with the Client. This section is intended to provide support for the provider. It is recommended that providers go over this section of the packet with the client when starting the sex history process.

This portion of the packet will assist you in learning about your client's sexual development. It will also assist in identifying those protective factors that will be important in strengthening the client's skills to remain a safe member of the community. This is a **collaborative process** with the expectation that written work will be thoroughly discussed with the client in whatever treatment modality you find most appropriate. It is important to pay attention to the therapeutic relationship during this process and ensure that the sex history process does not harm the relationship between the therapist and client to the extent possible. Clients may benefit from some time to develop a therapeutic relationship before beginning this process.

It is recommended that the therapist use a timeline to assess the client's risk and needs as part of the process of deciding how to handle the sexual history disclosure packet process. Although it is a collaborative process, it should still be therapist guided. The therapist should guard against the potential harmful impact of being exposed to terms beyond the client's sexual experiences and ability to understand.

If you determine the client's needs dictate that the information be gathered via a different method (e.g., a client unable to write may need a scribe) that is fine. It is important that the client's words be captured and then processed within the therapeutic alliance you have established with that client.

Previous versions of the sex history packet sought information regarding prior victims identifying information. The purpose of this packet is to explore prior behaviors in order to reduce risk for future sexually abusive and illegal behaviors. This packet does not require a client to disclose identifying information regarding past victims. The disclosure of prior victims may impact the clients progress in treatment and supervision. It may also negatively impact named victim(s). Any disclosures may require an investigation and outreach to the named victim(s), causing further harm. Providers should use caution and seek guidance when soliciting information regarding prior victims not involved in the current offense.

Personal Bias

It is important that providers understand their own personal biases prior to engaging in the sex history process with clients. Providers should have a thorough understanding of the differences between sexual behaviors that are risk related to the client and those that may be against their own personal beliefs and preferences. The focus of the disclosure packet should be on what is healthy versus what is unhealthy for the individual client. What is considered socially unconventional, may not be an unhealthy or risk-related behavior. Providers should attend to their own personal biases and be

mindful when using this information to inform treatment decisions, planning, risk assessments, and supervision recommendations.

Cultural, Ethnic, and Religious Considerations

Providers should be aware of the cultural, ethnic, and religious preferences of the client prior to starting the sex history process. It is recommended that background information regarding ethnic or cultural characteristics that may influence the process to be obtained and reviewed in advance. It is important for the team to be mindful of the manner in which they review the material with the client and the potential impact on the therapeutic alliance.

Resistance and Denial

Providers should use caution in labeling a client as resistant based on their willingness or ability to disclose sexual behaviors or preferences.

Commonly Misunderstood Terms

Below is a list of commonly misunderstood terms, that often cause confusion for clients and providers. A lack of understanding regarding these terms can cause barriers to the therapeutic alliance and a client's willingness to discuss or disclose sensitive information contained in their sexual history. In addition, a lack of clarification regarding these terms prior to polygraph testing may cause issues for the examiner. Examiners should be encouraged to identify and document any discrepancies in these terms or terms included in the definitions section.

- **Romantic Attraction vs. Sexual Attraction**

Romantic attraction is what makes people desire romantic contact or interaction with another person. This is often based more on emotional connection, bonds, and intimacy. Sexual attraction is what makes people desire sexual contact or have sexual interest in another person. There are some people who do not experience sexual attraction (i.e. sexual orientations on the asexual spectrum), however, they experience romantic attraction.

- **Healthy vs. Unhealthy**

Sexual health defined by the World Health Organization (2006): “A state of physical, emotional, mental and social well-being in relationship to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

It is important to note that what is considered “normal” sexual behavior in culture and society does not make a sexual behavior healthy. Healthy and normal are not

synonymous. There are many unhealthy behaviors that have been normalized by culture and society which is why it is important to differentiate between what is healthy and what is normal.

Healthy sexuality has six principles to it: consent, non-exploitation, protection, honesty, shared values, pleasure and mutual pleasure. Healthy means that the sexual behavior is consensual, respectful, safe, is a choice, has controllable energy, boundaries, is about connection, requires communication, emotionally close, involves all the senses, reflects your values, and is private.

Some of the hallmarks of unhealthy sexual behavior is when sex involves using someone, feels compulsive, lacks healthy communication, has no ethical limits, feels shameful, is impulse gratification, is a performance for others or public commodity, emotionally distant, and requires a double life.

