

SEX OFFENDER AUTOBIOGRAPHY

Offender

Officer

ODOC #

Date

A. Early Childhood Memories: (0-6 years)

1. Where did you live?

If you did not live with your parents, who did you live with? _____

What kind of employment did your mother and father have? _____

How did they feel about their employment? _____

Did their employment require them to be away from home? _____

If so, who kept you in their absence? _____

2. What was the religious and ethnic background of your family? _____

3. Who named you? _____

Why was that name chosen? _____

4. What is your earliest childhood memory? _____

What are your thoughts/feelings connected to it? _____

5. What was it like being a small child in your home? _____

Who was special to you; who cared the most about you, showed you the most attention?

6. Give the names and birth dates of other children in the family in which you grew up.

Name	Birth Dates

- a. How did you get along with them? _____

- b. What was your place in the family (birth order)? _____
- c. How did you feel about the discipline you received? _____

7. Who disciplined you? _____
- a. How did they do it? _____

 - b. What types of behavior were you disciplined for? _____

 - c. What are your feelings about the discipline you received? _____

8. Were there any health problems in your family? _____

Any deaths? (who/cause of death) _____

9. Did your family attend church or Sunday school? _____ How often? _____
Did parents attend? _____ What church? _____
How important was religion in your family? _____

10. How did your family show feelings towards each other? _____
a. Anger? _____
b. Love? _____
c. Closeness? _____
d. Fear? _____
Other feelings and concerns in the family _____

11. How did your parents get along with each other? _____

If they fought, what did they fight about? _____

How did they fight? _____
What effect did their relationship have on you then and now? _____

B. School Activities: (6-19 years)

1. How did you feel when you started school? _____

2. Did you like school? _____
What was good about school? _____

What was bad about school? _____

3. Did you have friends at school? _____
Who were they? _____
What kind of activities did you do with them? _____
What games or hobbies did you enjoy with other children during grade school years? _____

4. What was your relationship with your teachers? _____

5. Did you enjoy schoolwork? _____ Was any of it hard for you? _____
What subject(s) gave you the most difficulty? _____

Did your parents help you with your school work? If so, how? _____

6. What did your parents want for you in school? _____

- Did they want you to do well in: Sports? _____ Schoolwork? _____
7. Were there changes in your living arrangements or family during high school years? _____
Financial changes? _____
Deaths? _____
Moves? _____
8. Did your feelings about school or achievements in school change in your high school years? _____ If so, how? _____

9. What friends and/or activities (clubs, sports, etc.) were you involved with during high school years? _____

10. What kind of plans did you think about in your high school years?

- Employment/social/family: _____

- What were your goals? _____

C. Sexual Development:

1. When you were very young, what did your parents teach or tell you about sex? _____

2. When did you start to masturbate? _____
What did your parents tell you about masturbation? _____

What were your feelings about masturbating? _____

3. Did you have sexual contact (mutual masturbation or intercourse) with other family members? _____
Who? _____ (name and relationship) _____
When? _____
How old were you? _____
How old were they? _____
4. What was your first sexual experience you remember as a child? (age 0-13 years) _____

What were your feelings about that experience? _____

Adolescence:

5. How did you feel about the changes in your body as you became a teenager? _____

6. How often did you have sexual feelings and thoughts about sex as a teenager? _____

7. How old were you when you started to date? _____

8. When did you start to have consensual sexual contact with others? _____

Was this contact with males, females or both? _____

9. What did you think was the expected sexual behavior of men during your teenage years? _____

10. What did you think was the expected sexual behavior of women during your teenage years? _____

11. Were you scared or humiliated sexually? _____
How? _____

12. What was your father's sexual behavior like? _____

Did he have sexual partners other than his spouse? _____
How did you feel about it? _____

13. What was your mother's sexual behavior like? _____

Did she have sexual partners other than her spouse? _____
How did you feel about it? _____

14. What has your sexual behavior been as an adult? _____

When and why have you been involved in sexual relations with other people? Who were they? _____

15. How often do you masturbate now? _____

To what thoughts or fantasies do you usually masturbate? _____

16. Do you sometimes have different kinds of fantasies that you masturbate to? _____
When and what kinds of thoughts or fantasies? _____

D. Adulthood:

1. What schooling or training were you involved in beyond high school? _____

Did you like it? _____
How did you do in the schooling or training, did you successfully complete it? _____

2. What kinds of jobs have you had? _____

For how long? _____

How did you like them? _____

3. When did you get romantically involved with someone, as an adult, for the first time? _____

4. How many relationships did you have before you married? _____

How long did they last? _____
When did they break up? _____

5. What first attracted you to your spouse? _____

Why did you decide to marry? _____

How did the relationship change after you were married? _____

6. What were the positive aspects of your marriage? _____

What were the negative aspects in the marriage? _____

7. When did you have children? _____
Names and ages _____
Were they planned? _____

8. Did you or your spouse have other sexual relationships? _____
When? _____
Why? _____

9. Did the marriage end? _____ When? _____
Why? _____

REPEAT 5, 6, 7, 8, AND 9 FOR ANY OTHER MARRIAGES YOU MAY HAVE HAD.

E. Behavior That Brought You into Trouble with the Law:

1. When and how did you first get involved with the law? _____

What happened? _____

2. What other things have you been arrested for? _____

When? _____

What happened? _____

3. Have you served time in prison? _____ How long? _____

Where? _____

For what? _____

4. What was the situation leading up to your most recent sex offense?

How were you feeling? _____

5. What was the specific incident that seemed to trigger your sexual behavior? _____

6. What did you say and do to your victim? _____

How did you feel about him/her at the time? _____

7. What did you feel about the victim and yourself after the crime? _____

What did you say to the victim after the crime? _____

8. What other similar crimes have you been involved with? _____

How long have you been involved in this behavior? _____

9. Which drugs or chemicals have you abused? _____

For how long? _____ Do you still use or plan on using? _____

F. Treatment:

1. What treatment have you or your family been involved in? _____

For what kinds of problems? _____

2. What helped you the most in treatment? _____

3. What do you wish you had done differently? _____

How could you have gotten more from the treatment? _____

4. What is the most important thing you need now in sex offender specific treatment?

How can we help you get it? _____

List on a separate piece of paper a minimum of four specific goals that you want to work on in treatment. Consider which parts of yourself that you need to change that caused your crime. Consider your own goals for the future.