- **Risk-Related vs. Abusive**

Abusive sex is defined as non-consensual sexual behavior where some of the hallmarks include but are not limited to: sex benefiting one person, is emotionally distant, unsafe, has no limits, is power over someone, compromises your values, is secretive and shameful, is void of communication, irresponsible, is harming someone, sex is hurtful, addictive, an obligation, has uncontrollable energy, and is “doing to” someone.

Risk-related sexual behaviors include any behaviors that are problematic for the specific individual. These are identified patterns of behavior that are a part of their offending cycle. For example, someone who committed a sexual offense with child sexual exploitation materials, often has a previous cycle and pattern of viewing legal pornography. Some may even identify themselves as struggling with a pornography addiction therefore pornography use would be considered risk-related and problematic. Risk-related behaviors pertain to the individual and their problematic patterns that played a role in unhealthy or abusive sexual behavior.

- **Illegal vs. Unconventional**

Conventional sex is defined as sexual behavior that is within the “range” of what a culture, subculture, or society considers as “normal.” This type of behavior involves sex which does not include elements of bondage, discipline, dominance and submission, kink, fetishism, and sometimes anal sex. Hence, non-conventional sex is the use of non-conventional practices, concepts or fantasies. It is important to understand that someone who has a history of having unconventional sex does not mean that the sexual behavior is automatically problematic. This is where it is important for the therapist to take note if they have their own personal bias arising. Unconventional sex can be healthy when consensual and communication practices are included in the behavior.

Illegal sexual behavior includes behaviors that are non-consensual, abusive, and against the law.

- **Force vs. Violence**

Violence requires force; however, force does not require violence. The World Health Organization (WHO) defines violence as "intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." Force is when power is exerted against the other person's will or consent and can contain behaviors outside of violence such as manipulation, coercion, cooperation, compliance, bribery, trickery, relational pressure (guilt, shame, "you owe me," confusion, etc.), role-playing, games, exploitation, threats, intimidation, physical force, weapons, threats, etc. Anything that is able to make a big change in a person.

- **Coercion vs Cooperation vs. Compliance:**

These terms are often used interchangeably and it is important to understand the difference between the three. Please refer to the definition in the section regarding consent.

- **Pornography vs. Sexually Stimulating Material**

Sexually stimulating material is anything that is arousing to the client or is meant to be arousing. It is not automatically problematic and is *not* sexually explicit. Sexual material may be implied or in the subtext, it is not directly expressed. Explicit material is where the sexual material is the primary subject, it is stated clearly leaving no room for confusion, ambiguity, or vagueness. Pornography is an example of sexually explicit material while underwear commercials may be considered to be sexually stimulating material.

- **X Rated vs. MA Rating Materials**

Anything that is X-rated material is considered any form of material (images, art, tv, magazine, film, etc.) where sexual acts are explicitly shown such as viewing penetration taking place or hyper-focusing on genitalia. When it comes to reading or listening to materials, it is considered X-rated if there are explicit details about genitalia or sexual acts. In other words, any material that depicts human genitalia or depicts or verbally describes nudity, sexual activity, sexual conduct, sexual excitement or sadomasochistic abuse that is considered only suitable for adults. It tends to be sexually driven or sex focused. MA rating materials include seeing the "act" or "assumed sexual act" or body parts such as breasts, buttocks, or genitalia. This includes reading or listening materials that imply or suggest sex and is intended for mature audiences. Sexual themes may play a role, but the content is not sex focused.

Introduction to the Sex History Packet :

Introduction & Guidance

This SOMB Sexual Behavior History Packet is divided into two sections.

Section I of this packet is divided into multiple parts which contains guidance and recommendations for clients and providers.

To Clients and Providers:

The SOMB Sexual Behavior & History Packet is designed to provide a structure for the treatment provider to assist the client in discussing, organizing, and documenting relevant (i.e., specific to risk and treatment needs) information about the client's history of sexual behavior. An accurate and thoughtful approach to sexual behavior benefits the treatment process by focusing treatment on dynamic/criminogenic needs related to sex offense recidivism and aids in the identification of the client's individualized risk areas and problematic patterns.

The completion of the Sexual Behavior History Process requires a collaborative approach between the therapist and client. The Sexual Behavior History Packet is a working document in which the therapist should continue to work with the client in the understanding that additional information and/or disclosures may occur throughout the process.

The therapist will have open and continuous communication with the polygraph examiner in areas that should be addressed. It is the responsibility of the polygraph examiner to formulate additional questions in consultation with the CST.

It is incumbent upon the client to consistently bring written material into the treatment setting for discussion. Likewise, the therapist is responsible for collaborating with the client and for thoroughly discussing the client's work within a therapeutic setting using the treatment modality the therapist deems most appropriate for the individual client.

- **Definitions:** Terms used in treatment, supervision and the sex history process. Understanding these terms is essential to maintaining consistency and transparency with the Teams.
- **Sexual History Inventory:** The goal of this section is to assist clients in exploring how they learned about sexuality and how that has impacted their sexual development and possibly influenced their eventual sexually abusive/assaultive behaviors. It will include the following topics:
 - Sex Education
 - Childhood Sexual Experiences
 - Masturbation Habits
 - Pornography History
 - Use of Artificial Intelligence

- Consensual Sexual History
- **Introduction to the Risk, Need, Responsivity Principle.** This section is used in conjunction with your sexual history inventory to identify protective factors, risks, and needs. This section should also be combined with a dynamic risk assessment on an ongoing basis when assessing risk and need. This can also be used to guide safety planning, trigger management and treatment planning.

Section II of this packet is also divided into multiple sections. This portion of the packet is designed to assist clients in taking inventory of their problematic sexual behaviors and sexually abusive/risk-related behaviors. It is an opportunity to learn about these behaviors so that the client can live a life offense-free.

It is important for clients and therapists to understand that treatment providers are Mandatory Reporters within the State of Colorado. Should a client provide enough identifying information, providers are required to report the information to law enforcement. If you have questions about what could be considered identifying information, please discuss this with your therapist.

- A. Standards Overview and Common Terms
- B. Informed Consent:
- C. Index Crime
- D. Sexual Contact with Minors
- E. Behaviors
 - a. Voyeurism
 - b. Electronic Voyeurism
 - c. Exhibitionism or Exposing
 - d. Exposing via Electronic Means
 - e. Frottage
 - f. Force, Violence, Intimidation, Weapons
 - g. Coercion
 - h. Helpless or Incapacitated
 - i. Position of Trust
 - j. Electronic Solicitation of a Minor

- k. Child Sexual Abuse or Exploitation Materials
 - l. Distributing or Creating Child Sexual Abuse or Exploitation Materials
 - m. Plan, Prepare, Assist, and/or Providing a Victim for Someone Else to Sexually Assault
 - n. Paying Someone to Engage in a Sexual Act
- F. Insights
 - G. Updated Risks and Needs
 - H. Responsivity
 - I. Tally Sheet

Guidance for Clients

The purpose of the sexual history process is to explore patterns of behaviors and assist clients in becoming aware of past behaviors that may have led to current offending behaviors. This process may lead to a pathway of self-discovery of sexuality, gender identity, and sexual preferences.

This will be difficult work. It may bring up difficult memories, and trigger reactions and difficult emotions related to any prior victimization. It is important, for your own well-being, that you speak about these feelings and memories with your therapist. Although difficult work, it is necessary and helpful as you work to create a lifestyle free of sexually abusive/assaultive behaviors. As you work through these sections, you may not be able to recall specific dates or ages.

In these situations, it is okay to estimate to the best of your ability. If you are unclear about the expectations or definitions in this packet, ask your therapist for assistance.

Although this will explore all of your past sexual behaviors, the purpose of this process is not intended to criminalize or shame you for anything identified within your sexual history.

Definitions

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

Cultural Awareness	Refers to the clinician's skill set. It requires self-awareness, with reflection on one's own belief systems and biases, acknowledging that these may, at times, hinder patient-centered care. ¹ Also referred to as <i>Cultural Competency</i> .
Cultural Humility:	Reminds the clinician that no one person can possibly understand all aspects of all cultures. To assume knowledge risks misconception and to claim understanding risks invalidation. ²
Cultural Sensitivity	Refers to the clinician's approach to client interactions, encouraging a constant awareness that cultural differences exist, with a desire to understand them without passing judgment. ³
Gender	A socially constructed system of classification that ascribes qualities of masculinity and femininity to people. Gender is on a spectrum and characteristics can change over time and are different between cultures.
Heteronormative	The assumption that heterosexuality is the standard for defining normal sexual behavior and that male-female differences and gender roles are the natural and immutable essentials in normal human relations. Heteronormativity is the belief that heterosexuality is the default, preferred, or normal mode of sexual orientation.
Minor Child:	Any person under the age of 18.

¹ From Matthew Lee Dominguez (2017) LGBTQIA people of color: Utilizing the cultural psychology model as a guide for the mental health assessment and treatment of patients with diverse identities, *Journal of Gay & Lesbian Mental Health*, 21:3, 203-220, DOI: [10.1080/19359705.2017.1320755](https://doi.org/10.1080/19359705.2017.1320755)

² From Matthew Lee Dominguez (2017) LGBTQIA people of color: Utilizing the cultural psychology model as a guide for the mental health assessment and treatment of patients with diverse identities, *Journal of Gay & Lesbian Mental Health*, 21:3, 203-220, DOI: [10.1080/19359705.2017.1320755](https://doi.org/10.1080/19359705.2017.1320755)

³ From Matthew Lee Dominguez (2017) LGBTQIA people of color: Utilizing the cultural psychology model as a guide for the mental health assessment and treatment of patients with diverse identities, *Journal of Gay & Lesbian Mental Health*, 21:3, 203-220, DOI: [10.1080/19359705.2017.1320755](https://doi.org/10.1080/19359705.2017.1320755)

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

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

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

Parental Role: Parental Role is an established and on-going position of authority with routine primary caretaking responsibilities for a child(ren) not limited by legal, biological or marital status.

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

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

Sexually Abusive/Assaultive

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

masturbation, child pornography, or other non-contact sexual behaviors.⁴

Sexuality Refers to how a person feels about themselves. Sexuality refers to a person's sexual orientation or preference.

Sexual Orientation Refers to who a person is emotionally, mentally, and physically attracted to. For example: lesbian, pansexual, asexual, gray sexual, homosexual, heterosexual. This has nothing to do with their gender identity. Please note that sexuality and sexual orientation encompasses a wide spectrum, and clinicians are encouraged to increase their understanding of this subject matter as it is a rapidly expanding area.

Sexual Preference Refers to preference sexual activities/behavior. This does not relate to gender identity or sexual orientation of the individual they are sexually attracted to, or their own.

Stranger Victim: A victim is considered a stranger if the victim did not know the offender 24 hours before the offense. Victims contacted over the Internet are not normally considered strangers unless:

1. The offense takes place within 24 hours, or
2. A meeting was planned for a time less than 24 hours after initial communication.⁵

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

⁴ Adapted from PSCOT Policy Manual – will complete reference if maintained

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

Section 1: Sexual History Behavior Inventory

Sex Education

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

- Describe when, where, and how you learned about sexuality. This may have occurred at different times and from different sources. Please be as thorough in your answer as possible. Consider what was or was not discussed in your household, gender roles, exposure to sex from television/friends/family, pornography exposure, nudity, privacy, formal sex education in school/church, etc.
- How do you define sexuality?
- What were messages you have struggled with regarding sexuality (i.e. women who have sex with a lot of people are sluts, or men are entitled to have sex with whomever they want, etc.).
- Where/how did you typically meet your romantic and/or sexual partners?
- What kind of rules do you have when deciding to have sex?
- What are your beliefs about sex?
- Have your current or past partner(s) talked about sex?
- What have you learned about sexual behavior from culture?

Childhood Sexual Experiences

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

Masturbation Habits

List history of masturbation including age of onset, frequency (including changes over time), types of fantasy, and places (i.e., bedroom, bathroom, or outside of your residence). Please specifically note masturbation where you could view others or could possibly be observed by others while masturbating, including public restrooms, workplace/school settings, vehicles, and others' homes. When you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

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

Lastly, include masturbation to pornographic and non-pornographic sexually stimulating material.

Pornography History

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

Behavior: Use of Artificial Intelligence (AI)/ Virtual Reality (VR)/ Augmented Reality (AR) for Sexual Experiences and Deep Fake Pornography

Include all activities related to the use of technology for interactive and immersive experiences and/or creating experiences and environments that combine the real world and computer-generated content, using artificial intelligence to create sexual experiences or for the modification of images and videos for sexual gratification. Include if you have viewed, downloaded, masturbated to, or created deep fake pornography or AI generated sexual material. Describe if any AI generated material involved children or child characters.

Further Examples of using AI include: Chat Generative Pre-Trained Transformer [Chat GPT], virtual AI partners [girlfriends, boyfriends, spouses], sexual AI chatbots, the use of avatars, sexual-based videogames or internet games, etc.

Definitions:

- Deep fake pornography involves superimposing a person's face onto sexual images or videos to create realistic content that they have never participated in. The videos and images have been digitally created or altered with artificial intelligence or machine learning.
- Virtual reality is a computer-generated simulation of a three-dimensional image or environment that can be interacted with in a seemingly real or physical way by a person using special electronic equipment [i.e. Helmet, gloves with sensors, etc].
- Augmented reality is an interactive experience that enhances the real world with computer-generated content.

Consensual Sexual Activity

It is important to understand Consent, Coercion and Compliance prior to completing this section of the packet.

Discuss your consensual experiences including ages of you and your partner, how you met, what types of activities you did together, how you communicated, how the sexual contact began and progressed through the duration of the relationship. In your discussion, please include information regarding the use of dating sites, chat rooms and other forms of social media. When you cannot recall specific information (i.e., age, date, etc.), it is acceptable to provide estimates or ranges. If you have questions, talk to your therapist prior to starting work on this section.

- When thinking back about subsequent or additional consensual sexual experiences you have had, what thoughts and feelings do you experience?
- What about those relationships has been impactful or influential regarding your current approach and engagement in consensual sexual relationships?

As you look back, do any themes repeat themselves?

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

Risk, Needs, Responsivity Principles: Part 1 - The Introduction

The following section addresses risk domains from common risk assessment tools (e.g. VASOR-2 and SOTIPS) that are normed on white cis-gender males who have been convicted of a sexual offense. The specific domains in this section address sexual interests and attitudes.

Clients and providers should focus on the client's lifestyle, sexual behaviors, patterns and thought process at the time they committed the offense within this section. Any progress or changes since that time, will be addressed within RNR Part II (pg. 50)

Areas to be explored include

Sexual Attitudes and Beliefs⁶

1. Viewing oneself as sexually entitled
2. Viewing women with hostility
3. Viewing others as objects for sexual pleasure
4. Viewing sexual urges as uncontrollable
5. Believing children can consent to sexual acts
6. Believing sexual activity with children is not harmful
7. Viewing oneself more emotionally congruent with children than adults
8. Prior child abuse behavior
9. Distorted cognitions about sexual offending/abuse
10. Intimacy deficits and problematic relationship(s)
11. Use of sex to regulate emotional state or fulfill the need for intimacy
12. Sexual gratification and instrumental goals such as revenge or humiliation
13. Puts needs of the co-offending partner above self and/or child(ren) and/or victim
14. Evidence of deviant sexual interest
15. Impulsivity

Note: Many of the risk factors noted above are recognized in research as those specifically associated with individuals who identify as white, cis-gender, heterosexual males. This list is not exhaustive; however, it also includes risk factors that may relate to cis-gender females. There is not enough established research at this time to determine if these risk factors consistently apply to those who identify as transgender, non-binary, those who do not identify as heterosexual, or individuals of different

⁶McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The sex offender treatment intervention and progress scale (SOTIPS): Psychometric properties and incremental predictive validity with static-99 R. *Sexual Abuse: A Journal of Research and Treatment*, 24(5), 431-458.

cultures, ethnicities, or religions. While there are currently no normed risk assessments for these populations, these risk domains are consistent with existing research.⁷

⁷ For additional information on risk assessment and female offenders see the Appendix M: Female Sex Offender Risk Assessment of the Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders.

Section II: Sexual Offense History

Introduction

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

The sexual history polygraph examination process covers the following areas:

1. Sexual contact with underage persons (persons younger than age 15 while the client is age 18 or older);
2. Sexual contact with relatives whether by blood, marriage, or adoption, or where a relationship has the appearance of a family relationship (a dating or live-in relationship exists with the person(s) natural, step or adoptive parent);
3. Use of violence to engage in sexual contact including physical restraint and threats of harm or violence toward a victim or victim's family members or pets, through use of a weapon, or through verbal/non-verbal means; and
4. Sexual offenses (including touching or peeping) against persons who appeared to be asleep, were drugged, intoxicated or unconscious, or were mentally/physically helpless or incapacitated.

The team may add additional exams depending on the individual risk factors and reported sexual history of the client. These may include, but not limited to:

1. Use of Child Sexual Exploitation Materials
2. Exposure/Voyeuristic Behaviors
3. Other Risk-Related, Unhealthy or Abusive Sexual Behaviors

It is important to refer back to the Definitions of the following terms to ensure everyone has a clear understanding:

- Force
- Incapacitated
- Minor Child
- Sexual Contact

Informed Consent

As you engage in this process, it is important to work with your peers and treatment provider to gain an understanding of informed consent within the context of a sexual relationship. Informed consent means that a person has knowledge of what is happening *and* gives permission (verbal or non-verbal) for it to occur. Consent needs to be freely given, is reversible, is informed, is enthusiastic and specific. There are five components that make up consent:

Consent is unhindered participation based on:

1. **Equal Knowledge:** each person understands proposed behaviors, what they are consenting to and has all necessary information to make an informed decision.
2. **Equal Power:** each person has the freedom to agree or disagree without resistance, threat, or intimidation. Power dynamics include status, position, authority, strength, size, etc.
3. **Equal Capacity:** each person has an awareness of possible consequences and outcomes of the decision, is sober, conscious, and able-minded.
4. **Equal Experience:** each person has comparable previous experience.
5. **Equal Self-Image:** each person has an appropriate degree of self-worth, healthy self-image and positive self-esteem.

The following are NOT forming of consensual participation:

- **Cooperation:** participant is willing, but lacks the legal ability to consent and the sexual act is without regard for the person's beliefs or desires. The relationship is unequal.
- **Compliance:** participation without resistance in spite of personal beliefs or desires. The alternative to not participating is viewed as a worse alternative to going along with the proposed activity.
- **Coercion:** participation is the result of force.

Cooperation, compliance, and coercion may involve manipulation, trickery, relational pressure (guilt, shame, "you owe me," confusion, etc.), bribes, role-playing, games, exploitation, threats, intimidation, physical force, weapons, threats, violence, etc.

Family Relationships Discussion

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

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

Reflection:

- Think back on your experiences and identify the non-verbal cues that you interpreted as “Yes.” Please also identify the non-verbal cues that you believe meant “No.”
- Discuss a situation when you and the other party equally understood the outcomes and consequences of the decision.

Index Crime

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

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

Questionnaire

Sexual Contact with Minor Children

1. Since turning 18 years old, how many children have you had sexual contact with that were younger than 15 years old? _____
 - a. How old was the youngest victim? _____
 - b. How old was the oldest victim? _____
 - c. What are/were the gender(s) of the victim(s)? _____
 - d. Were any of these children 12 years old or younger?⁸ Yes No

2. Prior to age 18, how many children have you had sexual contact with that were 4 or more years younger than yourself? _____
 - a. How old was the youngest victim? _____
 - b. How old was the oldest victim? _____
 - c. What are/were the gender(s) of the victim(s)? _____
 - d. Were any of these children 12 years old or younger?⁹ Yes No

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

4. Of the victims accounted for in the above questions:
 - a. Were any of the victims children who were strangers?¹⁰ Yes No
 - b. Were any of the victims children who trusted you and for whom you had a caretaking or authoritative role over? Yes No
 - c. Were any of the children related to you? Yes No

⁸ The age of 12 or younger is based on the distinction between pubescent and pre-pubescent development stages. There is disagreement in the current research regarding the onset of puberty, and the SOMB recognizes the limitations of defining the criteria based on a specific age.

⁹ The age of 12 or younger is based on the distinction between pubescent and pre-pubescent development stages. There is disagreement in the current research regarding the onset of puberty, and the SOMB recognizes the limitations of defining the criteria based on a specific age.

¹⁰ A victim is considered a stranger if the victim did not know the offender 24 hours prior to the sexually abusive/assaultive behavior.

5. As of today, do you have an ongoing relationship with any of the people you had sexual contact with when they were (or are) children? If so, please discuss this further [with your therapist](#).

Behavior: Voyeurism

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

Behavior: Electronic Voyeurism

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

Behavior: Exhibitionism or Exposing Behaviors

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

Behavior: Exposing Behaviors via Electronic Means

Definition: Incidents in which images (photo or video) of bare sexual organs are exposed by electronic means during messaging, through social media, via email or web link.

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

If yes, please answer the following questions:

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

Behavior: Frottage

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

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

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

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

Did you engage in this type of behavior? **Yes** **No**

If yes, please answer the following questions:

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

If Yes:

- a. How many were 12 years old or younger? _____
 - b. How many were 13 years or older? _____
 - c. What are/were the gender(s) of the victim(s)? _____
2. How many of the victims were 18-year-old or older? _____
- a. What are/were the gender(s) of the victim(s)? _____
3. How many of the victims were strangers? _____
4. How many of the victims were relatives? _____
5. How many of the victims were intimate partners? _____
6. How old were you when you started? _____
7. How old were you the last time you did this? _____
8. Why did you stop?
9. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.
10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would use violence, intimidation

or weapons. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.

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

If yes:

- a. What did you do with those images once they were in your possession?
- b. Where are they now?

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

Behavior: Sexual Contact Involving Coercion

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

If Yes:

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

Behavior: Sexual Contact with Helpless or Incapacitated Victims

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

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

If Yes:

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

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

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

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

If Yes:

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

Behavior: Electronic Solicitation of a Minor

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

If yes:

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

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

Definition: Child Sexual Abuse Images are any visual depiction of sexually explicit conduct involving a minor (persons less than 18 years old). Images or videos of child sexual abuse are also referred to as child pornography.¹¹

Illegal images may contain a nude pictures or videos of a child that is deemed sexually suggestive.

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

Did you engage in this type of behavior?

Yes No

If yes, please answer the following questions:

1. How many were 12 years old or younger? ____
 - a. What are/were the gender(s) of the victim(s)?_____
2. How many were 13 years or older? ____
 - a. What are/were the gender(s) of the victim(s)?_____
3. How old were you when you started? _____
4. How old were you the last time you did this? _____
5. Why did you stop?
6. Did 51% or more of your viewing/possession of child sexual abuse images contain images of male children?
7. Did 51% or more of your child nudity/other child materials contain images of male children? This includes but is not limited to depictions of children that do not meet the legal definition of child pornography/child sexual abuse images such as nude images of children, children in swimsuits, as well as children who may be fully clothed, etc.
8. Did you view, download, or possess videos of child sexual abuse images?
9. Did you listen to, view, download, or possess videos of child sexual abuse text stories?
10. Why did you stop?
11. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.

¹¹ Definition retrieved from the following website: <https://www.justice.gov/criminal-ccos/child-pornography>.

12. Please write about your experiences engaging in this behavior. Include specific themes and images for which you searched. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in this behavior.
13. Where did you store images you found? What did you do with those images once they were in your possession? Where are they now?
14. As of today, do you have an ongoing relationship with any of the people you committed this behavior against? If so, please call your therapist now and schedule a time so you may discuss this further.

Behavior: Create and Distribute Child Sexual Abuse Images/Child Exploitation Materials

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

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

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

If yes, please answer the following questions:

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

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

Definition: Sex trafficking involves the coercion of an individual to engage in commercial sex against their will. It is important to note that, according to federal and state law, any person under the age of eighteen years of age induced into commercial sex is a victim of sex trafficking.¹²

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

If Yes:

- a. How many were 12 years old or younger? _____
 - b. How many were 13 years old or older? _____
 - c. What are/were the gender(s) of the victim(s)? _____
- 2. How many victims were 18 years old or older? _____**
- a. What are/were the gender(s) of the victim(s)? _____
- 3. How many victims were strangers? _____**
- 4. How many victims were relatives? _____**
- 5. How many of the victims were intimate partners? _____**
- 6. How old were you when you started? _____**
- 7. How old were you the last time you did this? _____**
- 8. Why did you stop?**
- 9. During this time frame, how often did you engage in this behavior (e.g., 3 times per week)? _____. If this answer varies during different periods of your life, please identify those time periods (either by age or month and year) and then list the frequency for those time frames.**
- 10. Please write about engaging in this behavior. You do not have to identify specific individuals, but please describe them as a general group and be clear regarding things like general ages, genders and where you would engage in this behavior. Detail is important so that you and your therapist can better understand the context(s) in which you engaged in these behaviors.**

¹²Definition adapted from the following website: <https://sites.google.com/a/state.co.us/cdps-prod/home/human-trafficking-council/resources/basics>.

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

If yes:

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

b. Where are they now?

12. Are you currently benefiting, financially or otherwise, from such behavior?

Yes No

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

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

Did you engage in this type of behavior? Yes No

If yes, please answer the following questions:

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

If Yes:

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

If there are other sexual behaviors not included above but that you have engaged in, please briefly identify them here and then contact your therapist for further discussion (e.g., bondage, submissive/dominance, sadomasochism, masochism, sadism, discipline [BDSM], kinks, role play, rough sex behaviors including choking, hitting, spanking, biting, paraphilias, bestiality).

Insights

What insights have you gained from this written journey?

Risk, Needs, Responsivity Principles: Measuring Progress

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

Now that you have completed the sexual history inventory, you should have increased insight into problematic patterns of abusive or unhealthy behaviors. This section should be used to identify relevant risk factors and risk management strategies.

Areas to be explored include

Sexual Attitudes and Beliefs¹³

16. Viewing oneself as sexually entitled
17. Viewing women with hostility
18. Viewing others as objects for sexual pleasure
19. Viewing sexual urges as uncontrollable
20. Believing children can consent to sexual acts
21. Believing sexual activity with children is not harmful
22. Viewing oneself more emotionally congruent with children than adults
23. Prior child abuse behavior
24. Distorted cognitions about sexual offending/abuse
25. Intimacy deficits and problematic relationship(s)
26. Use of sex to regulate emotional state or fulfill the need for intimacy
27. Sexual gratification and instrumental goals such as revenge or humiliation
28. Puts needs of the co-offending partner above self and/or child(ren) and/or victim
29. Evidence of deviant sexual interest
30. Impulsivity

Note: Many of the risk factors noted above are recognized in research as those specifically associated with individuals who identify as white, cis-gender, heterosexual males. This list is not exhaustive; however, it also includes risk factors that may relate to cis-gender females. There is not enough established research at this time to determine if these risk factors consistently apply to those who identify as transgender, non-binary, those who do not identify as heterosexual, or individuals of different cultures, ethnicities, or religions.

¹³McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The sex offender treatment intervention and progress scale (SOTIPS): Psychometric properties and incremental predictive validity with static-99 R. *Sexual Abuse: A Journal of Research and Treatment*, 24(5), 431-458.

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

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

Tally Sheet

Clients **MUST** complete this prior to scheduling the polygraph. It also must be provided to the examiner at the time of the exam. *This is essential to the successful completion of the sex history polygraph process.*

Clients should do their best to be as accurate as possible when determining the number of victims. When the exact number is unclear, please ensure you are notifying your therapist and polygraph examiner to determine an approximate range

<u>SOMB Required Areas of Sexual Offense Disclosure Process</u>			
Behavior	Yes (Check Box)	Number of Victims	How Many Victims Were Minors?
Sexual contact with underage persons (persons younger than age 15 while the offender is age 18 or older)	<input type="checkbox"/>		N/A
Sexual contact with relatives whether by blood, marriage, or adoption, or where a relationship has the appearance of a family relationship (a dating or live-in relationship exists with the person(s) natural, step or adoptive parent)	<input type="checkbox"/>		

Use of violence to engage in sexual contact including physical restraint and threats of harm or violence toward a victim or victim's family members or pets, through use of a weapon, or through verbal/non-verbal means	<input type="checkbox"/>		
Sexual offenses (including touching or peeping) against persons who appeared to be asleep, were drugged, intoxicated or unconscious, or were mentally/physically helpless or incapacitated.	<input type="checkbox"/>		

<u>Other Areas of Potential Concern</u>			
Behavior	Yes (Check Box)	Number of Victims	How Many Victims Were Minors?
Sexual Contact Since Turning 25 years old, with a Minor 15 or 16 years old	<input type="checkbox"/>		N/A
Sexual Contact Before Turning 18 years old with a Person 4 or More Years Younger	<input type="checkbox"/>		N/A
Sexual Contact Involving Coercion	<input type="checkbox"/>		

Voyeurism	<input type="checkbox"/>		
Electronic Voyeurism	<input type="checkbox"/>		
Exhibitionism or Exposing Behaviors	<input type="checkbox"/>		
Exposing Behaviors via the Internet	<input type="checkbox"/>		
Frottage	<input type="checkbox"/>		
Sexual Contact while in a Position of Trust	<input type="checkbox"/>		
Electronic Solicitation of a Minor	<input type="checkbox"/>		N/A
Viewing Images of Child Sexual Abuse (often referred to as child pornography)	<input type="checkbox"/>		N/A

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